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Molina Healthcare of California
Preferred Drug List
(Formulary)

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(10/01/2016)

INTRODUCTION	4
PREFACE.....	4
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	4
DRUG LIST PRODUCT DESCRIPTIONS	4
PRESCRIPTION QUANTITY	4
GENERIC SUBSTITUTION.....	4
PLAN DESIGN	5
PRIOR AUTHORIZATION REQUEST PROCEDURE.....	5
PRIOR AUTHORIZATION HELPFUL HINTS.....	5
NON-COVERED MEDICATIONS	5
CARVED-OUT MEDICATIONS (MEDICATIONS COVERED UNDER MEDI-CAL FEE-FOR-SERVICE)	6
PRESCRIPTION CLAIMS PROCESSOR.....	6
URGENT AND AFTER-HOURS MEDICATION POLICY	6
LEGEND	6
REQUESTING FORMULARY CHANGES.....	7
NOTICE	7
ANALGESICS	8
ANALGESICS, OTHER.....	8
NSAIDs	8
NSAIDs, TOPICAL	8
COX-2 INHIBITORS.....	8
GOUT	8
OPIOID ANALGESICS	8
NON-OPIOID ANALGESICS	9
VISCOSUPPLEMENTS.....	9
ANTI-INFECTIVES.....	9
ANTIBACTERIALS.....	9
ANTIFUNGALS.....	10
ANTIMALARIALS.....	10
ANTIRETROVIRAL AGENTS	10
ANTITUBERCULAR AGENTS.....	11
ANTIVIRALS	12
MISCELLANEOUS.....	12
ANTINEOPLASTIC AGENTS.....	12
ALKYLATING AGENTS	12
ANTIMETABOLITES.....	13
CYTOPROTECTIVE AGENTS	13
HORMONAL ANTINEOPLASTIC AGENTS	13
IMMUNOMODULATORS.....	13
KINASE INHIBITORS	13
MISCELLANEOUS.....	13
CARDIOVASCULAR.....	13
ACE INHIBITORS	13
ACE INHIBITOR/DIURETIC COMBINATIONS.....	13
ADRENOLYTICS, CENTRAL	14
ALDOSTERONE RECEPTOR ANTAGONISTS.....	14
ALPHA BLOCKERS.....	14
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS	14
ANTIARRHYTHMICS.....	14
ANTIPEMICS	14
BETA-BLOCKERS	15
BETA-BLOCKER/DIURETIC COMBINATIONS	15
CALCIUM CHANNEL BLOCKERS.....	15
DIGITALIS GLYCOSIDES	15
DIURETICS	15

NITRATES	16
PULMONARY ARTERIAL HYPERTENSION	16
MISCELLANEOUS.....	16
CENTRAL NERVOUS SYSTEM.....	16
ANTIANXIETY.....	16
ANTICONSULSANTS.....	17
ANTIDEMENTIA	17
ANTIDEPRESSANTS.....	17
ANTIPARKINSONIAN AGENTS.....	18
ANTIPSYCHOTICS.....	18
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	19
FIBROMYALGIA	19
HYPNOTICS	20
MIGRAINE	20
MOOD STABILIZERS.....	20
MULTIPLE SCLEROSIS AGENTS.....	20
MUSCULOSKELETAL THERAPY AGENTS.....	20
MYASTHENIA GRAVIS	20
NARCOLEPSY/CATAPLEXY	20
PSYCHOTHERAPEUTIC-MISCELLANEOUS.....	21
ENDOCRINE AND METABOLIC	21
ANDROGENS	21
ANTIDIABETICS	21
CALCIUM REGULATORS	23
CONTRACEPTIVES	23
ENDOMETRIOSIS	24
ESTROGENS.....	24
ESTROGEN/PROGESTINS	24
GLUCOCORTICIODS.....	24
GLUCOSE ELEVATING AGENTS	24
HUMAN GROWTH HORMONES	25
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS.....	25
INSULIN-LIKE GROWTH FACTORS	25
PHOSPHATE BINDER AGENTS	25
PROGESTINS.....	25
SELECTIVE ESTROGEN RECEPTOR MODULATORS	25
THYROID AGENTS.....	25
VASOPRESSINS	25
MISCELLANEOUS.....	25
GASTROINTESTINAL	25
ANTACIDS	25
ANTIDIARRHEALS	26
ANTIEMETICS	26
ANTISPASMODICS.....	26
CHOLELITHOLYTICS.....	26
H ₂ RECEPTOR ANTAGONISTS.....	26
INFLAMMATORY BOWEL DISEASE.....	26
LAXATIVES/STOOL SOFTENERS	27
PANCREATIC ENZYMES	27
PROSTAGLANDINS	27
PROTON PUMP INHIBITORS.....	27
SALIVA STIMULANTS.....	27
MISCELLANEOUS.....	27
GENITOURINARY.....	28
BENIGN PROSTATIC HYPERPLASIA.....	28
URINARY ANTISPASMODICS.....	28
VAGINAL ANTI-INFECTIVES.....	28
MISCELLANEOUS.....	28
HEMATOLOGIC.....	28
ANTICOAGULANTS	28
ANTHEMOPHILIC AGENTS.....	29
HEMATOPOIETIC GROWTH FACTORS.....	29
PLATELET AGGREGATION INHIBITORS.....	29
MISCELLANEOUS.....	29

IMMUNOLOGIC AGENTS	29
BIOLOGIC DISEASE-MODIFYING AGENTS.....	29
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs).....	29
IMMUNE GLOBULINS	29
IMMUNOMODULATORS.....	29
IMMUNOSUPPRESSANTS.....	29
VACCINES.....	30
NUTRITIONAL/SUPPLEMENTS	30
ELECTROLYTES.....	30
VITAMINS AND MINERALS	31
RESPIRATORY	31
ANAPHYLAXIS TREATMENT AGENTS.....	31
ANTICHOLINERGICS.....	32
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	32
ANTIHISTAMINES	32
BETA AGONISTS	32
COUGH AND COLD	32
CYSTIC FIBROSIS	33
LEUKOTRIENE MODIFIERS.....	33
MAST CELL STABILIZERS.....	33
MEDICAL SUPPLIES.....	33
NASAL ANTIHISTAMINES.....	33
NASAL DECONGESTANTS.....	33
NASAL STEROIDS	34
RESPIRATORY SYNCYTIAL VIRUS	34
STEROID/BETA AGONIST COMBINATIONS.....	34
STEROID INHALANTS	34
XANTHINES.....	34
MISCELLANEOUS.....	34
TOPICAL	34
DERMATOLOGY	34
MOUTH/THROAT/DENTAL AGENTS	37
OPHTHALMIC.....	37
OTIC.....	38
MISCELLANEOUS.....	39
MEDICAL SUPPLIES.....	39
INDEX.....	40

INTRODUCTION

We are pleased to provide the 2016 *Molina Healthcare of California Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.
- When a strength or dosage form is specified, only the specified strength and dosage form is on the document. Other strengths/dosage forms, including injectable dosage forms of the reference product are not.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

PRESCRIPTION QUANTITY

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 60-day supply for some medications prescribed monthly. Trial quantities may be used when initiating new treatments, if appropriate.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 508-6445. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of California's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Medications used for sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or investigational medications
- Non-legend drug preparations (benzoic and salicylic acid ointment, salicylic acid cream, ointment, or liquid, sodium chloride, zinc oxide paste)
- Non-legend analgesics
- Enteral nutritional supplements or replacements
- Vitamin combinations for persons > 5 years old (except prenatal vitamins)
- Supplements or other non-FDA approved products
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)
- Household products (hand lotions, moisturizers, etc.)
- Estrogens, conjugated or esterified with methyltestosterone
- Belladonna alkaloids with phenobarbital
- Silver nitrate 75% and potassium nitrate 25% topical applicator sticks
- Silver nitrate topical solution

- Dental products
- Bepreve, Istalol and bromfenac sodium
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)

CARVED-OUT MEDICATIONS (medications covered under Medi-Cal Fee-for-Service)

The following types of medications are covered by the Medi-Cal Fee-for-Service (FFS) program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, please call Medi-Cal Support at 1-800-541-5555.

- Psychiatric Drugs
- Monoamine Oxidase Inhibitors (MAOIs)
- Select Antiparkinsonian Agents
- Mood Stabilizers
- HIV Drugs
- Detoxification Agents
- Hemophiliac Blood Products

PRESCRIPTION CLAIMS PROCESSOR

Molina Healthcare has selected CVS/caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina members.

- Questions on processing claims, formulary status or rejected claims may be directed to the CVS/caremark Help Desk at (800) 770-8014.
- Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (888) 665-4621.
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (888) 665-4621.

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS/caremark Help Desk at (800) 770-8014 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at (888) 665-4621 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

LEGEND

AGE	Age Limit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
†	Specific NDCs may not be reimbursable under the Molina Pharmacy Program
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

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: 562-499-0790

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

ANALGESICS

ANALGESICS, OTHER

acetaminophen OTC		TYLENOL
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NSAIDs

NSAID use in the following conditions deserves special consideration of potential risks: history of GI bleeding or ulcer, chronic anticoagulation, asthma, aspirin allergy, renal failure, hypertension or congestive heart failure.

diclofenac potassium		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
etodolac tabs		
flurbiprofen		
ibuprofen		
ibuprofen OTC		MOTRIN
indomethacin caps AGE	Covered for ages 64 years old & under	
ketoprofen		
ketorolac AGE, QL	Covered for ages 64 years old & under; Max #20/month	
meloxicam tabs		MOBIC
nabumetone		
naproxen		NAPROSYN
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium OTC		ALEVE
naproxen sodium		ANAPROX
oxaprozin PA		DAYPRO
piroxicam PA		FELDENE
salsalate		
sulindac		

NSAIDs, TOPICAL

diclofenac gel PA		VOLTAREN GEL
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COX-2 INHIBITORS

celecoxib PA		CELEBREX
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GOUT

allopurinol		ZYLOPRIM
colchicine tabs QL	Max #30/90 days	COLCRYS
colchicine/probenecid		
probenecid		

OPIOID ANALGESICS

(Limited to 4 grams of acetaminophen per day)

butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
codeine sulfate 15 mg, 30 mg QL	Max #360/month	
codeine sulfate 60 mg QL	Max #240/month	
codeine/acetaminophen soln QL	Max #3750 mL/month	TYLENOL w/CODEINE
codeine/acetaminophen tabs QL	Max #180/month	TYLENOL w/CODEINE
fentanyl transdermal PA, QL	Max #10/month	DURAGESIC
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	NORCO
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL QL	Max #3750 mL/month	HYCET
hydromorphone tabs 2 mg QL	Max #360/month	DILAUDID
hydromorphone tabs 4 mg QL	Max #360/month	DILAUDID
methadone soln 5 mg/5 mL QL	Max #1200 mL/month	
methadone soln 10 mg/5 mL QL	Max #600 mL/month	

methadone tabs 5 mg, 10 mg QL	Max #360/month	DOLOPHINE
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg QL	Max #90/month	MS CONTIN
morphine sulfate soln PA, QL	Max #450 mL/month	
morphine sulfate tabs QL	Max #90/month	
oxycodone QL	Max #90/fill, max 1 fill/90 days	
oxycodone soln 5 mg/5 mL QL	Max #240 mL/fill, max 1 fill/90 days	
oxycodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol QL	Max #240/month	ULTRAM

NON-OPIOID ANALGESICS

butalbital/acetaminophen AGE	Covered for ages 64 years old & under	
butalbital/acetaminophen/caffeine 50/325/40 mg		ESGIC
butalbital/aspirin/caffeine AGE	Covered for ages 64 years old & under	FIORINAL

VISCOSUPPLEMENTS

sodium hyaluronate PA, SP		EUFLEXXA
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ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

neomycin		
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Cephalosporins

First Generation

cefadroxil susp AGE	Covered for ages 12 years old & under	
cephalexin 250 mg, 500 mg		KEFLEX
cephalexin susp AGE	Covered for ages 12 years old & under	KEFLEX

Second Generation

cefprozil susp AGE	Covered for ages 12 years old & under	
cefuroxime axetil tabs QL	Max #20/10 days	CEFTIN

Third Generation

cefdinir caps		
cefdinir susp AGE	Covered for ages 12 years old & under	

Erythromycins/Macrolides

azithromycin powder packet, tabs QL		ZITHROMAX
azithromycin susp AGE, QL	Covered for ages 12 years old & under; Max 1 fill/45 days	ZITHROMAX
clarithromycin susp AGE	Covered for ages 12 years old & under	BIAXIN
clarithromycin tabs		BIAXIN
erythromycin base		
erythromycin delayed-rel		Ery-Tab
erythromycin ethylsuccinate susp AGE	Covered for ages 12 years old & under	E.E.S. GRANULES
erythromycin ethylsuccinate susp 200 mg/5 mL AGE	Covered for ages 12 years old & under	ERYPED
erythromycin ethylsuccinate tabs		E.E.S.
erythromycin stearate		ERYTHROCIN

Fluoroquinolones

ciprofloxacin 250 mg, 500 mg, 750 mg QL		CIPRO
levofloxacin oral soln PA		
levofloxacin tabs QL	Max #10/10 days, max 1 fill/45 days	LEVAQUIN

Penicillins

amoxicillin caps, tabs		
amoxicillin susp AGE	Covered for ages 12 years old & under	

amoxicillin/clavulanate chew tabs, susp 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL AGE	Covered for ages 12 years old & under	AUGMENTIN
amoxicillin/clavulanate susp 125 mg/5 mL, 250 mg/5 mL AGE	Covered for ages under 3 months.	AUGMENTIN
amoxicillin/clavulanate tabs QL	Max #20/10 days	AUGMENTIN
ampicillin caps		
ampicillin susp AGE	Covered for ages 12 years old & under	
dicloxacillin		
penicillin VK		

Sulfonamides

sulfamethoxazole/trimethoprim		BACTRIM
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Tetracyclines

Contraindicated for children less than 8 years old or pregnant and nursing mothers.

doxycycline monohydrate caps 50 mg, 100 mg		MONODOX
doxycycline monohydrate tabs 100 mg		ADOXA
minocycline caps 50 mg, 100 mg		MINOCIN

ANTIFUNGALS

fluconazole susp AGE, QL	Covered for ages 12 years old & under; Max #35 mL/month	DIFLUCAN
fluconazole tabs 100 mg, 200 mg QL	Max #21/month	DIFLUCAN
fluconazole tabs 150 mg QL	Max #2/month	DIFLUCAN
griseofulvin microsize susp		
ketoconazole tabs 200 mg		
nystatin		
terbinafine tabs QL	Max #30/month, max 6 fills/year	LAMISIL

ANTIMALARIALS

mefloquine PA		
primaquine PA		PRIMAQUINE

ANTIRETROVIRAL AGENTS

The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select HIV medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.

