



July 2014

**Molina Healthcare of Washington
Medicaid**

**Preferred Drug List
(Formulary)**

Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

(07/01/2014)

INTRODUCTION	4
PREFACE.....	4
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	4
DRUG LIST PRODUCT DESCRIPTIONS	4
PRESCRIPTION QUANTITIES	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 THE APPLE HEALTH FEE-FOR-SERVICE PROGRAM):	6
LEGEND.....	6
REQUESTING FORMULARY CHANGES.....	6
NOTICE	6
ANALGESICS	7
ANALGESICS, OTHER.....	7
NSAIDs	7
NSAIDs, TOPICAL	7
COX-2 INHIBITORS.....	7
GOUT	7
OPIOID ANALGESICS	7
NON-OPIOID ANALGESICS	8
VISCOSUPPLEMENTS	8
ANTI-INFECTIVES.....	8
ANTIBACTERIALS.....	8
ANTIFUNGALS	9
ANTIRETROVIRAL AGENTS.....	9
ANTITUBERCULAR AGENTS.....	10
ANTIVIRALS	10
MISCELLANEOUS.....	10
ANTINEOPLASTIC AGENTS.....	10
ALKYLATING AGENTS	10
ANTIMETABOLITES.....	11
CYTOPROTECTIVE AGENTS	11
HORMONAL ANTINEOPLASTIC AGENTS	11
IMMUNOMODULATORS.....	11
KINASE INHIBITORS	11
MISCELLANEOUS.....	11
CARDIOVASCULAR.....	11
ACE INHIBITORS	11
ACE INHIBITOR/DIURETIC COMBINATIONS.....	12
ADRENOLYTICS, CENTRAL	12
ALDOSTERONE RECEPTOR ANTAGONISTS.....	12
ALPHA BLOCKERS.....	12
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS	12
ANTIARRHYTHMICS.....	12
ANTILIPEMICS	12
BETA-BLOCKERS	13
BETA-BLOCKER/DIURETIC COMBINATIONS	13
CALCIUM CHANNEL BLOCKERS.....	13
DIGITALIS GLYCOSIDES	13
DIURETICS	13
NITRATES	14
PULMONARY ARTERIAL HYPERTENSION	14
MISCELLANEOUS.....	14

CENTRAL NERVOUS SYSTEM.....	14
ANTIANKXIETY.....	14
ANTICONVULSANTS.....	15
ANTIDEMENTIA.....	15
ANTIDEPRESSANTS.....	15
ANTIPARKINSONIAN AGENTS.....	16
ANTIPSYCHOTICS.....	16
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	17
FIBROMYALGIA.....	17
HYPNOTICS.....	17
MIGRAINE.....	17
MOOD STABILIZERS.....	18
MULTIPLE SCLEROSIS AGENTS.....	18
MUSCULOSKELETAL THERAPY AGENTS.....	18
MYASTHENIA GRAVIS.....	18
NARCOLEPSY/CATAPLEXY.....	18
PSYCHOTHERAPEUTIC-MISCELLANEOUS.....	18
ENDOCRINE AND METABOLIC.....	18
ANDROGENS.....	18
ANTIDIABETICS.....	18
CALCIUM REGULATORS.....	20
CONTRACEPTIVES.....	20
ENDOMETRIOSIS.....	21
ESTROGENS.....	21
ESTROGEN/PROGESTINS.....	21
GLUCOCORTICOIDS.....	21
GLUCOSE ELEVATING AGENTS.....	22
HUMAN GROWTH HORMONES.....	22
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS.....	22
INSULIN-LIKE GROWTH FACTORS.....	22
PHOSPHATE BINDER AGENTS.....	22
PROGESTINS.....	22
SELECTIVE ESTROGEN RECEPTOR MODULATORS.....	22
THYROID AGENTS.....	22
VASOPRESSINS.....	22
MISCELLANEOUS.....	22
GASTROINTESTINAL.....	22
ANTACIDS.....	22
ANTIDIARRHEALS.....	23
ANTIEMETICS.....	23
ANTISPASMODICS.....	23
CHOLELITHOLYTICS.....	23
H ₂ RECEPTOR ANTAGONISTS.....	23
INFLAMMATORY BOWEL DISEASE.....	23
LAXATIVES/STOOL SOFTENERS.....	24
PANCREATIC ENZYMES.....	24
PROSTAGLANDINS.....	24
PROTON PUMP INHIBITORS.....	24
MISCELLANEOUS.....	24
GENITOURINARY.....	25
BENIGN PROSTATIC HYPERPLASIA.....	25
URINARY ANTISPASMODICS.....	25
VAGINAL ANTI-INFECTIVES.....	25
MISCELLANEOUS.....	25
HEMATOLOGIC.....	25
ANTICOAGULANTS.....	25
ANTIHEMOPHILIC AGENTS.....	25
HEMATOPOIETIC GROWTH FACTORS.....	26
PLATELET AGGREGATION INHIBITORS.....	26
MISCELLANEOUS.....	26
IMMUNOLOGIC AGENTS.....	26
BIOLOGIC DISEASE-MODIFYING AGENTS.....	26
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs).....	26
IMMUNE GLOBULINS.....	26

IMMUNOMODULATORS.....	26
IMMUNOSUPPRESSANTS.....	26
NUTRITIONAL/SUPPLEMENTS	26
ELECTROLYTES.....	26
VITAMINS AND MINERALS	27
RESPIRATORY	27
ANAPHYLAXIS TREATMENT AGENTS.....	27
ANTICHOLINERGICS.....	28
ANTIHISTAMINES	28
BETA AGONISTS.....	28
COUGH AND COLD *.....	28
CYSTIC FIBROSIS	29
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	29
MAST CELL STABILIZERS	29
MEDICAL SUPPLIES.....	29
NASAL ANTIHISTAMINES	29
NASAL STEROIDS	30
RESPIRATORY SYNCYTIAL VIRUS	30
STEROID/BETA AGONIST COMBINATIONS.....	30
STEROID INHALANTS	30
XANTHINES.....	30
MISCELLANEOUS.....	30
TOPICAL	30
DERMATOLOGY	30
MOUTH/THROAT/DENTAL AGENTS	32
OPHTHALMIC.....	32
OTIC.....	34
INDEX.....	35

INTRODUCTION

We are pleased to provide the 2014 *Molina Healthcare of Washington Medicaid 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.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying 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. 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 (800) 869-7791. 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 Washington'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:

- Appetite Suppressants and other drugs used for weight loss
- Medications used for the treatment of infertility, impotence and sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or Investigational Medications

CARVED-OUT MEDICATIONS (medications covered under the Apple Health Fee-for-Service program):

The following types of medications are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at 1-800-562-3022.

- Alcohol and Substance Abuse Services, Inpatient, Outpatient, and Detoxification - Must be provided by Department of Social and Health Services (DSHS) certified agencies. Call 1-877-301-4557 for specific information related to chemical dependency.
- Prescriptions related to dental care.
- Hemophiliac Blood Product – Blood factors VII, VIII and IX and the anti-inhibitor indicated for use in treatment for hemophilia and von Willebrand disease distributed for administration in the enrollee's home or other outpatient setting.

LEGEND

AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug: These drugs must be obtained through CVS Caremark Specialty Pharmacy Services.
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: 800-869-7791

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

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
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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

First Generation

cefadroxil susp **AGE ***

cephalexin 250 mg, 500 mg

KEFLEX

cephalexin susp **AGE ***

KEFLEX

Second Generation

cefprozil susp **AGE ***

cefuroxime axetil tabs

CEFTIN

Third Generation

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 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
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Hepatitis Agents

Hepatitis B

adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE
lamivudine tabs	EPIVIR-HBV

Hepatitis C

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	STROMECTOL
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	
melfalan	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	
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
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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	
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
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	
midodrine	
minoxidil	
ranolazine ext-rel PA	RANEXA
CENTRAL NERVOUS SYSTEM	
ANTI-ANXIETY	
Benzodiazepines	
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	

ANTICONVULSANTS

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

ANTIDEMENTIA

All Antidementia drugs require PA for children under 18 years old.

