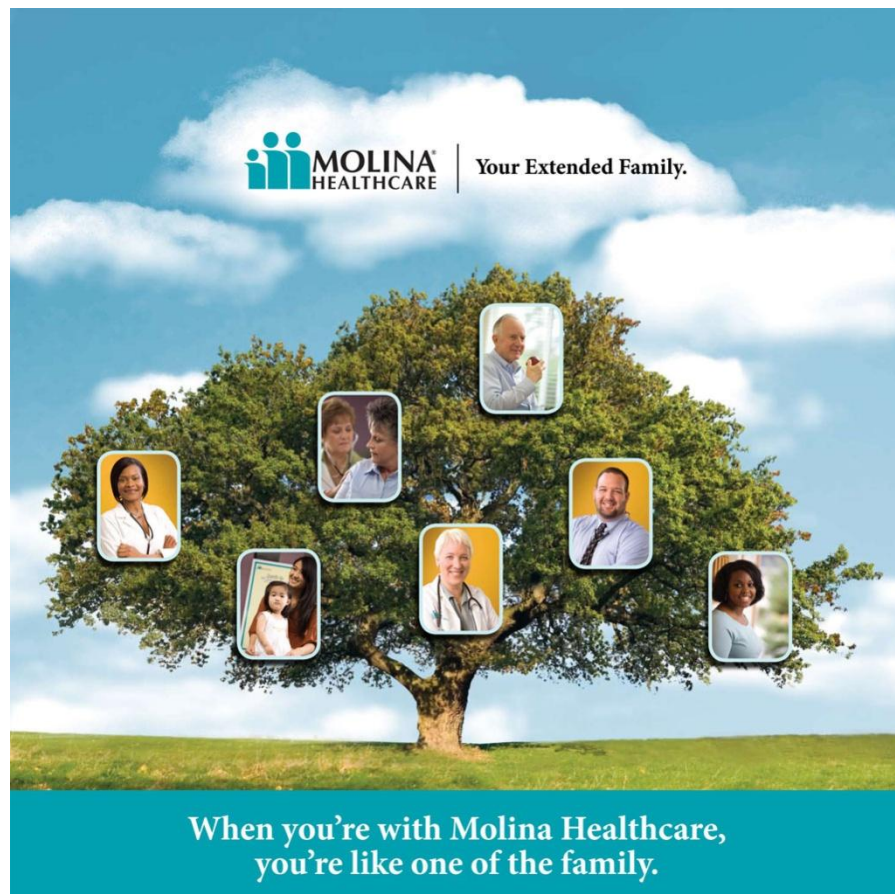




June 2014

Molina Healthcare of Michigan Preferred Drug List (Formulary)



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(06/01/2014)

INTRODUCTION	4
PREFACE.....	4
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	4
DRUG LIST PRODUCT DESCRIPTIONS	4
GENERIC SUBSTITUTION.....	5
PLAN DESIGN	5
PRIOR AUTHORIZATION REQUEST PROCEDURE.....	5
PRIOR AUTHORIZATION HELPFUL HINTS.....	5
LEGEND	6
REQUESTING FORMULARY CHANGES.....	6
STATE OF MICHIGAN, MEDICAID & MICHILD CSHCS CARVE-OUT	6
STATE OF MICHIGAN: MEDICAID AND MICHILD CSHCS CARVE-OUT	7
NON-COVERED MEDICATIONS	8
NOTICE	8
ANALGESICS	9
ANALGESICS, OTHER	9
NSAIDs	9
NSAIDs, TOPICAL	9
COX-2 INHIBITORS.....	9
GOUT	9
OPIOID ANALGESICS	9
NON-OPIOID ANALGESICS	10
VISCOSUPPLEMENTS	10
ANTI-INFECTIVES.....	10
ANTIBACTERIALS.....	10
ANTIFUNGALS	11
ANTIRETROVIRAL AGENTS.....	11
ANTITUBERCULAR AGENTS.....	12
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.....	14
ADRENOLYTICS, CENTRAL	14
ALDOSTERONE RECEPTOR ANTAGONISTS.....	14
ALPHA BLOCKERS.....	14
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS	14
ANTIARRHYTHMICS.....	14
ANTILIPEMICS	14
BETA-BLOCKERS	15
BETA-BLOCKER/DIURETIC COMBINATIONS	15
CALCIUM CHANNEL BLOCKERS.....	15
DIGITALIS GLYCOSIDES	15
DIURETICS.....	16
NITRATES	16
PULMONARY ARTERIAL HYPERTENSION	16
MISCELLANEOUS.....	16

CENTRAL NERVOUS SYSTEM.....	17
ANTIANKXIETY.....	17
ANTICONSULSANTS.....	17
ANTIDEMENTIA.....	17
ANTIDEPRESSANTS.....	18
ANTIPARKINSONIAN AGENTS.....	18
ANTIPSYCHOTICS.....	19
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	19
FIBROMYALGIA.....	20
HYPNOTICS.....	20
MIGRAINE.....	20
MOOD STABILIZERS.....	20
MULTIPLE SCLEROSIS AGENTS.....	20
MUSCULOSKELETAL THERAPY AGENTS.....	20
MYASTHENIA GRAVIS.....	20
NARCOLEPSY/CATAPLEXY.....	21
PSYCHOTHERAPEUTIC-MISCELLANEOUS.....	21
ENDOCRINE AND METABOLIC.....	21
ANDROGENS.....	21
ANTIDIABETICS.....	21
CALCIUM REGULATORS.....	22
CONTRACEPTIVES.....	23
ENDOMETRIOSIS.....	24
ESTROGENS.....	24
ESTROGEN/PROGESTINS.....	24
GLUCOCORTICIODS.....	24
GLUCOSE ELEVATING AGENTS.....	24
HUMAN GROWTH HORMONES.....	24
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS.....	24
INSULIN-LIKE GROWTH FACTORS.....	24
PHOSPHATE BINDER AGENTS.....	24
PROGESTINS.....	24
SELECTIVE ESTROGEN RECEPTOR MODULATORS.....	24
THYROID AGENTS.....	24
VASOPRESSINS.....	25
MISCELLANEOUS.....	25
GASTROINTESTINAL.....	25
ANTACIDS.....	25
ANTIDIARRHEALS.....	25
ANTIEMETICS.....	26
ANTISPASMODICS.....	26
CHOLELITHOLYTICS.....	26
H ₂ RECEPTOR ANTAGONISTS.....	26
INFLAMMATORY BOWEL DISEASE.....	26
LAXATIVES/STOOL SOFTENERS.....	26
PANCREATIC ENZYMES.....	27
PROSTAGLANDINS.....	27
PROTON PUMP INHIBITORS.....	27
MISCELLANEOUS.....	27
GENITOURINARY.....	27
BENIGN PROSTATIC HYPERPLASIA.....	27
URINARY ANTISPASMODICS.....	28
VAGINAL ANTI-INFECTIVES.....	28
MISCELLANEOUS.....	28
HEMATOLOGIC.....	28
ANTICOAGULANTS.....	28
ANTHEMOPHILIC AGENTS.....	28
HEMATOPOIETIC GROWTH FACTORS.....	28
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
NUTRITIONAL/SUPPLEMENTS	29
ELECTROLYTES.....	29
VITAMINS AND MINERALS	30
RESPIRATORY	30
ANAPHYLAXIS TREATMENT AGENTS.....	30
ANTICHOLINERGICS.....	30
ANTIHISTAMINES	31
BETA AGONISTS.....	31
COUGH AND COLD *.....	31
CYSTIC FIBROSIS	32
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	32
MAST CELL STABILIZERS	32
MEDICAL SUPPLIES.....	32
NASAL ANTIHISTAMINES	32
NASAL STEROIDS	32
RESPIRATORY SYNCYTIAL VIRUS	32
STEROID/BETA AGONIST COMBINATIONS.....	33
STEROID INHALANTS	33
XANTHINES.....	33
MISCELLANEOUS.....	33
TOPICAL	33
DERMATOLOGY	33
MOUTH/THROAT/DENTAL AGENTS	35
OPHTHALMIC.....	35
OTIC.....	37
INDEX.....	38

INTRODUCTION

We are pleased to provide the 2014 *Molina Healthcare of Michigan 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 experts. 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.

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. A brand drug for which a generic product becomes available may become non-formulary and the generic covered in its place. 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 alternatives have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (888) 373-3059. 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 MHX 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

LEGEND

AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

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: 888-373-3059

STATE OF MICHIGAN, MEDICAID & MICHILD CSHCS CARVE-OUT

The State of Michigan enacted a carve-out for Medicaid beneficiaries. This impacts all Medicaid members including CSHCS and Healthy Michigan Medicaid members. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program, Magellan. These medications are subject to a \$1.10 or \$3.30 copay. The Medicaid Carve-Out includes:

- Benzodiazepines
- Anticonvulsants
- Antidepressants
- Antipsychotics
- ADHD Stimulants
- Mood Stabilizers
- Drugs to treat substance abuse disorders
- Hemophilia Factor products
- Immunosuppressants

MiChild CSHCS beneficiaries are subject to a similar carve-out though not all the same classes of medication are included. The MiChild CSHCS carve-out includes:

- Antiretroviral Agents
- Kinase Inhibitors
- Immunosuppressants
- Hemophilia Factor products

These carve-outs do not extend to regular MiChild beneficiaries.

STATE OF MICHIGAN: MEDICAID AND MICHILD CSHCS CARVE-OUT

Medicaid and MiChild CSHCS Carve-Out

Highlighted medications are included on both the Medicaid and MiChild CSHCS Carve-Out lists.

All other medications appear only on the Medicaid Carve-Out list

ABILIFY / DISCMELT	CYMBALTA	INVEGA	ORAP	SUBUTEX
ACTHAR	CYSTADANE	INVIRASE	ORFADIN	SURMONTIL
ADAGEN	DALMANE	ISENTRISS	OXTELLAR XR	SUSTIVA
ADDERALL / XR	DAYTRANA	KALBITOR	PAMELOR	SUTENT
ADVATE / XYNTHA	DEPAKENE	KALETRA	PANHEMATIN	SYMBYAX
ALDURAZYME	DEPAKOTE / ER	KALYDECO	PARNATE	TAFINLAR
ALPHANATE	DESOXYN	KAPVAY	PAXIL / CR	TARCEVA
ALPHANINE SD	DESYREL	KEPPRA / XR	PEGANONE	TASIGNA
AMBIEN, CR	DEXEDRINE	KINERET	PEXEVA	TEGRETOL / XR
AMICAR	DEXTROSTAT	KLONOPIN	PHENOBARBITAL	THORAZINE
ANAFRANIL	DIASTAT	KOATE-DVI / HP	PHENYTEK	THROMBATE III
ANTABUSE	DILANTIN	KOGENATE FS	PREZISTA	TIVICAY
APLENZIN ER	DORAL	KUVAN	PRISTIQ	TOFRANIL / PM
APTIVUS	EDLUAR SL	LAMICTAL / ODT / XR	PROFILNINE / SD	TOPAMAX
ARCALYST	EDURANT	LATUDA	PROLIXIN	TRANXENE T-TAB
ARTANE	EFFEXOR / XR	LEXAPRO	PROSOM	TRETTEN
ASENDIN	ELAPRASE	LEXIVA	PROVIGIL	TRIAVIL
ATIVAN	ELAVIL	LIBRIUM	PROZAC / WEEKLY	TRILAFON
ATRIPLA	ELELYSO	LIMBITROL / DS	QUILLIVANT XR	TRILEPTAL
BANZEL	EMSAM	LITHOBID	RA VICTI	TRIZIVIR
BEBULIN VH	EMTRIVA	LITHOSTAT	RECOMBINATE	TROKENDI XR
BENEFIX	EPIVIR	LOXITANE	REMERON	TRUVADA
BERINERT	EPZICOM	LUDIOMIL	RESCRIPTOR	TYKERB
BOSULIF	EQUETRO	LUMINAL	RESTORIL	VALIUM
BRINTELLIX	ESKALITH	LUMIZYME	RETROVIR	VANSAPAR
BUPHENYL	FABRAZYME	LUNESTA	REVIA	VERSACLOZ
BUSPAR	FANAPT	LUVOX / CR	REYATAZ	VIDEX / EC
BUTISOL SODIUM	FAZACLO	LYRICA	RISPERDAL / ODT	VIBRYD
CAMPRAL	FEIBA VH	LYSTEDA	RITALIN / LA / SR	VIMPAT
CAPRELSA	FELBATOL	MARPLAN	RIXUBIS	VIRACEPT
CARBAGLU	FETZIMA ER	MEKINIST	ROZEREM	VIRAMUNE / XR
CARBATROL	FOCALIN / XR	MELLARIL	SABRIL	VIREAD
CARNITOR	FORFIVO XL	METADATE CD / ER	SAPHRIS	VIVACTIL
CELEXA	FUZEON	METHYLIN	SARAFEM	VOTRIENT
CELONTIN	GABITRIL	MILTOWN	SECONAL SODIUM	VPRIV
CEPHULAC**	GEODON	MONOCLATE-P	SELZENTRY	VYVANSE
CEPROTIN	GILOTRIF	MONONINE	SERAX	WELLBUTRIN / SR / XL
CEREBYX	GLEEVEC	MYSOLINE	SEROQUEL / XR	WILATE
CEREZYME	HALCION	NAGLAZYME	SERZONE	XALKORI
CIBALITH-S	HALDOL	NARDIL	SILENOR	XANAX / XR
CINRYZE	HELIKATE	NAVANE	SINEQUAN	ZARONTIN
CLOZARIL	HEMOFIL M	NEURONTIN	SOLIRIS	ZAVESCA
COGENTIN	HUMATE-P	NEXAVAR	SONATA	ZELBORAF
COMBIVIR	ICLUSIG	NIRAVAM	SPRYCEL	ZENZEDI
COMPLERA	IMBRUVICA	NORPRAMIN	STAVZOR	ZERIT
CONCERTA	INAPSINE	NORVIR	STELAZINE	ZIAGEN
CORIFACT KIT	INLYTA	NOVOSEVEN RT	STIVARGA	ZOLOFT
CORTROSYN	INTELENCE	NUVIGIL	STRATTERA	ZOLPIMIST
CRIVIVAN	INTERMEZZO	OCTAPLAS	STRIBILD	ZONEGRAN
CYKLOKAPRON	INTUNIVER	ONFI	SUBOXONE/ZUBSOLV	ZYPREXA / ZYDIS