Antiretroviral Adjuvants

(# Indicates a Medi-Cal FFS Carved-Out Drug)

cobicistat PA, #		TYBOST
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Antiretroviral Combinations

(# Indicates a Medi-Cal FFS Carved-Out Drug)

abacavir/dolutegravir/lamivudine #		TRIUMEQ
abacavir/lamivudine #		EPZICOM
abacavir/lamivudine/zidovudine #		TRIZIVIR
atazanavir/cobicistat #		EVOTAZ
darunavir/cobicistat #		PREZCOBIX
efavirenz/emtricitabine/tenofovir #		ATRIPLA
elvitegravir/cobicistat/emtricitabine/tenofovir #		STRIBILD
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide #		GENVOYA
emtricitabine/rilpivirine/tenofovir #		COMPLERA
emtricitabine/tenofovir #		TRUVADA
lamivudine/zidovudine #		COMBIVIR

Chemokine Receptor Antagonists
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

maraviroc #	SELZENTRY
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Integrase Inhibitors
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

dolutegravir #	TIVICAY
elvitegravir #	VITEKTA
raltegravir #	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

efavirenz #	SUSTIVA
etravirine SP, #	INTELENCE
nevirapine #	VIRAMUNE
nevirapine ext-rel #	VIRAMUNE XR
rilpivirine #	EDURANT

Nucleoside Reverse Transcriptase Inhibitors
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

abacavir soln #	ZIAGEN
abacavir tabs #	ZIAGEN
didanosine delayed-rel caps	VIDEX EC
emtricitabine #	EMTRIVA
lamivudine soln #	EPIVIR
lamivudine tabs #	EPIVIR
stavudine caps #	ZERIT
zidovudine	RETROVIR

Nucleotide Reverse Transcriptase Inhibitors
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

tenofovir #	VIREAD
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Protease Inhibitors
 (# Indicates a Medi-Cal FFS Carved-Out Drug)

atazanavir #	REYATAZ
darunavir #	PREZISTA
fosamprenavir tabs #	LEXIVA
lopinavir/ritonavir #	KALETRA
nelfinavir #	VIRACEPT
ritonavir #	NORVIR
saquinavir mesylate tabs #	INVIRASE

ANTITUBERCULAR AGENTS

ethambutol	MYAMBUTOL
isoniazid	
pyrazinamide	
rifampin	RIFADIN
rifapentine QL	Max #32/month PRIFTIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir PA	VALCYTE
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Hepatitis Agents

Hepatitis B

(# Indicates a Medi-Cal FFS Carve-Out Drug)

adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE
lamivudine tabs #	EPIVIR-HBV

Hepatitis C

elbasvir/grazoprevir PA, SP	Preferred agent for Genotypes 1 and 4	ZEPATIER
ledipasvir/sofosbuvir PA, SP		HARVONI
ombitasvir/paritaprevir/ritonavir with dasabuvir PA, SP		VIEKIRA PAK
ribavirin caps 200 mg PA, SP		REBETOL
ribavirin tabs 200 mg PA, SP		COPEGUS
sofosbuvir PA, SP		SOVALDI

Herpes Agents

acyclovir caps, susp, tabs	ZOVIRAX
famciclovir	FAMVIR
valacyclovir	VALTREX

Influenza Agents

oseltamivir QL	Max #1 treatment per flu season	TAMIFLU
rimantadine QL		FLUMADINE
zanamivir QL		RELENZA

MISCELLANEOUS

albendazole PA, QL	Max #2/month	ALBENZA
atovaquone PA		MEPRON
clindamycin 150 mg, 300 mg		CLEOCIN
clindamycin soln AGE	Covered for ages 18 years old & under	CLEOCIN
dapsone		
ivermectin		STROMEKTOL
linezolid susp PA, QL	Max 7 day supply	ZYVOX
linezolid tabs PA, QL	Max 7 day supply	ZYVOX
metronidazole tabs		FLAGYL
nitrofurantoin ext-rel AGE	Covered for ages 64 years old & under	MACROBID
nitrofurantoin macrocrystals 50 mg, 100 mg AGE	Covered for ages 64 years old & under	MACRODANTIN
nitrofurantoin susp AGE, QL	Covered for ages 12 years old & under; Max 40 mL/day; Max 10 days supply	FURADANTIN
paromomycin		
pyrantel OTC		PIN-X
pyrantel OTC		REESES PINWORM MEDICINE
trimethoprim		
vancomycin PA		VANCOCIN

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

chlorambucil	LEUKERAN
cyclophosphamide caps	CYCLOPHOSPHAMIDE caps
lomustine	GLEOSTINE
melphalan	ALKERAN
temozolomide PA, SP	TEMODAR

ANTIMETABOLITES		
capecitabine PA, SP		XELODA
mercaptopurine		
methotrexate		
methotrexate inj 25 mg/mL, 50 mg/2 mL		
CYTOPROTECTIVE AGENTS		
leucovorin calcium		
HORMONAL ANTINEOPLASTIC AGENTS		
Antiandrogens		
bicalutamide		CASODEX
flutamide		
Antiestrogens		
tamoxifen		
Aromatase Inhibitors		
anastrozole		ARIMIDEX
letrozole		FEMARA
Luteinizing Hormone-releasing Hormone (LHRH) Agonists		
goserelin acetate PA, SP		ZOLADEX
leuprolide acetate PA, SP		
Progestins		
megestrol acetate		MEGACE
IMMUNOMODULATORS		
lenalidomide PA, SP		REVLIMID
thalidomide PA, SP		THALOMID
KINASE INHIBITORS		
dasatinib PA, SP		SPRYCEL
imatinib mesylate PA, SP		GLEEVEC
lapatinib PA, SP		TYKERB
sorafenib PA, SP		NEXAVAR
sunitinib PA, SP		SUTENT
MISCELLANEOUS		
etoposide PA		
hydroxyurea		HYDREA
mitotane		LYSODREN
procarbazine PA		MATULANE
tretinoin caps PA		
CARDIOVASCULAR		
ACE INHIBITORS		
benazepril		LOTENSIN
captopril		
enalapril		VASOTEC
fosinopril		
lisinopril		ZESTRIL
quinapril		ACCUPRIL
ACE INHIBITOR/DIURETIC COMBINATIONS		
benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg		LOTENSIN HCT
captopril/hydrochlorothiazide		

enalapril/hydrochlorothiazide		VASERETIC
fosinopril/hydrochlorothiazide		
lisinopril/hydrochlorothiazide		ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC
ADRENOLYTICS, CENTRAL		
clonidine tabs		CATAPRES
guanfacine		TENEX
ALDOSTERONE RECEPTOR ANTAGONISTS		
spironolactone		ALDACTONE
ALPHA BLOCKERS		
doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
irbesartan ST	Requires trial of losartan or losartan/hydrochlorothiazide	AVAPRO
irbesartan/hydrochlorothiazide ST	Requires trial of losartan or losartan/hydrochlorothiazide	AVALIDE
losartan		COZAAR
losartan/hydrochlorothiazide		HYZAAR
ANTIARRHYTHMICS		
amiodarone 200 mg		CORDARONE
disopyramide		NORPACE
flecainide		
propafenone		RYTHMOL
sotalol		BETAPACE
sotalol		BETAPACE AF
ANTILIPEMICS		
Bile Acid Resins		
cholestyramine cans	Powder packets are not covered	QUESTRAN/ QUESTRAN LIGHT
colestipol tabs		COLESTID
Cholesterol Absorption Inhibitors		
ezetimibe ST	Requires prior use of a HMG-CoA Reductase Inhibitor	ZETIA
Fibrates		
fenofibrate		LOFIBRA
fenofibrate tabs 48 mg		TRICOR
fenofibrate, micronized caps 43 mg		
fenofibric acid 35 mg		FIBRICOR
gemfibrozil		LOPID
HMG-CoA Reductase Inhibitors		
atorvastatin		LIPITOR
lovastatin		MEVACOR
pravastatin		PRAVACHOL
simvastatin 5 mg, 10 mg, 20 mg, 40 mg		ZOCOR

Niacins		
niacin		Niacor
PCSK9 Inhibitors		
evolocumab PA, SP		REPATHA
BETA-BLOCKERS		
acebutolol		SECTRAL
atenolol		TENORMIN
bisoprolol		ZEBETA
carvedilol		COREG
labetalol		TRANDATE
metoprolol succinate ext-rel		TOPROL-XL
metoprolol tartrate		LOPRESSOR
nadolol		CORGARD
propranolol		
propranolol ext-rel		INDERAL LA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone		TENORETIC
bisoprolol/hydrochlorothiazide		ZIAC
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
amlodipine		NORVASC
felodipine ext-rel 2.5 mg QL	Max #30/month	
felodipine ext-rel 5 mg, 10 mg		
nifedipine AGE	Covered for ages 64 years old & under	PROCARDIA
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
Nondihydropyridines		
diltiazem		CARDIZEM
diltiazem ext-rel		Dilt-XR
diltiazem ext-rel		TIAZAC
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg		CARDIZEM CD
verapamil		CALAN
verapamil ext-rel		CALAN SR
verapamil ext-rel		VERELAN
verapamil ext-rel 100 mg, 300 mg		VERELAN PM
DIGITALIS GLYCOSIDES		
digoxin 0.125 mg, 0.25 mg		LANOXIN
digoxin soln AGE	Covered for ages 12 years old & under	LANOXIN
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide		
acetazolamide ext-rel		DIAMOX SEQUELS
Loop Diuretics		
bumetanide		
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs		LASIX
torsemide		DEMADEX

Potassium-sparing Diuretics

amiloride

Thiazides and Thiazide-like Diuretics

chlorthalidone

hydrochlorothiazide

indapamide

metolazone

Diuretic Combinations

amiloride/hydrochlorothiazide

spironolactone/hydrochlorothiazide

ALDACTAZIDE

triamterene/hydrochlorothiazide caps 37.5/25 mg

DYAZIDE

triamterene/hydrochlorothiazide tabs

MAXZIDE

NITRATES

Oral

isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg

ISORDIL

isosorbide mononitrate

isosorbide mononitrate ext-rel

nitroglycerin ext-rel

Sublingual

nitroglycerin sublingual

NITROSTAT

Transdermal

nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr

NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

bosentan [PA, SP](#)

TRACLEER

Phosphodiesterase Inhibitors

sildenafil [PA, SP](#)

REVATIO

Prostaglandin Vasodilators

treprostinil [PA, SP](#)

REMODULIN

MISCELLANEOUS

hydralazine

methyldopa [AGE](#)

Covered for ages 64 years old & under

midodrine

minoxidil

ranolazine ext-rel [ST](#)

Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Benzodiazepines

alprazolam tabs [AGE](#)

Covered for ages 18 years old & over

XANAX

clordiazepoxide [AGE](#)

Covered for ages 6-64 years old

clonazepam tabs

KLONOPIN

clorazepate [AGE](#)

Covered for ages 6-64 years old

TRANXENE T-TAB

diazepam [AGE](#)

Covered for ages 64 years old & under

VALIUM

diazepam oral concentrate 5 mg/mL [AGE, PA](#)

Covered for ages 64 years old & under

DIAZEPAM INTENSOL

lorazepam [AGE](#)

Covered for ages 12 years old & over

ATIVAN

oxazepam [AGE](#)

Covered for ages 6 years old & over

Miscellaneous

buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg AGE	Covered for ages 6 years old & over	
clomipramine		ANAFRANIL
fluvoxamine		

ANTICONVULSANTS

carbamazepine		TEGRETOL
carbamazepine ext-rel		CARBATROL
carbamazepine ext-rel		TEGRETOL-XR
clobazam tabs PA		ONFI
diazepam rectal gel QL	Max #2 kits/month	DIASTAT
divalproex sodium delayed-rel		DEPAKOTE
divalproex sodium ext-rel		DEPAKOTE ER
divalproex sodium sprinkle caps		DEPAKOTE SPRINKLE
ethosuximide		ZARONTIN
gabapentin QL		NEURONTIN
lacosamide PA		VIMPAT
lamotrigine chewable dispersible tabs 5 mg, 25 mg		LAMICTAL CHEWABLE TABS
lamotrigine tabs		LAMICTAL
levetiracetam		KEPPRA
levetiracetam ext-rel 500 mg QL	Max #180/month	KEPPRA XR
levetiracetam ext-rel 750 mg QL	Max #120/month	KEPPRA XR
oxcarbazepine		TRILEPTAL
phenobarbital elixir AGE	Covered for ages 12 years old & under	
phenobarbital tabs		
phenytoin chewable tabs		DILANTIN INFATABS
phenytoin sodium extended		DILANTIN
phenytoin susp		DILANTIN
primidone		MYSOLINE
rufinamide PA		BANZEL
tiagabine 2 mg, 4 mg PA		GABITRIL
topiramate sprinkle caps, tabs		TOPAMAX
valproic acid		DEPAKENE
vigabatrin PA, SP		SABRIL
zonisamide		ZONEGRAN

ANTIDEMENTIA

donepezil 5 mg, 10 mg		ARICEPT
galantamine ext-rel		RAZADYNE ER
galantamine tabs		RAZADYNE
memantine		NAMENDA
rivastigmine		EXELON
rivastigmine transdermal PA		EXELON PATCH

ANTIDEPRESSANTS

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Monoamine Oxidase Inhibitors (MAOIs)

(# Indicates a Medi-Cal FFS Carved-Out Drug)

phenelzine #		NARDIL
tranylcypromine #		PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram		CELEXA
escitalopram PA		LEXAPRO

fluoxetine 10 mg, 20 mg	PROZAC
fluoxetine soln	
paroxetine HCl tabs	PAXIL
sertraline	ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

duloxetine delayed-rel PA	CYMBALTA
venlafaxine	
venlafaxine ext-rel caps	venlafaxine ext-rel tabs are not covered EFFEXOR XR

Tricyclic Antidepressants (TCAs)

amitriptyline AGE	Covered for ages 64 years old & under
desipramine	NORPRAMIN
doxepin AGE	Covered for ages 64 years old & under
imipramine HCl	TOFRANIL
nortriptyline caps	PAMELOR
protriptyline	

Miscellaneous Agents

bupropion	WELLBUTRIN
bupropion ext-rel	WELLBUTRIN SR
bupropion ext-rel	WELLBUTRIN XL
maprotiline	
mirtazapine tabs 15 mg, 30 mg, 45 mg	REMERON
trazodone 50 mg, 100 mg, 150 mg	

ANTIPARKINSONIAN AGENTS

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amantadine caps, syp #	
benztropine #	
bromocriptine	PARLODEL
carbidopa/levodopa	SINEMET
carbidopa/levodopa ext-rel	SINEMET CR
pramipexole	MIRAPEX
ropinirole	REQUIP
selegiline caps, tabs	
trihexyphenidyl elixir PA, #	
trihexyphenidyl tabs #	

ANTIPSYCHOTICS

The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select antipsychotic medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.

Atypicals

(# Indicates a Medi-Cal FFS Carved-Out Drug)

aripiprazole PA, #	ABILIFY
aripiprazole ext-rel inj PA, #	ABILIFY MAINTENA
aripiprazole lauroxil ext-rel inj PA, #	ARISTADA
asenapine PA, #	SAPHRIS
clozapine #	CLOZARIL
iloperidone PA, #	FANAPT
lurasidone PA, #	LATUDA

olanzapine pamoate ext-rel inj PA, #		ZYPREXA RELPREVV
olanzapine tabs ST, #	Requires trial of risperidone or quetiapine or clozapine	ZYPREXA
paliperidone ext-rel PA, #		INVEGA
paliperidone palmitate ext-rel inj PA, #		INVEGA SUSTENNA
paliperidone palmitate ext-rel inj PA, #		INVEGA TRINZA
quetiapine 25 mg PA, #		SEROQUEL
quetiapine 50 mg, 100 mg, 200 mg, 300 mg, 400 mg #		SEROQUEL
quetiapine ext-rel PA, #		SEROQUEL XR
risperidone #		RISPERDAL
risperidone long-acting inj PA, #		RISPERDAL CONSTA
risperidone orally disintegrating tabs #		RISPERDAL M-TABS
ziprasidone ST, #	Requires trial of risperidone or quetiapine or clozapine	GEODON

Miscellaneous

(# Indicates a Medi-Cal FFS Carved-Out Drug)

chlorpromazine #		
fluphenazine decanoate inj #		
fluphenazine HCl inj #		
fluphenazine HCl tabs #		
haloperidol #		
haloperidol decanoate inj #		HALDOL DECANOATE
haloperidol lactate inj #		HALDOL
loxapine #		
perphenazine #		
thioridazine #		
thiothixene #		
trifluoperazine #		

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine/dextroamphetamine mixed salts 5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg AGE, QL	Covered for ages 18 years old & under; Max #90/month	ADDERALL
amphetamine/dextroamphetamine mixed salts 7.5 mg AGE, QL	Covered for ages 18 years old & under; Max #150/month	ADDERALL
amphetamine/dextroamphetamine mixed salts 30 mg AGE, QL	Covered for ages 18 years old & under; Max #60/month	ADDERALL
amphetamine/dextroamphetamine mixed salts ext-rel AGE, QL	Covered for ages 6-18 years old; Max #30/month	ADDERALL XR
atomoxetine AGE, QL	Covered for ages 6-18 years old	STRATTERA
dexmethylphenidate AGE, QL	Covered for ages 18 years old & under	FOCALIN
dextroamphetamine ext-rel 5 mg, 10 mg PA, QL	Max #120/month	DEXEDRINE SPANSULE
dextroamphetamine ext-rel 15 mg PA, QL	Max #60/month	DEXEDRINE SPANSULE
dextroamphetamine tabs 5 mg, 10 mg AGE, QL	Covered for ages 3-18 years old	
methylphenidate AGE, QL	Covered for ages 6-18 years old	RITALIN
methylphenidate ext-rel AGE, QL	Covered for ages 6-18 years old	CONCERTA
methylphenidate ext-rel AGE, QL	Covered for ages 6-18 years old	METADATE CD
methylphenidate ext-rel 10 mg, 60 mg AGE, PA, QL	Covered for ages 6-18 years old	RITALIN LA
methylphenidate ext-rel 20 mg, 30 mg, 40 mg AGE, QL	Covered for ages 6-18 years old	RITALIN LA
methylphenidate ext-rel tabs 20 mg AGE, QL	Covered for ages 6-18 years old	
methylphenidate soln, tabs AGE, QL	Covered for ages 6-18 years old	METHYLIN

FIBROMYALGIA

pregabalin PA		LYRICA
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HYPNOTICS**Benzodiazepines**

estazolam AGE	Covered for ages 18 years old & over	
flurazepam AGE	Covered for ages 15-64 years old	
temazepam 15 mg, 30 mg		RESTORIL
triazolam AGE	Covered for ages 18 years old & over	HALCION

Nonbenzodiazepines

doxylamine OTC		UNISOM
zaleplon ST	Requires prior use of zolpidem	SONATA
zolpidem		AMBIEN

MIGRAINE**Selective Serotonin Agonists**

naratriptan QL	Max #9/month	AMERGE
rizatriptan tabs ST, QL	Requires trial of sumatriptan or naratriptan; Max #12/month	MAXALT
sumatriptan tabs QL	Max #9/month	IMITREX

MOOD STABILIZERS

(# Indicates a Medi-Cal FFS Carved-Out Drug)

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lithium carbonate #		
lithium carbonate ext-rel tabs #		
lithium carbonate ext-rel tabs #		LITHOBID

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA, SP		AMPYRA
glatiramer 20 mg PA, SP		COPAXONE
interferon beta-1a PA, SP		AVONEX
interferon beta-1b PA, SP		EXTAVIA

MUSCULOSKELETAL THERAPY AGENTS

baclofen		
carisoprodol 350 mg AGE	Covered for ages 18-64 years old	SOMA
chlorzoxazone		PARAFON FORTE DSC
cyclobenzaprine 5 mg, 10 mg		
methocarbamol AGE	Covered for ages 64 years old & under	ROBAXIN
orphenadrine ext-rel		
tizanidine tabs AGE	Covered for ages 64 years old & under	ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine tabs		MESTINON
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NARCOLEPSY/CATAPLEXY

armodafinil 50 mg, 150 mg, 250 mg AGE, PA	Covered for ages 64 years old & under	NUVIGIL
modafinil 100 mg PA, QL	Max #30 tabs/month	PROVIGIL
modafinil 200 mg PA, QL	Max #60 tabs/month	PROVIGIL
sodium oxybate PA		XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select detoxification medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.