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

ANTIDEPRESSANTS

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

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 covered with AGE limits.

Atypicals

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

Miscellaneous

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

AGE * Covered only for ages 5 - 65 years old

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

FIBROMYALGIA

pregabalin PA	LYRICA
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HYPNOTICS

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 covered with AGE limits.

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

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

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

Alcohol and Substance Abuse Services, Inpatient, Outpatient, and Detoxification are a “carve-out” for Molina and must be provided by Department of Social and Health Services (DSHS) certified agencies. Call 1-877-301-4557 for specific information.

disulfiram	ANTABUSE
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Opioid Antagonists

Alcohol and Substance Abuse Services, Inpatient, Outpatient, and Detoxification are a “carve-out” for Molina and must be provided by Department of Social and Health Services (DSHS) certified agencies. Call 1-877-301-4557 for specific information.

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
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
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	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30% QL	NOVOLOG MIX
insulin glargine QL	LANTUS
insulin glulisine QL	APIDRA
insulin human OTC	HUMULIN R
insulin human QL	HUMULIN R U-500
insulin human OTC	NOVOLIN R
insulin isophane human OTC	HUMULIN N
insulin isophane human OTC	NOVOLIN N
insulin isophane human 70%/regular 30% OTC	HUMULIN 70/30
insulin isophane human 70%/regular 30% OTC	NOVOLIN 70/30
insulin lispro QL	HUMALOG
insulin lispro protamine/insulin lispro QL	HUMALOG MIX
Insulin Sensitizers	
pioglitazone ST *	ACTOS
ST * Requires trial of metformin.	
Meglitinides	
nateglinide PA	STARLIX
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

ALL ORAL CONTRACEPTIVES LISTED ARE COVERED UP TO 1 YEAR SUPPLY AT A TIME.

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

levonorgestrel/EE 0.1/20 QL	Lutera
norethindrone acetate/EE 1/20 QL	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron QL	LOESTRIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30 QL	DESOGEN
desogestrel/EE 0.15/30 QL	ORTHO-CEPT
drospirenone/EE 3/30 QL	YASMIN
levonorgestrel/EE 0.15/30 QL	
norethindrone acetate/EE 1.5/30 QL	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron QL	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30 QL	Low-Ogestrel

35 mcg Estrogen

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

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 QL	Zovia 1/50
norethindrone/ME 1/50 QL	NORINYL 1+50
norgestrel/EE 0.5/50 QL	Ogestrel

Triphasic

desogestrel/EE QL	CYCLESSA
levonorgestrel/EE QL	

norethindrone/EE QL	ORTHO-NOVUM 7/7/7
norgestimate/EE QL	ORTHO TRI-CYCLEN
Progestin Only	
norethindrone QL	NOR-QD
norethindrone QL	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
Progestin Intrauterine Device	
levonorgestrel releasing IUD PA, SP	MIRENA
Transdermal	
norelgestromin/EE QL	ORTHO EVRA
Vaginal	
etonogestrel/EE ring QL	NUVARING
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	
<i>Antithyroid Agents</i>	
methimazole	TAPAZOLE
propylthiouracil	
<i>Thyroid Supplements</i>	
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	
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		
ANTIIDIARRHEALS		
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
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

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	NUPERCAINAL
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	UROCIT-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

Hemophilic Blood Product – Blood factors VII, VIII and IX and the anti-inhibitor indicated for use in treatment for hemophilia and von Willebrand disease distributed for administration in the enrollee's home or other outpatient setting are a "carve-out" for Molina and are covered directly by the Health Care Authority Apple Health Fee-for-Service program. For questions please call Apple Health Customer Service at 1-800-562-3022.

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	
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 10 mEq, 20 mEq	KLOR-CON
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

acridinium bromide	TUDORZA
ipratropium soln	
ipratropium, CFC-free aerosol	ATROVENT HFA

ANTIHIISTAMINES

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
Antitussive Combinations	
<i>Opioid</i>	
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	
<i>Non-opioid</i>	
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
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	

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	ATROVENT
omalizumab PA, SP	XOLAIR
saline nasal spray OTC	

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps PA	
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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
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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-FS
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, 32
- abacavir soln, 9
- abacavir tabs, 9**
- abacavir/lamivudine, 9
- abacavir/lamivudine/zidovudine, 9**
- ABILIFY, 16
- ABILIFY MAINTENA, 16
- ABREVA, 32
- acarbose, 18**
- ACCUPRIL, 11
- acebutolol, 13**
- acetaminophen, 7**
- acetazolamide, 13**
- acetazolamide ext-rel, 13**
- acetic acid, 34**
- acetic acid irrigation soln, 25**
- acetylcysteine inhalation soln 20%, 30**
- aclidinium bromide, 28
- ACTIGALL, 23
- ACTIMMUNE, 26
- ACTOS, 19
- ACULAR, 33
- ACULAR LS, 33
- acyclovir, 10, 32**
- ADALAT CC, 13
- adalimumab, 26
- ADDERALL, 17
- ADDERALL XR, 17
- adefovir dipivoxil, 10**
- ADOXA, 9
- ADVAIR DISKUS 100/50, 30
- ADVATE, 25
- AGGRENOX, 26
- albendazole, 10
- ALBENZA, 10
- albuterol inhalation soln, 28**
- albuterol sulfate, CFC-free aerosol, 28
- albuterol syp, tabs 4 mg, 28**
- alcohol swabs, 20
- ALDACTAZIDE, 14
- ALDACTONE, 12
- ALDARA, 32
- alendronate tabs, 20**
- ALEVE, 7
- alfuzosin ext-rel, 25**
- ALKERAN, 10
- ALLEGRA, 28
- allopurinol, 7**
- ALOE VESTA, 31
- ALPHAGAN P, 34
- alprazolam tabs, 14**
- aluminum chloride, 32**
- aluminum hydroxide/magnesium carbonate, 22**
- aluminum hydroxide/magnesium hydroxide/simethicone, 22**
- aluminum hydroxide/magnesium trisilicate, 22**
- amantadine caps, syp, 10, 16**
- AMARYL, 19
- AMBIEN, 17
- AMERGE, 17
- amiloride, 14**
- amiloride/hydrochlorothiazide, 14**
- amiodarone 200 mg, 12
- amitriptyline, 16
- amlodipine, 13
- amoxicillin caps, tabs, 8**
- amoxicillin susp, 8**
- amoxicillin/clavulanate chew tabs, susp, 8**
- amoxicillin/clavulanate tabs, 8**
- amphetamine/dextroamphetamine mixed salts, 17**
- amphetamine/dextroamphetamine mixed salts ext-rel, 17**
- ampicillin caps, 8**
- ampicillin susp, 8**
- AMPYRA, 18
- ANAFRANIL, 15
- ANAPROX, 7
- anastrozole, 11**
- ANTABUSE, 18
- anthralin crm 1%, 31**
- antihemophilic factor (recombinant), 25
- antihemophilic factor/von Willebrand factor complex (human), 26
- antipyrine/benzocaine, 34**
- APIDRA, 19
- APRISO, 23
- ARANESP, 26
- ARAVA, 26
- ARICEPT, 15
- ARIMIDEX, 11
- aripiprazole, 16
- aripiprazole ext-rel inj, 16
- aripiprazole inj, 16
- ARIXTRA, 25
- armodafinil, 18
- ARMOUR THYROID, 22
- artificial tears, 34**
- ASACOL HD, 23
- asenapine, 16
- ASMANEX, 30
- aspirin, 26**
- atazanavir, 9
- atenolol, 13**
- atenolol/chlorthalidone, 13**
- ATIVAN, 14
- atomoxetine, 17
- atorvastatin, 12**
- atovaquone, 10**
- ATRIPLA, 9
- atropine, 33**
- ATROVENT, 30
- ATROVENT HFA, 28
- AUGMENTIN, 8
- AURALGAN, 34
- AVALIDE, 12
- AVAPRO, 12
- AVONEX, 18
- AXID, 23
- AYGESTIN, 22
- azathioprine, 26**
- azelastine, 32**
- azelastine spray, 29**
- azithromycin powder packet, tabs, 8**
- azithromycin susp, 8**
- AZULFIDINE, 23
- AZULFIDINE EN-TABS, 23