**CEPHULAC is carved-out for the treatment of Hepatic Encephalopathy only

NON-COVERED MEDICATIONS

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

- Medications for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Formulary
- Fertility Drugs
- Erectile Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director
- Nutritional Supplements/Medical Foods (May be available through Utilization Management Department)
- Drugs used to treat gender identity conditions, such as hormone replacement

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
NSAIDs		
diclofenac potassium		CATAFLAM
diclofenac sodium delayed-rel		
etodolac tabs		
flurbiprofen		
ibuprofen		
ibuprofen OTC		MOTRIN
indomethacin caps		
ketoprofen		
ketorolac QL	Max #20/month	
meloxicam tabs		MOBIC
nabumetone PA		
naproxen		NAPROSYN
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium OTC		ALEVE
naproxen sodium		ANAPROX
oxaprozin PA		DAYPRO
piroxicam PA		FELDENE
salsalate		
sulindac		CLINORIL
NSAIDs, TOPICAL		
diclofenac gel PA		VOLTAREN GEL

COX-2 INHIBITORS

celecoxib PA		CELEBREX
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GOUT

allopurinol		ZYLOPRIM
colchicine PA		COLCRYS
colchicine/probenecid		
probenecid		

OPIOID ANALGESICS

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 #180/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/acetaminophen 5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol QL	Max #120/month	ULTRAM

NON-OPIOID ANALGESICS		
butalbital/acetaminophen		
butalbital/acetaminophen/caffeine 50/325/40 mg		
butalbital/aspirin/caffeine		FIORINAL
VISCOSUPPLEMENTS		
sodium hyaluronate PA, SP		EUFLEXXA
ANTI-INFECTIVES		
ANTIBACTERIALS		
AGE * Covered only for ages 12 years old and under.		
Aminoglycosides		
neomycin		
Cephalosporins		
<i>First Generation</i>		
cefadroxil susp AGE *		
cephalexin 250 mg, 500 mg		KEFLEX
cephalexin susp AGE *		KEFLEX
<i>Second Generation</i>		
cefprozil susp AGE *		
cefuroxime axetil tabs		CEFTIN
<i>Third Generation</i>		
cefdinir caps PA		
cefdinir susp AGE *		
Erythromycins/Macrolides		
azithromycin powder packet, tabs QL		ZITHROMAX
azithromycin susp AGE *, QL		ZITHROMAX
erythromycin base		
erythromycin delayed-rel		ERY-TAB
erythromycin ethylsuccinate susp AGE *		E.E.S. GRANULES
erythromycin ethylsuccinate susp 200 mg/5 mL AGE *		ERYPED
erythromycin ethylsuccinate tabs		E.E.S.
erythromycin stearate		ERYTHROCIN
erythromycin/sulfisoxazole		
Fluoroquinolones		
ciprofloxacin 250 mg, 500 mg, 750 mg		CIPRO
levofloxacin PA		LEVAQUIN
Penicillins		
amoxicillin caps, tabs		
amoxicillin susp AGE *		
amoxicillin/clavulanate chew tabs, susp AGE *		AUGMENTIN
amoxicillin/clavulanate tabs		AUGMENTIN
ampicillin caps		
ampicillin susp AGE *		
dicloxacillin		
penicillin VK		
Sulfonamides		
sulfamethoxazole/trimethoprim		BACTRIM

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

ANTIFUNGALS	
fluconazole susp PA	DIFLUCAN
fluconazole tabs	DIFLUCAN
griseofulvin microsize susp	
ketoconazole	
nystatin	
terbinafine tabs	LAMISIL

ANTIRETROVIRAL AGENTS

Antiretroviral Agents are carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

Antiretroviral Combinations	
abacavir/lamivudine	EPZICOM
abacavir/lamivudine/zidovudine	TRIZIVIR
efavirenz/emtricitabine/tenofovir	ATRIPLA
elvitegravir/cobicistat/emtricitabine/tenofovir PA	STRIBILD
emtricitabine/rilpivirine/tenofovir	COMPLERA
emtricitabine/tenofovir	TRUVADA
lamivudine/zidovudine	COMBIVIR

Chemokine Receptor Antagonists	
maraviroc	SELZENTRY

Integrase Inhibitors	
raltegravir	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors	
efavirenz	SUSTIVA
etravirine SP	INTELENCE
nevirapine	VIRAMUNE
nevirapine ext-rel	VIRAMUNE XR
rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors	
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	
tenofovir tabs	VIREAD

Protease Inhibitors	
atazanavir	REYATAZ
darunavir	PREZISTA
fosamprenavir tabs	LEXIVA
lopinavir/ritonavir	KALETRA
nelfinavir	VIRACEPT

ritonavir	NORVIR
saquinavir mesylate tabs	INVIRASE
ANTITUBERCULAR AGENTS	
ethambutol	MYAMBUTOL
isoniazid tabs	
pyrazinamide	
rifampin	RIFADIN
ANTIVIRALS	
Cytomegalovirus Agents	
valganciclovir PA	VALCYTE
Hepatitis Agents	
<i>Hepatitis B</i>	
adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE
lamivudine tabs	EPIVIR-HBV
<i>Hepatitis C</i>	
boceprevir PA, SP	VICTRELIS
ribavirin caps 200 mg PA, SP	REBETOL
ribavirin tabs 200 mg PA, SP	COPEGUS
Herpes Agents	
acyclovir	ZOVIRAX
famciclovir	FAMVIR
valacyclovir	VALTREX
Influenza Agents	
amantadine caps, syp	
oseltamivir	TAMIFLU
rimantadine	FLUMADINE
zanamivir	RELENZA
MISCELLANEOUS	
AGE * Covered only for ages 18 years old and under.	
albendazole	ALBENZA
atovaquone PA	MEPRON
clindamycin 150 mg, 300 mg	CLEOCIN
clindamycin soln AGE *	CLEOCIN
dapsone	
ivermectin	STROMEKTOL
linezolid PA	ZYVOX
metronidazole tabs	FLAGYL
nitrofurantoin ext-rel	MACROBID
nitrofurantoin macrocrystals 50 mg, 100 mg	MACRODANTIN
paromomycin	
pyrantel OTC	PIN-X
pyrantel OTC	REESES PINWORM MEDICINE
trimethoprim	
vancomycin PA	VANCOCIN
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
chlorambucil	LEUKERAN

cyclophosphamide	
lomustine 100 mg	
melphalan	ALKERAN
temozolomide PA, SP	TEMODAR
ANTIMETABOLITES	
capecitabine PA, SP	XELODA
mercaptopurine	PURINETHOL
methotrexate	
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	
Kinase Inhibitors are carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.	
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
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 **	AVAPRO
irbesartan/hydrochlorothiazide ST **	AVALIDE
losartan ST *	COZAAR
losartan/hydrochlorothiazide ST *	HYZAAR
ST * Requires trial of an ACE Inhibitor.	
ST ** Requires trial of losartan (COZAAR).	
ANTIARRHYTHMICS	
amiodarone 200 mg	CORDARONE
disopyramide	NORPACE
flecainide	
propafenone	RYTHMOL
sotalol	BETAPACE
sotalol	BETAPACE AF
ANTILIPEMICS	
Bile Acid Resins	
cholestyramine	QUESTRAN/ QUESTRAN LIGHT
colestipol tabs	COLESTID
Fibrates	
fenofibrate tabs 48 mg	TRICOR
fenofibrate tabs 54 mg, 160 mg	LOFIBRA
fenofibrate, micronized	LOFIBRA
fenofibric acid 35 mg	FIBRICOR
gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors

atorvastatin PA	LIPITOR
lovastatin	MEVACOR
pravastatin	PRAVACHOL
simvastatin ^	ZOCOR

^ Requires PA for 80 mg tabs only.

Niacins

niacin OTC	
niacin	Niacor
niacin ext-rel caps OTC	
niacin ext-rel tabs OTC	SLO-NIACIN

BETA-BLOCKERS

acebutolol	SECTRAL
atenolol	TENORMIN
bisoprolol	ZEBETA
carvedilol	COREG
labetalol	TRANDATE
metoprolol	LOPRESSOR
metoprolol ext-rel	TOPROL-XL
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 5 mg, 10 mg	
nifedipine 20 mg	
nifedipine ext-rel	ADALAT CC
nifedipine ext-rel	PROCARDIA XL

Nondihydropyridines

diltiazem	CARDIZEM
diltiazem ext-rel	Dilt-XR
diltiazem ext-rel 120 mg, 180 mg, 240 mg	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 PM
verapamil ext-rel 100 mg, 300 mg	VERELAN

DIGITALIS GLYCOSIDES

AGE * Covered only for ages 12 years old and under.

digoxin 0.125 mg, 0.25 mg	LANOXIN
digoxin soln AGE *	LANOXIN

DIURETICS

AGE * Covered only for ages 12 years old and under.