Alcohol Deterrents

disulfiram	ANTABUSE
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Opioid Antagonists

(# Indicates a Medi-Cal FFS Carved-Out Drug)

naloxone inj 1 mg/mL #	
naloxone nasal spray #	NARCAN
naltrexone #	

Partial Opioid Agonist/Opioid Antagonist Combinations

(# Indicates a Medi-Cal FFS Carved-Out Drug)

buprenorphine/naloxone sublingual tabs #

Smoking Deterrents

bupropion ext-rel QL	Max 3 fills/year	ZYBAN
nicotine inhaler PA		NICOTROL
nicotine nasal spray PA		NICOTROL NS
nicotine polacrilex gum OTC, QL	Max 3 fills/year	NICORETTE
nicotine polacrilex lozenge OTC, QL	Max 3 fills/year	NICORETTE
nicotine transdermal OTC, QL	Max 3 fills/year	NICODERM CQ
varenicline PA		CHANTIX

ENDOCRINE AND METABOLIC**ANDROGENS**

testosterone cypionate	DEPO-TESTOSTERONE
testosterone enanthate	

ANTIDIABETICS**Alpha-glucosidase Inhibitors**

acarbose	PRECOSE
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Biguanides

metformin	GLUCOPHAGE
metformin ext-rel 500 mg, 750 mg	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

glyburide/metformin	GLUCOVANCE
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

alogliptin ST	Requires prior use of metformin	NESINA
linagliptin ST	Requires prior use of metformin	TRADJENTA
sitagliptin phosphate ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUVIA

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

alogliptin/metformin ST	Requires prior use of metformin	KAZANO
linagliptin/metformin ST	Requires prior use of metformin	JENTADUETO
sitagliptin/metformin ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUMET

sitagliptin/metformin ext-rel ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUMET XR
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

alogliptin/pioglitazone ST	Requires prior use of metformin	OSENI
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Incretin Mimetic Agents

exenatide PA		BYETTA
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Insulins *

* Insulin vials are preferred. Insulin pens are covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

insulin aspart QL	Max #30 mL/month	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30% QL	Max #30 mL/month	NOVOLOG MIX
insulin glargine QL	Max #30 mL/month	LANTUS
insulin human OTC, QL	Max #30 mL/month	HUMULIN R
insulin human OTC, QL	Max #30 mL/month	NOVOLIN R
insulin human vial QL	Max #20 mL/month	HUMULIN R U-500 VIAL
insulin isophane human OTC, QL	Max #30 mL/month	HUMULIN N
insulin isophane human OTC, QL	Max #30 mL/month	NOVOLIN N
insulin isophane human 70%/regular 30% OTC, QL	Max #30 mL/month	HUMULIN 70/30
insulin isophane human 70%/regular 30% OTC, QL	Max #30 mL/month	NOVOLIN 70/30
insulin lispro QL	Max #30 mL/month	HUMALOG U-100
insulin lispro protamine/insulin lispro QL	Max #30 mL/month	HUMALOG MIX

Insulin Sensitizers

pioglitazone		ACTOS
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Meglitinides

nateglinide		STARLIX
repaglinide		PRANDIN

Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors

empagliflozin ST	Requires prior use of metformin	JARDIANCE
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Sulfonylureas

chlorpropamide AGE	Covered for ages 64 years old & under	
glimepiride		AMARYL
glipizide		GLUCOTROL
glipizide ext-rel		GLUCOTROL XL
glyburide		
glyburide, micronized		GLYNASE
tolbutamide		

Supplies

alcohol swabs OTC		
blood glucose monitoring kits OTC		TRUE METRIX AIR kits
blood glucose monitoring kits OTC		TRUE METRIX kits
blood glucose test strips OTC, QL, ^		TRUE METRIX test strips
blood glucose test strips OTC, QL, ^		TRUE TEST test strips
insulin syringes, needles OTC		
lancets OTC		
urine acetone test strips OTC		KETOCARE test strips

^ Max of #50/month for non-insulin users.
Max of #200/month for insulin users and pregnant members filling prenatal vitamins.

CALCIUM REGULATORS

Bisphosphonates

alendronate tabs		FOSAMAX
ibandronate		BONIVA

Calcitonins

calcitonin-salmon AGE	Covered for ages 50 years old & over	MIACALCIN
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Parathyroid Hormones

teriparatide PA, SP		FORTEO
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CONTRACEPTIVES

Limited to females

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

levonorgestrel/EE 0.1/20 QL	Max #1 pack/month	Lutera
norethindrone acetate/EE 1/20 QL	Max #1 pack/month	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron QL	Max #1 pack/month	LOESTRIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30 QL	Max #1 pack/month	DESOGEN
drospirenone/EE 3/30 QL	Max #1 pack/month	YASMIN
levonorgestrel/EE 0.15/30 QL	Max #1 pack/month	Levora
norethindrone acetate/EE 1.5/30 QL	Max #1 pack/month	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron QL	Max #1 pack/month	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30 QL	Max #1 pack/month	Low-Ogestrel

35 mcg Estrogen

ethynodiol diacetate/EE 1/35 QL	Max #1 pack/month	Kelnor 1/35
ethynodiol diacetate/EE 1/35 QL	Max #1 pack/month	Zovia 1/35
norethindrone/EE 0.4/35 QL	Max #1 pack/month	OVCON 35
norethindrone/EE 0.5/35 QL	Max #1 pack/month	MODICON
norethindrone/EE 1/35 QL	Max #1 pack/month	ORTHO-NOVUM 1/35
norgestimate/EE 0.25/35 QL	Max #1 pack/month	ORTHO-CYCLEN

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 QL	Max #1 pack/month	Zovia 1/50
norethindrone/ME 1/50 QL	Max #1 pack/month	NORINYL 1+50
norgestrel/EE 0.5/50 QL	Max #1 pack/month	Ogestrel

Triphasic

desogestrel/EE QL	Max #1 pack/month	CYCLESSA
levonorgestrel/EE QL	Max #1 pack/month	
norethindrone/EE QL	Max #1 pack/month	ORTHO-NOVUM 7/7/7
norgestimate/EE QL	Max #1 pack/month	ORTHO TRI-CYCLEN

Progestin Only

norethindrone QL	Max #1 pack/month	NOR-QD
norethindrone QL	Max #1 pack/month	ORTHO MICRONOR

Emergency Contraception

levonorgestrel 1.5 mg OTC, QL	Max #4/year	PLAN B ONE-STEP
ulipristal QL	Max #4/year	ELLA

Injectable		
medroxyprogesterone acetate 150 mg/mL QL	Max #4 inj/year	DEPO-PROVERA
Progestin Intrauterine Device (Medical Benefit)		
levonorgestrel-releasing IUD SP		LILETTA
levonorgestrel-releasing IUD SP		MIRENA
levonorgestrel-releasing IUD SP		SKYLA
Vaginal		
etonogestrel/EE ring QL	Max #1/month	NUVARING
Miscellaneous		
condoms, male OTC		
diaphragm		DIAPHRAGM , VARIOUS
ENDOMETRIOSIS		
nafarelin PA, SP		SYNAREL
ESTROGENS Limited to ages < 65		
Oral		
estradiol		ESTRACE
estrogens, conjugated		PREMARIN
estropipate		
Vaginal Limited to females		
estradiol vaginal crm		ESTRACE CREAM
estradiol vaginal tabs		VAGIFEM
estrogens, conjugated crm		PREMARIN CREAM
ESTROGEN/PROGESTINS Limited to ages < 65		
Oral		
EE/norethindrone acetate		FEMHRT 0.5 mg/2.5 mcg
estrogens, conjugated/medroxyprogesterone		PREMPHASE
estrogens, conjugated/medroxyprogesterone		PREMPRO
GLUCOCORTICOIDS		
dexamethasone elixir, soln 0.5 mg/5 mL		
dexamethasone tabs		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		MEDROL
prednisolone sodium phosphate soln		
prednisolone syrup		
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant QL	Max 1 kit/month	GLUCAGON EMERGENCY KIT
glucose tablets OTC		

HUMAN GROWTH HORMONES		
somatropin vials PA, SP		OMNITROPE
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol caps (1,25-D3)		ROCALTROL
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX
PHOSPHATE BINDER AGENTS		
calcium acetate caps		PHOSLO
PROGESTINS		
Limited to females		
medroxyprogesterone acetate		PROVERA
norethindrone acetate		AYGESTIN
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene AGE	Covered for ages 50 years old & over	EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Thyroid Supplements		
levothyroxine		Levoxyl
levothyroxine		SYNTHROID
thyroid AGE	Covered for ages 64 years old & under	ARMOUR THYROID
thyroid AGE	Covered for ages 64 years old & under	NATURE-THROID
thyroid AGE	Covered for ages 64 years old & under	WESTHROID
thyroid AGE	Covered for ages 64 years old & under	WP THYROID
VASOPRESSINS		
desmopressin spray PA, SP		DDAVP
desmopressin spray PA, SP		STIMATE
desmopressin tabs		DDAVP
MISCELLANEOUS		
idursulfase PA, SP		ELAPRASE
leuprolide acetate PA, SP		LUPRON DEPOT-PED
levocarnitine soln		CARNITOR
levocarnitine tabs 330 mg		CARNITOR
methylergonovine		
octreotide acetate PA, SP		SANDOSTATIN
octreotide acetate PA, SP		SANDOSTATIN LAR
thyrotropin alfa PA, SP		THYROGEN
GASTROINTESTINAL		
ANTACIDS		
Limited to 4 fills per year		
aluminum hydroxide/magnesium carbonate OTC		GAVISCON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MYLANTA
aluminum hydroxide/magnesium trisilicate OTC		
calcium carbonate OTC		TUMS
calcium carbonate/magnesium hydroxide OTC		MYLANTA

sodium bicarbonate tabs OTC		
ANTIDIARRHEALS		
Limited to 4 fills per year		
bismuth subsalicylate OTC		PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide		
loperamide OTC		IMODIUM A-D
ANTIEMETICS		
dextrose/fructose/phosphoric acid OTC		EMETROL
dimenhydrinate tabs OTC		DRAMAMINE
granisetron ST	Requires trial of ondansetron	
meclizine OTC		
meclizine		
metoclopramide		REGLAN
ondansetron orally disintegrating tabs QL	Max #90/month	ZOFRAN ODT
ondansetron soln PA, QL	Max #30 mL/month	ZOFRAN
ondansetron tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN
prochlorperazine		COMPazine
prochlorperazine supp		COMPazine
promethazine AGE	Covered for ages 2-64 years old	
promethazine inj AGE	Covered for ages 2-64 years old	
promethazine supp 12.5 mg, 25 mg AGE	Covered for ages 2-64 years old	
promethazine supp 50 mg AGE, PA	Covered for ages 2-64 years old	
scopolamine AGE, PA	Covered for ages 64 years old & under	TRANSDERM SCOP
ANTISPASMODICS		
dicyclomine AGE	Covered for ages 64 years old & under	BENTYL
glycopyrrolate tabs		ROBINUL/ROBINUL FORTE
hyoscyamine sulfate AGE	Covered for ages 64 years old & under	LEVSIN
hyoscyamine sulfate ext-rel tabs AGE	Covered for ages 64 years old & under	LEVbid
CHOLELITHOLYTICS		
ursodiol caps		ACTIGALL
ursodiol tabs 250 mg QL	Max #30/month	URSO
ursodiol tabs 500 mg QL	Max #60/month	URSO FORTE
H ₂ RECEPTOR ANTAGONISTS		
cimetidine 200 mg OTC, QL	Max #120/month	TAGAMET HB
cimetidine 300 mg, 400 mg, 800 mg QL	Max #60/month	
cimetidine soln 300 mg/5 mL QL	Max #1800 mL/month	
famotidine tabs QL	Max #60/month	PEPCID
famotidine tabs OTC, QL	Max #60/month	PEPCID AC
nizatidine ST, QL	Requires trial of two of cimetidine, famotidine or ranitidine; Max #120/month	
ranitidine OTC, QL	Max #120/month	ZANTAC OTC
ranitidine syp AGE, QL	Covered for ages 12 years old & under; Max #600 mL/month	ZANTAC
ranitidine tabs 150 mg QL	Max #120/month	ZANTAC
ranitidine tabs 300 mg QL	Max #60/month	ZANTAC
INFLAMMATORY BOWEL DISEASE		
Oral Agents		
balsalazide		
budesonide delayed-rel caps		ENTOCORT EC

mesalamine ext-rel caps		APRISO
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS

LAXATIVES/STOOL SOFTENERS

Limited to 4 fills per year

benzocaine/docusate OTC		Enemeez Plus
bisacodyl delayed-rel tabs OTC, QL	Max #90/month	DULCOLAX
bisacodyl supp OTC, QL	Max #30/month	DULCOLAX
calcium polycarbophil OTC		FIBERCON
cellulose powder OTC		UNIFIBER
docusate calcium OTC		
docusate sodium OTC		COLACE
glycerin supp OTC		
lactulose		
magnesium citrate soln OTC		
magnesium hydroxide OTC		MILK OF MAGNESIA
methylcellulose tabs OTC		CITRUCEL
mineral oil OTC		
mineral oil enema OTC		
peg 3350/electrolytes		GOLYTELY
peg 3350/electrolytes		NULYTELY
polyethylene glycol 3350		
polyethylene glycol 3350 OTC		MIRALAX
psyllium OTC		METAMUCIL
senna OTC		
sennosides 8.6 mg OTC, QL	Max #60/month	SENOKOT
sennosides/docusate sodium OTC		SENOKOT-S
sodium phosphates enema OTC		FLEET
sodium phosphates soln OTC		
wheat dextrin powder OTC		BENEFIBER

PANCREATIC ENZYMES

pancrelipase delayed-rel		CREON
pancrelipase delayed-rel		ZENPEP

PROSTAGLANDINS

misoprostol		CYTOTEC
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PROTON PUMP INHIBITORS

esomeprazole magnesium delayed-rel OTC		NEXIUM 24HR OTC
lansoprazole delayed-rel OTC, QL		PREVACID 24HR OTC
omeprazole delayed-rel caps 10 mg, 20 mg QL		PRILOSEC
omeprazole delayed-rel caps 40 mg		PRILOSEC
omeprazole delayed-rel tabs OTC, †		OMEPRAZOLE OTC
omeprazole magnesium delayed-rel OTC, QL		PRILOSEC OTC
omeprazole magnesium delayed-rel caps OTC, QL		
omeprazole oral suspension AGE, QL	Covered for ages 12 years old & under	FIRST-OMEPRAZOLE
pantoprazole delayed-rel tabs QL		PROTONIX