B

bacitracin, 33

bacitracin oint, 30
bacitracin zinc oint, 30
bacitracin/neomycin/polymyxin B oint, 30, 33
bacitracin/neomycin/polymyxin B/hydrocortisone oint, 33
bacitracin/polymyxin B oint, 30, 33
baclofen, 18
BACTRIM, 8
BACTROBAN, 31
BACTROBAN NASAL, 30
BANZEL, 15
BARACLUDE, 10
beclomethasone, 30
BENADRYL, 28
BENADRYL EXTRA STRENGTH, 32
BENADRYL-D, 28
benazepril, 11
benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg, 12
BENEFIBER, 24
BENEFIX, 26
BENTYL, 23
benzocaine/docusate, 24
benzonatate, 29
benzoyl peroxide gel, liquid, lotion 2.5%, 5%, 10%, 30
benzoyl peroxide liquid 2.5%, gel 10%, 30
benztropine, 16
benzyl alcohol, 32
BETAGAN, 33
betamethasone dipropionate augmented crm 0.05%, 31
betamethasone valerate crm, lotion 0.1%, 31
BETAPACE, 12
BETAPACE AF, 12
bethanechol, 25
bicalutamide, 11
bisacodyl delayed-rel tabs, 24
bisacodyl supp, 24
bismuth subsalicylate, 23
bisoprolol, 13
bisoprolol/hydrochlorothiazide, 13
BLEPH-10, 33
blood glucose monitoring kits, 20
blood glucose test strips, 20
boceprevir, 10
BONIVA, 20
bosentan, 14
brimonidine 0.15%, 34
brimonidine 0.2%, 34
Bromfed DM, 29
bromocriptine, 16
brompheniramine/pseudoephedrine elixir, 28
Brotapp DM, 29
budesonide, 30
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL, 30
budesonide/formoterol, 30
bumetanide, 13
bupropion, 16
bupropion ext-rel, 16, 18
buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg, 15
butalbital/acetaminophen, 8
butalbital/acetaminophen/caffeine 50/325/40 mg, 8
butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg, 7
butalbital/aspirin/caffeine, 8
BYETTA, 19

C

CALAN, 13
CALAN SR, 13

calcipotriene oint, soln, 31
calcitonin-salmon, 20
calcitriol (1,25-D3), 22
calcium, 27
calcium acetate caps, 22
calcium carbonate, 22
calcium carbonate/magnesium hydroxide, 22
calcium polycarbophil, 24
calcium/vitamin D, 27
calcium/vitamin D/minerals, 27
capecitabine, 11
captopril, 11
captopril/hydrochlorothiazide, 12
CARAFATE, 24
carbamazepine, 15
carbamazepine ext-rel, 15
carbamide peroxide 6.5%, 34
CARBATROL, 15
carbidopa/levodopa, 16
carbidopa/levodopa ext-rel, 16
carbinoxamine, 28
CARDIZEM, 13
CARDIZEM CD, 13
CARDURA, 12, 25
carisoprodol 350 mg, 18
CARNITOR, 22
carteolol, 33
carvedilol, 13
CASODEX, 11
CATAFLAM, 7
CATAPRES, 12
cefadroxil susp, 8
cefdinir caps, 8
cefdinir susp, 8
cefprozil susp, 8
CEFTIN, 8
cefuroxime axetil tabs, 8
CELEBREX, 7
celecoxib, 7
CELEXA, 15
CELLCEPT, 26
cellulose powder, 24
cephalexin 250 mg, 500 mg, 8
cephalexin susp, 8
cetirizine chewable tabs, syp, 28
cetirizine syp, 28
cetirizine tabs, 28
cetirizine/pseudoephedrine ext-rel tabs, 28
CHANTIX, 18
Cheratussin AC, 29
Cheratussin DAC, 29
chlorambucil, 10
chlordiazepoxide, 14
chlorhexidine 0.12%, 32
chlorhexidine 4%, 32
chlorpheniramine ext-rel, 28
chlorpheniramine syp, tabs, 28
chlorpromazine, 17
chlorpropamide, 19
chlorthalidone 25 mg, 50 mg, 14
CHLOR-TRIMETON, 28
chlorzoxazone, 18
cholecalciferol (D3), 27
cholestyramine, 12
ciclopirox crm 0.77%, 31
cilostazol, 26

CILOXAN, 33
 cimetidine 200 mg, 23
 cimetidine 300 mg, 400 mg, 800 mg, 23
 cimetidine soln 300 mg/5 mL, 23
 CIPRO, 8
 ciprofloxacin 250 mg, 500 mg, 750 mg, 8
 ciprofloxacin soln, 33
 citalopram, 15
 CITRUCEL, 24
 CLARITIN, 28
 CLARITIN-D, 29
 clemastine, 28
 clemastine syp, 28
 clemastine tabs, 28
 CLEOCIN, 10, 25
 CLEOCIN T, 30
 clindamycin 150 mg, 300 mg, 10
 clindamycin crm, 25
 clindamycin gel, lotion, soln, 30
 clindamycin soln, 10
 CLINORIL, 7
 clobazam tabs, 15
 clobetasol propionate crm, gel, oint, soln 0.05%, 31
 clomipramine, 15
 clonazepam tabs, 14
 clonidine tabs, 12
 clopidogrel 75 mg, 26
 clorazepate 7.5 mg, 14
 clotrimazole, 25, 31
 clotrimazole troches, 32
 clozapine, 16
 clozapine orally disintegrating tabs, 16
 CLOZARIL, 16
 codeine sulfate 15 mg, 30 mg, 7
 codeine sulfate 60 mg, 7
 codeine/acetaminophen soln, 7
 codeine/acetaminophen tabs, 7
 codeine/guaifenesin, 29
 codeine/guaifenesin/pseudoephedrine, 29
 codeine/promethazine syp, 29
 codeine/promethazine/phenylephrine, 29
 codeine/pyrilamine syp, 29
 COLACE, 24
 colchicine, 7
 colchicine/probenecid, 7
 COLCRYS, 7
 COLESTID, 12
 colestipol tabs, 12
 COMBIVIR, 9
 COMPAZINE, 23
 COMPLERA, 9
 CONCERTA, 17
 condoms, male, 21
 CONDYLOX, 32
 COPAXONE, 18
 COPEGUS, 10
 CORDARONE, 12
 COREG, 13
 CORGARD, 13
 CORTEF, 21
 CORTISPORIN OTIC, 34
 CORTIZONE, 31
 COSOPT, 33
 COUMADIN, 25
 COZAAR, 12
 CREON, 24

cromolyn sodium, 32
 cromolyn sodium nasal spray, 29
 cromolyn soln for inhalation, 29
 crotamiton, 32
 CUTIVATE, 31
 CUVPOSA, 24
 cyanocobalamin, 27
 CYCLESSA, 20
 cyclobenzaprine 5 mg, 10 mg, 18
 cyclophosphamide, 10
 cyclosporine caps, 26
 cyclosporine, modified, 26
 CYMBALTA, 16
 cyproheptadine, 28
 CYTOTEC, 24
 CYTRA-2, 25
 CYTRA-K, 25