Carbonic Anhydrase Inhibitors

acetazolamide	
acetazolamide ext-rel	DIAMOX SEQUELS

Loop Diuretics

bumetanide	
furosemide soln AGE *	
furosemide tabs	LASIX
torsemide	DEMADEX

Potassium-sparing Diuretics

amiloride	
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Thiazides and Thiazide-like Diuretics

chlorthalidone 25 mg, 50 mg	
hydrochlorothiazide	
indapamide	
metolazone	ZAROXOLYN

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	IMDUR
nitroglycerin ext-rel	

Sublingual

nitroglycerin sublingual	NITROSTAT
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Transdermal

nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	NITRO-DUR
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PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

bosentan PA, SP	TRACLEER
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Phosphodiesterase Inhibitors

sildenafil PA, SP	REVATIO
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Prostaglandin Vasodilators

treprostinil PA, SP	REMODULIN
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MISCELLANEOUS

hydralazine	
methyldopa	
midodrine	
minoxidil	
ranolazine ext-rel PA	RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Benzodiazepines

Benzodiazepines are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

alprazolam tabs	XANAX
chlordiazepoxide	
clonazepam tabs	KLONOPIN
clorazepate 7.5 mg	TRANXENE T-TAB
diazepam	VALIUM
diazepam oral concentrate 5 mg/mL PA	DIAZEPAM INTENSOL
lorazepam	ATIVAN
oxazepam	

Miscellaneous

buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg	
clomipramine	ANAFRANIL
fluvoxamine	

ANTI-CONVULSANTS

Anticonvulsants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

AGE * Covered only for ages 12 years old and under.

carbamazepine	TEGRETOL
carbamazepine ext-rel	CARBATROL
carbamazepine ext-rel	TEGRETOL-XR
clobazam tabs PA	ONFI
diazepam rectal gel	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
oxcarbazepine	TRILEPTAL
phenobarbital elixir AGE *	
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	TOPAMAX
valproic acid	DEPAKENE
vigabatrin PA, SP	SABRIL
zonisamide	ZONEGRAN

ANTI-DEMENTIA

donepezil 5 mg, 10 mg	ARICEPT
galantamine ext-rel	RAZADYNE ER
galantamine tabs	RAZADYNE

memantine	NAMENDA
rivastigmine transdermal PA	EXELON PATCH

ANTIDEPRESSANTS

Antidepressants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

Monoamine Oxidase Inhibitors (MAOIs)

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	

Tricyclic Antidepressants (TCAs)

amitriptyline	
desipramine	NORPRAMIN
doxepin	
imipramine HCl	TOFRANIL
nortriptyline caps	PAMELOR
protriptyline	VIVACTIL

Miscellaneous Agents

bupropion	WELLBUTRIN
bupropion ext-rel	WELLBUTRIN SR
bupropion ext-rel	WELLBUTRIN XL
maprotiline 50 mg, 75 mg	
mirtazapine tabs 15 mg, 30 mg, 45 mg	REMERON
trazodone	

ANTIPARKINSONIAN AGENTS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

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

ST * Requires trial of ropinirole (REQUIP).

ANTIPSYCHOTICS

Antipsychotics are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

Atypicals

aripiprazole PA	ABILIFY
aripiprazole ext-rel inj PA	ABILIFY MAINTENA
asenapine PA	SAPHRIS
clozapine ST *	CLOZARIL
iloperidone PA	FANAPT
lurasidone PA	LATUDA
olanzapine tabs ST *	ZYPREXA
paliperidone ext-rel PA	INVEGA
paliperidone palmitate PA	INVEGA SUSTENNA
quetiapine ST *	SEROQUEL
quetiapine ext-rel PA	SEROQUEL XR
risperidone	RISPERDAL
risperidone inj PA	RISPERDAL CONSTA
risperidone orally disintegrating tabs	RISPERDAL M-TABS
ziprasidone ST *	GEODON

ST * Requires trial of risperidone (RISPERDAL).

Miscellaneous

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD Stimulants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

AGE * Covered only for ages 18 years old and under.

AGE ** Covered only for ages 6-18 years old.

amphetamine/dextroamphetamine mixed salts AGE *, QL	ADDERALL
amphetamine/dextroamphetamine mixed salts ext-rel AGE **, QL	ADDERALL XR
atomoxetine AGE *, QL	STRATTERA
dexmethylphenidate AGE *, QL	FOCALIN
dextroamphetamine ext-rel PA	DEXEDRINE SPANSULE
dextroamphetamine tabs AGE *, QL	
methylphenidate AGE *, QL	RITALIN
methylphenidate ext-rel PA	CONCERTA
methylphenidate ext-rel AGE **, QL	METADATE CD
methylphenidate ext-rel PA	RITALIN LA
methylphenidate ext-rel AGE **, QL	RITALIN-SR
methylphenidate soln, tabs AGE **, QL	METHYLIN

FIBROMYALGIA

Fibromyalgia Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

pregabalin PA	LYRICA
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HYPNOTICS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

Benzodiazepines

estazolam	
flurazepam	
temazepam 15 mg, 30 mg	RESTORIL
triazolam	HALCION

Nonbenzodiazepines

doxylamine OTC	UNISOM
zolpidem	AMBIEN

MIGRAINE**Selective Serotonin Agonists**

naratriptan QL	Max #9/month	AMERGE
rizatriptan tabs ST *, QL	Max #9/month	MAXALT
sumatriptan tabs QL	Max # 9/month	IMITREX

ST * Requires trial of sumatriptan (IMITREX) or naratriptan (AMERGE).

MOOD STABILIZERS

Mood Stabilizers are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

lithium carbonate	
lithium carbonate ext-rel tabs	
lithium carbonate ext-rel tabs	LITHOBID
lithium citrate	LITHIUM CITRATE

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	SOMA
chlorzoxazone	PARAFON FORTE DSC
cyclobenzaprine 5 mg, 10 mg	
methocarbamol	ROBAXIN
orphenadrine ext-rel	
tizanidine tabs	ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine tabs	MESTINON
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NARCOLEPSY/CATAPLEXY

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

armodafinil PA	NUVIGIL
modafinil 100 mg PA	PROVIGIL
sodium oxybate PA	XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

[Alcohol Deterrents](#) are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

disulfiram	ANTABUSE
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Opioid Antagonists

[Opioid Antagonists](#) are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

naltrexone	REVIA
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Smoking Deterrents

bupropion ext-rel	ZYBAN
nicotine polacrilex gum OTC	NICORETTE
nicotine transdermal OTC, QL	NICODERM CQ
varenicline	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	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

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

linagliptin PA	TRADJENTA
saxagliptin PA	ONGLYZA
sitagliptin phosphate PA	JANUVIA

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

linagliptin/metformin PA	JENTADUETO
saxagliptin/metformin ext-rel PA	KOMBIGLYZE XR
sitagliptin/metformin PA	JANUMET
sitagliptin/metformin ext-rel PA	JANUMET XR

Incretin Mimetic Agents

exenatide PA	BYETTA
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Insulins *

* Insulin vials are preferred.

AGE * Covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

insulin aspart pens AGE *	NOVOLOG FLEXPEN
insulin aspart protamine 70%/insulin aspart 30% QL	NOVOLOG MIX 70/30
insulin aspart vials QL	NOVOLOG
insulin glargine pens AGE *	LANTUS SOLOSTAR
insulin glargine vials QL	LANTUS
insulin glulisine pens AGE *	APIDRA SOLOSTAR
insulin glulisine vials QL	APIDRA
insulin human QL	HUMULIN R U-500
insulin human vials OTC	HUMULIN R
insulin human vials OTC	NOVOLIN R
insulin isophane human 70%/regular 30% OTC	HUMULIN 70/30
insulin isophane human 70%/regular 30% OTC	NOVOLIN 70/30
insulin isophane human vials OTC	HUMULIN N
insulin isophane human vials OTC	NOVOLIN N
insulin lispro QL	HUMALOG
insulin lispro protamine/insulin lispro QL	HUMALOG MIX

Insulin Sensitizers

pioglitazone ST *	ACTOS
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ST * Requires trial of metformin.

Meglitinides

nateglinide PA	STARLIX
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Sulfonylureas

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

Supplies

alcohol swabs OTC	
blood glucose monitoring kits OTC	TRUERESULT kits
blood glucose test strips OTC, QL, ^	TRUETEST test strips
insulin syringes, needles OTC	
lancets OTC	

^ 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 PA	MIACALCIN
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Parathyroid Hormones

teriparatide PA, SP	FORTEO
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CONTRACEPTIVES

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
desogestrel/EE 0.15/30 QL	Max #1 pack/month	ORTHO-CEPT
drospirenone/EE 3/30 QL	Max #1 pack/month	YASMIN
levonorgestrel/EE 0.15/30 QL	Max #1 pack/month	
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 0.75 mg QL	PLAN B
levonorgestrel 1.5 mg QL	PLAN B ONE-STEP

Injectable

medroxyprogesterone acetate 150 mg/mL QL	DEPO-PROVERA
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Progestin Intrauterine Device

levonorgestrel releasing IUD PA, SP	MIRENA
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Vaginal

etonogestrel/EE ring QL	NUVARING
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Miscellaneous

condoms, male OTC	
diaphragm	DIAPHRAGM , VARIOUS

ENDOMETRIOSIS	
nafarelin PA, SP	SYNAREL
ESTROGENS	
Oral	
estradiol	ESTRACE
estrogens, conjugated	PREMARIN
estropipate	
Vaginal	
estradiol vaginal crm	ESTRACE CREAM
estradiol vaginal tabs	VAGIFEM
estrogens, conjugated crm	PREMARIN CREAM
ESTROGEN/PROGESTINS	
Oral	
EE/norethindrone acetate	FEMHRT
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	PRELONE
prednisone	
GLUCOSE ELEVATING AGENTS	
glucagon, human recombinant	GLUCAGON EMERGENCY KIT
glucose tablets OTC	
HUMAN GROWTH HORMONES	
somatropin PA, SP	TEV-TROPIN
somatropin vials PA, SP	OMNITROPE
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	
calcitriol (1,25-D3)	ROCALTROL
INSULIN-LIKE GROWTH FACTORS	
mecasermin PA, SP	INCRELEX
PHOSPHATE BINDER AGENTS	
calcium acetate caps	PHOSLO
PROGESTINS	
medroxyprogesterone acetate	PROVERA
norethindrone acetate	AYGESTIN
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
raloxifene PA	EVISTA
THYROID AGENTS	
Antithyroid Agents	
methimazole	TAPAZOLE

propylthiouracil	
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Thyroid Supplements

levothyroxine	Levoxyl
levothyroxine	SYNTHROID
thyroid	ARMOUR THYROID
thyroid	NATURE-THROID

VASOPRESSINS

desmopressin spray PA, SP	DDAVP
desmopressin spray PA, SP	STIMATE
desmopressin tabs	DDAVP

MISCELLANEOUS

Drugs in this category may be carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

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

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

bismuth subsalicylate OTC	PEPTO-BISMOL
diphenoxylate/atropine	LOMOTIL
loperamide	
loperamide OTC	IMODIUM A-D

ANTIEMETICS

AGE * Not covered for ages 2 years old and under.

dextrose/fructose/phosphoric acid OTC	EMETROL
dimenhydrinate tabs OTC	DRAMAMINE
meclizine OTC	
meclizine	
metoclopramide	REGLAN
ondansetron orally disintegrating tabs QL	ZOFRAN ODT
ondansetron soln PA	ZOFRAN
ondansetron tabs 4 mg, 8 mg QL	ZOFRAN
prochlorperazine	COMPazine
prochlorperazine supp	COMPazine
promethazine AGE *	
promethazine supp AGE, ^	
scopolamine PA	TRANSDERM SCOP

^ Requires PA for 50 mg suppository only.

ANTISPASMODICS

dicyclomine	BENTYL
glycopyrrolate	ROBINUL/ROBINUL FORTE
hyoscyamine sulfate	LEVSIN
hyoscyamine sulfate ext-rel tabs	LEVbid

CHOLELITHOLYTICS

ursodiol caps	ACTIGALL
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H₂ RECEPTOR ANTAGONISTS

AGE * Covered only for ages 12 years old and under.

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 PA, QL	Max #120/month	AXID
ranitidine OTC, QL	Max #120/month	ZANTAC OTC
ranitidine syp AGE *, QL	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

mesalamine delayed-rel tabs	ASACOL HD
mesalamine ext-rel caps	APRISO
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS

LAXATIVES/STOOL SOFTENERS

Drugs in this category may be carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

benzocaine/docusate OTC	Enemeez Plus
bisacodyl delayed-rel tabs OTC, QL	DULCOLAX
bisacodyl supp OTC	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 OTC	SENOKOT
sennosides/docusate sodium OTC	SENOKOT-S
sodium phosphates enema OTC	FLEET
sodium phosphates soln OTC	
wheat dextrin OTC	BENEFIBER

PANCREATIC ENZYMES

pancrelipase delayed-rel	CREON
pancrelipase delayed-rel 5000 U	ZENPEP

PROSTAGLANDINS

misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

AGE * Covered only for ages 12 years old and under.

lansoprazole delayed-rel caps PA	PREVACID
omeprazole delayed-rel caps 10 mg, 20 mg QL	PRILOSEC
omeprazole magnesium delayed-rel OTC, QL	PRILOSEC OTC
omeprazole magnesium delayed-rel caps OTC, QL	
omeprazole oral suspension AGE *, PA	FIRST-OMEPRAZOLE
pantoprazole delayed-rel tabs ST *	PROTONIX

ST * Requires trial of omeprazole (PRILOSEC).