SALIVA STIMULANTS

pilocarpine tabs		SALAGEN
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MISCELLANEOUS

dibucaine rectal oint OTC		NUPERCAINAL
glycopyrrolate PA		CUVPOSA
pramoxine/phenylephrine/glycerin/petrolatum crm OTC		PREPARATION H

simethicone OTC		
sucralfate susp AGE, PA	Covered for ages 18 years old & under	CARAFATE
sucralfate tabs QL		CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Limited to males

alfuzosin ext-rel		UROXATRAL
doxazosin		CARDURA
finasteride		PROSCAR
tamsulosin		FLOMAX
terazosin		

URINARY ANTISPASMODICS

flavoxate hydrochloride		
oxybutynin		
oxybutynin ext-rel ST	Requires trial of oxybutynin	DITROPAN XL
tolterodine ST	Requires trial of oxybutynin	DETROL
tropium ST	Requires trial of oxybutynin	

VAGINAL ANTI-INFECTIVES

Limited to females

clindamycin crm		CLEOCIN
clotrimazole OTC		
metronidazole QL	Max #70 grams/5 days	METROGEL-VAGINAL
miconazole OTC		MONISTAT 3, MONISTAT 7
terconazole crm, supp		TERAZOL
tioconazole OTC		VAGISTAT-1

MISCELLANEOUS

acetic acid irrigation soln		
bethanechol		URECHOLINE
phenazopyridine		PYRIDIUM
potassium citrate ext-rel 5 mEq, 10 mEq		UROKIT-K
potassium citrate/citric acid soln		CYTRA-K
sodium chloride irrigation soln		
sodium citrate/citric acid soln		CYTRA-2

HEMATOLOGIC

ANTICOAGULANTS

Injectable

dalteparin PA, SP		FRAGMIN
enoxaparin SP	Requires PA for treatment longer than 7 days	LOVENOX

Oral

rivaroxaban PA		XARELTO
warfarin		COUMADIN

Synthetic Heparinoid-like Agents

fondaparinux PA, SP		ARIXTRA
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ANTIHEMOPHILIC AGENTS

(# Indicates a Medi-Cal FFS Carved-Out Drug)

The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select antihemophilia medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.

antihemophilic factor (recombinant) PA, SP, #	ADVATE
antihemophilic factor (recombinant) PA, SP, #	HELIXATE FS
antihemophilic factor (recombinant) PA, SP, #	KOGENATE FS
antihemophilic factor/von Willebrand factor complex (human) PA, SP, #	HUMATE-P
factor IX concentrate PA, SP, #	BENEFIX

HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa PA, SP	ARANESP
epoetin alfa PA, SP	EPOGEN
epoetin alfa PA, SP	PROCRIT
filgrastim PA, SP	NEUPOGEN
pegfilgrastim PA, SP	NEULASTA
sargramostim PA, SP	LEUKINE

PLATELET AGGREGATION INHIBITORS

aspirin OTC	
clopidogrel 75 mg	PLAVIX
dipyridamole	PERSANTINE
dipyridamole ext-rel/aspirin PA	AGGRENOX

MISCELLANEOUS

cilostazol	
pentoxifylline ext-rel	

IMMUNOLOGIC AGENTS**BIOLOGIC DISEASE-MODIFYING AGENTS**

adalimumab PA, SP	HUMIRA
etanercept PA, SP	ENBREL

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	
methotrexate inj 25 mg/mL QL	Max #10 mL/month

IMMUNE GLOBULINS

Rho (D) immune globulin PA, SP	RHOGAM PLUS
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IMMUNOMODULATORS**Interferons**

interferon alfa-2b PA, SP	INTRON A
interferon gamma-1b PA, SP	ACTIMMUNE
peginterferon alfa-2a PA, SP	PEGASYS

IMMUNOSUPPRESSANTS**Antimetabolites**

azathioprine PA	IMURAN
mycophenolate mofetil caps, tabs PA	CELLCEPT

Calcineurin Inhibitors

cyclosporine caps PA	SANDIMMUNE
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cyclosporine, modified PA		NEORAL
tacrolimus PA		PROGRAF
VACCINES		
hepatitis A vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	HAVRIX, VAQTA
hepatitis A, hepatitis B vaccine AGE	Covered for ages 19 years & older	TWINRIX
hepatitis B vaccine AGE	Covered for ages 19 years & older	ENGRIX-B, RECOMBIVAX HB
human papillomavirus (HPV) vaccine AGE, QL	Covered for ages 19 years & older; Max 3 doses per lifetime	CERVARIX, GARDASIL, GARDASIL 9
influenza virus vaccine, quadrivalent AGE	Covered for ages 18 years & older	FLUARIX QUADRIVALENT, FLUCELVAX QUADRIVALENT, FLULAVAL QUADRIVALENT, FLUZONE QUADRIVALENT
influenza virus vaccine, trivalent AGE	Covered for ages 18 years & older	AFLURIA, AFLURIA PF, FLUVIRIN, FLUVIRIN PF
measles, mumps & rubella vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	M-M-R II
meningococcal conjugate vaccine AGE, QL	Covered for ages 19 years & older; Max 1 dose per lifetime	MENACTRA, MENVEO
meningococcal group B vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	BEXSERO
meningococcal group B vaccine AGE, QL	Covered for ages 19 years & older; Max 3 doses per lifetime	TRUMENBA
meningococcal polysaccharide vaccine AGE, QL	Covered for ages 19 years & older; Max 1 dose per lifetime	MENOMUNE
pneumococcal conjugate vaccine, 13 valent AGE, QL	Covered for ages 50 years & older; Max 1 dose per lifetime	PREVNAR 13
pneumococcal polysaccharide vaccine, 23 valent AGE, QL	Covered for ages 50 years & older; Max 2 doses per lifetime	PNEUMOVAX 23
rabies vaccine AGE	Covered for ages 19 years & older	IMOVAX RABIES, RABAVERT
tetanus, diphtheria toxoids AGE	Covered for ages 19 years & older	TENIVAC, TETANUS- DIPHTHERIA TOXOIDS TD
tetanus, diphtheria, pertussis AGE	Covered for ages 19 years & older	ADACEL, BOOSTRIX
varicella virus vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	VARIVAX
zoster vaccine AGE, QL	Covered for ages 60 years & older; Max 1 dose per lifetime	ZOSTAVAX
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
Potassium		
potassium bicarbonate effer tabs 25 mEq		
potassium chloride ext-rel 20 mEq QL	Max #150/month	K-TAB
potassium chloride ext-rel caps 8 mEq, 10 mEq		MICRO-K
potassium chloride ext-rel tabs 8 mEq, 10 mEq		KLOR-CON
potassium chloride liquid		
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq		KLOR-CON M10, KLOR-CON M20
Potassium-Removing Agents		
sodium polystyrene sulfonate oral susp		Kionex
sodium polystyrene sulfonate powder		
Miscellaneous		
potassium/sodium phosphates		K-PHOS NEUTRAL
sodium chloride tabs		

VITAMINS AND MINERALS

Folic Acid

folic acid **OTC**

folic acid

Prenatal Vitamins

Limited to females

prenatal vitamin tabs

prenatal vitamins/DHA

Miscellaneous

ascorbic acid tabs 500 mg **OTC**

VITAMIN C

calcium **OTC**

calcium/vitamin D **OTC**

calcium/vitamin D/minerals **OTC**

cholecalciferol (D3) **OTC**

VITAMIN D

cyanocobalamin **OTC**

VITAMIN B-12

electrolyte soln, oral **OTC**

PEDIALYTE

ergocalciferol (D2) **QL**

ferrous fumarate **OTC**

HEMOCYTE

ferrous gluconate **OTC**

FERGON

ferrous sulfate **OTC**

FEOSOL

ferrous sulfate drops 15 mg/mL **OTC**

FER-IN-SOL

ferrous sulfate elixir, liquid 220 mg/5 mL **OTC**

ferrous sulfate ext-rel **OTC**

SLOW FE

iron polysaccharides complex **OTC**

magnesium chloride ext-rel **OTC**

magnesium gluconate **OTC**

magnesium oxide **OTC**

MAG-OX

multivitamins **OTC, AGE**

Limited to ages 5 years old & under

multivitamins/fluoride/iron drops, tabs

POLY-VI-FLOR

multivitamins/iron **OTC**

multivitamins/minerals **OTC**

niacin **OTC**

niacin ext-rel caps **OTC**

niacin ext-rel tabs **OTC**

SLO-NIACIN

niacinamide 500 mg **OTC**

omega-3 fatty acids **OTC**

FISH OIL

pediatric multivitamins **OTC**

pediatric multivitamins/iron drops **OTC**

POLY-VI-SOL

phytonadione

MEPHYTON

pyridoxine ext-rel **OTC**

pyridoxine tabs **OTC**

VITAMIN B-6

riboflavin tabs 100 mg **OTC**

VITAMIN B-2

sodium fluoride chew tabs, drops

LURIDE

thiamine 50 mg, 100 mg **OTC**

VITAMIN B-1

vitamin B complex/vitamin C/folic acid **OTC**

vitamin B complex/vitamin C/folic acid

NEPHROCAPS

vitamin B complex/vitamin C/folic acid

NEPHRO-VITE RX

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine **QL**

Max #2 pens/month

EPIPEN

epinephrine **QL**

Max #2 pens/month

EPIPEN JR.

epinephrine pen **QL**

Max #2 pens/month

ANTICHOLINERGICS		
acridinium bromide		TUDORZA
ipratropium soln		
ipratropium, CFC-free aerosol		ATROVENT HFA
umeclidinium		INCRUSE ELLIPTA
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
Short Acting		
ipratropium/albuterol soln QL	Max #360 mL/month	
ANTI-HISTAMINES		
Low Sedating		
cetirizine chewable tabs, syp OTC, AGE	Covered for ages 12 years old & under	ZYRTEC
cetirizine syp AGE	Covered for ages 12 years old & under	
cetirizine tabs OTC		ZYRTEC
Nonsedating		
fexofenadine tabs 30 mg, 60 mg OTC, PA		ALLEGRA
fexofenadine tabs 180 mg OTC		ALLEGRA
loratadine rapidly-disintegrating tabs 10 mg OTC, AGE, QL	Covered for ages 12 years old & under	CLARITIN
loratadine syp OTC, AGE, QL	Covered for ages 12 years old & under	CLARITIN
loratadine tabs OTC, QL		CLARITIN
Sedating		
carbinoxamine		
chlorpheniramine ext-rel OTC		CHLOR-TRIMETON
chlorpheniramine syp, tabs OTC		CHLOR-TRIMETON
clemastine		
clemastine tabs OTC		TAVIST
cyproheptadine AGE	Covered for ages 64 years old & under	
diphenhydramine 25 mg, 50 mg OTC, AGE	Covered for ages 64 years old & under	BENADRYL
diphenhydramine chew tabs 12.5 mg OTC, AGE	Covered for ages 12 years old & under	BENADRYL
diphenhydramine elixir, liquid, syp OTC, AGE	Covered for ages 12 years old & under	BENADRYL
diphenhydramine inj AGE	Covered for ages 64 years old & under	
hydroxyzine HCl AGE	Covered for ages 64 years old & under	
hydroxyzine pamoate AGE	Covered for ages 64 years old & under	VISTARIL
BETA AGONISTS		
Inhalants		
Short Acting		
albuterol inhalation soln 0.083% QL	Max #225 mL/month	
albuterol inhalation soln 0.5% QL	Max #150 mL/month	
albuterol inhalation soln 0.63 mg/3 mL QL	Max #300 mL/month	
albuterol inhalation soln 1.25 mg/3 mL QL	Max #150 mL/month	
albuterol sulfate, CFC-free aerosol		VENTOLIN HFA
Long Acting		
salmeterol xinafoate		SEREVENT
Oral Agents		
albuterol syp, tabs 4 mg		
terbutaline		
COUGH AND COLD		
Limited to 4 fills per year.		
Antihistamine/Decongestant Combinations		
brompheniramine/pseudoephedrine elixir OTC, QL	Max #480 mL/month	DIMETAPP

cetirizine/pseudoephedrine ext-rel tabs OTC, AGE		ZYRTEC-D
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL OTC, QL	Max #180 mL/month	TRIAMINIC NT
diphenhydramine/phenylephrine tabs OTC		BENADRYL-D
loratadine/pseudoephedrine ext-rel OTC		CLARITIN-D
promethazine/phenylephrine syp AGE	Covered for ages 64 years old and under	
Antitussives		
benzonatate		TESSALON
Antitussive Combinations		
<i>Opioid</i>		
codeine/guaifenesin AGE, QL	Covered for ages 2 years old & over	Cheratussin AC
codeine/guaifenesin/pseudoephedrine		Cheratussin DAC
codeine/promethazine syp AGE, QL	Covered for ages 2-64 years old	
codeine/promethazine/phenylephrine AGE	Covered for ages 2-64 years old	
codeine/pyrilamine syp OTC, QL	Max #180 mL/month	PRO-CLEAR AC
hydrocodone/homatropine syp		
<i>Non-opioid</i>		
dextromethorphan/brompheniramine/pseudoephedrine syp QL		Bromfed DM
dextromethorphan/promethazine syp AGE, QL	Covered for ages 4-64 years; Max #180 mL/month	
Decongestants		
phenylephrine OTC, AGE		SUDAFED PE
pseudoephedrine OTC, AGE		SUDAFED
pseudoephedrine ext-rel 120 mg OTC, AGE		SUDAFED 12 HOUR
CYSTIC FIBROSIS		
dornase alfa PA, SP		PULMOZYME
tobramycin inhalation soln PA, SP		TOBI
LEUKOTRIENE MODIFIERS		
montelukast chewable tabs 4 mg AGE	Covered for ages 9 years old & under	SINGULAIR
montelukast chewable tabs 5 mg AGE	Covered for ages 14 years old & under	SINGULAIR
montelukast tabs		SINGULAIR
MAST CELL STABILIZERS		
cromolyn sodium nasal spray OTC		NASALCROM
cromolyn soln for inhalation		
MEDICAL SUPPLIES		
nebulizer/compressor OTC		
peak flow meter OTC, QL	Max #1/year	
respiratory mask OTC, QL	Max 1 fill/year	
sodium chloride for inhalation		
spacer OTC, QL	Max 1 fill/year	
NASAL ANTIHISTAMINES		
azelastine 0.1% spray QL		
NASAL DECONGESTANTS		
oxymetazoline spray OTC		AFRIN

NASAL STEROIDS

Limited to 4 fills per year except for asthmatics

fluticasone spray AGE, QL	Covered for ages 4 years old & over
triamcinolone acetonide spray OTC	

RESPIRATORY SYNCYTIAL VIRUS

palivizumab PA, SP	SYNAGIS
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STEROID/BETA AGONIST COMBINATIONS

budesonide/formoterol		SYMBICORT
fluticasone/salmeterol AGE, ST, QL	Covered for ages 12 years old & under; Requires trial of Steroid Inhalant	ADVAIR DISKUS 100/50
mometasone/formoterol ST, QL	Requires trial of Steroid Inhalant	DULERA

STEROID INHALANTS

beclomethasone QL		QVAR
budesonide QL		PULMICORT FLEXHALER
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL AGE, QL	Covered for ages 9 years old & under	PULMICORT RESPULES
flunisolide, CFC-free aerosol QL		AEROSPAN

XANTHINES

theophylline ext-rel tabs	
theophylline soln	

MISCELLANEOUS

acetylcysteine inhalation soln 20%	
ipratropium nasal spray	ATROVENT
omalizumab PA, SP	XOLAIR
saline nasal spray OTC	

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps PA	
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Topical

benzoyl peroxide gel 2.5% OTC, AGE, QL	Covered for ages 10-29 years old; Max #60 grams/month	
benzoyl peroxide gel 5% OTC, AGE	Covered for ages 10 years old & over	
benzoyl peroxide gel 10% OTC, AGE	Covered for ages 10-29 years old	
benzoyl peroxide liquid 5%, 10% OTC, AGE, QL	Covered for ages 10-29 years old; Max #240 grams/month	
benzoyl peroxide lotion 5% OTC, AGE, QL	Covered for ages 10-29 years old; Max #141 mL/month	
benzoyl peroxide lotion 10% OTC, AGE, QL	Covered for ages 10-29 years old; Max #30 mL/month	
clindamycin gel 1 % AGE, QL	Covered for ages 10-29 years old; Max #60 grams/month	CLEOCIN T
clindamycin lotion 1% AGE, QL	Covered for ages 10-29 years old; Max #300 mL/month	CLEOCIN T
clindamycin soln		CLEOCIN T
erythromycin gel, soln AGE	Covered for ages 10-29 years old	
tretinoin AGE, QL	Covered for ages 10-35 years old; Max #45 grams/month	RETIN-A