D

dalfampridine ext-rel, 18
 dalteparin, 25
 dapsone, 10
 darbepoetin alfa, 26
 darunavir, 9
 dasatinib, 11
 DAYPRO, 7
 DAYTRANA, 17
 DDAVP, 22
 DEBROX, 34
 DEMADAX, 13
 DEPAKENE, 15
 DEPAKOTE, 15
 DEPAKOTE ER, 15
 DEPAKOTE SPRINKLE, 15
 DEPO-PROVERA, 21
 DEPO-TESTOSTERONE, 18
 DERMA-SMOOTH-FS, 31
 desipramine, 16
 desmopressin spray, 22
 desmopressin tabs, 22
 DESOGEN, 20
 desogestrel/EE, 20
 desogestrel/EE 0.15/30, 20
 desonide crm, oint 0.05%, 31
 DESOWEN, 31
 DETROL, 25
 dexamethasone elixir, soln 0.5 mg/5 mL, 21
 dexamethasone sodium phosphate, 33
 dexamethasone tabs, 21
 DEXEDRINE SPANSULE, 17
 dexmethylphenidate, 17
 dexmethylphenidate ext-rel, 17
 dextroamphetamine ext-rel, 17
 dextroamphetamine soln, 17
 dextroamphetamine tabs, 17
 dextromethorphan syp 7.5 mg/5 mL, 29
 dextromethorphan/brompheniramine/pseudoephedrine elixir, 29
 dextromethorphan/brompheniramine/pseudoephedrine syp, 29
 dextromethorphan/guaifenesin ext-rel 30-600 mg, 29
 dextromethorphan/guaifenesin liq, syp, 29
 dextromethorphan/promethazine, 29
 dextrose/fructose/phosphoric acid, 23
 DIABETA, 19
 DIAMOX SEQUELS, 13
 diaphragm, 21
 DIAPHRAGM, VARIOUS, 21

DIASTAT, 15
diazepam, 14
 DIAZEPAM INTENSOL, 14
 diazepam oral concentrate 5 mg/mL, 14
diazepam rectal gel, 15
dibucaine rectal oint, 24
 diclofenac gel, 7
diclofenac potassium, 7
diclofenac sodium 0.1%, 33
diclofenac sodium delayed-rel, 7
dicloxacillin, 8
dicyclomine, 23
didanosine delayed-rel caps, 9
 DIFLUCAN, 9
digoxin 0.125 mg, 0.25 mg, 13
digoxin soln, 13
 DILANTIN, 15
 DILANTIN INFATABS, 15
 DILAUDID, 7
diltiazem, 13
diltiazem ext-rel, 13
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 13
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg, 13
Dilt-XR, 13
dimenhydrinate tabs, 23
 DIMETAPP, 28
diphenhydramine caps, tabs, 28
diphenhydramine chewable tabs, elixir, liquid, syp, 28
diphenhydramine inj, 28
diphenhydramine/phenylephrine liquid, 28
diphenhydramine/phenylephrine tabs, 28
diphenhydramine/zinc acetate 2-0.1%, 32
diphenoxylate/atropine, 23
 DIPROLENE AF, 31
dipyridamole, 26
 dipyridamole ext-rel/aspirin, 26
disopyramide, 12
disulfiram, 18
 DITROPAN XL, 25
divalproex sodium delayed-rel, 15
divalproex sodium ext-rel, 15
divalproex sodium sprinkle caps, 15
 docosanol, 32
docusate calcium, 24
docusate sodium, 24
 DOLOPHINE, 7
donepezil 5 mg, 10 mg, 15
 domase alfa, 29
dorzolamide, 33
dorzolamide/timolol maleate, 33
 DOVONEX, 31
doxazosin, 12, 25
doxepin, 16
doxycycline monohydrate caps 50 mg, 100 mg, 9
doxycycline monohydrate tabs 100 mg, 9
doxylamine, 17
 DRAMAMINE, 23
 DRISDOL, 27
 DRITHOCREME HP, 31
drospirenone/EE 3/30, 20
 DRY SOL, 32
 DULCOLAX, 24
 DULERA, 30
duloxetine delayed-rel, 16
 DURAGESIC, 7
 DYAZIDE, 14

E
 E.E.S., 8
 E.E.S. GRANULES, 8
Ear Drying Drops, 34
 EC-NAPROSYN, 7
econazole crm, 31
 EDURANT, 9
EE/norethindrone acetate, 21
 efavirenz, 9
 efavirenz/emtricitabine/tenofovir, 9
 EFUDEX, 30
 ELAPRASE, 22
 ELDEPRYL, 16
electrolyte soln, oral, 27
 ELESTAT, 32
 ELIDEL, 31
 ELIMITE, 32
 ELOCON, 31
 elvitegravir/cobicistat/emtricitabine/tenofovir, 9
 EMETROL, 23
 EMLA, 32
 emtricitabine, 9
 emtricitabine/rilpivirine/tenofovir, 9
 emtricitabine/tenofovir, 9
 EMTRIVA, 9
enalapril, 11
enalapril/hydrochlorothiazide, 12
 ENBREL, 26
Enemeez Plus, 24
enoxaparin, 25
 entecavir, 10
epinastine, 32
 epinephrine, 27
 EPIPEN, 27
 EPIPEN JR., 27
 EPIVIR, 9
 EPIVIR-HBV, 10
 epoetin alfa, 26
 EPOGEN, 26
 EPZICOM, 9
ergocalciferol (D2), 27
 ERYPED, 8
 ERY-TAB, 8
 ERYTHROCIN, 8
erythromycin, 33
erythromycin base, 8
 erythromycin delayed-rel, 8
 erythromycin ethylsuccinate susp, 8
 erythromycin ethylsuccinate susp 200 mg/5 mL, 8
erythromycin ethylsuccinate tabs, 8
erythromycin gel, soln, 30
erythromycin stearate, 8
erythromycin/sulfisoxazole, 8
escitalopram, 15
estazolam, 17
 ESTRACE, 21
 ESTRACE CREAM, 21
estradiol, 21
 estradiol vaginal crm, 21
 estradiol vaginal tabs, 21
 estrogens, conjugated, 21
 estrogens, conjugated crm, 21
 estrogens, conjugated/medroxyprogesterone, 21
estropiate, 21
 etanercept, 26
ethambutol, 10

ethosuximide, 15
 ethynodiol diacetate/EE 1/35, 20
 ethynodiol diacetate/EE 1/50, 20
 etodolac tabs, 7
 etonogestrel/EE ring, 21
 etoposide, 11
 etravirine, 9
 EUFLEXXA, 8
 EURAX, 32
 EVISTA, 22
 EXELON PATCH, 15
 exenatide, 19
 EXTAVIA, 18

F

factor IX concentrate, 26
 famciclovir, 10
 famotidine tabs, 23
 FAMVIR, 10
 FANAPT, 16
 FAZACLO ODT, 16
 FELDENE, 7
 felodipine ext-rel 5 mg, 10 mg, 13
 FEMARA, 11
 FEMHRT, 21
 fenofibrate tabs 48 mg, 12
 fenofibrate tabs 54 mg, 160 mg, 12
 fenofibrate, micronized, 12
 fenofibric acid 35 mg, 12
 fentanyl transdermal, 7
 FEOSOL, 27
 FERGON, 27
 ferrous fumarate, 27
 ferrous gluconate, 27
 ferrous sulfate, 27
 ferrous sulfate ext-rel, 27
 fexofenadine tabs, 28
 FIBERCON, 24
 FIBRICOR, 12
 filgrastim, 26
 finasteride, 25
 FIORINAL, 8
 FIRST-OMEPRAZOLE, 24
 FISH OIL, 27
 FLAGYL, 10
 flavoxate hydrochloride, 25
 flecainide, 12
 FLEET, 24
 FLOMAX, 25
 FLONASE, 30
 fluconazole susp, 9
 fluconazole tabs, 9
 fludrocortisone, 21
 FLUMADINE, 10
 fluocinolone acetone oil 0.01%, 31
 fluocinonide crm, gel, oint 0.05%, 31
 fluocinonide emollient crm 0.05%, 31
 fluocinonide soln 0.05%, 31
 fluorometholone 0.1% susp, 33
 fluorouracil crm, 30
 fluoxetine 10 mg, 20 mg, 15
 fluoxetine soln, 15
 fluphenazine decanoate inj, 17
 fluphenazine HCl, 17
 fluphenazine HCl inj, 17
 flurazepam, 17

flurbiprofen, 7
 flurbiprofen sodium, 33
 flutamide, 11
 fluticasone propionate crm 0.05%, oint 0.005%, 31
 fluticasone spray, 30
 fluticasone/salmeterol, 30
 fluvoxamine, 15
 FML LIQUIFILM, 33
 FOCALIN, 17
 FOCALIN XR, 17
 folic acid, 27
 fondaparinux, 25
 FORADIL, 28
 formoterol inhalation caps, 28
 FORTEO, 20
 FOSAMAX, 20
 fosamprenavir tabs, 9
 fosinopril, 11
 fosinopril/hydrochlorothiazide, 12
 FRAGMIN, 25
 furosemide soln, 13
 furosemide tabs, 13

