

INTotal Health

(01/01/2017)

INTRODUCTION.....	4
PREFACE.....	4
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	4
DRUG LIST PRODUCT DESCRIPTIONS.....	4
GENERIC SUBSTITUTION.....	5
SPECIALTY PLAN DESIGN.....	5
PLAN DESIGN.....	5
LEGEND.....	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
ANTIMALARIALS.....	9
ANTIRETROVIRAL AGENTS.....	10
ANTITUBERCULAR AGENTS.....	11
ANTIVIRALS.....	11
MISCELLANEOUS.....	11
ANTINEOPLASTIC AGENTS.....	12
ALKYLATING AGENTS.....	12
ANTIMETABOLITES.....	12
HORMONAL ANTINEOPLASTIC AGENTS.....	12
IMMUNOMODULATORS.....	13
KINASE INHIBITORS.....	13
MISCELLANEOUS.....	14
CARDIOVASCULAR.....	14
ACE INHIBITORS.....	14
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS.....	14
ACE INHIBITOR/DIURETIC COMBINATIONS.....	14
ADRENOLYTICS, CENTRAL.....	15
ALDOSTERONE RECEPTOR ANTAGONISTS.....	15
ALPHA BLOCKERS.....	15
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS.....	15
ANTIARRHYTHMICS.....	15
ANTILIPEMICS.....	15
BETA-BLOCKERS.....	16
BETA-BLOCKER/DIURETIC COMBINATIONS.....	16
CALCIUM CHANNEL BLOCKERS.....	16
DIGITALIS GLYCOSIDES.....	16
DIURETICS.....	16
NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS.....	17
NITRATES.....	17
PULMONARY ARTERIAL HYPERTENSION.....	17
MISCELLANEOUS.....	17

CENTRAL NERVOUS SYSTEM	18
ANTIANXIETY	18
ANTICONVULSANTS	18
ANTIDEMENTIA	19
ANTIDEPRESSANTS	19
ANTIPARKINSONIAN AGENTS	20
ANTIPSYCHOTICS	20
ATTENTION DEFICIT HYPERACTIVITY DISORDER	21
FIBROMYALGIA	22
HYPNOTICS	22
MIGRAINE	22
MOOD STABILIZERS	22
MULTIPLE SCLEROSIS AGENTS	23
MUSCULOSKELETAL THERAPY AGENTS	23
MYASTHENIA GRAVIS	23
NARCOLEPSY	23
PSYCHOTHERAPEUTIC-MISCELLANEOUS	23
MISCELLANEOUS	24
ENDOCRINE AND METABOLIC	24
ANDROGENS	24
ANTIDIABETICS	24
CALCIUM REGULATORS	25
CONTRACEPTIVES	26
ENDOMETRIOSIS	27
ESTROGENS	27
ESTROGEN/PROGESTINS	27
GLUCOCORTICIDS	27
GLUCOSE ELEVATING AGENTS	27
HUMAN GROWTH HORMONES	28
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	28
PHENYLKETONURIA TREATMENT AGENTS	28
PHOSPHATE BINDER AGENTS	28
PROGESTINS	28
SELECTIVE ESTROGEN RECEPTOR MODULATORS	28
THYROID AGENTS	28
VASOPRESSIN RECEPTOR ANTAGONISTS	28
VASOPRESSINS	28
MISCELLANEOUS	28
GASTROINTESTINAL	28
ANTACIDS	28
ANTIDIARRHEALS	28
ANTIEMETICS	29
ANTISPASMODICS	29
CHOLELITHOLYTICS	29
H ₂ RECEPTOR ANTAGONISTS	29
INFLAMMATORY BOWEL DISEASE	29
LAXATIVES/STOOL SOFTENERS	30
PANCREATIC ENZYMES	30
PROSTAGLANDINS	30
PROTON PUMP INHIBITORS	30
SALIVA STIMULANTS	30
STEROIDS, RECTAL	30
MISCELLANEOUS	30
GENITOURINARY	30
BENIGN PROSTATIC HYPERPLASIA	30
URINARY ANTISPASMODICS	31
VAGINAL ANTI-INFECTIVES	31
MISCELLANEOUS	31
HEMATOLOGIC	31
ANTICOAGULANTS	31
HEMATOPOIETIC GROWTH FACTORS	31
HEREDITARY ANGIOEDEMA AGENTS	31
IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS	31
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	31