MISCELLANEOUS

dibucaine rectal oint OTC	NUPERCALIN
glycopyrrolate PA	CUVPOSA
pramoxine/phenylephrine/glycerin/petrolatum crm OTC	PREPARATION H
simethicone OTC	
sucrafate susp PA	CARAFATE
sucrafate tabs QL	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

URINARY ANTISPASMODICS

flavoxate hydrochloride	
oxybutynin	
oxybutynin ext-rel ST *	DITROPAN XL
tolterodine ST *	DETROL
tropium PA	SANCTURA

ST * Requires trial of oxybutynin.

VAGINAL ANTI-INFECTIVES

clindamycin crm	CLEOCIN
clotrimazole OTC	
metronidazole QL	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	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, ^	LOVENOX

^ Requires PA for treatment longer than 7 days.

Oral

warfarin	COUMADIN
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Synthetic Heparinoid-like Agents

fondaparinux PA, SP	ARIXTRA
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ANTIHEMOPHILIC AGENTS

Antihemophilic Agents are carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

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**

PLETAL

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**IMMUNE GLOBULINS**

Rho (D) immune globulin PA, SP

RHOGAM PLUS

IMMUNOMODULATORS**Interferons**

interferon alfa-2b PA, SP

INTRON A

interferon gamma-1b PA, SP

ACTIMMUNE

peginterferon alfa-2a PA, SP

PEGASYS

peginterferon alfa-2b PA, SP

PEGINTRON

IMMUNOSUPPRESSANTS

Immunosuppressants are carved-out for Medicaid and MiChild CSHCS. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to page 7 for a full list of carve-out drugs.

Antimetabolites**azathioprine**

IMURAN

mycophenolate mofetil caps, tabs

CELLCEPT

Calcineurin Inhibitors**cyclosporine caps**

SANDIMMUNE

cyclosporine, modified

NEORAL

tacrolimus 0.5 mg, 1 mg

PROGRAF

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES****Potassium****potassium bicarbonate effer tabs 25 mEq****potassium chloride ext-rel caps 8 mEq, 10 mEq**

MICRO-K

potassium chloride ext-rel tabs 8 mEq, 10 mEq

K-TAB

potassium chloride liquid**potassium chloride microencapsulated crystal ext-rel**

KLOR-CON

10 mEq, 20 mEq**Miscellaneous****potassium/sodium phosphates**

K-PHOS NEUTRAL

sodium chloride tabs

VITAMINS AND MINERALS

Folic Acid

folic acid **OTC**

folic acid

Prenatal Vitamins

prenatal vitamin tabs

Miscellaneous

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**

DRISDOL

ferrous fumarate **OTC**

HEMOCYTE

ferrous gluconate **OTC**

FERGON

ferrous sulfate **OTC**

FEOSOL

ferrous sulfate ext-rel **OTC**

SLOW FE

iron polysaccharides complex **OTC**

magnesium chloride ext-rel **OTC**

magnesium gluconate **OTC**

magnesium oxide **OTC**

MAG-OX

melatonin **OTC**

melatonin/pyridoxine **OTC**

multivitamins **OTC**

multivitamins/fluoride/iron drops, tabs

POLY-VI-FLOR

multivitamins/iron **OTC**

multivitamins/minerals **OTC**

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

sodium fluoride chew tabs, drops

LURIDE

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

zinc sulfate **OTC**

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine

EPIPEN

epinephrine

EPIPEN JR.

ANTICHOLINERGICS

acclidinium bromide

TUDORZA

ipratropium soln

ipratropium, CFC-free aerosol

ATROVENT HFA

ANTI-HISTAMINES

AGE * Covered only for ages 12 years old and under

Low Sedating

cetirizine chewable tabs, syp OTC, AGE *	ZYRTEC
cetirizine syp AGE *	
cetirizine tabs OTC	ZYRTEC

Nonsedating

fexofenadine tabs OTC, PA	ALLEGRA
fexofenadine tabs PA	ALLEGRA
loratadine rapidly-disintegrating tabs, syp OTC, AGE *, QL	CLARITIN
loratadine tabs OTC, QL	CLARITIN

Sedating

carbinoxamine	PALGIC
chlorpheniramine ext-rel OTC	CHLOR-TRIMETON
chlorpheniramine syp, tabs OTC	CHLOR-TRIMETON
clemastine	
clemastine syp OTC, AGE *	TAVIST
clemastine tabs OTC	TAVIST
cyproheptadine	
diphenhydramine caps, tabs OTC	BENADRYL
diphenhydramine chewable tabs, elixir, liquid, syp OTC, AGE *	BENADRYL
diphenhydramine inj	
hydroxyzine HCl	
hydroxyzine pamoate	VISTARIL

BETA AGONISTS

Inhalants

Short Acting

albuterol inhalation soln QL	
albuterol sulfate, CFC-free aerosol	PROAIR HFA
albuterol sulfate, CFC-free aerosol	VENTOLIN HFA

Long Acting

formoterol inhalation caps ST *	FORADIL
salmeterol xinafoate ST *	SEREVENT

ST * Requires concomitant use of a Steroid Inhalant

Oral Agents

albuterol syp, tabs 4 mg	
terbutaline	

COUGH AND COLD *

* Cough and cold products are not covered for ages less than 4 years old

Antihistamine/Decongestant Combinations

brompheniramine/pseudoephedrine elixir OTC	DIMETAPP
cetirizine/pseudoephedrine ext-rel tabs OTC, AGE	ZYRTEC-D
diphenhydramine/phenylephrine liquid OTC, QL	TRIAMINIC NT
diphenhydramine/phenylephrine tabs OTC	BENADRYL-D
loratadine/pseudoephedrine ext-rel OTC	CLARITIN-D
promethazine/phenylephrine syp	

Antitussives

benzonatate	TESSALON
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Antitussive Combinations

Opioid

codeine/guaifenesin OTC, QL	Cheratussin AC
codeine/guaifenesin/pseudoephedrine OTC	Cheratussin DAC
codeine/promethazine syp QL	
codeine/promethazine/phenylephrine	
codeine/pyrilamine syp OTC, QL	PRO-CLEAR AC
hydrocodone/homatropine syp	

Non-opioid

dextromethorphan syp 7.5 mg/5 mL OTC, QL	ROBITUSSIN CHILDREN'S
dextromethorphan/brompheniramine/pseudoephedrine elixir OTC	Brotapp DM
dextromethorphan/brompheniramine/pseudoephedrine syp QL	Bromfed DM
dextromethorphan/guaifenesin ext-rel 30-600 mg OTC	MUCINEX DM
dextromethorphan/guaifenesin liq, syp OTC, QL	ROBITUSSIN DM
dextromethorphan/promethazine QL	

Decongestants

phenylephrine OTC, AGE	SUDAFED PE
pseudoephedrine OTC, AGE	SUDAFED
pseudoephedrine ext-rel 120 mg OTC, AGE	SUDAFED 12 HOUR

Decongestant/Expectorant Combinations

pseudoephedrine/guaifenesin ext-rel 60-600 mg OTC	MUCINEX D
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Expectorants

guaifenesin ext-rel 600 mg OTC	MUCINEX
guaifenesin liq, syp, tabs OTC, AGE	ROBITUSSIN

CYSTIC FIBROSIS

dornase alfa PA, SP	PULMOZYME
tobramycin inhalation soln PA, SP	TOBI

LEUKOTRIENE RECEPTOR ANTAGONISTS

AGE * Covered only for ages 9 years old and under

montelukast chewable tabs AGE *	SINGULAIR
montelukast tabs	SINGULAIR

MAST CELL STABILIZERS

cromolyn sodium nasal spray OTC	NASALCROM
cromolyn soln for inhalation	

MEDICAL SUPPLIES

nebulizer/compressor OTC	
respiratory mask OTC	
sodium chloride for inhalation	
spacer OTC	

NASAL ANTIHISTAMINES

azelastine spray QL	
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NASAL STEROIDS

fluticasone spray QL	FLONASE
triamcinolone acetonide spray OTC	NASACORT ALLERGY 24 HR

RESPIRATORY SYNCYTIAL VIRUS

palivizumab PA, SP	SYNAGIS
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STEROID/BETA AGONIST COMBINATIONS

AGE * Covered only for ages 12 years old and under

budesonide/formoterol ST *	SYMBICORT
fluticasone/salmeterol AGE *, QL	ADVAIR DISKUS 100/50
mometasone/formoterol ST *, QL	DULERA

ST * Requires trial of Steroid Inhalant

STEROID INHALANTS

AGE * Covered only for ages 9 years old and under

beclomethasone QL	QVAR
budesonide QL	PULMICORT FLEXHALER
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL AGE *, QL	PULMICORT RESPULES
mometasone QL	ASMANEX

XANTHINES

theophylline ext-rel tabs

theophylline soln

MISCELLANEOUS

acetylcysteine inhalation soln 20%

ipratropium nasal spray

omalizumab **PA, SP**

saline nasal spray **OTC**

ATROVENT

XOLAIR

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps **PA**

Topical

benzoyl peroxide gel, liquid, lotion 2.5%, 5%, 10% **OTC**

benzoyl peroxide liquid 2.5%, gel 10%

clindamycin gel, lotion, soln

CLEOCIN T

erythromycin gel, soln

tretinoin crm 0.025%

RETIN-A

tretinoin, except crm 0.025% **PA**

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

BACTROBAN

silver sulfadiazine

SILVADENE

Antifungals

ciclopirox crm 0.77%

LOPROX

clotrimazole **OTC**

LOTRIMIN AF

econazole crm

ketoconazole	NIZORAL
miconazole crm, powder OTC	MICATIN
miconazole oint OTC	ALOE VESTA
nystatin	
terbinafine crm OTC	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>	
desonide crm, oint 0.05%	DESOWEN
fluocinolone acetonide oil 0.01%	DERMA-SMOOTH-ES
hydrocortisone crm, gel, lotion, oint OTC	CORTIZONE
hydrocortisone crm, lotion, oint	
hydrocortisone/aloe vera crm, oint OTC	
<i>Medium Potency</i>	
betamethasone valerate crm, lotion 0.1%	
fluticasone propionate crm 0.05%, oint 0.005%	CUTIVATE
hydrocortisone valerate crm 0.2%	WESTCORT
mometasone crm, oint 0.1% PA	ELOCON
triamcinolone acetonide crm, lotion, oint 0.025%	
triamcinolone acetonide crm, lotion, oint 0.1%	
<i>High Potency</i>	
betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
fluocinonide crm, gel, oint 0.05%	
fluocinonide emollient crm 0.05%	
fluocinonide soln 0.05% PA	
triamcinolone acetonide crm, oint 0.5%	
<i>Very High Potency</i>	
clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE
halobetasol propionate crm, oint 0.05% PA	ULTRAVATE
Emollients	
lactic acid (ammonium lactate) crm, lotion 12%	LAC-HYDRIN
Immunomodulators	
pimecrolimus PA	ELIDEL
tacrolimus PA	PROTOPIC
Local Analgesics	
lidocaine patch PA	LIDODERM
Local Anesthetics	
lidocaine gel 2% OTC	
lidocaine oint 5%	
lidocaine soln 4%	XYLOCAINE
lidocaine/prilocaine	EMLA