G

gabapentin, 15
 GABITRIL, 15
 galantamine ext-rel, 15
 galantamine tabs, 15
 GAVISCON, 22
 gemfibrozil, 12
 gentamicin, 30, 33
 GEODON, 16
 glatiramer 20 mg, 18
 GLEEVEC, 11
 glimepiride, 19
 glipizide, 19
 glipizide ext-rel, 19
 GLUCAGON EMERGENCY KIT, 22
 glucagon, human recombinant, 22
 GLUCOPHAGE, 19
 GLUCOPHAGE XR, 19
 glucose tablets, 22
 GLUCOTROL, 19
 GLUCOTROL XL, 19
 GLUCOVANCE, 19
 glyburide, 19
 glyburide, micronized, 19
 glyburide/metformin, 19
 glycerin supp, 24
 glycopyrrolate, 23, 24
 GLYNASE, 19
 GOLYTELY, 24
 goserelin acetate, 11
 griseofulvin microsize susp, 9
 guaifenesin ext-rel 600 mg, 29
 guaifenesin liq, syp, tabs, 29
 guanfacine, 12

H

HALCION, 17
 HALDOL, 17
 HALDOL DECANOATE, 17
 halobetasol propionate crm, oint 0.05%, 31
 haloperidol, 17
 haloperidol decanoate inj, 17
 haloperidol lactate inj, 17
 HELIXATE FS, 25

HEMOCYTE, 27
 HEPSERA, 10
 HIBICLENS, 32
 HUMALOG, 19
 HUMALOG MIX, 19
 HUMATE-P, 26
 HUMIRA, 26
 HUMULIN 70/30, 19
 HUMULIN N, 19
 HUMULIN R, 19
 HUMULIN R U-500, 19
 HYCET, 7
hydralazine, 14
 HYDREA, 11
hydrochlorothiazide, 14
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg, 7
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL, 7
hydrocodone/homatropine syp, 29
hydrocortisone, 21
hydrocortisone crm, gel, lotion, oint, 31
hydrocortisone crm, lotion, oint, 31
hydrocortisone valerate crm 0.2%, 31
hydrocortisone/aloe vera crm, oint, 31
hydromorphone tabs 2 mg, 7
hydromorphone tabs 4 mg, 7
hydroxychloroquine, 26
hydroxyurea, 11
hydroxyzine HCl, 28
hydroxyzine pamoate, 28
hyoscyamine sulfate, 23
hyoscyamine sulfate ext-rel tabs, 23
 HYZAAR, 12

I

ibandronate, 20
ibuprofen, 7
 idursulfase, 22
 iloperidone, 16
 imatinib mesylate, 11
 IMDUR, 14
imipramine HCl, 16
imiquimod, 32
 IMITREX, 17
 IMODIUM A-D, 23
 IMURAN, 26
 INCRELEX, 22
indapamide, 14
 INDERAL LA, 13
indomethacin caps, 7
 insulin aspart, 19
 insulin aspart protamine 70%/insulin aspart 30%, 19
 insulin glargine, 19
 insulin glulisine, 19
 insulin human, 19
 insulin isophane human, 19
 insulin isophane human 70%/regular 30%, 19
 insulin lispro, 19
 insulin lispro protamine/insulin lispro, 19
 insulin syringes, needles, 20
 INTELENCE, 9
 interferon alfa-2b, 26
 interferon beta-1a, 18
 interferon beta-1b, 18
 interferon gamma-1b, 26
 INTRON A, 26
 INVEGA, 16

INVEGA SUSTENNA, 16
 INVIRASE, 9
ipratropium nasal spray, 30
ipratropium soln, 28
 ipratropium, CFC-free aerosol, 28
irbesartan, 12
irbesartan/hydrochlorothiazide, 12
iron polysaccharides complex, 27
 ISENTRESS, 9
isoniazid tabs, 10
isopropyl alcohol /glycerin, 34
 ISOPTO ATROPINE, 33
 ISOPTO CARPINE, 33
 ISORDIL, 14
isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg, 14
isosorbide mononitrate, 14
isosorbide mononitrate ext-rel, 14
isotretinoin caps, 30
 ivermectin, 10

J

JANUMET, 19
 JANUMET XR, 19
 JANUVIA, 19
 JENTADUETO, 19

K

KALETRA, 9
 KEFLEX, 8
Kelnor 1/35, 20
 KEPPRA, 15
ketoconazole, 9, 31
ketoprofen, 7
ketorolac, 7
ketorolac 0.4%, 33
ketorolac 0.5%, 33
ketotifen, 33
 KLONOPIN, 14
 KLOR-CON, 27
 KOGENATE FS, 25
 KOMBIGLYZE XR, 19
 K-PHOS NEUTRAL, 27
 K-TAB, 26

L

labetalol, 13
 LAC-HYDRIN, 31
 lacosamide, 15
lactic acid (ammonium lactate) crm, lotion 12%, 31
lactulose, 24
 LAMICTAL, 15
 LAMICTAL CHEWABLE TABS, 15
 LAMISIL, 9
 LAMISIL AT, 31
 lamivudine soln, 9
lamivudine tabs, 9, 10
lamivudine/zidovudine, 9
lamotrigine chewable dispersible tabs 5 mg, 25 mg, 15
lamotrigine tabs, 15
 lancets, 20
 LANOXIN, 13
lansoprazole delayed-rel caps, 24
 LANTUS, 19
 lapatinib, 11
 LASIX, 13
latanoprost, 34
 LATUDA, 16

leflunomide, 26
lenalidomide, 11
letrozole, 11
leucovorin calcium, 11
 LEUKERAN, 10
 LEUKINE, 26
leuprolide acetate, 11, 22
 LEVAQUIN, 8
 LEVBID, 23
levetiracetam, 15
levobunolol, 33
levocarnitine soln, 22
levocarnitine tabs 330 mg, 22
levofloxacin, 8
levofloxacin soln, 33
levonorgestrel 0.75 mg, 21
levonorgestrel 1.5 mg, 21
 levonorgestrel releasing IUD, 21
levonorgestrel/EE, 20
levonorgestrel/EE 0.1/20, 20
levonorgestrel/EE 0.15/30, 20
levothyroxine, 22
Levoxyl, 22
 LEVSIN, 23
 LEXAPRO, 15
 LEXIVA, 9
lidocaine gel 2%, 32
lidocaine oint 5%, 32
lidocaine patch, 32
lidocaine soln 4%, 32
lidocaine viscous 2%, 32
lidocaine/prilocaine, 32
 LIDODERM, 32
 linagliptin, 19
 linagliptin/metformin, 19
 linezolid, 10
 LIPITOR, 12
lisinopril, 11
lisinopril/hydrochlorothiazide, 12
lithium carbonate, 18
lithium carbonate ext-rel tabs, 18
 lithium citrate, 18
 LITHIUM CITRATE, 18
 LITHOBID, 18
 LOESTRIN 1.5/30, 20
 LOESTRIN 1/20, 20
 LOESTRIN FE 1.5/30, 20
 LOESTRIN FE 1/20, 20
 LOFIBRA, 12
 LOMOTIL, 23
lomustine 100 mg, 10
loperamide, 23
 LOPID, 12
 lopinavir/ritonavir, 9
 LOPRESSOR, 13
 LOPROX, 31
loratadine rapidly-disintegrating tabs, syp, 28
loratadine tabs, 28
loratadine/pseudoephedrine ext-rel, 29
lorazepam, 14
losartan, 12
losartan/hydrochlorothiazide, 12
 LOTENSIN, 11
 LOTENSIN HCT, 12
 LOTRIMIN AF, 31
lovastatin, 12