PLATELET AGGREGATION INHIBITORS.....	31
PLATELET SYNTHESIS INHIBITORS.....	32
MISCELLANEOUS	32
IMMUNOLOGIC AGENTS.....	32
BIOLOGIC DISEASE-MODIFYING AGENTS	32
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)	32
IMMUNOMODULATORS.....	32
IMMUNOSUPPRESSANTS.....	32
NUTRITIONAL/SUPPLEMENTS.....	32
ELECTROLYTES.....	32
VITAMINS AND MINERALS.....	33
RESPIRATORY	33
ANAPHYLAXIS TREATMENT AGENTS	33
ANTICHOLINERGICS	33
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	34
ANTIHISTAMINES, LOW SEDATING.....	34
ANTIHISTAMINES, NONSEDATING	34
ANTIHISTAMINES, SEDATING	34
ANTIHISTAMINE/DECONGESTANT COMBINATIONS.....	34
ANTITUSSIVES	34
ANTITUSSIVE COMBINATIONS	34
BETA AGONISTS.....	34
CYSTIC FIBROSIS	35
DECONGESTANTS.....	35
DECONGESTANT/EXPECTORANT COMBINATIONS.....	35
EXPECTORANTS.....	35
LEUKOTRIENE RECEPTOR ANTAGONISTS	35
MAST CELL STABILIZERS	35
MEDICAL SUPPLIES	35
NASAL ANTIHISTAMINES	36
NASAL STEROIDS.....	36
RESPIRATORY SYNCYTIAL VIRUS.....	36
STEROID/BETA AGONIST COMBINATIONS.....	36
STEROID INHALANTS.....	36
XANTHINES.....	37
MISCELLANEOUS	37
TOPICAL	37
DERMATOLOGY	37
MOUTH/THROAT/DENTAL AGENTS.....	39
OPHTHALMIC.....	39
OTIC.....	41
VAGINAL	41
INDEX.....	42

INTRODUCTION

We are pleased to provide the 2017 *INTotal Health 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 Local 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. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

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.

Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent Local Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members 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, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the document. Any exceptions are noted.

Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.

escitalopram

Lexapro

Oral tablets, oral solution and all strengths of Lexapro would be included in this listing.

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.

tizanidine tabs

Zanaflex

The generic-name oral tablet formulation is on the document. From this entry, the oral capsule cannot be assumed to be on the list unless there is a separate entry.

If the OTC and Prescription versions of the product are covered, then both are listed.

OTC *famotidine*
famotidine

Pepcid AC
Pepcid

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

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

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

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

GENERIC SUBSTITUTION

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

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

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

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

SPECIALTY PLAN DESIGN

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medication based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as "SP" for your reference.

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.intotalhealth.org to check coverage.

LEGEND

AL	Age Limit
HRM	High Risk Medications require PA for members age 65 and older
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

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2016. All rights reserved.

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

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

ANALGESICS

ANALGESICS, OTHER

OTC, QL	acetaminophen	TYLENOL
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QL acetaminophen = 4 grams per day

NSAIDs

OTC	ibuprofen	ADVIL
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OTC	naproxen sodium	ALEVE
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	diclofenac potassium	
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	diclofenac sodium delayed-rel	
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	diclofenac sodium ext-rel	
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	diflunisal	
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	etodolac	
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	etodolac ext-rel	
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	flurbiprofen	
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	ibuprofen	
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	ketoprofen	
--	------------	--

QL	ketorolac	
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	meloxicam	MOBIC
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	nabumetone	
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	naproxen	NAPROSYN
--	----------	----------

	oxaprozin	DAYPRO
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	sulindac	
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QL ketorolac = 20 tabs per 25 days

NSAIDs, TOPICAL

QL	diclofenac sodium gel 1%	VOLTAREN GEL
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QL diclofenac sodium gel 1% = 300 grams per month

COX-2 INHIBITORS

PA	celecoxib	CELEBREX
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GOUT

	allopurinol	ZYLOPRIM
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QL	colchicine	COLCRYS
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	probenecid	
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QL colchicine tabs = 1 tab per day