Rosacea	
metronidazole crm 0.75%	METROCREAM
metronidazole gel 0.75%	
metronidazole lotion 0.75%	METROLOTION
Scabicides and Pediculicides	
benzyl alcohol ST *	ULESFIA
crotamiton ST *	EURAX
malathion PA	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 PA	NATROBA
ST * Requires trial of a permethrin or pyrethrins/piperonyl butoxide	
Miscellaneous Skin and Mucous Membrane	
acyclovir PA	ZOVIRAX
aluminum chloride	DRYSOL
chlorhexidine 4% OTC	HIBICLENS
diphenhydramine/zinc acetate 2-0.1% OTC	BENADRYL EXTRA STRENGTH
docosanol OTC	ABREVA
imiquimod PA	ALDARA
menthol/zinc oxide oint OTC	ZINC-OXYDE
podofilox soln	CONDYLOX
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	
sodium fluoride crm, gel	PREVIDENT
OPHTHALMIC	
Antiallergics	
azelastine PA	OPTIVAR
cromolyn sodium	
epinastine	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	
<i>Nonsteroidal</i>	
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
Antivirals	
trifluridine	VIROPTIC
Beta-blockers	
<i>Nonselective</i>	
carteolol	
levobunolol	BETAGAN
metipranolol	OPTIPRANOLOL
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE
Carbonic Anhydrase Inhibitors	
<i>Topical</i>	
dorzolamide	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations	
dorzolamide/timolol maleate	COSOPT
Mydriatics	
atropine	ISOPTO ATROPINE
Parasympathomimetics	
pilocarpine	ISOPTO CARPINE
Prostaglandins	
latanoprost	XALATAN
travoprost ST *	
travoprost ST *	TRAVATAN Z
ST * Requires trial of latanoprost (XALATAN).	
Sympathomimetics	
brimonidine 0.15%	ALPHAGAN P

brimonidine 0.2%		
Miscellaneous		
artificial tears OTC		
sodium chloride 5% OTC		MURO-128
OTIC		
Anti-infectives		
acetic acid		
ofloxacin otic		
Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin B/hydrocortisone		CORTISPORIN OTIC
Miscellaneous		
antipyrine/benzocaine		AURALGAN
carbamide peroxide 6.5% OTC		DEBROX
isopropyl alcohol /glycerin OTC		Ear Drying Drops

INDEX

A

- A-200 KIT, 35
- abacavir soln, 11
- abacavir tabs, 11**
- abacavir/lamivudine, 11
- abacavir/lamivudine/zidovudine, 11**
- ABILIFY, 19
- ABILIFY MAINTENA, 19
- ABREVA, 35
- acarbose, 21**
- ACCUPRIL, 14
- acebutolol, 15**
- acetaminophen, 9**
- acetazolamide, 16**
- acetazolamide ext-rel, 16**
- acetic acid, 37**
- acetic acid irrigation soln, 28**
- acetylcysteine inhalation soln 20%, 33**
- aclidinium bromide, 30
- ACTIGALL, 26
- ACTIMMUNE, 29
- ACTOS, 22
- ACULAR, 36
- ACULAR LS, 36
- acyclovir, 12, 35**
- ADALAT CC, 15
- adalimumab, 29
- ADDERALL, 19
- ADDERALL XR, 19
- adefovir dipivoxil, 12**
- ADOXA, 11
- ADVAIR DISKUS 100/50, 33
- ADVATE, 28
- AGGRENOLX, 29
- albendazole, 12
- ALBENZA, 12
- albuterol inhalation soln, 31**
- albuterol sulfate, CFC-free aerosol, 31
- albuterol syp, tabs 4 mg, 31**
- alcohol swabs, 22
- ALDACTAZIDE, 16
- ALDACTONE, 14
- ALDARA, 35
- alendronate tabs, 22**
- ALEVE, 9
- alfuzosin ext-rel, 27**
- ALKERAN, 13
- ALLEGRA, 31
- allopurinol, 9**
- ALOE VESTA, 34
- ALPHAGAN P, 36
- alprazolam tabs, 17**
- aluminum chloride, 35**
- aluminum hydroxide/magnesium carbonate, 25**
- aluminum hydroxide/magnesium hydroxide/simethicone, 25**
- aluminum hydroxide/magnesium trisilicate, 25**
- amantadine caps, syp, 12, 18**
- AMARYL, 22
- AMBIEN, 20
- AMERGE, 20
- amiloride, 16**
- amiloride/hydrochlorothiazide, 16**
- amiodarone 200 mg, 14**
- amitriptyline, 18**
- amlodipine, 15**
- amoxicillin caps, tabs, 10**
- amoxicillin susp, 10**
- amoxicillin/clavulanate chew tabs, susp, 10**
- amoxicillin/clavulanate tabs, 10**
- amphetamine/dextroamphetamine mixed salts, 19**
- amphetamine/dextroamphetamine mixed salts ext-rel, 19**
- ampicillin caps, 10**
- ampicillin susp, 10**
- AMPYRA, 20
- ANAFRANIL, 17
- ANAPROX, 9
- anastrozole, 13**
- ANTABUSE, 21
- anthralin crm 1%, 34**
- antihemophilic factor (recombinant), 28
- antihemophilic factor/von Willebrand factor complex (human), 28
- antipyrine/benzocaine, 37**
- APIDRA, 22
- APIDRA SOLOSTAR, 22
- APRISO, 26
- ARANESP, 28
- ARAVA, 29
- ARICEPT, 17
- ARIMIDEX, 13
- aripiprazole, 19
- aripiprazole ext-rel inj, 19
- ARIXTRA, 28
- armodafinil, 21
- ARMOUR THYROID, 25
- artificial tears, 37**
- ASACOL HD, 26
- asenapine, 19
- ASMANEX, 33
- aspirin, 29**
- atazanavir, 11
- atenolol, 15**
- atenolol/chlorthalidone, 15**
- ATIVAN, 17
- atomoxetine, 19
- atorvastatin, 15**
- atovaquone, 12**
- ATRIPLA, 11
- atropine, 36**
- ATROVENT, 33
- ATROVENT HFA, 30
- AUGMENTIN, 10
- AURALGAN, 37
- AVALIDE, 14
- AVAPRO, 14
- AVONEX, 20
- AXID, 26
- AYGESTIN, 24
- azathioprine, 29**
- azelastine, 35**
- azelastine spray, 32**
- azithromycin powder packet, tabs, 10**
- azithromycin susp, 10**
- AZULFIDINE, 26
- AZULFIDINE EN-TABS, 26

B

bacitracin, 35
bacitracin oint, 33
bacitracin zinc oint, 33
bacitracin/neomycin/polymyxin B oint, 33, 35
bacitracin/neomycin/polymyxin B/hydrocortisone oint, 36
bacitracin/polymyxin B oint, 33, 35
baclofen, 20
BACTRIM, 10
BACTROBAN, 33
BACTROBAN NASAL, 33
BANZEL, 17
BARACLUDE, 12
beclomethasone, 33
BENADRYL, 31
BENADRYL EXTRA STRENGTH, 35
BENADRYL-D, 31
benazepril, 13
benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg, 14
BENEFIBER, 27
BENEFIX, 28
BENTYL, 26
benzocaine/docusate, 26
benzonatate, 31
benzoyl peroxide gel, liquid, lotion 2.5%, 5%, 10%, 33
benzoyl peroxide liquid 2.5%, gel 10%, 33
benztropine, 18
benzyl alcohol, 35
BETAGAN, 36
betamethasone dipropionate augmented crm 0.05%, 34
betamethasone valerate crm, lotion 0.1%, 34
BETAPACE, 14
BETAPACE AF, 14
bethanechol, 28
bicalutamide, 13
bisacodyl delayed-rel tabs, 26
bisacodyl supp, 26
bismuth subsalicylate, 25
bisoprolol, 15
bisoprolol/hydrochlorothiazide, 15
BLEPH-10, 36
blood glucose monitoring kits, 22
blood glucose test strips, 22
boceprevir, 12
BONIVA, 22
bosentan, 16
brimonidine 0.15%, 36
brimonidine 0.2%, 37
Bromfed DM, 32
bromocriptine, 18
brompheniramine/pseudoephedrine elixir, 31
Brotapp DM, 32
budesonide, 33
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL, 33
budesonide/formoterol, 33
bumetanide, 16
bupropion, 18
bupropion ext-rel, 18, 21
buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg, 17
butalbital/acetaminophen, 10
butalbital/acetaminophen/caffeine 50/325/40 mg, 10
butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg, 9
butalbital/aspirin/caffeine, 10
BYETTA, 21

C

CALAN, 15
CALAN SR, 15
calcipotriene oint, soln, 34
calcitonin-salmon, 22
calcitriol (1,25-D3), 24
calcium, 30
calcium acetate caps, 24
calcium carbonate, 25
calcium carbonate/magnesium hydroxide, 25
calcium polycarbophil, 26
calcium/vitamin D, 30
calcium/vitamin D/minerals, 30
capecitabine, 13
captopril, 13
captopril/hydrochlorothiazide, 14
CARAFATE, 27
carbamazepine, 17
carbamazepine ext-rel, 17
carbamide peroxide 6.5%, 37
CARBATROL, 17
carbidopa/levodopa, 18
carbidopa/levodopa ext-rel, 18
carbinoxamine, 31
CARDIZEM, 15
CARDIZEM CD, 15
CARDURA, 14, 27
carisoprodol 350 mg, 20
CARNITOR, 25
carteolol, 36
carvedilol, 15
CASODEX, 13
CATAFLAM, 9
CATAPRES, 14
cefadroxil susp, 10
cefdinir caps, 10
cefdinir susp, 10
cefprozil susp, 10
CEFTIN, 10
cefuroxime axetil tabs, 10
CELEBREX, 9
celecoxib, 9
CELEXA, 18
CELLCEPT, 29
cellulose powder, 26
cephalexin 250 mg, 500 mg, 10
cephalexin susp, 10
cetirizine chewable tabs, syp, 31
cetirizine syp, 31
cetirizine tabs, 31
cetirizine/pseudoephedrine ext-rel tabs, 31
CHANTIX, 21
Cheratussin AC, 32
Cheratussin DAC, 32
chlorambucil, 12
chlordiazepoxide, 17
chlorhexidine 0.12%, 35
chlorhexidine 4%, 35
chlorpheniramine ext-rel, 31
chlorpheniramine syp, tabs, 31
chlorpromazine, 19
chlorpropamide, 22
chlorthalidone 25 mg, 50 mg, 16
CHLOR-TRIMETON, 31
chlorzoxazone, 20
cholecalciferol (D3), 30

cholestyramine, 14
 ciclopirox crm 0.77%, 33
 cilostazol, 29
 CILOXAN, 35
 cimetidine 200 mg, 26
 cimetidine 300 mg, 400 mg, 800 mg, 26
 cimetidine soln 300 mg/5 mL, 26
 CIPRO, 10
 ciprofloxacin 250 mg, 500 mg, 750 mg, 10
 ciprofloxacin soln, 35
 citalopram, 18
 CITRUCEL, 27
 CLARITIN, 31
 CLARITIN-D, 31
 clemastine, 31
 clemastine syp, 31
 clemastine tabs, 31
 CLEOCIN, 12, 28
 CLEOCIN T, 33
 clindamycin 150 mg, 300 mg, 12
 clindamycin crm, 28
 clindamycin gel, lotion, soln, 33
 clindamycin soln, 12
 CLINORIL, 9
 clobazam tabs, 17
 clobetasol propionate crm, gel, oint, soln 0.05%, 34
 clomipramine, 17
 clonazepam tabs, 17
 clonidine tabs, 14
 clopidogrel 75 mg, 29
 clorazepate 7.5 mg, 17
 clotrimazole, 28, 33
 clotrimazole troches, 35
 clozapine, 19
 CLOZARIL, 19
 codeine sulfate 15 mg, 30 mg, 9
 codeine sulfate 60 mg, 9
 codeine/acetaminophen soln, 9
 codeine/acetaminophen tabs, 9
 codeine/guaifenesin, 32
 codeine/guaifenesin/pseudoephedrine, 32
 codeine/promethazine syp, 32
 codeine/promethazine/phenylephrine, 32
 codeine/pyrilamine syp, 32
 COLACE, 27
 colchicine, 9
 colchicine/probenecid, 9
 COLCRYS, 9
 COLESTID, 14
 colestipol tabs, 14
 COMBIVIR, 11
 COMPAZINE, 26
 COMPLERA, 11
 CONCERTA, 19
 condoms, male, 23
 CONDYLOX, 35
 COPAXONE, 20
 COPEGUS, 12
 CORDARONE, 14
 COREG, 15
 CORGARD, 15
 CORTEF, 24
 CORTISPORIN OTIC, 37
 CORTIZONE, 34
 COSOPT, 36
 COUMADIN, 28

COZAAR, 14
 CREON, 27
 cromolyn sodium, 35
 cromolyn sodium nasal spray, 32
 cromolyn soln for inhalation, 32
 crotamiton, 35
 CUTIVATE, 34
 CUVPOSA, 27
 cyanocobalamin, 30
 CYCLESSA, 23
 cyclobenzaprine 5 mg, 10 mg, 20
 cyclophosphamide, 13
 cyclosporine caps, 29
 cyclosporine, modified, 29
 CYMBALTA, 18
 cyproheptadine, 31
 CYTOTEC, 27
 CYTRA-2, 28
 CYTRA-K, 28