Actinic Keratosis		
fluorouracil crm		EFUDEX
Antibiotics		
bacitracin oint OTC		
bacitracin zinc oint OTC		
bacitracin/neomycin/polymyxin B oint OTC		NEOSPORIN
bacitracin/polymyxin B oint OTC		POLYSPORIN
gentamicin		
mupirocin nasal PA		BACTROBAN NASAL
mupirocin oint QL	Max #44 grams/month	
silver sulfadiazine		SILVADENE
Antifungals		
ciclopirox crm 0.77%		LOPROX
clotrimazole OTC		LOTIMIN AF
ketoconazole crm 2% QL	Max #60 grams/month	NIZORAL
ketoconazole shampoo 2% QL	Max #120 mL/month	NIZORAL
miconazole crm, powder OTC		MICATIN
miconazole oint OTC		ALOE VESTA
nystatin crm, oint QL	Max #90 grams/month	
nystatin powder QL	Max #30 grams/month	
terbinafine crm OTC, QL	Max #30 grams/month	LAMISIL AT
tolnaftate crm, powder, soln OTC		TINACTIN
Antipsoriatics		
<i>Topical</i>		
anthralin crm 1%		DRITHOCREME HP
calcipotriene oint, soln PA		DOVONEX
Antiseborrheics		
selenium sulfide lotion 1% OTC		SELSUN BLUE
selenium sulfide lotion 2.5%		
Corticosteroids		
<i>Low Potency</i>		
alclometasone crm, oint 0.05%		ACLOVATE
desonide crm 0.05% ST	Requires trial of any preferred low potency steroid	DESOWEN
desonide oint 0.05%		DESOWEN
fluocinolone acetonide oil 0.01% QL	Max #120 mL/month	DERMA-SMOOTH-FS
hydrocortisone acetate crm 0.5 % OTC		
hydrocortisone crm, gel, lotion, oint OTC		CORTIZONE
hydrocortisone crm, lotion, oint 1%		
hydrocortisone crm, lotion, oint 2.5% QL	Max #60 grams/month	
hydrocortisone/aloe vera crm OTC		
<i>Medium Potency</i>		
betamethasone valerate crm, oint 0.1%		
betamethasone valerate lotion 0.1% QL	Max #60 mL/month	
fluocinolone acetonide crm, oint 0.025%		
fluticasone propionate crm 0.05%, oint 0.005%		CUTIVATE
hydrocortisone valerate crm 0.2%		WESTCORT
mometasone crm, oint 0.1% QL	Max #60 grams/month	ELOCON
mometasone lotion 0.1%		ELOCON
prednicarbate crm, oint 0.1%		DERMATOP
triamcinolone acetonide crm, lotion, oint 0.025%		
triamcinolone acetonide crm, lotion, oint 0.1%		

High Potency

betamethasone dipropionate augmented crm 0.05%		DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05%		DIPROLENE
betamethasone dipropionate crm, lotion, oint 0.05%		
desoximetasone crm 0.25%		TOPICORT
fluocinonide crm, gel 0.05%		
fluocinonide emollient crm 0.05%		
fluocinonide oint 0.05% ST	Requires trial of triamcinolone acetonide crm or oint 0.5%	
fluocinonide soln 0.05% QL	Max #60 mL/month	
triamcinolone acetonide crm, oint 0.5%		

Very High Potency

betamethasone dipropionate augmented gel, oint 0.05%		DIPROLENE
clobetasol propionate crm, gel, oint, soln 0.05%		TEMOVATE
halobetasol propionate crm, oint 0.05%		ULTRAVATE

Emollients

emollient oint OTC		
lactic acid (ammonium lactate) crm 12% QL	Max #280 grams/month	LAC-HYDRIN
lactic acid (ammonium lactate) lotion 12% QL	Max #225 grams/month	LAC-HYDRIN

Immunomodulators

pimecrolimus AGE, PA, QL	Covered for ages 2 years old & over; Max #60 grams/month	ELIDEL
tacrolimus AGE, PA, QL	Covered for ages 2 years old & over; Max #30 grams/month	PROTOPIC

Local Analgesics

lidocaine patch PA		LIDODERM
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Local Anesthetics

lidocaine crm 4% OTC		LMX 4
lidocaine gel 2% OTC		
lidocaine soln 4%		XYLOCAINE
lidocaine/prilocaine crm QL	Max #60 grams/month	

Rosacea

metronidazole crm 0.75%		METROCREAM
metronidazole gel 0.75%		
metronidazole lotion 0.75%		METROLOTION

Scabicides and Pediculicides

benzyl alcohol ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	ULESFIA
crotamiton ST	Requires trial of a permethrin	EURAX
malathion ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	OVIDE
permethrin 0.5% OTC		RID AEROSOL
permethrin 1% OTC		NIX CREME RINSE
permethrin crm 5%		ELIMITE
pyrethrins/piperonyl butoxide OTC		A-200 KIT
pyrethrins/piperonyl butoxide OTC		PRONTO SHAMPOO
pyrethrins/piperonyl butoxide OTC		RID
spinosad ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	NATROBA

Miscellaneous Skin and Mucous Membrane		
acyclovir crm AGE, PA	Covered for ages 18 years old & under	ZOVIRAX
acyclovir oint AGE, PA	Covered for ages 18 years old & under	ZOVIRAX
chlorhexidine 4% OTC		HIBICLENS
diphenhydramine/zinc acetate 2-0.1% OTC		BENADRYL EXTRA STRENGTH
docosanol OTC, QL	Max #2 grams/month	ABREVA
imiquimod PA, QL	Max #24 packets/month	ALDARA
podofilox soln QL	Max #7 mL/6 months	CONDYLOX
skin protectant crm OTC		EUCERIN CREAM
water for irrigation, sterile		
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics - Topical Oral		
lidocaine viscous 2%		
Steroids - Mouth/Throat		
triamcinolone paste		
Miscellaneous		
chlorhexidine 0.12%		PERIDEX
clotrimazole troches QL		
nystatin susp		
OPHTHALMIC		
Antiallergics		
azelastine PA		
cromolyn sodium		
epinastine PA		ELESTAT
ketotifen OTC		ZADITOR
Anti-infectives		
bacitracin		
bacitracin/neomycin/polymyxin B oint		
bacitracin/polymyxin B oint		
ciprofloxacin soln		CILOXAN
erythromycin		
gentamicin		
levofloxacin soln		
neomycin/polymyxin B/gramicidin		NEOSPORIN
ofloxacin		OCUFLOX
polymyxin B/trimethoprim		POLYTRIM
sulfacetamide soln		BLEPH-10
tobramycin soln		TOBREX
Anti-infective/Anti-inflammatory Combinations		
bacitracin/neomycin/polymyxin B/hydrocortisone oint		
neomycin/polymyxin B/dexamethasone		MAXITROL
sulfacetamide/prednisolone acetate 10%/0.23%		
tobramycin/dexamethasone susp 0.3%/0.1%		TOBRADEX
Anti-inflammatories		
Nonsteroidal		
diclofenac sodium 0.1%		
flurbiprofen sodium		OCUFEN
ketorolac 0.4%		ACULAR LS
ketorolac 0.5%		ACULAR

<i>Steroidal</i>			
dexamethasone sodium phosphate			
fluorometholone 0.1% susp			FML LIQUIFILM
prednisolone acetate 1%			PRED FORTE
<i>Antivirals</i>			
trifluridine			VIROPTIC
<i>Beta-blockers</i>			
<i>Nonselective</i>			
carteolol			
levobunolol			BETAGAN
metipranolol			
timolol maleate			TIMOPTIC
timolol maleate gel			TIMOPTIC-XE
<i>Carbonic Anhydrase Inhibitors</i>			
<i>Topical</i>			
dorzolamide			TRUSOPT
<i>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</i>			
dorzolamide/timolol maleate			COSOPT
<i>Mydriatics</i>			
atropine soln			
<i>Parasympathomimetics</i>			
pilocarpine			ISOPTO CARPINE
<i>Prostaglandins</i>			
latanoprost			XALATAN
travoprost ST	Requires trial of latanoprost		
travoprost ST	Requires trial of latanoprost		TRAVATAN Z
<i>Sympathomimetics</i>			
brimonidine 0.15%			ALPHAGAN P
brimonidine 0.2%			
<i>Miscellaneous</i>			
artificial tears OTC			
naphazoline 0.1%			
proparacaine 0.5%			
sodium chloride 5% OTC			MURO-128
<i>OTIC</i>			
<i>Anti-infectives</i>			
acetic acid			
ciprofloxacin otic			CETRAXAL
ofloxacin otic			
<i>Anti-infective/Anti-inflammatory Combinations</i>			
acetic acid/hydrocortisone			
neomycin/polymyxin B/hydrocortisone			CORTISPORIN OTIC
<i>Miscellaneous</i>			
antipyrine/benzocaine			
carbamide peroxide 6.5% OTC			DEBROX
isopropyl alcohol /glycerin OTC			Ear Drying Drops

MISCELLANEOUS

MEDICAL SUPPLIES

needles 18 g x 1-1/2"

syringes 3 mL

INDEX

A

- A-200 KIT, 36
- abacavir soln, 11
- abacavir tabs, 11**
- abacavir/dolutegravir/lamivudine, 10
- abacavir/lamivudine, 10
- abacavir/lamivudine/zidovudine, 10**
- ABILIFY, 18
- ABILIFY MAINTENA, 18
- ABREVA, 37
- acarbose, 21**
- ACCUPRIL, 13
- ACCURETIC, 14
- acebutolol, 15**
- acetaminophen, 8**
- acetazolamide, 15**
- acetazolamide ext-rel, 15**
- acetic acid, 38**
- acetic acid irrigation soln, 28**
- acetic acid/hydrocortisone, 38**
- acetylcysteine inhalation soln 20%, 34**
- acridinium bromide, 32
- ACLOVATE, 35
- ACTIGALL, 26
- ACTIMMUNE, 29
- ACTOS, 22
- ACULAR, 37
- ACULAR LS, 37
- acyclovir caps, susp, tabs, 12**
- acyclovir crm, 37
- acyclovir oint, 37**
- ADACEL, BOOSTRIX, 30
- ADALAT CC, 15
- adalimumab, 29
- ADDERALL, 19
- ADDERALL XR, 19
- adefovir dipivoxil, 12**
- ADOXA, 10
- ADVAIR DISKUS 100/50, 34
- ADVATE, 29
- AEROSPAN, 34
- AFLURIA, 30
- AFLURIA PF, 30
- AFRIN, 33
- AGGRENOLX, 29
- albendazole, 12
- ALBENZA, 12
- albuterol inhalation soln 0.083%, 32**
- albuterol inhalation soln 0.5%, 32**
- albuterol inhalation soln 0.63 mg/3 mL, 32**
- albuterol inhalation soln 1.25 mg/3 mL, 32**
- albuterol sulfate, CFC-free aerosol, 32
- albuterol syp, tabs 4 mg, 32**
- alclometasone crm, oint 0.05%, 35**
- alcohol swabs, 22
- ALDACTAZIDE, 16
- ALDACTONE, 14
- ALDARA, 37
- alendronate tabs, 23**
- ALEVE, 8
- alfuzosin ext-rel, 28**
- ALKERAN, 12
- ALLEGRA, 32
- allopurinol, 8
- ALOE VESTA, 35
- alogliptin, 21**
- alogliptin/metformin, 21**
- alogliptin/pioglitazone, 22**
- ALPHAGAN P, 38
- alprazolam tabs, 16**
- aluminum hydroxide/magnesium carbonate, 25**
- aluminum hydroxide/magnesium hydroxide/simethicone, 25**
- aluminum hydroxide/magnesium trisilicate, 25**
- amantadine caps, syp, 18**
- AMARYL, 22
- AMBIEN, 20
- AMERGE, 20
- amiloride, 16**
- amiloride/hydrochlorothiazide, 16**
- amiodarone 200 mg, 14**
- amitriptyline, 18**
- amlodipine, 15**
- amoxicillin caps, tabs, 9**
- amoxicillin susp, 9**
- amoxicillin/clavulanate chew tabs, susp 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL, 10**
- amoxicillin/clavulanate susp 125 mg/5 mL, 250 mg/5 mL, 10**
- amoxicillin/clavulanate tabs, 10**
- amphetamine/dextroamphetamine mixed salts 30 mg, 19**
- amphetamine/dextroamphetamine mixed salts 5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 19**
- amphetamine/dextroamphetamine mixed salts 7.5 mg, 19**
- amphetamine/dextroamphetamine mixed salts ext-rel, 19**
- ampicillin caps, 10**
- ampicillin susp, 10**
- AMPYRA, 20
- ANAFRANIL, 17
- ANAPROX, 8
- anastrozole, 13**
- ANTABUSE, 21
- anthralin crm 1%, 35**
- antihemophilic factor (recombinant), 29
- antihemophilic factor/von Willebrand factor complex (human), 29
- antipyrine/benzocaine, 38**
- APRISO, 27
- ARANESP, 29
- ARAVA, 29
- ARICEPT, 17
- ARIMIDEX, 13
- aripiprazole, 18**
- aripiprazole ext-rel inj, 18
- aripiprazole lauroxil ext-rel inj, 18
- ARISTADA, 18
- ARIXTRA, 28
- armodafinil 50 mg, 150 mg, 250 mg, 20**
- ARMOUR THYROID, 25
- artificial tears, 38**
- ascorbic acid tabs 500 mg, 31**
- asenapine, 18
- aspirin, 29**
- atazanavir, 11
- atazanavir/cobicistat, 10
- atenolol, 15**
- atenolol/chlorthalidone, 15**
- ATIVAN, 16
- atomoxetine, 19

atorvastatin, 14
atovaquone, 12
 ATRIPLA, 10
atropine soln, 38
 ATROVENT, 34
 ATROVENT HFA, 32
 AUGMENTIN, 10
 AVALIDE, 14
 AVAPRO, 14
 AVONEX, 20
 AYGESTIN, 25
azathioprine, 29
azelastine, 37
azelastine 0.1% spray, 33
azithromycin powder packet, tabs, 9
azithromycin susp, 9
 AZULFIDINE, 27
 AZULFIDINE EN-TABS, 27

B

bacitracin, 37
bacitracin oint, 35
bacitracin zinc oint, 35
bacitracin/neomycin/polymyxin B oint, 35, 37
bacitracin/neomycin/polymyxin B/hydrocortisone oint, 37
bacitracin/polymyxin B oint, 35, 37
baclofen, 20
 BACTRIM, 10
 BACTROBAN NASAL, 35
balsalazide, 26
 BANZEL, 17
 BARACLUDE, 12
 beclomethasone, 34
 BENADRYL, 32
 BENADRYL EXTRA STRENGTH, 37
 BENADRYL-D, 33
benazepril, 13
benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg, 13
 BENEFIBER, 27
 BENEFIX, 29
 BENTYL, 26
benzocaine/docusate, 27
benzonatate, 33
benzoyl peroxide gel 10%, 34
benzoyl peroxide gel 2.5%, 34
benzoyl peroxide gel 5%, 34
benzoyl peroxide liquid 5%, 10%, 34
benzoyl peroxide lotion 10%, 34
benzoyl peroxide lotion 5%, 34
benztropine, 18
 benzyl alcohol, 36
 BETAGAN, 38
betamethasone dipropionate augmented crm 0.05%, 36
betamethasone dipropionate augmented gel, oint 0.05%, 36
betamethasone dipropionate augmented lotion 0.05%, 36
betamethasone dipropionate crm, lotion, oint 0.05%, 36
betamethasone valerate crm, oint 0.1%, 35
betamethasone valerate lotion 0.1%, 35
 BETAPACE, 14
 BETAPACE AF, 14
bethanechol, 28
 BEXSERO, 30
 BIAxin, 9
bicalutamide, 13
bisacodyl delayed-rel tabs, 27
bisacodyl supp, 27

bismuth subsalicylate, 26
bisoprolol, 15
bisoprolol/hydrochlorothiazide, 15
 BLEPH-10, 37
 blood glucose monitoring kits, 22
 blood glucose test strips, 22
 BONIVA, 23
 bosentan, 16
brimonidine 0.15%, 38
brimonidine 0.2%, 38
Bromfed DM, 33
bromocriptine, 18
brompheniramine/pseudoephedrine elixir, 32
 budesonide, 34
budesonide delayed-rel caps, 26
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL, 34
 budesonide/formoterol, 34
bumetanide, 15
buprenorphine/naloxone sublingual tabs, 21
bupropion, 18
bupropion ext-rel, 18, 21
buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg, 17
butalbital/acetaminophen, 9
butalbital/acetaminophen/caffeine 50/325/40 mg, 9
butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg, 8
butalbital/aspirin/caffeine, 9
 BYETTA, 22