OPIOID ANALGESICS

PA*, QL	buprenorphine buccal film	BELBUCA
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PA*, QL	codeine/acetaminophen	TYLENOL w/CODEINE
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PA*, QL	fentanyl transdermal 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	DURAGESIC
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PA*, QL	hydrocodone/acetaminophen	NORCO
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PA*, QL	hydrocodone/acetaminophen soln 7.5 mg/325 mg/15 mL	
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PA*, QL	hydromorphone tabs	DILAUDID
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PA*, QL	methadone tabs 5 mg, 10 mg	DOLOPHINE
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PA*, QL	morphine	
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PA*, QL	morphine ext-rel	MS CONTIN
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PA*, QL	morphine supp	
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PA*, QL	oxycodone soln	
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PA*, QL	oxycodone tabs 5 mg, 10 mg, 15 mg	
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PA*, QL	oxycodone/acetaminophen	PERCOCET
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PA*, QL	oxycodone/aspirin	PERCODAN
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PA*, QL	tramadol	ULTRAM
PA*, QL	tramadol ext-rel	ULTRAM ER
PA*, QL	tramadol/acetaminophen	ULTRACET

*Prior Authorization for prescriptions exceeding a total of 14 day supply of total opioid analgesics within 60 days.

QL	codeine/acetaminophen soln	=	150 mL per day
QL	codeine/acetaminophen tabs	=	10 tabs per day
QL	fentanyl transdermal	=	10 patches per month
QL	hydrocodone/acetaminophen soln 7.5 mg-325 mg/15 mL	=	185 mL per day
QL	hydrocodone/acetaminophen tabs	=	12 tabs per day
QL	hydromorphone tabs	=	up to 22mg per day
QL	methadone tabs 5 mg, 10 mg	=	up to 30mg per day
QL	morphine ext-rel tabs 15 mg, 30 mg	=	3 tabs per day
QL	morphine ext-rel tabs 60mg, 100mg, 200 mg	=	2 tabs per day
QL	morphine soln	=	30 mL per day
QL	morphine supp	=	up to 90mg per day
QL	morphine tabs 15mg	=	6 tabs per day
QL	morphine tabs 30mg	=	3 tabs per day
QL	oxycodone tabs 5 mg, 10 mg	=	6 tabs per day
QL	oxycodone tabs 15mg	=	4 tabs per day
QL	oxycodone soln	=	30 mL per day
QL	oxycodone/acetaminophen tabs 2.5mg, 5mg/325mg	=	12 tabs per day
QL	oxycodone/acetaminophen tabs 7.5mg/325mg	=	8 tabs per day
QL	oxycodone/acetaminophen tabs 10mg/325mg	=	6 tabs per day
QL	oxycodone/aspirin	=	12 tabs per day
QL	tramadol	=	8 tabs per day
QL	tramadol ext-rel	=	1 tab per day
QL	tramadol/acetaminophen	=	8 tab per day
QL	BELBUCA	=	2 films per day

NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen/caffeine	ESGIC
QL	butalbital/aspirin/caffeine	FIORINAL

QL	butalbital/acetaminophen/caffeine	=	2 tabs per day
QL	butalbital/aspirin/caffeine	=	2 tabs per day

VISCOSUPPLEMENTS

PA, SP	sodium hyaluronate	GEL-ONE
PA, SP	sodium hyaluronate	HYALGAN

ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

	neomycin	
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Cephalosporins

First Generation

	cefadroxil	
	cephalexin	KEFLEX

Second Generation

	cefprozil	
	cefuroxime axetil	CEFTIN

Third Generation

	cefdinir	
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Erythromycins/Macrolides

	azithromycin	ZITHROMAX
	clarithromycin	BIAXIN
	clarithromycin ext-rel	
	erythromycin base	
	erythromycin delayed-rel	
	erythromycin ethylsuccinate	E.E.S.
	erythromycin stearate	
PA	fidaxomicin	DIFICID

Fluoroquinolones

	ciprofloxacin	CIPRO
	ciprofloxacin ext-rel	
	levofloxacin	LEVAQUIN

Penicillins

	amoxicillin	
	amoxicillin/clavulanate	AUGMENTIN
	ampicillin	
	dicloxacillin	
	penicillin VK	