LOVENOX, 25
Low-Ogestrel, 20
loxapine, 17
 LOXITANE, 17
 LUPRON DEPOT-PED, 22
 lurasidone, 16
 LURIDE, 27
Lutera, 20
 LYRICA, 17
 LYSODREN, 11
M
 MACROBID, 10
 MACRODANTIN, 10
magnesium chloride ext-rel, 27
magnesium citrate soln, 24
magnesium gluconate, 27
magnesium hydroxide, 24
magnesium oxide, 27
 MAG-OX, 27
malathion, 32
maprotiline 50 mg, 75 mg, 16
 maraviroc, 9
 MATULANE, 11
 MAXALT, 17
 MAXITROL, 33
 MAXZIDE, 14
 mecasermin, 22
meclizine, 23
 MEDROL, 21
medroxyprogesterone acetate, 22
medroxyprogesterone acetate 150 mg/mL, 21
 MEGACE, 11
megestrol acetate, 11
melatonin, 27
melatonin/pyridoxine, 27
meloxicam tabs, 7
 melphalan, 10
 memantine, 15
 menthol/zinc oxide oint, 32
 MEPHYTON, 27
 MEPRON, 10
mercaptopurine, 11
 mesalamine delayed-rel tabs, 23
 mesalamine ext-rel caps, 23
 MESTINON, 18
 METADATE CD, 17
 METAMUCIL, 24
metformin, 19
metformin ext-rel, 19
methadone soln 10 mg/5 mL, 7
methadone soln 5 mg/5 mL, 7
methadone tabs 5 mg, 10 mg, 7
methimazole, 22
methocarbamol, 18
methotrexate, 11, 26
methylcellulose tabs, 24
methyldopa, 14
methylergonovine, 22
 METHYLIN, 17
methylphenidate, 17
 methylphenidate chew tabs, 17
methylphenidate ext-rel, 17
 methylphenidate ext-rel susp, 17
methylphenidate soln, tabs, 17
 methylphenidate transdermal, 17

methylprednisolone, 21
metipranolol, 33
metoclopramide, 23
metolazone, 14
metoprolol, 13
metoprolol ext-rel, 13
 METROCREAM, 32
 METROGEL-VAGINAL, 25
 METROLOTION, 32
metronidazole, 25
metronidazole crm 0.75%, 32
metronidazole gel 0.75%, 32
metronidazole lotion 0.75%, 32
metronidazole tabs, 10
 MEVACOR, 12
 MIACALCIN, 20
 MICATIN, 31
miconazole, 25
miconazole crm, powder, 31
miconazole oint, 31
 MICRO-K, 26
midodrine, 14
 MILK OF MAGNESIA, 24
mineral oil, 24
mineral oil enema, 24
 MINIPRESS, 12
 MINOCIN, 9
minocycline caps 50 mg, 100 mg, 9
minoxidil, 14
 MIRALAX, 24
 MIRAPEX, 16
 MIRENA, 21
mirtazapine tabs 15 mg, 30 mg, 45 mg, 16
misoprostol, 24
 mitotane, 11
 MOBIC, 7
modafinil 100 mg, 18
 MODICON, 20
 mometasone, 30
mometasone crm, oint 0.1%, 31
 mometasone/formoterol, 30
 MONISTAT 3, MONISTAT 7, 25
 MONODOX, 9
montelukast chewable tabs, 29
montelukast tabs, 29
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg, 7
morphine sulfate soln, 7
morphine sulfate tabs, 7
 MOTRIN, 7
 MS CONTIN, 7
 MUCINEX, 29
 MUCINEX D, 29
 MUCINEX DM, 29
multivitamins, 27
multivitamins/fluoride/iron drops, tabs, 27
multivitamins/iron, 27
multivitamins/minerals, 27
 mupirocin nasal, 30
mupirocin oint, 31
 MURO-128, 34
 MYAMBUTOL, 10
mycophenolate mofetil caps, tabs, 26
 MYLANTA, 22
 MYSOLINE, 15

N

nabumetone, 7
nadolol, 13
 nafarelin, 21
naltrexone, 18
 NAMENDA, 15
 NAPROSYN, 7
naproxen, 7
naproxen delayed-rel, 7
naproxen sodium, 7
naratriptan, 17
 NARDIL, 15
 NASACORT ALLERGY 24 HR, 30
 NASALCROM, 29
nateglinide, 19
 NATROBA, 32
 NATURE-THROID, 22
 nebulizer/compressor, 29
 nelfinavir, 9
neomycin, 8
neomycin/polymyxin B/dexamethasone, 33
neomycin/polymyxin B/gramicidin, 33
neomycin/polymyxin B/hydrocortisone, 34
 NEORAL, 26
 NEOSPORIN, 30, 33
 NEPHROCAPS, 27
 NEPHRO-VITE RX, 27
 NEULASTA, 26
 NEUPOGEN, 26
 NEURONTIN, 15
nevirapine, 9
 nevirapine ext-rel, 9
 NEXAVAR, 11
niacin, 13
niacin ext-rel caps, 13
niacin ext-rel tabs, 13
niacinamide 500 mg, 27
Niacor, 13
 NICODERM CQ, 18
 NICORETTE, 18
nicotine polacrilex gum, 18
nicotine transdermal, 18
nifedipine 20 mg, 13
nifedipine ext-rel, 13
 NITRO-DUR, 14
nitrofurantoin ext-rel, 10
nitrofurantoin macrocrystals 50 mg, 100 mg, 10
nitroglycerin ext-rel, 14
 nitroglycerin sublingual, 14
nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 14
 NITROSTAT, 14
 NIX CREME RINSE, 32
nizatidine, 23
 NIZORAL, 31
 NORCO, 7
norelgestromin/EE, 21
norethindrone, 21
norethindrone acetate, 22
norethindrone acetate/EE 1.5/30, 20
norethindrone acetate/EE 1.5/30 and iron, 20
norethindrone acetate/EE 1/20, 20
norethindrone acetate/EE 1/20 and iron, 20
norethindrone/EE, 21
norethindrone/EE 0.4/35, 20
norethindrone/EE 0.5/35, 20
norethindrone/EE 1/35, 20

norethindrone/ME 1/50, 20
norgestimate/EE, 21
norgestimate/EE 0.25/35, 20
norgestrel/EE 0.3/30, 20
norgestrel/EE 0.5/50, 20
 NORINYL 1+50, 20
 NORPACE, 12
 NORPRAMIN, 16
 NOR-QD, 21
nortriptyline caps, 16
 NORVASC, 13
 NORVIR, 9
 NOVOLIN 70/30, 19
 NOVOLIN N, 19
 NOVOLIN R, 19
 NOVOLOG, 19
 NOVOLOG MIX, 19
 NULYTELY, 24
 NUPERCAINAL, 24
 NUVARING, 21
 NUVIGIL, 18
nystatin, 9, 31
nystatin susp, 32