D

dalfampridine ext-rel, 20
 dalteparin, 28
 dapsone, 12
 darbepoetin alfa, 28
 darunavir, 11
 dasatinib, 13
 DAYPRO, 9
 DDAVP, 25
 DEBROX, 37
 DEMADAX, 16
 DEPAKENE, 17
 DEPAKOTE, 17
 DEPAKOTE ER, 17
 DEPAKOTE SPRINKLE, 17
 DEPO-PROVERA, 23
 DEPO-TESTOSTERONE, 21
 DERMA-SMOOTH-ES, 34
 desipramine, 18
 desmopressin spray, 25
 desmopressin tabs, 25
 DESOGEN, 23
 desogestrel/EE, 23
 desogestrel/EE 0.15/30, 23
 desonide crm, oint 0.05%, 34
 DESOWEN, 34
 DETROL, 28
 dexamethasone elixir, soln 0.5 mg/5 mL, 24
 dexamethasone sodium phosphate, 36
 dexamethasone tabs, 24
 DEXEDRINE SPANSULE, 19
 dexmethylphenidate, 19
 dextroamphetamine ext-rel, 19
 dextroamphetamine tabs, 19
 dextromethorphan syp 7.5 mg/5 mL, 32
 dextromethorphan/brompheniramine/pseudoephedrine elixir, 32
 dextromethorphan/brompheniramine/pseudoephedrine syp, 32
 dextromethorphan/guaifenesin ext-rel 30-600 mg, 32
 dextromethorphan/guaifenesin liq, syp, 32
 dextromethorphan/promethazine, 32
 dextrose/fructose/phosphoric acid, 26
 DIABETA, 22
 DIAMOX SEQUELS, 16
 diaphragm, 23
 DIAPHRAGM, VARIOUS, 23
 DIASTAT, 17

diazepam, 17
 DIAZEPAM INTENSOL, 17
 diazepam oral concentrate 5 mg/mL, 17
diazepam rectal gel, 17
dibucaine rectal oint, 27
 diclofenac gel, 9
diclofenac potassium, 9
diclofenac sodium 0.1%, 36
diclofenac sodium delayed-rel, 9
dicloxacillin, 10
dicyclomine, 26
didanosine delayed-rel caps, 11
 DIFLUCAN, 11
digoxin 0.125 mg, 0.25 mg, 15
digoxin soln, 15
 DILANTIN, 17
 DILANTIN INFATABS, 17
 DILAUDID, 9
diltiazem, 15
diltiazem ext-rel, 15
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 15
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg, 15
Dilt-XR, 15
dimenhydrinate tabs, 26
 DIMETAPP, 31
diphenhydramine caps, tabs, 31
diphenhydramine chewable tabs, elixir, liquid, syp, 31
diphenhydramine inj, 31
diphenhydramine/phenylephrine liquid, 31
diphenhydramine/phenylephrine tabs, 31
diphenhydramine/zinc acetate 2-0.1%, 35
diphenoxylate/atropine, 25
 DIPROLENE AF, 34
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, 35
docusate calcium, 27
docusate sodium, 27
 DOLOPHINE, 9
donepezil 5 mg, 10 mg, 17
 dornase alfa, 32
dorzolamide, 36
dorzolamide/timolol maleate, 36
 DOVONEX, 34
doxazosin, 14, 27
doxepin, 18
doxycycline monohydrate caps 50 mg, 100 mg, 11
doxycycline monohydrate tabs 100 mg, 11
doxylamine, 20
 DRAMAMINE, 26
 DRISDOL, 30
 DRITHOCREME HP, 34
drospirenone/EE 3/30, 23
 DRY SOL, 35
 DULCOLAX, 26
 DULERA, 33
duloxetine delayed-rel, 18
 DURAGESIC, 9
 DYAZIDE, 16

E
 E.E.S., 10
 E.E.S. GRANULES, 10
Ear Drying Drops, 37
 EC-NAPROSYN, 9
econazole crm, 33
 EDURANT, 11
EE/norethindrone acetate, 24
 efavirenz, 11
 efavirenz/emtricitabine/tenofovir, 11
 EFUDEX, 33
 ELAPRASE, 25
 ELDEPRYL, 18
electrolyte soln, oral, 30
 ELESTAT, 35
 ELIDEL, 34
 ELIMITE, 35
 ELOCON, 34
 elvitegravir/cobicistat/emtricitabine/tenofovir, 11
 EMETROL, 26
 EMLA, 34
 emtricitabine, 11
 emtricitabine/rilpivirine/tenofovir, 11
 emtricitabine/tenofovir, 11
 EMTRIVA, 11
enalapril, 13
enalapril/hydrochlorothiazide, 14
 ENBREL, 29
Enemeez Plus, 26
enoxaparin, 28
 entecavir, 12
epinastine, 35
 epinephrine, 30
 EPIPEN, 30
 EPIPEN JR., 30
 EPIVIR, 11
 EPIVIR-HBV, 12
 epoetin alfa, 28
 EPOGEN, 28
 EPZICOM, 11
ergocalciferol (D2), 30
 ERYPED, 10
 ERY-TAB, 10
 ERYTHROCIN, 10
erythromycin, 35
erythromycin base, 10
 erythromycin delayed-rel, 10
 erythromycin ethylsuccinate susp, 10
 erythromycin ethylsuccinate susp 200 mg/5 mL, 10
erythromycin ethylsuccinate tabs, 10
erythromycin gel, soln, 33
erythromycin stearate, 10
erythromycin/sulfisoxazole, 10
escitalopram, 18
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, 12

ethosuximide, 17
 ethynodiol diacetate/EE 1/35, 23
 ethynodiol diacetate/EE 1/50, 23
 etodolac tabs, 9
 etonogestrel/EE ring, 23
 etoposide, 13
 etravirine, 11
 EUFLEXA, 10
 EURAX, 35
 EVISTA, 24
 EXELON PATCH, 18
 exenatide, 21
 EXTAVIA, 20
F
 factor IX concentrate, 28
 famciclovir, 12
 famotidine tabs, 26
 FAMVIR, 12
 FANAPT, 19
 FELDENE, 9
 felodipine ext-rel 5 mg, 10 mg, 15
 FEMARA, 13
 FEMHRT, 24
 fenofibrate tabs 48 mg, 14
 fenofibrate tabs 54 mg, 160 mg, 14
 fenofibrate, micronized, 14
 fenofibric acid 35 mg, 14
 fentanyl transdermal, 9
 FEOSOL, 30
 FERGON, 30
 ferrous fumarate, 30
 ferrous gluconate, 30
 ferrous sulfate, 30
 ferrous sulfate ext-rel, 30
 fexofenadine tabs, 31
 FIBERCON, 26
 FIBRICOR, 14
 filgrastim, 28
 finasteride, 27
 FIORINAL, 10
 FIRST-OMEPRAZOLE, 27
 FISH OIL, 30
 FLAGYL, 12
 flavoxate hydrochloride, 28
 flecainide, 14
 FLEET, 27
 FLOMAX, 27
 FLONASE, 32
 fluconazole susp, 11
 fluconazole tabs, 11
 fludrocortisone, 24
 FLUMADINE, 12
 fluocinolone acetonide oil 0.01%, 34
 fluocinonide crm, gel, oint 0.05%, 34
 fluocinonide emollient crm 0.05%, 34
 fluocinonide soln 0.05%, 34
 fluorometholone 0.1% susp, 36
 fluorouracil crm, 33
 fluoxetine 10 mg, 20 mg, 18
 fluoxetine soln, 18
 fluphenazine decanoate inj, 19
 fluphenazine HCl inj, 19
 fluphenazine HCl tabs, 19
 flurazepam, 20
 flurbiprofen, 9

flurbiprofen sodium, 36
 flutamide, 13
 fluticasone propionate crm 0.05%, oint 0.005%, 34
 fluticasone spray, 32
 fluticasone/salmeterol, 33
 fluvoxamine, 17
 FML LIQUIFILM, 36
 FOCALIN, 19
 folic acid, 30
 fondaparinux, 28
 FORADIL, 31
 formoterol inhalation caps, 31
 FORTEO, 22
 FOSAMAX, 22
 fosamprenavir tabs, 11
 fosinopril, 14
 fosinopril/hydrochlorothiazide, 14
 FRAGMIN, 28
 furosemide soln, 16
 furosemide tabs, 16

G
 gabapentin, 17
 GABITRIL, 17
 galantamine ext-rel, 17
 galantamine tabs, 17
 GAVISCON, 25
 gemfibrozil, 14
 gentamicin, 33, 35
 GEODON, 19
 glatiramer 20 mg, 20
 GLEEVEC, 13
 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, 26, 27
 GLYNASE, 22
 GOLYTELY, 27
 goserelin acetate, 13
 griseofulvin microsize susp, 11
 guaifenesin ext-rel 600 mg, 32
 guaifenesin liq, syp, tabs, 32
 guanfacine, 14

H
 HALCION, 20
 HALDOL, 19
 HALDOL DECANOATE, 19
 halobetasol propionate crm, oint 0.05%, 34
 haloperidol, 19
 haloperidol decanoate inj, 19
 haloperidol lactate inj, 19
 HELIXATE FS, 28
 HEMOCYTE, 30
 HEPSERA, 12

HIBICLENS, 35
HUMALOG, 22
HUMALOG MIX, 22
HUMATE-P, 28
HUMIRA, 29
HUMULIN 70/30, 22
HUMULIN N, 22
HUMULIN R, 22
HUMULIN R U-500, 22
HYCET, 9
hydralazine, 16
HYDREA, 13
hydrochlorothiazide, 16
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg, 9
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL, 9
hydrocodone/homatropine syp, 32
hydrocortisone, 24
hydrocortisone crm, gel, lotion, oint, 34
hydrocortisone crm, lotion, oint, 34
hydrocortisone valerate crm 0.2%, 34
hydrocortisone/aloe vera crm, oint, 34
hydromorphone tabs 2 mg, 9
hydromorphone tabs 4 mg, 9
hydroxychloroquine, 29
hydroxyurea, 13
hydroxyzine HCl, 31
hydroxyzine pamoate, 31
hyoscyamine sulfate, 26
hyoscyamine sulfate ext-rel tabs, 26
HYZAAR, 14

I
ibandronate, 22
ibuprofen, 9
idursulfase, 25
iloperidone, 19
imatinib mesylate, 13
IMDUR, 16
imipramine HCl, 18
imiquimod, 35
IMITREX, 20
IMODIUM A-D, 25
IMURAN, 29
INCRELEX, 24
indapamide, 16
INDERAL LA, 15
indomethacin caps, 9
insulin aspart pens, 22
insulin aspart protamine 70%/insulin aspart 30%, 22
insulin aspart vials, 22
insulin glargine pens, 22
insulin glargine vials, 22
insulin glulisine pens, 22
insulin glulisine vials, 22
insulin human, 22
insulin human vials, 22
insulin isophane human 70%/regular 30%, 22
insulin isophane human vials, 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
INVIRASE, 12
ipratropium nasal spray, 33
ipratropium soln, 30
ipratropium, CFC-free aerosol, 30
irbesartan, 14
irbesartan/hydrochlorothiazide, 14
iron polysaccharides complex, 30
ISENTRESS, 11
isoniazid tabs, 12
isopropyl alcohol /glycerin, 37
ISOPTO ATROPINE, 36
ISOPTO CARPINE, 36
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, 33
ivermectin, 12

J
JANUMET, 21
JANUMET XR, 21
JANUVIA, 21
JENTADUETO, 21

K
KALETRA, 11
KEFLEX, 10
Kelnor 1/35, 23
KEPPRA, 17
ketoconazole, 11, 34
ketoprofen, 9
ketorolac, 9
ketorolac 0.4%, 36
ketorolac 0.5%, 36
ketotifen, 35
KLONOPIN, 17
KLOR-CON, 29
KOGENATE FS, 28
KOMBIGLYZE XR, 21
K-PHOS NEUTRAL, 29
K-TAB, 29