C

CALAN, 15
 CALAN SR, 15
calcipotriene oint, soln, 35
calcitonin-salmon, 23
calcitriol caps (1,25-D3), 25
calcium, 31
calcium acetate caps, 25
calcium carbonate, 25
calcium carbonate/magnesium hydroxide, 25
calcium polycarbophil, 27
calcium/vitamin D, 31
calcium/vitamin D/minerals, 31
capecitabine, 13
captopril, 13
captopril/hydrochlorothiazide, 13
 CARAFATE, 28
carbamazepine, 17
carbamazepine ext-rel, 17
carbamide peroxide 6.5%, 38
 CARBATROL, 17
carbidopa/levodopa, 18
carbidopa/levodopa ext-rel, 18
carbinoxamine, 32
 CARDIZEM, 15
 CARDIZEM CD, 15
 CARDURA, 14, 28
carisoprodol 350 mg, 20
 CARNITOR, 25
carteolol, 38
carvedilol, 15
 CASODEX, 13
 CATAPRES, 14
cefadroxil susp, 9
cefdinir caps, 9
cefdinir susp, 9
cefprozil susp, 9
 CEFTIN, 9

cefuroxime axetil tabs, 9
 CELEBREX, 8
 celecoxib, 8
 CELEXA, 17
 CELLCEPT, 29
 cellulose powder, 27
 cephalexin 250 mg, 500 mg, 9
 cephalexin susp, 9
 CERVARIX, 30
 cetirizine chewable tabs, syp, 32
 cetirizine syp, 32
 cetirizine tabs, 32
 cetirizine/pseudoephedrine ext-rel tabs, 33
 CETRAXAL, 38
 CHANTIX, 21
 Cheratussin AC, 33
 Cheratussin DAC, 33
 chlorambucil, 12
 chlordiazepoxide, 16
 chlorhexidine 0.12%, 37
 chlorhexidine 4%, 37
 chlorpheniramine ext-rel, 32
 chlorpheniramine syp, tabs, 32
 chlorpromazine, 19
 chlorpropamide, 22
 chlorthalidone, 16
 CHLOR-TRIMETON, 32
 chlorzoxazone, 20
 cholecalciferol (D3), 31
 cholestyramine cans, 14
 ciclopirox crm 0.77%, 35
 cilostazol, 29
 CILOXAN, 37
 cimetidine 200 mg, 26
 cimetidine 300 mg, 400 mg, 800 mg, 26
 cimetidine soln 300 mg/5 mL, 26
 CIPRO, 9
 ciprofloxacin 250 mg, 500 mg, 750 mg, 9
 ciprofloxacin otic, 38
 ciprofloxacin soln, 37
 citalopram, 17
 CITRUCEL, 27
 clarithromycin susp, 9
 clarithromycin tabs, 9
 CLARITIN, 32
 CLARITIN-D, 33
 clemastine, 32
 clemastine tabs, 32
 CLEOCIN, 12, 28
 CLEOCIN T, 34
 clindamycin 150 mg, 300 mg, 12
 clindamycin crm, 28
 clindamycin gel 1 %, 34
 clindamycin lotion 1%, 34
 clindamycin soln, 12, 34
 clobazam tabs, 17
 clobetasol propionate crm, gel, oint, soln 0.05%, 36
 clomipramine, 17
 clonazepam tabs, 16
 clonidine tabs, 14
 clopidogrel 75 mg, 29
 clorazepate, 16
 clotrimazole, 28, 35
 clotrimazole troches, 37
 clozapine, 18
 CLOZARIL, 18

cobicistat, 10
 codeine sulfate 15 mg, 30 mg, 8
 codeine sulfate 60 mg, 8
 codeine/acetaminophen soln, 8
 codeine/acetaminophen tabs, 8
 codeine/guaifenesin, 33
 codeine/guaifenesin/pseudoephedrine, 33
 codeine/promethazine syp, 33
 codeine/promethazine/phenylephrine, 33
 codeine/pyrilamine syp, 33
 COLACE, 27
 colchicine tabs, 8
 colchicine/probenecid, 8
 COLCRYS, 8
 COLESTID, 14
 colestipol tabs, 14
 COMBIVIR, 10
 COMPAZINE, 26
 COMPLERA, 10
 CONCERTA, 19
 condoms, male, 24
 CONDYLOX, 37
 COPAXONE, 20
 COPEGUS, 12
 CORDARONE, 14
 COREG, 15
 CORGARD, 15
 CORTEF, 24
 CORTISPORIN OTIC, 38
 CORTIZONE, 35
 COSOPT, 38
 COUMADIN, 28
 COZAAR, 14
 CREON, 27
 cromolyn sodium, 37
 cromolyn sodium nasal spray, 33
 cromolyn soln for inhalation, 33
 crotamiton, 36
 CUTIVATE, 35
 CUVPOSA, 27
 cyanocobalamin, 31
 CYCLESSA, 23
 cyclobenzaprine 5 mg, 10 mg, 20
 cyclophosphamide caps, 12
 CYCLOPHOSPHAMIDE caps, 12
 cyclosporine caps, 29
 cyclosporine, modified, 30
 CYMBALTA, 18
 cypheptadine, 32
 CYTOTEK, 27
 CYTRA-2, 28
 CYTRA-K, 28
D
 dalfampridine ext-rel, 20
 dalteparin, 28
 dapsone, 12
 darbepoetin alfa, 29
 darunavir, 11
 darunavir/cobicistat, 10
 dasatinib, 13
 DAYPRO, 8
 DDAVP, 25
 DEBROX, 38
 DEMADDEX, 15
 DEPAKENE, 17

DEPAKOTE, 17
 DEPAKOTE ER, 17
 DEPAKOTE SPRINKLE, 17
 DEPO-PROVERA, 24
 DEPO-TESTOSTERONE, 21
 DERMA-SMOOTH-FS, 35
 DERMATOP, 35
desipramine, 18
desmopressin spray, 25
desmopressin tabs, 25
 DESOGEN, 23
desogestrel/EE, 23
desogestrel/EE 0.15/30, 23
desonide crm 0.05%, 35
desonide oint 0.05%, 35
 DESOWEN, 35
desoximetasone crm 0.25%, 36
 DETROL, 28
dexamethasone elixir, soln 0.5 mg/5 mL, 24
dexamethasone sodium phosphate, 38
dexamethasone tabs, 24
 DEXEDRINE SPANSULE, 19
dexmethylphenidate, 19
dextroamphetamine ext-rel 15 mg, 19
dextroamphetamine ext-rel 5 mg, 10 mg, 19
dextroamphetamine tabs 5 mg, 10 mg, 19
dextromethorphan/brompheniramine/pseudoephedrine syp, 33
dextromethorphan/promethazine syp, 33
dextrose/fructose/phosphoric acid, 26
 DIAMOX SEQUELS, 15
 diaphragm, 24
 DIAPHRAGM , VARIOUS, 24
 DIASTAT, 17
diazepam, 16
 DIAZEPAM INTENSOL, 16
diazepam oral concentrate 5 mg/mL, 16
diazepam rectal gel, 17
dibucaine rectal oint, 27
diclofenac gel, 8
diclofenac potassium, 8
diclofenac sodium 0.1%, 37
diclofenac sodium delayed-rel, 8
diclofenac sodium ext-rel, 8
dicloxacillin, 10
dicyclomine, 26
didanosine delayed-rel caps, 11
 DIFLUCAN, 10
digoxin 0.125 mg, 0.25 mg, 15
digoxin soln, 15
 DILANTIN, 17
 DILANTIN INFATABS, 17
 DILAUDID, 8
diltiazem, 15
diltiazem ext-rel, 15
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg, 15
Dilt-XR, 15
dimenhydrinate tabs, 26
 DIMETAPP, 32
diphenhydramine 25 mg, 50 mg, 32
diphenhydramine chew tabs 12.5 mg, 32
diphenhydramine elixir, liquid, syp, 32
diphenhydramine inj, 32
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL, 33
diphenhydramine/phenylephrine tabs, 33
diphenhydramine/zinc acetate 2-0.1%, 37
diphenoxylate/atropine, 26

DIPROLENE, 36
 DIPROLENE AF, 36
dipyridamole, 29
dipyridamole ext-rel/aspirin, 29
disopyramide, 14
disulfiram, 21
 DITROPAN XL, 28
divalproex sodium delayed-rel, 17
divalproex sodium ext-rel, 17
divalproex sodium sprinkle caps, 17
 docosanol, 37
docusate calcium, 27
docusate sodium, 27
 DOLOPHINE, 9
 dolutegravir, 11
donepezil 5 mg, 10 mg, 17
 dornase alfa, 33
dorzolamide, 38
dorzolamide/timolol maleate, 38
 DOVONEX, 35
doxazosin, 14, 28
doxepin, 18
doxycycline monohydrate caps 50 mg, 100 mg, 10
doxycycline monohydrate tabs 100 mg, 10
doxylamine, 20
 DRAMAMINE, 26
 DRITHOCREME HP, 35
drospirenone/EE 3/30, 23
 DULCOLAX, 27
 DULERA, 34
duloxetine delayed-rel, 18
 DURAGESIC, 8
 DYAZIDE, 16
E
 E.E.S., 9
 E.E.S. GRANULES, 9
Ear Drying Drops, 38
 EC-NAPROSYN, 8
 EDURANT, 11
EE/norethindrone acetate, 24
 efavirenz, 11
 efavirenz/emtricitabine/tenofovir, 10
 EFFEXOR XR, 18
 EFUDEX, 35
 ELAPRASE, 25
 elbasvir/grazoprevir, 12
electrolyte soln, oral, 31
 ELESTAT, 37
 ELIDEL, 36
 ELIMITE, 36
 ELLA, 23
 ELOCON, 35
 elvitegravir, 11
 elvitegravir/cobicistat/emtricitabine/tenofovir, 10
 elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide, 10
 EMETROL, 26
emollient oint, 36
 empagliflozin, 22
 emtricitabine, 11
 emtricitabine/rilpivirine/tenofovir, 10
 emtricitabine/tenofovir, 10
 EMTRIVA, 11
enalapril, 13
enalapril/hydrochlorothiazide, 14
 ENBREL, 29

Enemeez Plus, 27
 ENGERIX-B, 30
enoxaparin, 28
entecavir, 12
 ENTOCORT EC, 26
epinastine, 37
 epinephrine, 31
epinephrine pen, 31
 EPIPEN, 31
 EPIPEN JR., 31
 EPIVIR, 11
 EPIVIR-HBV, 12
 epoetin alfa, 29
 EPOGEN, 29
 EPZICOM, 10
ergocalciferol (D2), 31
 ERYPED, 9
Ery-Tab, 9
 ERYTHROCIN, 9
erythromycin, 37
erythromycin base, 9
erythromycin delayed-rel, 9
 erythromycin ethylsuccinate susp, 9
 erythromycin ethylsuccinate susp 200 mg/5 mL, 9
erythromycin ethylsuccinate tabs, 9
erythromycin gel, soln, 34
erythromycin stearate, 9
escitalopram, 17
 ESGIC, 9
 esomeprazole magnesium delayed-rel, 27
estazolam, 20
 ESTRACE, 24
 ESTRACE CREAM, 24
estradiol, 24
 estradiol vaginal crm, 24
 estradiol vaginal tabs, 24
 estrogens, conjugated, 24
 estrogens, conjugated crm, 24
 estrogens, conjugated/medroxyprogesterone, 24
estropipate, 24
 etanercept, 29
ethambutol, 11
ethosuximide, 17
ethynodiol diacetate/EE 1/35, 23
ethynodiol diacetate/EE 1/50, 23
etodolac tabs, 8
 etonogestrel/EE ring, 24
etoposide, 13
 etravirine, 11
 EUCERIN CREAM, 37
 EUFLEXA, 9
 EURAX, 36
 EVISTA, 25
 evolocumab, 15
 EVOTAZ, 10
 EXELON, 17
 EXELON PATCH, 17
 exenatide, 22
 EXTAVIA, 20
 ezetimibe, 14

F

factor IX concentrate, 29
famciclovir, 12
famotidine tabs, 26
 FAMVIR, 12

FANAPT, 18
 FELDENE, 8
felodipine ext-rel 2.5 mg, 15
felodipine ext-rel 5 mg, 10 mg, 15
 FEMARA, 13
 FEMHRT 0.5 mg/2.5 mcg, 24
fenofibrate, 14
fenofibrate tabs 48 mg, 14
fenofibrate, micronized caps 43 mg, 14
fenofibric acid 35 mg, 14
fantanyl transdermal, 8
 FEOSOL, 31
 FERGON, 31
 FER-IN-SOL, 31
ferrous fumarate, 31
ferrous gluconate, 31
ferrous sulfate, 31
ferrous sulfate drops 15 mg/mL, 31
ferrous sulfate elixir, liquid 220 mg/5 mL, 31
ferrous sulfate ext-rel, 31
fexofenadine tabs 180 mg, 32
fexofenadine tabs 30 mg, 60 mg, 32
 FIBERCON, 27
 FIBRICOR, 14
 filgrastim, 29
finasteride, 28
 FIORINAL, 9
 FIRST-OMEPRAZOLE, 27
 FISH OIL, 31
 FLAGYL, 12
flavoxate hydrochloride, 28
flecainide, 14
 FLEET, 27
 FLOMAX, 28
 FLUARIX QUADRIVALENT, 30
 FLUCELVAX QUADRIVALENT, 30
fluconazole susp, 10
fluconazole tabs 100 mg, 200 mg, 10
fluconazole tabs 150 mg, 10
fludrocortisone, 24
 FLULAVAL QUADRIVALENT, 30
 FLUMADINE, 12
 flunisolide, CFC-free aerosol, 34
fluocinolone acetonide crm, oint 0.025%, 35
fluocinolone acetonide oil 0.01%, 35
fluocinonide crm, gel 0.05%, 36
fluocinonide emollient crm 0.05%, 36
fluocinonide oint 0.05%, 36
fluocinonide soln 0.05%, 36
fluorometholone 0.1% susp, 38
fluorouracil crm, 35
fluoxetine 10 mg, 20 mg, 18
fluoxetine soln, 18
fluphenazine decanoate inj, 19
fluphenazine HCl inj, 19
fluphenazine HCl tabs, 19
flurazepam, 20
flurbiprofen, 8
flurbiprofen sodium, 37
flutamide, 13
fluticasone propionate crm 0.05%, oint 0.005%, 35
fluticasone spray, 34
 fluticasone/salmeterol, 34
 FLUVIRIN, 30
 FLUVIRIN PF, 30
fluvoxamine, 17

FLUZONE QUADRIVALENT, 30
 FML LIQUIFILM, 38
 FOCALIN, 19
folic acid, 31
fondaparinux, 28
 FORTEO, 23
 FOSAMAX, 23
 fosamprenavir tabs, 11
fosinopril, 13
fosinopril/hydrochlorothiazide, 14
 FRAGMIN, 28
 FURADANTIN, 12
furosemide soln, 15
furosemide tabs, 15

G

gabapentin, 17
 GABITRIL, 17
galantamine ext-rel, 17
galantamine tabs, 17
 GARDASIL, 30
 GARDASIL 9, 30
 GAVISCON, 25
gemfibrozil, 14
gentamicin, 35, 37
 GENVOYA, 10
 GEODON, 19
glatiramer 20 mg, 20
 GLEEVEC, 13
 GLEOSTINE, 12
glimepiride, 22
glipizide, 22
glipizide ext-rel, 22
 GLUCAGON EMERGENCY KIT, 24
 glucagon, human recombinant, 24
 GLUCOPHAGE, 21
 GLUCOPHAGE XR, 21
glucose tablets, 24
 GLUCOTROL, 22
 GLUCOTROL XL, 22
 GLUCOVANCE, 21
glyburide, 22
glyburide, micronized, 22
glyburide/metformin, 21
glycerin supp, 27
 glycopyrrolate, 27
glycopyrrolate tabs, 26
 GLYNASE, 22
 GOLYTELY, 27
 goserelin acetate, 13
granisetron, 26
griseofulvin microsize susp, 10
guanfacine, 14