O

octreotide acetate, 22
 OCUFEN, 33
 OCUFLOX, 33
ofloxacin, 33
ofloxacin otic, 34
Ogestrel, 20
olanzapine inj, 16
olanzapine orally disintegrating tabs, 16
 olanzapine pamoate, 16
olanzapine tabs, 16
 omalizumab, 30
omega-3 fatty acids, 27
omeprazole delayed-rel caps 10 mg, 20 mg, 24
 omeprazole magnesium delayed-rel, 24
omeprazole magnesium delayed-rel caps, 24
 omeprazole oral suspension, 24
 OMNITROPE, 22
ondansetron orally disintegrating tabs, 23
ondansetron soln, 23
ondansetron tabs 4 mg, 8 mg, 23
 ONFI, 15
 ONGLYZA, 19
 OPTIPRANOLOL, 33
 OPTIVAR, 32
orphenadrine ext-rel, 18
 ORTHO EVRA, 21
 ORTHO MICRONOR, 21
 ORTHO TRI-CYCLEN, 21
 ORTHO-CEPT, 20
 ORTHO-CYCLEN, 20
 ORTHO-NOVUM 1/35, 20
 ORTHO-NOVUM 7/7/7, 21
 oseltamivir, 10
 OVCON 35, 20
 OVIDE, 32
oxaprozin, 7
oxazepam, 14
oxcarbazepine, 15
oxybutynin, 25
oxybutynin ext-rel, 25
oxycodone/acetaminophen 5/325 mg, 10/325 mg, 7

P

PALGIC, 28
 paliperidone ext-rel, 16
 paliperidone palmitate, 16
 palivizumab, 30
 PAMELOR, 16
 pancrelipase delayed-rel, 24
pancrelipase delayed-rel 5000 U, 24
pantoprazole delayed-rel tabs, 24
 PARAFON FORTE DSC, 18
 PARLODEL, 16
 PARNATE, 15
paromomycin, 10
paroxetine HCl tabs, 15
 PAXIL, 15
 PEDIALYTE, 27
pediatric multivitamins, 27
pediatric multivitamins/iron drops, 27
peg 3350/electrolytes, 24
 PEGASYS, 26
 pegfilgrastim, 26
 peginterferon alfa-2a, 26
 peginterferon alfa-2b, 26
 PEGINTRON, 26
penicillin VK, 8
pentoxifylline ext-rel, 26
 PEPCID, 23
 PEPCID AC, 23
 PEPTO-BISMOL, 23
 PERCOCET, 7
 PERIDEX, 32
permethrin 0.5%, 32
permethrin 1%, 32
permethrin crm 5%, 32
perphenazine, 17
 PERSANTINE, 26
phenazopyridine, 25
phenelzine, 15
phenobarbital elixir, 15
phenobarbital tabs, 15
phenylephrine, 29
phenytoin chewable tabs, 15
phenytoin sodium extended, 15
phenytoin susp, 15
 PHOSLO, 22
 phytonadione, 27
pilocarpine, 33
 pimecrolimus, 31
 PIN-X, 10
pioglitazone, 19
piroxicam, 7
 PLAN B, 21
 PLAN B ONE-STEP, 21
 PLAQUENIL, 26
 PLAVIX, 26
 PLETAL, 26
podofilox soln, 32
polyethylene glycol 3350, 24
polymyxin B/trimethoprim, 33
 POLYSPORIN, 30
 POLYTRIM, 33
 POLY-VI-FLOR, 27
 POLY-VI-SOL, 27
potassium bicarbonate effer tabs 25 mEq, 26
potassium chloride ext-rel caps 8 mEq, 10 mEq, 26
potassium chloride ext-rel tabs 8 mEq, 10 mEq, 26

potassium chloride liquid, 27
 potassium chloride microencapsulated crystal ext-rel
 10 mEq, 20 mEq, 27
 potassium citrate ext-rel, 25
 potassium citrate/citric acid soln, 25
 potassium/sodium phosphates, 27
 pramipexole, 16
 pramoxine/phenylephrine/glycerin/petrolatum crm, 24
 PRAVACHOL, 12
 pravastatin, 12
 prazosin, 12
 PRECOSE, 18
 PRED FORTE, 33
 prednisolone acetate 1%, 33
 prednisolone sodium phosphate soln, 21
 prednisolone syrup, 21
 prednisone, 21
 pregabalin, 17
 PRELONE, 21
 PREMARIN, 21
 PREMARIN CREAM, 21
 PREMPHASE, 21
 PREMPRO, 21
 prenatal vitamin tabs, 27
 PREPARATION H, 24
 PREVACID, 24
 PREVIDENT, 32
 PREZISTA, 9
 PRILOSEC, 24
 PRILOSEC OTC, 24
 primidone, 15
 PROAIR HFA, 28
 probenecid, 7
 procarbazine, 11
 PROCARDIA XL, 13
 PROCENTRA, 17
 prochlorperazine, 23
 prochlorperazine supp, 23
 PRO-CLEAR AC, 29
 PROCIT, 26
 PROGRAF, 26
 promethazine, 23
 promethazine supp, 23
 promethazine/phenylephrine syp, 29
 PRONTO SHAMPOO, 32
 propafenone, 12
 propranolol, 13
 propranolol ext-rel, 13
 propylthiouracil, 22
 PROSCAR, 25
 PROTONIX, 24
 PROTOPIC, 31
 protriptyline, 16
 PROVERA, 22
 PROVIGIL, 18
 PROZAC, 15
 pseudoephedrine, 29
 pseudoephedrine ext-rel 120 mg, 29
 pseudoephedrine/guaifenesin ext-rel 60-600 mg, 29
 psyllium, 24
 PULMICORT FLEXHALER, 30
 PULMICORT RESPULES, 30
 PULMOZYME, 29
 PURINETHOL, 11
 pyrantel, 10
 pyrazinamide, 10

pyrethrins/piperonyl butoxide, 32
 PYRIDIDIUM, 25
 pyridostigmine tabs, 18
 pyridoxine ext-rel, 27
 pyridoxine tabs, 27
Q
 QUESTRAN/QUESTRAN LIGHT, 12
 quetiapine, 16
 quetiapine ext-rel, 16
 QUILLIVANT XR, 17
 quinapril, 11
 QVAR, 30
R
 raloxifene, 22
 raltegravir, 9
 RANEXA, 14
 ranitidine, 23
 ranitidine syp, 23
 ranitidine tabs 150 mg, 23
 ranitidine tabs 300 mg, 23
 ranolazine ext-rel, 14
 RAZADYNE, 15
 RAZADYNE ER, 15
 REBETOL, 10
 REESES PINWORM MEDICINE, 10
 REGLAN, 23
 RELENZA, 10
 REMERON, 16
 REMODULIN, 14
 REQUIP, 16
 respiratory mask, 29
 RESTORIL, 17
 RETIN-A, 30
 RETROVIR, 9
 REVATIO, 14
 REVIA, 18
 REVLIMID, 11
 REYATAZ, 9
 Rho (D) immune globulin, 26
 RHOGAM PLUS, 26
 ribavirin caps 200 mg, 10
 ribavirin tabs 200 mg, 10
 RID, 32
 RID AEROSOL, 32
 RIFADIN, 10
 rifampin, 10
 rilpivirine, 9
 rimantadine, 10
 RISPERDAL, 16
 RISPERDAL CONSTA, 16
 RISPERDAL M-TABS, 16
 risperidone, 16
 risperidone inj, 16
 risperidone orally disintegrating tabs, 16
 RITALIN, 17
 RITALIN LA, 17
 RITALIN-SR, 17
 ritonavir, 9
 rivastigmine transdermal, 15
 rizatriptan tabs, 17
 ROBAXIN, 18
 ROBINUL/ROBINUL FORTE, 23
 ROBITUSSIN, 29
 ROBITUSSIN CHILDREN'S, 29
 ROBITUSSIN DM, 29