Sulfonamides

	sulfadiazine	
	sulfamethoxazole/trimethoprim	
	sulfamethoxazole/trimethoprim DS	

Tetracyclines

	doxycycline hyclate caps 50 mg, 100 mg	VIBRAMYCIN
	doxycycline hyclate tabs 20 mg, 100 mg	
	doxycycline monohydrate susp	VIBRAMYCIN
	minocycline	MINOCIN
	tetracycline	

ANTIFUNGALS

	clotrimazole troches	
	fluconazole	DIFLUCAN
	griseofulvin microsize susp	
	griseofulvin ultramicrosized	GRIS-PEG
PA, QL	itraconazole caps	SPORANOX
PA	itraconazole soln	SPORANOX
	nystatin	
QL	terbinafine tabs	LAMISIL
PA	voriconazole	VFEND

QL itraconazole caps

= 4 caps per day

QL terbinafine tabs

= 1 tab per day, max 90 tabs per year

ANTIMALARIALS

QL	artemether/lumefantrine	COARTEM
QL	atovaquone/proguanil	MALARONE
QL	chloroquine	ARALEN
QL	mefloquine	
	pyrimethamine	DARAPRIM

QL atovaquone/proguanil

= 23 tabs per 180 days

QL chloroquine

= 8 tabs per 180 days

QL mefloquine = 8 tabs per 180 days
 QL COARTEM = 24 tabs per 180 days

ANTIRETROVIRAL AGENTS

Antiretroviral Adjuvants

SP	cobicistat	TYBOST
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Antiretroviral Combinations

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

Chemokine Receptor Antagonists

SP	maraviroc	SELZENTRY
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Integrase Inhibitors

SP	dolutegravir	TIVICAY
SP	elvitegravir	VITEKTA
SP	raltegravir	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors

SP	delavirdine	RESCRIPTOR
SP	efavirenz	SUSTIVA
SP	etravirine	INTELENCE
SP	nevirapine	VIRAMUNE
SP	nevirapine ext-rel	VIRAMUNE XR
SP	rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

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

Nucleotide Reverse Transcriptase Inhibitors

SP	tenofovir	VIREAD
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Protease Inhibitors

SP	atazanavir	REYATAZ
SP	darunavir	PREZISTA
SP	fosamprenavir	LEXIVA
SP	indinavir	CRIXIVAN
SP	lopinavir/ritonavir	KALETRA
SP	nelfinavir	VIRACEPT
SP	ritonavir	NORVIR
SP	saquinavir mesylate	INVIRASE

SP	tipranavir	APTIVUS
ANTITUBERCULAR AGENTS		
	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN
ANTIVIRALS		
Cytomegalovirus Agents		
	valganciclovir	VALCYTE
Hepatitis Agents		
<i>Hepatitis B</i>		
SP	adefovir dipivoxil	HEPSERA
SP	entecavir	BARACLUDE
SP	lamivudine	EPIVIR-HBV
SP	telbivudine	TYZEKA
<i>Hepatitis C</i>		
PA, SP	elbasvir/grazoprevir	ZEPATIER
PA, SP	ribavirin - Ribasphere	
PA, SP	ribavirin caps 200 mg	REBETOL
PA, SP	ribavirin oral soln 40 mg/mL	REBETOL
PA, SP	ribavirin tabs 200 mg	COPEGUS
PA, QL, SP	sofosbuvir	SOVALDI
PA, SP	sofosbuvir/velpatasvir	EPCLUSA
QL	SOVALDI	= 28 tabs per 28 days
Herpes Agents		
	acyclovir caps, susp, tabs	ZOVIRAX
	famciclovir	FAMVIR
	valacyclovir	VALTREX
Influenza Agents		
QL	oseltamivir	TAMIFLU
	rimantadine	FLUMADINE
QL	zanamivir	RELENZA
QL	RELENZA	= 40 units per 180 days
QL	TAMIFLU 30 mg	= 28 caps per 180 days
QL	TAMIFLU 45 mg, 75 mg	= 14 caps per 180 days
QL	TAMIFLU 6 mg/mL	= 180 mL per 180 days
MISCELLANEOUS		
OTC	pyrantel	PIN-X
ST	albendazole	ALBENZA
	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone	
	ivermectin	STROMECTOL
PA	linezolid	ZYVOX
PA	linezolid inj	ZYVOX
	metronidazole	FLAGYL
HRM	nitrofurantoin ext-rel	MACROBID
HRM	nitrofurantoin macrocrystals	MACRODANTIN
HRM	nitrofurantoin susp	FURADANTIN