L
labetalol, 15
LAC-HYDRIN, 34
lacosamide, 17
lactic acid (ammonium lactate) crm, lotion 12%, 34
lactulose, 27
LAMICTAL, 17
LAMICTAL CHEWABLE TABS, 17
LAMISIL, 11
LAMISIL AT, 34
lamivudine soln, 11
lamivudine tabs, 11, 12
lamivudine/zidovudine, 11
lamotrigine chewable dispersible tabs 5 mg, 25 mg, 17
lamotrigine tabs, 17
lancets, 22
LANOXIN, 15
lansoprazole delayed-rel caps, 27
LANTUS, 22
LANTUS SOLOSTAR, 22
lapatinib, 13

LASIX, 16
latanoprost, 36
 LATUDA, 19
leflunomide, 29
 lenalidomide, 13
letrozole, 13
leucovorin calcium, 13
 LEUKERAN, 12
 LEUKINE, 28
leuprolide acetate, 13, 25
 LEVAQUIN, 10
 LEVBID, 26
levetiracetam, 17
levobunolol, 36
levocarnitine soln, 25
levocarnitine tabs 330 mg, 25
levofloxacin, 10
levofloxacin soln, 36
levonorgestrel 0.75 mg, 23
levonorgestrel 1.5 mg, 23
 levonorgestrel releasing IUD, 23
levonorgestrel/EE, 23
levonorgestrel/EE 0.1/20, 23
levonorgestrel/EE 0.15/30, 23
levothyroxine, 25
Levoxyl, 25
 LEVSIN, 26
 LEXAPRO, 18
 LEXIVA, 11
lidocaine gel 2%, 34
lidocaine oint 5%, 34
lidocaine patch, 34
lidocaine soln 4%, 34
lidocaine viscous 2%, 35
lidocaine/prilocaine, 34
 LIDODERM, 34
 linagliptin, 21
 linagliptin/metformin, 21
 linezolid, 12
 LIPITOR, 15
lisinopril, 14
lisinopril/hydrochlorothiazide, 14
lithium carbonate, 20
lithium carbonate ext-rel tabs, 20
 lithium citrate, 20
 LITHIUM CITRATE, 20
 LITHOBID, 20
 LOESTRIN 1.5/30, 23
 LOESTRIN 1/20, 23
 LOESTRIN FE 1.5/30, 23
 LOESTRIN FE 1/20, 23
 LOFIBRA, 14
 LOMOTIL, 25
lomustine 100 mg, 13
loperamide, 25
 LOPID, 14
 lopinavir/ritonavir, 11
 LOPRESSOR, 15
 LOPROX, 33
loratadine rapidly-disintegrating tabs, syp, 31
loratadine tabs, 31
loratadine/pseudoephedrine ext-rel, 31
lorazepam, 17
losartan, 14
losartan/hydrochlorothiazide, 14
 LOTENSIN, 13

LOTENSIN HCT, 14
 LOTRIMIN AF, 33
lovastatin, 15
 LOVENOX, 28
Low-Ogestrel, 23
loxapine, 19
 LOXITANE, 19
 LUPRON DEPOT-PED, 25
 lurasidone, 19
 LURIDE, 30
Lutera, 23
 LYRICA, 20
 LYSODREN, 13
M
 MACROBID, 12
 MACRODANTIN, 12
magnesium chloride ext-rel, 30
magnesium citrate soln, 27
magnesium gluconate, 30
magnesium hydroxide, 27
magnesium oxide, 30
 MAG-OX, 30
malathion, 35
maprotiline 50 mg, 75 mg, 18
 maraviroc, 11
 MATULANE, 13
 MAXALT, 20
 MAXITROL, 36
 MAXZIDE, 16
 mecasermin, 24
meclizine, 26
 MEDROL, 24
medroxyprogesterone acetate, 24
medroxyprogesterone acetate 150 mg/mL, 23
 MEGACE, 13
megestrol acetate, 13
melatonin, 30
melatonin/pyridoxine, 30
meloxicam tabs, 9
 melphalan, 13
 memantine, 18
 menthol/zinc oxide oint, 35
 MEPHYTON, 30
 MEPRON, 12
mercaptopurine, 13
 mesalamine delayed-rel tabs, 26
 mesalamine ext-rel caps, 26
 MESTINON, 20
 METADATE CD, 19
 METAMUCIL, 27
metformin, 21
metformin ext-rel, 21
methadone soln 10 mg/5 mL, 9
methadone soln 5 mg/5 mL, 9
methadone tabs 5 mg, 10 mg, 9
 methimazole, 24
 methocarbamol, 20
methotrexate, 13, 29
methylcellulose tabs, 27
methyl dopa, 16
methylergonovine, 25
 METHYLIN, 19
methylphenidate, 19
methylphenidate ext-rel, 19
methylphenidate soln, tabs, 19

methylprednisolone, 24
metipranolol, 36
metoclopramide, 26
metolazone, 16
metoprolol, 15
metoprolol ext-rel, 15
 METROCREAM, 35
 METROGEL-VAGINAL, 28
 METROLOTION, 35
metronidazole, 28
metronidazole crm 0.75%, 35
metronidazole gel 0.75%, 35
metronidazole lotion 0.75%, 35
metronidazole tabs, 12
 MEVACOR, 15
 MIACALCIN, 22
 MICATIN, 34
miconazole, 28
miconazole crm, powder, 34
miconazole oint, 34
 MICRO-K, 29
midodrine, 16
 MILK OF MAGNESIA, 27
mineral oil, 27
mineral oil enema, 27
 MINIPRESS, 14
 MINOCIN, 11
minocycline caps 50 mg, 100 mg, 11
minoxidil, 16
 MIRALAX, 27
 MIRAPEX, 18
 MIRENA, 23
mirtazapine tabs 15 mg, 30 mg, 45 mg, 18
misoprostol, 27
 mitotane, 13
 MOBIC, 9
modafinil 100 mg, 21
 MODICON, 23
 mometasone, 33
mometasone crm, oint 0.1%, 34
 mometasone/formoterol, 33
 MONISTAT 3, MONISTAT 7, 28
 MONODOX, 11
montelukast chewable tabs, 32
montelukast tabs, 32
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg, 9
morphine sulfate soln, 9
morphine sulfate tabs, 9
 MOTRIN, 9
 MS CONTIN, 9
 MUCINEX, 32
 MUCINEX D, 32
 MUCINEX DM, 32
multivitamins, 30
multivitamins/fluoride/iron drops, tabs, 30
multivitamins/iron, 30
multivitamins/minerals, 30
 mupirocin nasal, 33
mupirocin oint, 33
 MURO-128, 37
 MYAMBUTOL, 12
mycophenolate mofetil caps, tabs, 29
 MYLANTA, 25
 MYSOLINE, 17

N

nabumetone, 9
nadolol, 15
 nafarelin, 24
naltrexone, 21
 NAMENDA, 18
 NAPROSYN, 9
naproxen, 9
naproxen delayed-rel, 9
naproxen sodium, 9
naratriptan, 20
 NARDIL, 18
 NASACORT ALLERGY 24 HR, 32
 NASALCROM, 32
nateglinide, 22
 NATROBA, 35
 NATURE-THROID, 25
 nebulizer/compressor, 32
 nelfinavir, 11
neomycin, 10
neomycin/polymyxin B/dexamethasone, 36
neomycin/polymyxin B/gramicidin, 36
neomycin/polymyxin B/hydrocortisone, 37
 NEORAL, 29
 NEOSPORIN, 33, 36
 NEPHROCAPS, 30
 NEPHRO-VITE RX, 30
 NEULASTA, 28
 NEUPOGEN, 28
 NEURONTIN, 17
nevirapine, 11
 nevirapine ext-rel, 11
 NEXAVAR, 13
niacin, 15
niacin ext-rel caps, 15
niacin ext-rel tabs, 15
niacinamide 500 mg, 30
Niacor, 15
 NICODERM CQ, 21
 NICORETTE, 21
nicotine polacrilex gum, 21
nicotine transdermal, 21
nifedipine 20 mg, 15
nifedipine ext-rel, 15
 NITRO-DUR, 16
nitrofurantoin ext-rel, 12
nitrofurantoin macrocrystals 50 mg, 100 mg, 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, 35
nizatidine, 26
 NIZORAL, 34
 NORCO, 9
norethindrone, 23
norethindrone acetate, 24
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, 12
 NOVOLIN 70/30, 22
 NOVOLIN N, 22
 NOVOLIN R, 22
 NOVOLOG, 22
 NOVOLOG FLEXPEN, 22
 NOVOLOG MIX 70/30, 22
 NULYTELY, 27
 NUPERCAINAL, 27
 NUVARING, 23
 NUVIGIL, 21
nystatin, 11, 34
nystatin susp, 35

O

octreotide acetate, 25
 OCUFEN, 36
 OCUFLOX, 36
ofloxacin, 36
ofloxacin otic, 37
Ogestrel, 23
olanzapine tabs, 19
 omalizumab, 33
omega-3 fatty acids, 30
omeprazole delayed-rel caps 10 mg, 20 mg, 27
 omeprazole magnesium delayed-rel, 27
omeprazole magnesium delayed-rel caps, 27
 omeprazole oral suspension, 27
 OMNITROPE, 24
ondansetron orally disintegrating tabs, 26
ondansetron soln, 26
ondansetron tabs 4 mg, 8 mg, 26
 ONFI, 17
 ONGLYZA, 21
 OPTIPRANOLOL, 36
 OPTIVAR, 35
orphenadrine ext-rel, 20
 ORTHO MICRONOR, 23
 ORTHO TRI-CYCLEN, 23
 ORTHO-CEPT, 23
 ORTHO-CYCLEN, 23
 ORTHO-NOVUM 1/35, 23
 ORTHO-NOVUM 7/7/7, 23
 oseltamivir, 12
 OVCON 35, 23
 OVIDE, 35
oxaprozin, 9
oxazepam, 17
oxcarbazepine, 17
oxybutynin, 28
oxybutynin ext-rel, 28
oxycodone/acetaminophen 5/325 mg, 10/325 mg, 9

P

PALGIC, 31
 paliperidone ext-rel, 19
 paliperidone palmitate, 19

palivizumab, 32
 PAMELOR, 18
 pancrelipase delayed-rel, 27
pancrelipase delayed-rel 5000 U, 27
pantoprazole delayed-rel tabs, 27
 PARAFON FORTE DSC, 20
 PARLODEL, 18
 PARNATE, 18
paromomycin, 12
paroxetine HCl tabs, 18
 PAXIL, 18
 PEDIALYTE, 30
pediatric multivitamins, 30
pediatric multivitamins/iron drops, 30
peg 3350/electrolytes, 27
 PEGASYS, 29
 pegfilgrastim, 28
 peginterferon alfa-2a, 29
 peginterferon alfa-2b, 29
 PEGINTRON, 29
penicillin VK, 10
pentoxifylline ext-rel, 29
 PEPCID, 26
 PEPCID AC, 26
 PEPTO-BISMOL, 25
 PERCOCET, 9
 PERIDEX, 35
permethrin 0.5%, 35
permethrin 1%, 35
permethrin crm 5%, 35
perphenazine, 19
 PERSANTINE, 29
phenazopyridine, 28
phenelzine, 18
phenobarbital elixir, 17
phenobarbital tabs, 17
phenylephrine, 32
phenytoin chewable tabs, 17
phenytoin sodium extended, 17
phenytoin susp, 17
 PHOSLO, 24
 phytonadione, 30
pilocarpine, 36
 pimecrolimus, 34
 PIN-X, 12
pioglitazone, 22
piroxicam, 9
 PLAN B, 23
 PLAN B ONE-STEP, 23
 PLAQUENIL, 29
 PLAVIX, 29
 PLETAL, 29
podofilox soln, 35
polyethylene glycol 3350, 27
polymyxin B/trimethoprim, 36
 POLYSPORIN, 33
 POLYTRIM, 36
 POLY-VI-FLOR, 30
 POLY-VI-SOL, 30
potassium bicarbonate effer tabs 25 mEq, 29
potassium chloride ext-rel caps 8 mEq, 10 mEq, 29
potassium chloride ext-rel tabs 8 mEq, 10 mEq, 29
potassium chloride liquid, 29
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq, 29
potassium citrate ext-rel, 28