ROCALTROL, 22

ropinirole, 16

rufinamide, 15

RYTHMOL, 12

S

SABRIL, 15

saline nasal spray, 30

salmeterol xinafoate, 28

salsalate, 7

SANCTURA, 25

SANDIMMUNE, 26

SANDOSTATIN, 22

SANDOSTATIN LAR, 22

SAPHRIS, 16

saquinavir mesylate tabs, 9

sargramostim, 26

saxagliptin, 19

saxagliptin/metformin ext-rel, 19

scopolamine, 23

SECTRAL, 13

selegiline, 16

selenium sulfide lotion 1%, 31

selenium sulfide lotion 2.5%, 31

SELSUN BLUE, 31

SELZENTRY, 9

senna, 24

sennosides, 24

sennosides/docusate sodium, 24

SENOKOT, 24

SENOKOT-S, 24

SEREVENT, 28

SEROQUEL, 16

SEROQUEL XR, 16

sertraline, 15

sildenafil, 14

SILVADENE, 31

silver sulfadiazine, 31

simethicone, 24

simvastatin, 12

SINEMET, 16

SINEMET CR, 16

SINGULAIR, 29

sitagliptin phosphate, 19

sitagliptin/metformin, 19

sitagliptin/metformin ext-rel, 19

SLO-NIACIN, 13

SLOW FE, 27

sodium bicarbonate tabs, 23

sodium chloride 5%, 34

sodium chloride for inhalation, 29

sodium chloride irrigation soln, 25

sodium chloride tabs, 27

sodium citrate/citric acid soln, 25

sodium fluoride chew tabs, drops, 27

sodium fluoride crm, gel, 32

sodium hyaluronate, 8

sodium oxybate, 18

sodium phosphates enema, 24

sodium phosphates soln, 24

SOMA, 18

somatropin, 22

somatropin vials, 22

sorafenib, 11

sotalol, 12

spacer, 29

spinosad, 32

spironolactone, 12

spironolactone/hydrochlorothiazide, 14

SPRYCEL, 11

STARLIX, 19

stavudine caps, 9

STIMATE, 22

STRATTERA, 17

STRIBILD, 9

STROMEKTOL, 10

sucralfate susp, 24

sucralfate tabs, 24

SUDAFED, 29

SUDAFED 12 HOUR, 29

SUDAFED PE, 29

sulfacetamide soln, 33

sulfacetamide/prednisolone acetate 10%/0.23%, 33

sulfamethoxazole/trimethoprim, 8

sulfasalazine, 23

sulfasalazine delayed-rel, 23

sulindac, 7

sumatriptan tabs, 17

sunitinib, 11

SUSTIVA, 9

SUTENT, 11

SYMBICORT, 30

SYNAGIS, 30

SYNAREL, 21

SYNTHROID, 22

T

tacrolimus, 31

tacrolimus 0.5 mg, 1 mg, 26

TAGAMET HB, 23

TAMIFLU, 10

tamoxifen, 11

tamsulosin, 25

TAPAZOLE, 22

TAVIST, 28

TEGRETOL, 15

TEGRETOL-XR, 15

temazepam 15 mg, 30 mg, 17

TEMODAR, 11

TEMOVATE, 31

temozolomide, 11

TENEX, 12

tenofovir tabs, 9

TENORETIC, 13

TENORMIN, 13

TERAZOL, 25

terazosin, 12, 25

terbinafine crm, 31

terbinafine tabs, 9

terbutaline, 28

terconazole crm, supp, 25

teriparatide, 20

TESSALON, 29

testosterone cypionate, 18

testosterone enanthate, 18

TEV-TROPIN, 22

thalidomide, 11

THALOMID, 11

theophylline ext-rel tabs, 30

theophylline soln, 30

thioridazine, 17

thiothixene, 17

THYROGEN, 22
thyroid, 22
 thyrotropin alfa, 22
tiagabine 2 mg, 4 mg, 15
 TIAZAC, 13
timolol maleate, 33
timolol maleate gel, 33
 TIMOPTIC, 33
 TIMOPTIC-XE, 33
 TINACTIN, 31
tioconazole, 25
tizanidine tabs, 18
 TOBI, 29
 TOBRADEX, 33
tobramycin inhalation soln, 29
tobramycin soln, 33
tobramycin/dexamethasone susp 0.3%/0.1%, 33
 TOBREX, 33
 TOFRANIL, 16
tolbutamide, 19
tolnaftate crm, powder, soln, 31
tolterodine, 25
 TOPAMAX, 15
topiramate, 15
 TOPROL-XL, 13
torsemide, 13
 TRACLEER, 14
 TRADJENTA, 19
tramadol, 7
 TRANDATE, 13
 TRANSDERM SCOP, 23
 TRANXENE T-TAB, 14
tranylcypromine, 15
 TRAVATAN Z, 34
travoprost, 34
trazodone, 16
treprostinil, 14
tretinoin caps, 11
tretinoin crm 0.025%, 30
tretinoin, except crm 0.025%, 30
triamcinolone acetonide crm, lotion, oint 0.025%, 31
triamcinolone acetonide crm, lotion, oint 0.1%, 31
triamcinolone acetonide crm, oint 0.5%, 31
 triamcinolone acetonide spray, 30
triamcinolone paste, 32
 TRIAMINIC NT, 28
triamterene/hydrochlorothiazide caps 37.5/25 mg, 14
triamterene/hydrochlorothiazide tabs, 14
triazolam, 17
 TRICOR, 12
trifluoperazine, 17
trifluridine, 33
trihexyphenidyl elixir, 16
trihexyphenidyl tabs, 16
 TRILEPTAL, 15
trimethoprim, 10
 TRIZIVIR, 9
tropium, 25
 TRUERESULT kits, 20
 TRUETEST test strips, 20
 TRUSOPT, 33
 TRUVADA, 9
 TUDORZA, 28
 TUMS, 22
 TYKERB, 11
 TYLENOL, 7

TYLENOL w/CODEINE, 7

U

ULESFIA, 32
 ULTRAM, 7
 ULTRAVATE, 31
 UNIFIBER, 24
 UNISOM, 17
 URECHOLINE, 25
 UROCIT-K, 25
 UROXATRAL, 25
ursodiol caps, 23

V

VAGIFEM, 21
 VAGISTAT-1, 25
valacyclovir, 10
 VALCYTE, 10
 valganciclovir, 10
 VALIUM, 14
valproic acid, 15
 VALTREX, 10
 VANCOCIN, 10
vancomycin, 10
 varenicline, 18
 VASERETIC, 12
 VASOTEC, 11
venlafaxine, 16
 VENTOLIN HFA, 28
verapamil, 13
verapamil ext-rel, 13
verapamil ext-rel 100 mg, 300 mg, 13
 VERELAN, 13
 VERELAN PM, 13
 VICTRELIS, 10
 VIDEX EC, 9
 vigabatrin, 15
 VIMPAT, 15
 VIRACEPT, 9
 VIRAMUNE, 9
 VIRAMUNE XR, 9
 VIREAD, 9
 VIROPTIC, 33
 VISTARIL, 28
vitamin B complex/vitamin C/folic acid, 27
 VITAMIN B-12, 27
 VITAMIN B-6, 27
 VITAMIN D, 27
 VIVACTIL, 16
 VOLTAREN GEL, 7

W

warfarin, 25
water for irrigation, sterile, 32
 WELLBUTRIN, 16
 WELLBUTRIN SR, 16
 WELLBUTRIN XL, 16
 WESTCORT, 31
wheat dextrin, 24

X

XALATAN, 34
 XANAX, 14
 XELODA, 11
 XOLAIR, 30
 XYLOCAINE, 32
 XYREM, 18

Y

YASMIN, 20

Z

ZADITOR, 33

ZANAFLEX, 18

zanamivir, 10

ZANTAC, 23

ZANTAC OTC, 23

ZARONTIN, 15

ZAROXOLYN, 14

ZEBETA, 13

ZENPEP, 24

ZERIT, 9

ZESTORETIC, 12

ZESTRIL, 11

ZIAC, 13

ZIAGEN, 9

zidovudine, 9

zinc sulfate, 27

ZINC-OXYDE, 32

ziprasidone, 16

ZITHROMAX, 8

ZOCOR, 12

ZOFRAN, 23

ZOFRAN ODT, 23

ZOLADEX, 11

ZOLOFT, 15

zolpidem, 17

ZONEGRAN, 15

zonisamide, 15

Zovia 1/35, 20

Zovia 1/50, 20

ZOVIRAX, 10, 32

ZYBAN, 18

ZYLOPRIM, 7

ZYPREXA, 16

ZYPREXA RELPREVV, 16

ZYPREXA ZYDIS, 16

ZYRTEC, 28

ZYRTEC-D, 28

ZYVOX, 10