	rifabutin	MYCOBUTIN
PA	tedizolid inj	SIVEXTRO inj
	trimethoprim	
ST	vancomycin	VANCOGIN

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	
	lomustine	GLEOSTINE
	melfhalan	ALKERAN
PA, SP	temozolomide	TEMODAR

ANTIMETABOLITES

PA, QL, SP	capecitabine	XELODA
	mercaptopurine	
	methotrexate	TREXALL

QL capecitabine 150 mg = 4 tabs per day
QL capecitabine 500 mg = 10 tabs per day

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

PA, QL, SP, *	abiraterone	ZYTIGA
	bicalutamide	CASODEX
PA, QL, SP, *	enzalutamide	XTANDI
	flutamide	

* New starts will have a first fill of 14 days supply

QL XTANDI = 4 caps per day
QL ZYTIGA = 4 tabs per day

Antiestrogens

	fulvestrant	FASLODEX
	tamoxifen	
	toemifene	FARESTON

Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

PA, SP	goserelin acetate	ZOLADEX
PA, SP	leuprolide acetate	
PA, SP	leuprolide acetate	LUPRON DEPOT
PA, SP	triptorelin pamoate	TRELSTAR

Gonadotropin Releasing Hormone (GnRH) Antagonists

PA, SP	degarelix acetate	FIRMAGON
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Progestins

	megestrol acetate	MEGACE
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IMMUNOMODULATORS

PA, QL, SP	lenalidomide	REVLIMID
PA, QL, SP	pomalidomide	POMALYST
PA, QL, SP	thalidomide	THALOMID

QL	POMALYST 1 MG, 2 MG	=	21 caps per 21 days
QL	POMALYST 3 MG, 4 MG	=	21 caps per 28 days
QL	REVLIMID 2.5 MG, 5 MG, 10 MG	=	1 cap per day
QL	REVLIMID 15 MG, 20 MG, 25 MG	=	21 caps per 28 days
QL	THALOMID 50 MG, 100 MG	=	1 cap per day
QL	THALOMID 150 MG, 200 MG	=	2 caps per day

KINASE INHIBITORS

PA, QL, SP	afatinib	GILOTRIF
PA, QL, SP, *	axitinib	INLYTA
PA, QL, SP, *	bosutinib	BOSULIF
PA, QL, SP	cabozantinib	COMETRIQ
PA, QL, SP, *	ceritinib	ZYKADIA
PA, QL, SP, *	crizotinib	XALKORI
PA, QL, SP, *	dabrafenib	TAFINLAR
PA, QL, SP, *	dasatinib	SPRYCEL
PA, QL, SP, *	erlotinib	TARCEVA
PA, QL, SP, *	everolimus	AFINITOR
PA, QL, SP	idelalisib	ZYDELIG
PA, QL, SP, *	imatinib mesylate	GLEEVEC
PA, QL, SP	lapatinib	TYKERB
PA, SP	lenvatinib	LENVIMA
PA, QL, SP, *	nilotinib	TASIGNA
PA, QL, SP	palbociclib	IBRANCE
PA, QL, SP, *	pazopanib	VOTRIENT
PA, QL, SP	ponatinib	ICLUSIG
PA, QL, SP	regorafenib	STIVARGA
PA, QL, SP, *	ruxolitinib	JAKAFI
PA, QL, SP, *	sorafenib	NEXAVAR
PA, QL, SP, *	sunitinib	SUTENT
PA, QL, SP	trametinib	MEKINIST
PA, QL, SP	vandetanib	CAPRELSA
PA, QL, SP	vemurafenib	ZELBORAF