potassium citrate/citric acid soln, 28
 potassium/sodium phosphates, 29
 pramipexole, 18
 pramoxine/phenylephrine/glycerin/petrolatum crm, 27
 PRAVACHOL, 15
 pravastatin, 15
 prazosin, 14
 PRECOSE, 21
 PRED FORTE, 36
 prednisolone acetate 1%, 36
 prednisolone sodium phosphate soln, 24
 prednisolone syrup, 24
 prednisone, 24
 pregabalin, 20
 PRELONE, 24
 PREMARIN, 24
 PREMARIN CREAM, 24
 PREMPHASE, 24
 PREMPRO, 24
 prenatal vitamin tabs, 30
 PREPARATION H, 27
 PREVACID, 27
 PREVIDENT, 35
 PREZISTA, 11
 PRILOSEC, 27
 PRILOSEC OTC, 27
 primidone, 17
 PROAIR HFA, 31
 probenecid, 9
 procarbazine, 13
 PROCARDIA XL, 15
 prochlorperazine, 26
 prochlorperazine supp, 26
 PRO-CLEAR AC, 32
 PROCRIT, 28
 PROGRAF, 29
 promethazine, 26
 promethazine supp, 26
 promethazine/phenylephrine syp, 31
 PRONTO SHAMPOO, 35
 propafenone, 14
 propranolol, 15
 propranolol ext-rel, 15
 propylthiouracil, 25
 PROSCAR, 27
 PROTONIX, 27
 PROTOPIC, 34
 protriptyline, 18
 PROVERA, 24
 PROVIGIL, 21
 PROZAC, 18
 pseudoephedrine, 32
 pseudoephedrine ext-rel 120 mg, 32
 pseudoephedrine/guaifenesin ext-rel 60-600 mg, 32
 psyllium, 27
 PULMICORT FLEXHALER, 33
 PULMICORT RESPULES, 33
 PULMOZYME, 32
 PURINETHOL, 13
 pyrantel, 12
 pyrazinamide, 12
 pyrethrins/piperonyl butoxide, 35
 PYRIDIUM, 28
 pyridostigmine tabs, 20
 pyridoxine ext-rel, 30
 pyridoxine tabs, 30

Q
 QUESTRAN/QUESTRAN LIGHT, 14
 quetiapine, 19
 quetiapine ext-rel, 19
 quinapril, 14
 QVAR, 33
R
 raloxifene, 24
 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
 REESES PINWORM MEDICINE, 12
 REGLAN, 26
 RELENZA, 12
 REMERON, 18
 REMODULIN, 16
 REQUIP, 18
 respiratory mask, 32
 RESTORIL, 20
 RETIN-A, 33
 RETROVIR, 11
 REVATIO, 16
 REVIA, 21
 REVLIMID, 13
 REYATAZ, 11
 Rho (D) immune globulin, 29
 RHOGAM PLUS, 29
 ribavirin caps 200 mg, 12
 ribavirin tabs 200 mg, 12
 RID, 35
 RID AEROSOL, 35
 RIFADIN, 12
 rifampin, 12
 rilpivirine, 11
 rimantadine, 12
 RISPERDAL, 19
 RISPERDAL CONSTA, 19
 RISPERDAL M-TABS, 19
 risperidone, 19
 risperidone inj, 19
 risperidone orally disintegrating tabs, 19
 RITALIN, 19
 RITALIN LA, 19
 RITALIN-SR, 19
 ritonavir, 12
 rivastigmine transdermal, 18
 rizatriptan tabs, 20
 ROBAXIN, 20
 ROBINUL/ROBINUL FORTE, 26
 ROBITUSSIN, 32
 ROBITUSSIN CHILDREN'S, 32
 ROBITUSSIN DM, 32
 ROCALTROL, 24
 ropinirole, 18
 rufinamide, 17
 RYTHMOL, 14

S

SABRIL, 17
saline nasal spray, 33
salmeterol xinafoate, 31
salsalate, 9
SANCTURA, 28
SANDIMMUNE, 29
SANDOSTATIN, 25
SANDOSTATIN LAR, 25
SAPHRIS, 19
saquinavir mesylate tabs, 12
sargramostim, 28
saxagliptin, 21
saxagliptin/metformin ext-rel, 21
scopolamine, 26
SECTRAL, 15
selegiline, 18
selenium sulfide lotion 1%, 34
selenium sulfide lotion 2.5%, 34
SELSUN BLUE, 34
SELZENTRY, 11
senna, 27
sennosides, 27
sennosides/docusate sodium, 27
SENOKOT, 27
SENOKOT-S, 27
SEREVENT, 31
SEROQUEL, 19
SEROQUEL XR, 19
sertraline, 18
sildenafil, 16
SILVADENE, 33
silver sulfadiazine, 33
simethicone, 27
simvastatin, 15
SINEMET, 18
SINEMET CR, 18
SINGULAIR, 32
sitagliptin phosphate, 21
sitagliptin/metformin, 21
sitagliptin/metformin ext-rel, 21
SLO-NIACIN, 15
SLOW FE, 30
sodium bicarbonate tabs, 25
sodium chloride 5%, 37
sodium chloride for inhalation, 32
sodium chloride irrigation soln, 28
sodium chloride tabs, 29
sodium citrate/citric acid soln, 28
sodium fluoride chew tabs, drops, 30
sodium fluoride crm, gel, 35
sodium hyaluronate, 10
sodium oxybate, 21
sodium phosphates enema, 27
sodium phosphates soln, 27
SOMA, 20
somatropin, 24
somatropin vials, 24
sorafenib, 13
sotalol, 14
spacer, 32
spinosad, 35
spironolactone, 14
spironolactone/hydrochlorothiazide, 16
SPRYCEL, 13
STARLIX, 22

stavudine caps, 11
STIMATE, 25
STRATTERA, 19
STRIBILD, 11
STROMECTOL, 12
sucralfate susp, 27
sucralfate tabs, 27
SUDAFED, 32
SUDAFED 12 HOUR, 32
SUDAFED PE, 32
sulfacetamide soln, 36
sulfacetamide/prednisolone acetate 10%/0.23%, 36
sulfamethoxazole/trimethoprim, 10
sulfasalazine, 26
sulfasalazine delayed-rel, 26
sulindac, 9
sumatriptan tabs, 20
sunitinib, 13
SUSTIVA, 11
SUTENT, 13
SYMBICORT, 33
SYNAGIS, 32
SYNAREL, 24
SYNTHROID, 25

T

tacrolimus, 34
tacrolimus 0.5 mg, 1 mg, 29
TAGAMET HB, 26
TAMIFLU, 12
tamoxifen, 13
tamsulosin, 27
TAPAZOLE, 24
TAVIST, 31
TEGRETOL, 17
TEGRETOL-XR, 17
temazepam 15 mg, 30 mg, 20
TEMODAR, 13
TEMOVATE, 34
temozolomide, 13
TENEX, 14
tenofovir tabs, 11
TENORETIC, 15
TENORMIN, 15
TERAZOL, 28
terazosin, 14, 27
terbinafine crm, 34
terbinafine tabs, 11
terbutaline, 31
terconazole crm, supp, 28
teriparatide, 22
TESSALON, 31
testosterone cypionate, 21
testosterone enanthate, 21
TEV-TROPIN, 24
thalidomide, 13
THALOMID, 13
theophylline ext-rel tabs, 33
theophylline soln, 33
thioridazine, 19
thiothixene, 19
THYROGEN, 25
thyroid, 25
thyrotropin alfa, 25
tiagabine 2 mg, 4 mg, 17
TIAZAC, 15

timolol maleate, 36
timolol maleate gel, 36
 TIMOPTIC, 36
 TIMOPTIC-XE, 36
 TINACTIN, 34
tioconazole, 28
tizanidine tabs, 20
 TOBI, 32
 TOBRADEX, 36
tobramycin inhalation soln, 32
tobramycin soln, 36
tobramycin/dexamethasone susp 0.3%/0.1%, 36
 TOBREX, 36
 TOFRANIL, 18
tolbutamide, 22
tolnaftate crm, powder, soln, 34
tolterodine, 28
 TOPAMAX, 17
topiramate, 17
 TOPROL-XL, 15
torsemide, 16
 TRACLEER, 16
 TRADJENTA, 21
tramadol, 9
 TRANDATE, 15
 TRANSDERM SCOP, 26
 TRANXENE T-TAB, 17
tranylcypromine, 18
 TRAVATAN Z, 36
travoprost, 36
trazodone, 18
treprostinil, 16
tretinoin caps, 13
tretinoin crm 0.025%, 33
tretinoin, except crm 0.025%, 33
triamcinolone acetonide crm, lotion, oint 0.025%, 34
triamcinolone acetonide crm, lotion, oint 0.1%, 34
triamcinolone acetonide crm, oint 0.5%, 34
 triamcinolone acetonide spray, 32
triamcinolone paste, 35
 TRIAMINIC NT, 31
triamterene/hydrochlorothiazide caps 37.5/25 mg, 16
triamterene/hydrochlorothiazide tabs, 16
triazolam, 20
 TRICOR, 14
trifluoperazine, 19
trifluridine, 36
trihexyphenidyl elixir, 18
trihexyphenidyl tabs, 18
 TRILEPTAL, 17
trimethoprim, 12
 TRIZIVIR, 11
tropium, 28
 TRUERESULT kits, 22
 TRUETEST test strips, 22
 TRUSOPT, 36
 TRUVADA, 11
 TUDORZA, 30
 TUMS, 25
 TYKERB, 13
 TYLENOL, 9
 TYLENOL w/CODEINE, 9

U

ULESFIA, 35
 ULTRAM, 9

ULTRAVATE, 34
 UNIFIBER, 26
 UNISOM, 20
 URECHOLINE, 28
 UROCIT-K, 28
 UROXATRAL, 27
ursodiol caps, 26

V

VAGIFEM, 24
 VAGISTAT-1, 28
valacyclovir, 12
 VALCYTE, 12
 valganciclovir, 12
 VALIUM, 17
valproic acid, 17
 VALTrex, 12
 VANCOCIN, 12
vancomycin, 12
 varenicline, 21
 VASERETIC, 14
 VASOTEC, 13
venlafaxine, 18
 VENTOLIN HFA, 31
verapamil, 15
verapamil ext-rel, 15
verapamil ext-rel 100 mg, 300 mg, 15
 VERELAN, 15
 VERELAN PM, 15
 VICTRELIS, 12
 VIDEX EC, 11
 vigabatrin, 17
 VIMPAT, 17
 VIRACEPT, 11
 VIRAMUNE, 11
 VIRAMUNE XR, 11
 VIREAD, 11
 VIROPTIC, 36
 VISTARIL, 31
vitamin B complex/vitamin C/folic acid, 30
 VITAMIN B-12, 30
 VITAMIN B-6, 30
 VITAMIN D, 30
 VIVACTIL, 18
 VOLTAREN GEL, 9

W

warfarin, 28
water for irrigation, sterile, 35
 WELLBUTRIN, 18
 WELLBUTRIN SR, 18
 WELLBUTRIN XL, 18
 WESTCORT, 34
wheat dextrin, 27

X

XALATAN, 36
 XANAX, 17
 XELODA, 13
 XOLAIR, 33
 XYLOCAINE, 34
 XYREM, 21

Y

YASMIN, 23

Z

ZADITOR, 35

ZANAFLEX, 20
zanamivir, 12
ZANTAC, 26
ZANTAC OTC, 26
ZARONTIN, 17
ZAROXOLYN, 16
ZEBETA, 15
ZENPEP, 27
ZERIT, 11
ZESTORETIC, 14
ZESTRIL, 14
ZIAC, 15
ZIAGEN, 11
zidovudine, 11
zinc sulfate, 30
ZINC-OXYDE, 35
ziprasidone, 19
ZITHROMAX, 10

ZOCOR, 15
ZOFRAN, 26
ZOFRAN ODT, 26
ZOLADEX, 13
ZOLOFT, 18
zolpidem, 20
ZONEGRAN, 17
zonisamide, 17
Zovia 1/35, 23
Zovia 1/50, 23
ZOVIRAX, 12, 35
ZYBAN, 21
ZYLOPRIM, 9
ZYPREXA, 19
ZYRTEC, 31
ZYRTEC-D, 31
ZYVOX, 12