H

HALCION, 20
 HALDOL, 19
 HALDOL DECANOATE, 19
halobetasol propionate crm, oint 0.05%, 36
haloperidol, 19
haloperidol decanoate inj, 19
haloperidol lactate inj, 19
 HARVONI, 12
 HAVRIX, VAQTA, 30
 HELIXATE FS, 29
 HEMOCYTE, 31
 hepatitis A vaccine, 30

hepatitis A, hepatitis B vaccine, 30
 hepatitis B vaccine, 30
 HEPSERA, 12
 HIBICLENS, 37
 HUMALOG MIX, 22
 HUMALOG U-100, 22
 human papillomavirus (HPV) vaccine, 30
 HUMATE-P, 29
 HUMIRA, 29
 HUMULIN 70/30, 22
 HUMULIN N, 22
 HUMULIN R, 22
 HUMULIN R U-500 VIAL, 22
 HYCET, 8
hydralazine, 16
 HYDREA, 13
hydrochlorothiazide, 16
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg, 8
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL, 8
hydrocodone/homatropine syp, 33
hydrocortisone, 24
hydrocortisone acetate crm 0.5 %, 35
hydrocortisone crm, gel, lotion, oint, 35
hydrocortisone crm, lotion, oint 1%, 35
hydrocortisone crm, lotion, oint 2.5%, 35
hydrocortisone valerate crm 0.2%, 35
hydrocortisone/aloe vera crm, 35
hydromorphone tabs 2 mg, 8
hydromorphone tabs 4 mg, 8
hydroxychloroquine, 29
hydroxyurea, 13
hydroxyzine HCl, 32
hydroxyzine pamoate, 32
hyoscyamine sulfate, 26
hyoscyamine sulfate ext-rel tabs, 26
 HYZAAR, 14

I

ibandronate, 23
ibuprofen, 8
 idursulfase, 25
 iloperidone, 18
imatinib mesylate, 13
imipramine HCl, 18
imiquimod, 37
 IMITREX, 20
 IMODIUM A-D, 26
 IMOVAX RABIES, 30
 IMURAN, 29
 INCRELEX, 25
 INCRUSE ELLIPTA, 32
indapamide, 16
 INDERAL LA, 15
indomethacin caps, 8
 influenza virus vaccine, quadrivalent, 30
 influenza virus vaccine, trivalent, 30
 insulin aspart, 22
 insulin aspart protamine 70%/insulin aspart 30%, 22
 insulin glargine, 22
 insulin human, 22
 insulin human vial, 22
 insulin isophane human, 22
 insulin isophane human 70%/regular 30%, 22
 insulin lispro, 22
 insulin lispro protamine/insulin lispro, 22
 insulin syringes, needles, 22

INTELENCE, 11
 interferon alfa-2b, 29
 interferon beta-1a, 20
 interferon beta-1b, 20
 interferon gamma-1b, 29
 INTRON A, 29
 INVEGA, 19
 INVEGA SUSTENNA, 19
 INVEGA TRINZA, 19
 INVIRASE, 11
ipratropium nasal spray, 34
ipratropium soln, 32
 ipratropium, CFC-free aerosol, 32
ipratropium/albuterol soln, 32
irbesartan, 14
irbesartan/hydrochlorothiazide, 14
iron polysaccharides complex, 31
 ISENTRESS, 11
isoniazid, 11
isopropyl alcohol /glycerin, 38
 ISOPTO CARPINE, 38
 ISORDIL, 16
isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg, 16
isosorbide mononitrate, 16
isosorbide mononitrate ext-rel, 16
isotretinoin caps, 34
ivermectin, 12

J

JANUMET, 21
 JANUMET XR, 22
 JANUVIA, 21
 JARDIANCE, 22
 JENTADUETO, 21

K

KALETRA, 11
 KAZANO, 21
 KEFLEX, 9
Kelnor 1/35, 23
 KEPPRA, 17
 KEPPRA XR, 17
 KETOCARE test strips, 22
ketoconazole crm 2%, 35
ketoconazole shampoo 2%, 35
ketoconazole tabs 200 mg, 10
ketoprofen, 8
ketorolac, 8
ketorolac 0.4%, 37
ketorolac 0.5%, 37
ketotifen, 37
Kionex, 30
 KLONOPIN, 16
 KLOR-CON, 30
 KLOR-CON M10, KLOR-CON M20, 30
 KOGENATE FS, 29
 K-PHOS NEUTRAL, 30
 K-TAB, 30

L

labetalol, 15
 LAC-HYDRIN, 36
 lacosamide, 17
lactic acid (ammonium lactate) crm 12%, 36
lactic acid (ammonium lactate) lotion 12%, 36
lactulose, 27
 LAMICTAL, 17

LAMICTAL CHEWABLE TABS, 17
 LAMISIL, 10
 LAMISIL AT, 35
lamivudine soln, 11
lamivudine tabs, 11, 12
lamivudine/zidovudine, 10
lamotrigine chewable dispersible tabs 5 mg, 25 mg, 17
lamotrigine tabs, 17
 lancets, 22
 LANOXIN, 15
lansoprazole delayed-rel, 27
 LANTUS, 22
 lapatinib, 13
 LASIX, 15
latanoprost, 38
 LATUDA, 18
 ledipasvir/sofosbuvir, 12
leflunomide, 29
 lenalidomide, 13
letrozole, 13
leucovorin calcium, 13
 LEUKERAN, 12
 LEUKINE, 29
leuprolide acetate, 13, 25
 LEVAQUIN, 9
 LEVBID, 26
levetiracetam, 17
levetiracetam ext-rel 500 mg, 17
levetiracetam ext-rel 750 mg, 17
 levobunolol, 38
 levocarnitine soln, 25
 levocarnitine tabs 330 mg, 25
 levofloxacin oral soln, 9
 levofloxacin soln, 37
 levofloxacin tabs, 9
 levonorgestrel 1.5 mg, 23
 levonorgestrel/EE, 23
 levonorgestrel/EE 0.1/20, 23
 levonorgestrel/EE 0.15/30, 23
 levonorgestrel-releasing IUD, 24
Levora, 23
 levothyroxine, 25
 Levoxyl, 25
 LEVSIN, 26
 LEXAPRO, 17
 LEXIVA, 11
 lidocaine crm 4%, 36
 lidocaine gel 2%, 36
 lidocaine patch, 36
 lidocaine soln 4%, 36
 lidocaine viscous 2%, 37
lidocaine/prilocaine crm, 36
 LIDODERM, 36
 LILETTA, 24
 linagliptin, 21
 linagliptin/metformin, 21
linezolid susp, 12
linezolid tabs, 12
 LIPITOR, 14
lisinopril, 13
lisinopril/hydrochlorothiazide, 14
lithium carbonate, 20
lithium carbonate ext-rel tabs, 20
 LITHOBID, 20
 LMX 4, 36
 LOESTRIN 1.5/30, 23

LOESTRIN 1/20, 23
 LOESTRIN FE 1.5/30, 23
 LOESTRIN FE 1/20, 23
 LOFIBRA, 14
 LOMOTIL, 26
 lomustine, 12
loperamide, 26
 LOPID, 14
 lopinavir/ritonavir, 11
 LOPRESSOR, 15
 LOPROX, 35
loratadine rapidly-disintegrating tabs 10 mg, 32
loratadine syp, 32
loratadine tabs, 32
loratadine/pseudoephedrine ext-rel, 33
lorazepam, 16
losartan, 14
losartan/hydrochlorothiazide, 14
 LOTENSIN, 13
 LOTENSIN HCT, 13
 LOTRIMIN AF, 35
lovastatin, 14
 LOVENOX, 28
Low-Ogestrel, 23
loxapine, 19
 LUPRON DEPOT-PED, 25
 lurasidone, 18
 LURIDE, 31
Lutera, 23
 LYRICA, 19
 LYSODREN, 13

M

MACROBID, 12
 MACRODANTIN, 12
magnesium chloride ext-rel, 31
magnesium citrate soln, 27
magnesium gluconate, 31
magnesium hydroxide, 27
magnesium oxide, 31
 MAG-OX, 31
malathion, 36
maprotiline, 18
 maraviroc, 11
 MATULANE, 13
 MAXALT, 20
 MAXITROL, 37
 MAXIDE, 16
 measles, mumps & rubella vaccine, 30
 mecasermin, 25
meclizine, 26
 MEDROL, 24
medroxyprogesterone acetate, 25
medroxyprogesterone acetate 150 mg/mL, 24
mefloquine, 10
 MEGACE, 13
megestrol acetate, 13
meloxicam tabs, 8
 melphalan, 12
memantine, 17
 MENACTRA, MENVEO, 30
 meningococcal conjugate vaccine, 30
 meningococcal group B vaccine, 30
 meningococcal polysaccharide vaccine, 30
 MENOMUNE, 30
 MEPHYTON, 31

MEPRON, 12
mercaptopurine, 13
 mesalamine ext-rel caps, 27
 MESTINON, 20
 METADATE CD, 19
 METAMUCIL, 27
metformin, 21
metformin ext-rel 500 mg, 750 mg, 21
methadone soln 10 mg/5 mL, 8
methadone soln 5 mg/5 mL, 8
methadone tabs 5 mg, 10 mg, 9
methimazole, 25
methocarbamol, 20
methotrexate, 13, 29
methotrexate inj 25 mg/mL, 29
methotrexate inj 25 mg/mL, 50 mg/2 mL, 13
methylcellulose tabs, 27
methyldopa, 16
methylergonovine, 25
 METHYLIN, 19
methylphenidate, 19
methylphenidate ext-rel, 19
 methylphenidate ext-rel 10 mg, 60 mg, 19
methylphenidate ext-rel 20 mg, 30 mg, 40 mg, 19
methylphenidate ext-rel tabs 20 mg, 19
methylphenidate soln, tabs, 19
methylprednisolone, 24
metipranolol, 38
metoclopramide, 26
metolazone, 16
metoprolol succinate ext-rel, 15
metoprolol tartrate, 15
 METROCREAM, 36
 METROGEL-VAGINAL, 28
 METROLOTION, 36
metronidazole, 28
metronidazole crm 0.75%, 36
metronidazole gel 0.75%, 36
metronidazole lotion 0.75%, 36
metronidazole tabs, 12
 MEVACOR, 14
 MIACALCIN, 23
 MICATIN, 35
miconazole, 28
miconazole crm, powder, 35
miconazole oint, 35
 MICRO-K, 30
midodrine, 16
 MILK OF MAGNESIA, 27
mineral oil, 27
mineral oil enema, 27
 MINIPRESS, 14
 MINOCIN, 10
minocycline caps 50 mg, 100 mg, 10
minoxidil, 16
 MIRALAX, 27
 MIRAPEX, 18
 MIRENA, 24
mirtazapine tabs 15 mg, 30 mg, 45 mg, 18
misoprostol, 27
 mitotane, 13
 M-M-R II, 30
 MOBIC, 8
modafinil 100 mg, 20
modafinil 200 mg, 20
 MODICON, 23

mometasone crm, oint 0.1%, 35
mometasone lotion 0.1%, 35
 mometasone/formoterol, 34
 MONISTAT 3, MONISTAT 7, 28
 MONODOX, 10
montelukast chewable tabs 4 mg, 33
montelukast chewable tabs 5 mg, 33
montelukast tabs, 33
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg, 9
morphine sulfate soln, 9
morphine sulfate tabs, 9
 MOTRIN, 8
 MS CONTIN, 9
multivitamins, 31
multivitamins/fluoride/iron drops, tabs, 31
multivitamins/iron, 31
multivitamins/minerals, 31
 mupirocin nasal, 35
mupirocin oint, 35
 MURO-128, 38
 MYAMBUTOL, 11
mycophenolate mofetil caps, tabs, 29
 MYLANTA, 25
 MYSOLINE, 17

N

nabumetone, 8
nadolol, 15
 nafarelin, 24
naloxone inj 1 mg/mL, 21
 naloxone nasal spray, 21
naltrexone, 21
 NAMENDA, 17
naphazoline 0.1%, 38
 NAPROSYN, 8
naproxen, 8
naproxen delayed-rel, 8
naproxen sodium, 8
naratriptan, 20
 NARCAN, 21
 NARDIL, 17
 NASALCROM, 33
nateglinide, 22
 NATROBA, 36
 NATURE-THROID, 25
 nebulizer/compressor, 33
 needles 18 g x 1-1/2, 39
 nelfinavir, 11
neomycin, 9
neomycin/polymyxin B/dexamethasone, 37
neomycin/polymyxin B/gramicidin, 37
neomycin/polymyxin B/hydrocortisone, 38
 NEORAL, 30
 NEOSPORIN, 35, 37
 NEPHROCAPS, 31
 NEPHRO-VITE RX, 31
 NESINA, 21
 NEULASTA, 29
 NEUPOGEN, 29
 NEURONTIN, 17
nevirapine, 11
nevirapine ext-rel, 11
 NEXAVAR, 13
 NEXIUM 24HR OTC, 27
niacin, 15, 31
niacin ext-rel caps, 31

niacin ext-rel tabs, 31
niacinamide 500 mg, 31
Niacor, 15
 NICODERM CQ, 21
 NICORETTE, 21
 nicotine inhaler, 21
 nicotine nasal spray, 21
nicotine polacrilex gum, 21
nicotine polacrilex lozenge, 21
nicotine transdermal, 21
 NICOTROL, 21
 NICOTROL NS, 21
nifedipine, 15
nifedipine ext-rel, 15
 NITRO-DUR, 16
nitrofurantoin ext-rel, 12
nitrofurantoin macrocrystals 50 mg, 100 mg, 12
nitrofurantoin susp, 12
nitroglycerin ext-rel, 16
 nitroglycerin sublingual, 16
nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 16
 NITROSTAT, 16
 NIX CREME RINSE, 36
nizatidine, 26
 NIZORAL, 35
 NORCO, 8
norethindrone, 23
norethindrone acetate, 25
norethindrone acetate/EE 1.5/30, 23
norethindrone acetate/EE 1.5/30 and iron, 23
norethindrone acetate/EE 1/20, 23
norethindrone acetate/EE 1/20 and iron, 23
norethindrone/EE, 23
norethindrone/EE 0.4/35, 23
norethindrone/EE 0.5/35, 23
norethindrone/EE 1/35, 23
norethindrone/ME 1/50, 23
norgestimate/EE, 23
norgestimate/EE 0.25/35, 23
norgestrel/EE 0.3/30, 23
norgestrel/EE 0.5/50, 23
 NORINYL 1+50, 23
 NORPACE, 14
 NORPRAMIN, 18
 NOR-QD, 23
nortriptyline caps, 18
 NORVASC, 15
 NORVIR, 11
 NOVOLIN 70/30, 22
 NOVOLIN N, 22
 NOVOLIN R, 22
 NOVOLOG, 22
 NOVOLOG MIX, 22
 NULYTELY, 27
 NUPERCAINAL, 27
 NUVARING, 24
 NUVIGIL, 20
nystatin, 10
nystatin crm, oint, 35
nystatin powder, 35
nystatin susp, 37

O

octreotide acetate, 25
 OCUFEN, 37
 OCUFLOX, 37

ofloxacin, 37
ofloxacin otic, 38
Ogestrel, 23
 olanzapine pamoate ext-rel inj, 19
olanzapine tabs, 19
 omalizumab, 34
 ombitasvir/paritaprevir/ritonavir with dasabuvir, 12
omega-3 fatty acids, 31
omeprazole delayed-rel caps 10 mg, 20 mg, 27
omeprazole delayed-rel caps 40 mg, 27
 omeprazole delayed-rel tabs, 27
 omeprazole magnesium delayed-rel, 27
omeprazole magnesium delayed-rel caps, 27
 omeprazole oral suspension, 27
 OMEPRAZOLE OTC, 27
 OMNITROPE, 25
ondansetron orally disintegrating tabs, 26
ondansetron soln, 26
ondansetron tabs 4 mg, 8 mg, 26
 ONFI, 17
orphenadrine ext-rel, 20
 ORTHO MICRONOR, 23
 ORTHO TRI-CYCLEN, 23
 ORTHO-CYCLEN, 23
 ORTHO-NOVUM 1/35, 23
 ORTHO-NOVUM 7/7/7, 23
 oseltamivir, 12
 OSENI, 22
 OVCON 35, 23
 OVIDE, 36
oxaprozin, 8
oxazepam, 16
oxcarbazepine, 17
oxybutynin, 28
oxybutynin ext-rel, 28
oxycodone, 9
oxycodone soln 5 mg/5 mL, 9
oxycodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg, 9
oxymetazoline spray, 33

P

paliperidone ext-rel, 19
 paliperidone palmitate ext-rel inj, 19
 palivizumab, 34
 PAMELOR, 18
 pancrelipase delayed-rel, 27
pantoprazole delayed-rel tabs, 27
 PARAFON FORTE DSC, 20
 PARLODEL, 18
 PARNATE, 17
paromomycin, 12
paroxetine HCl tabs, 18
 PAXIL, 18
 peak flow meter, 33
 PEDIALYTE, 31
pediatric multivitamins, 31
pediatric multivitamins/iron drops, 31
peg 3350/electrolytes, 27
 PEGASYS, 29
 pegfilgrastim, 29
 peginterferon alfa-2a, 29
penicillin VK, 10
pentoxifylline ext-rel, 29
 PEPCID, 26
 PEPCID AC, 26
 PEPTO-BISMOL, 26

PERCOCET, 9
 PERIDEX, 37
permethrin 0.5%, 36
permethrin 1%, 36
permethrin crm 5%, 36
perphenazine, 19
 PERSANTINE, 29
phenazopyridine, 28
phenelzine, 17
phenobarbital elixir, 17
phenobarbital tabs, 17
phenylephrine, 33
phenytoin chewable tabs, 17
phenytoin sodium extended, 17
phenytoin susp, 17
 PHOSLO, 25
 phytonadione, 31
pilocarpine, 38
pilocarpine tabs, 27
 pimecrolimus, 36
 PIN-X, 12
pioglitazone, 22
piroxicam, 8
 PLAN B ONE-STEP, 23
 PLAQUENIL, 29
 PLAVIX, 29
 pneumococcal conjugate vaccine, 13 valent, 30
 pneumococcal polysaccharide vaccine, 23 valent, 30
 PNEUMOVAX 23, 30
podofilox soln, 37
polyethylene glycol 3350, 27
polymyxin B/trimethoprim, 37
 POLYSPORIN, 35
 POLYTRIM, 37
 POLY-VI-FLOR, 31
 POLY-VI-SOL, 31
potassium bicarbonate effer tabs 25 mEq, 30
potassium chloride ext-rel 20 mEq, 30
potassium chloride ext-rel caps 8 mEq, 10 mEq, 30
potassium chloride ext-rel tabs 8 mEq, 10 mEq, 30
potassium chloride liquid, 30
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq, 30
potassium citrate ext-rel 5 mEq, 10 mEq, 28
potassium citrate/citric acid soln, 28
potassium/sodium phosphates, 30
pramipexole, 18
pramoxine/phenylephrine/glycerin/petrolatum crm, 27
 PRANDIN, 22
 PRAVACHOL, 14
pravastatin, 14
prazosin, 14
 PRECOSE, 21
 PRED FORTE, 38
prednicarbate crm, oint 0.1%, 35
prednisolone acetate 1%, 38
prednisolone sodium phosphate soln, 24
prednisolone syrup, 24
prednisone, 24
 pregabalin, 19
 PREMARIN, 24
 PREMARIN CREAM, 24
 PREMPHASE, 24
 PREMPRO, 24
prenatal vitamin tabs, 31
prenatal vitamins/DHA, 31

PREPARATION H, 27
 PREVACID 24HR OTC, 27
 PREVNAR 13, 30
 PREZCOBIX, 10
 PREZISTA, 11
 PRIFTIN, 11
 PRILOSEC, 27
 PRILOSEC OTC, 27
 primaquine, 10
 PRIMAQUINE, 10
primidone, 17
probenecid, 8
 procarbazine, 13
 PROCARDIA, 15
 PROCARDIA XL, 15
prochlorperazine, 26
prochlorperazine supp, 26
 PRO-CLEAR AC, 33
 PROCRIT, 29
 PROGRAF, 30
promethazine, 26
promethazine inj, 26
promethazine supp 12.5 mg, 25 mg, 26
promethazine supp 50 mg, 26
promethazine/phenylephrine syp, 23
 PRONTO SHAMPOO, 36
propafenone, 14
proparacaine 0.5%, 38
propranolol, 15
propranolol ext-rel, 15
propylthiouracil, 25
 PROSCAR, 28
 PROTONIX, 27
 PROTOPIC, 36
protriptyline, 18
 PROVERA, 25
 PROVIGIL, 20
 PROZAC, 18
pseudoephedrine, 33
pseudoephedrine ext-rel 120 mg, 33
psyllium, 27
 PULMICORT FLEXHALER, 34
 PULMICORT RESPULES, 34
 PULMOZYME, 33
pyrantel, 12
pyrazinamide, 11
pyrethrins/piperonyl butoxide, 36
 PYRIDIUM, 28
pyridostigmine tabs, 20
pyridoxine ext-rel, 31
pyridoxine tabs, 31

Q

QUESTRAN/QUESTRAN LIGHT, 14
quetiapine 25 mg, 19
quetiapine 50 mg, 100 mg, 200 mg, 300 mg, 400 mg, 19
 quetiapine ext-rel, 19
quinapril, 13
quinapril/hydrochlorothiazide, 14
 QVAR, 34

R

RABAVER, 30
 rabies vaccine, 30
raloxifene, 25
 raltegravir, 11
 RANEXA, 16

ranitidine, 26
ranitidine syp, 26
ranitidine tabs 150 mg, 26
ranitidine tabs 300 mg, 26
 ranolazine ext-rel, 16
 RAZADYNE, 17
 RAZADYNE ER, 17
 REBETOL, 12
 RECOMBIVAX HB, 30
 REESES PINWORM MEDICINE, 12
 REGLAN, 26
 RELENZA, 12
 REMERON, 18
 REMODULIN, 16
repaglinide, 22
 REPATHA, 15
 REQUIP, 18
 respiratory mask, 33
 RESTORIL, 20
 RETIN-A, 34
 RETROVIR, 11
 REVATIO, 16
 REVLIMID, 13
 REYATAZ, 11
 Rho (D) immune globulin, 29
 RHOGAM PLUS, 29
ribavirin caps 200 mg, 12
ribavirin tabs 200 mg, 12
riboflavin tabs 100 mg, 31
 RID, 36
 RID AEROSOL, 36
 RIFADIN, 11
rifampin, 11
 rifapentine, 11
 rilpivirine, 11
rimantadine, 12
 RISPERDAL, 19
 RISPERDAL CONSTA, 19
 RISPERDAL M-TABS, 19
risperidone, 19
 risperidone long-acting inj, 19
risperidone orally disintegrating tabs, 19
 RITALIN, 19
 RITALIN LA, 19
 ritonavir, 11
 rivaroxaban, 28
rivastigmine, 17
rivastigmine transdermal, 17
rizatriptan tabs, 20
 ROBAXIN, 20
 ROBINUL/ROBINUL FORTE, 26
 ROCALTROL, 25
ropinirole, 18
 rufinamide, 17
 RYTHMOL, 14

S

SABRIL, 17
 SALAGEN, 27
saline nasal spray, 34
 salmeterol xinafoate, 32
salsalate, 8
 SANDIMMUNE, 29
 SANDOSTATIN, 25
 SANDOSTATIN LAR, 25
 SAPHRIS, 18

saquinavir mesylate tabs, 11
 sargramostim, 29
 scopolamine, 26
 SECTRAL, 15
selegiline caps, tabs, 18
selenium sulfide lotion 1%, 35
selenium sulfide lotion 2.5%, 35
 SELSUN BLUE, 35
 SELZENTRY, 11
senna, 27
sennosides 8.6 mg, 27
sennosides/docusate sodium, 27
 SENOKOT, 27
 SENOKOT-S, 27
 SEREVENT, 32
 SEROQUEL, 19
 SEROQUEL XR, 19
sertraline, 18
sildenafil, 16
 SILVADENE, 35
silver sulfadiazine, 35
simethicone, 28
simvastatin 5 mg, 10 mg, 20 mg, 40 mg, 14
 SINEMET, 18
 SINEMET CR, 18
 SINGULAIR, 33
 sitagliptin phosphate, 21
 sitagliptin/metformin, 21
 sitagliptin/metformin ext-rel, 22
skin protectant crm, 37
 SKYLA, 24
 SLO-NIACIN, 31
 SLOW FE, 31
sodium bicarbonate tabs, 26
sodium chloride 5%, 38
sodium chloride for inhalation, 33
sodium chloride irrigation soln, 28
sodium chloride tabs, 30
sodium citrate/citric acid soln, 28
sodium fluoride chew tabs, drops, 31
 sodium hyaluronate, 9
 sodium oxybate, 20
sodium phosphates enema, 27
sodium phosphates soln, 27
sodium polystyrene sulfonate oral susp, 30
sodium polystyrene sulfonate powder, 30
 sofosbuvir, 12
 SOMA, 20
 somatropin vials, 25
 SONATA, 20
 sorafenib, 13
sotalol, 14
 SOVALDI, 12
 spacer, 33
spinosad, 36
spironolactone, 14
spironolactone/hydrochlorothiazide, 16
 SPRYCEL, 13
 STARLIX, 22
stavudine caps, 11
 STIMATE, 25
 STRATTERA, 19
 STRIBILD, 10
 STROMEKTOL, 12
 sucralfate susp, 28
sucralfate tabs, 28
 SUDAFED, 33
 SUDAFED 12 HOUR, 33
 SUDAFED PE, 33
sulfacetamide soln, 37
sulfacetamide/prednisolone acetate 10%/0.23%, 37
sulfamethoxazole/trimethoprim, 10
sulfasalazine, 27
sulfasalazine delayed-rel, 27
sulindac, 8
sumatriptan tabs, 20
 sunitinib, 13
 SUSTIVA, 11
 SUTENT, 13
 SYMBICORT, 34
 SYNAGIS, 34
 SYNAREL, 24
 SYNTHROID, 25
 syringes 3 mL, 39
T
tacrolimus, 30, 36
 TAGAMET HB, 26
 TAMIFLU, 12
tamoxifen, 13
tamsulosin, 28
 TAPAZOLE, 25
 TAVIST, 32
 TEGRETOL, 17
 TEGRETOL-XR, 17
temazepam 15 mg, 30 mg, 20
 TEMODAR, 12
 TEMOVATE, 36
temozolomide, 12
 TENEX, 14
 TENIVAC, 30
 tenofovir, 11
 TENORETIC, 15
 TENORMIN, 15
 TERAZOL, 28
terazosin, 14, 28
terbinafine crm, 35
terbinafine tabs, 10
terbutaline, 32
terconazole crm, supp, 28
 teriparatide, 23
 TESSALON, 33
testosterone cypionate, 21
testosterone enanthate, 21
 tetanus, diphtheria toxoids, 30
 tetanus, diphtheria, pertussis, 30
 TETANUS-DIPHTHERIA TOXOIDS TD, 30
 thalidomide, 13
 THALOMID, 13
theophylline ext-rel tabs, 34
theophylline soln, 34
thiamine 50 mg, 100 mg, 31
thioridazine, 19
thiothixene, 19
 THYROGEN, 25
thyroid, 25
 thyrotropin alfa, 25
tiagabine 2 mg, 4 mg, 17
 TIAZAC, 15
timolol maleate, 38
timolol maleate gel, 38
 TIMOPTIC, 38

TIMOPTIC-XE, 38
 TINACTIN, 35
tioconazole, 28
 TIVICAY, 11
tizanidine tabs, 20
 TOBI, 33
 TOBRADEX, 37
tobramycin inhalation soln, 33
tobramycin soln, 37
tobramycin/dexamethasone susp 0.3%/0.1%, 37
 TOBREX, 37
 TOFRANIL, 18
tolbutamide, 22
tolnaftate crm, powder, soln, 35
tolterodine, 28
 TOPAMAX, 17
 TOPICORT, 36
topiramate sprinkle caps, tabs, 17
 TOPROL-XL, 15
torsemide, 15
 TRACLEER, 16
 TRADJENTA, 21
tramadol, 9
 TRANDATE, 15
 TRANSDERM SCOP, 26
 TRANXENE T-TAB, 16
tranylcypromine, 17
 TRAVATAN Z, 38
travoprost, 38
trazodone 50 mg, 100 mg, 150 mg, 18
 treprostinil, 16
tretinoin, 34
tretinoin caps, 13
triamcinolone acetonide crm, lotion, oint 0.025%, 35
triamcinolone acetonide crm, lotion, oint 0.1%, 35
triamcinolone acetonide crm, oint 0.5%, 36
triamcinolone acetonide spray, 34
triamcinolone paste, 37
 TRIAMINIC NT, 33
triamterene/hydrochlorothiazide caps 37.5/25 mg, 16
triamterene/hydrochlorothiazide tabs, 16
triazolam, 20
 TRICOR, 14
trifluoperazine, 19
trifluridine, 38
trihexyphenidyl elixir, 18
trihexyphenidyl tabs, 18
 TRILEPTAL, 17
trimethoprim, 12
 TRIUMEQ, 10
 TRIZIVIR, 10
tropium, 28
 TRUE METRIX AIR kits, 22
 TRUE METRIX kits, 22
 TRUE METRIX test strips, 22
 TRUETEST test strips, 22
 TRUMENBA, 30
 TRUSOPT, 38
 TRUVADA, 10
 TUDORZA, 32
 TUMS, 25
 TWINRIX, 30
 TYBOST, 10
 TYKERB, 13
 TYLENOL, 8
 TYLENOL w/CODEINE, 8

U

ULESFIA, 36
 ulipristal, 23
 ULTRAM, 9
 ULTRAVATE, 36
 umeclidinium, 32
 UNIFIBER, 27
 UNISOM, 20
 URECHOLINE, 28
 urine acetone test strips, 22
 UROCIT-K, 28
 UROXATRAL, 28
 URSO, 26
 URSO FORTE, 26
ursodiol caps, 26
ursodiol tabs 250 mg, 26
ursodiol tabs 500 mg, 26

V

VAGIFEM, 24
 VAGISTAT-1, 28
valacyclovir, 12
 VALCYTE, 12
valganciclovir, 12
 VALIUM, 16
valproic acid, 17
 VALTREX, 12
 VANCOCIN, 12
vancomycin, 12
 varenicline, 21
 varicella virus vaccine, 30
 VARIVAX, 30
 VASERETIC, 14
 VASOTEC, 13
venlafaxine, 18
venlafaxine ext-rel caps, 18
 VENTOLIN HFA, 32
verapamil, 15
verapamil ext-rel, 15
verapamil ext-rel 100 mg, 300 mg, 15
 VERELAN, 15
 VERELAN PM, 15
 VIDEX EC, 11
 VIEKIRA PAK, 12
 vigabatrin, 17
 VIMPAT, 17
 VIRACEPT, 11
 VIRAMUNE, 11
 VIRAMUNE XR, 11
 VIREAD, 11
 VIROPTIC, 38
 VISTARIL, 32
vitamin B complex/vitamin C/folic acid, 31
 VITAMIN B-1, 31
 VITAMIN B-12, 31
 VITAMIN B-2, 31
 VITAMIN B-6, 31
 VITAMIN C, 31
 VITAMIN D, 31
 VITEKTA, 11
 VOLTAREN GEL, 8

W

warfarin, 28
water for irrigation, sterile, 37
 WELLBUTRIN, 18

WELLBUTRIN SR, 18
WELLBUTRIN XL, 18
WESTCORT, 35
WESTHROID, 25
wheat dextrin powder, 27
WP THYROID, 25

X

XALATAN, 38
XANAX, 16
XARELTO, 28
XELODA, 13
XOLAIR, 34
XYLOCAINE, 36
XYREM, 20

Y

YASMIN, 23

Z

ZADITOR, 37
zaleplon, 20
ZANAFLEX, 20
zanamivir, 12
ZANTAC, 26
ZANTAC OTC, 26
ZARONTIN, 17
ZEBETA, 15
ZENPEP, 27
ZEPATIER, 12
ZERIT, 11

ZESTORETIC, 14
ZESTRIL, 13
ZETIA, 14
ZIAC, 15
ZIAGEN, 11
zidovudine, 11
ziprasidone, 19
ZITHROMAX, 9
ZOCOR, 14
ZOFRAN, 26
ZOFRAN ODT, 26
ZOLADEX, 13
ZOLOFT, 18
zolpidem, 20
ZONEGRAN, 17
zonisamide, 17
ZOSTAVAX, 30
zoster vaccine, 30
Zovia 1/35, 23
Zovia 1/50, 23
ZOVIRAX, 12, 37
ZYBAN, 21
ZYLOPRIM, 8
ZYPREXA, 19
ZYPREXA RELPREVV, 19
ZYRTEC, 32
ZYRTEC-D, 33
ZYVOX, 12