* New starts will have a first fill of 14 days supply

QL	imatinib mesylate 100 mg	=	3 tabs per day
QL	imatinib mesylate 400 mg	=	2 tabs per day
QL	AFINITOR	=	1 tab per day
QL	BOSULIF 100 MG	=	4 tabs per day
QL	BOSULIF 500 MG	=	1 tab per day
QL	CAPRELSA 100 MG	=	2 tabs per day
QL	CAPRELSA 300 MG	=	1 tab per day
QL	COMETRIQ	=	1 box per 28 days
QL	GILOTRIF	=	1 tab per day
QL	IBRANCE	=	21 caps per 28 days
QL	ICLUSIG 15 MG	=	2 tabs per day
QL	ICLUSIG 45 MG	=	1 tab per day
QL	INLYTA 1 MG	=	6 tabs per day
QL	INLYTA 5 MG	=	4 tabs per day
QL	JAKAFI	=	2 tabs per day
QL	MEKINIST 0.5 MG	=	3 tabs per day
QL	MEKINIST 2 MG	=	1 tab per day

QL NEXAVAR	=	4 tabs per day
QL SPRYCEL	=	1 tab per day
QL STIVARGA	=	112 tabs per 28 days
QL SUTENT	=	1 cap per day
QL TAFINLAR	=	4 caps per day
QL TARCEVA 25 MG	=	2 tabs per day
QL TARCEVA 100 MG, 150 MG	=	1 tab per day
QL TASIGNA	=	4 caps per day
QL TYKERB	=	6 tabs per day
QL VOTRIENT	=	4 tabs per day
QL XALKORI	=	2 caps per day
QL ZELBORAF	=	6 tabs per day
QL ZYDELIG	=	2 tabs per day
QL ZYKADIA	=	5 caps per day

MISCELLANEOUS

PA, SP, *	bexarotene caps	TARGRETIN caps
	etoposide	
	hydroxyurea	HYDREA
	leucovorin	
	mitotane	LYSODREN
PA, QL, SP	olaparib	LYNPARZA
PA, SP	panobinostat	FARYDAK
	procarbazine	MATULANE
PA, SP	romidepsin	ISTODAX
	tretinoin caps	
PA, QL, SP	venetoclax	VENCLEXTA
PA, QL, SP, *	vismodegib	ERIVEDGE
PA, QL, SP, *	vorinostat	ZOLINZA

* New starts will have a first fill of 14 days supply

QL ERIVEDGE	=	1 cap per day
QL LYNPARZA	=	16 caps per day
QL VENCLEXTA	=	4 tabs per day
QL ZOLINZA	=	4 caps per day

CARDIOVASCULAR

ACE INHIBITORS

	benazepril	LOTENSIN
	captopril	
	enalapril	VASOTEC
	fosinopril	
	lisinopril	ZESTRIL
	quinapril	ACCUPRIL
	ramipril	ALTACE
	trandolapril	MAVIK

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	amlodipine/benazepril	LOTREL
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ACE INHIBITOR/DIURETIC COMBINATIONS

	benazepril/hydrochlorothiazide	LOTENSIN HCT
	captopril/hydrochlorothiazide	
	enalapril/hydrochlorothiazide	VASERETIC
	fosinopril/hydrochlorothiazide	
	lisinopril/hydrochlorothiazide	ZESTORETIC
	quinapril/hydrochlorothiazide	ACCURETIC

ADRENOLYTICS, CENTRAL		
	clonidine	CATAPRES
	clonidine transdermal	CATAPRES-TTS
	guanfacine	TENEX

ALDOSTERONE RECEPTOR ANTAGONISTS		
	eplerenone	INSPRA
	spironolactone	ALDACTONE

ALPHA BLOCKERS		
	prazosin	
	terazosin	

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
	irbesartan	AVAPRO
	irbesartan/hydrochlorothiazide	AVALIDE
	losartan	COZAAR
	losartan/hydrochlorothiazide	HYZAAR

ANTIARRHYTHMICS		
	amiodarone 200 mg	
	disopyramide	NORPACE
	disopyramide ext-rel	NORPACE CR
PA, SP	dofetilide	TIKOSYN
	flecainide	
	propafenone	RYTHMOL
	propafenone ext-rel	RYTHMOL SR
	sotalol	BETAPACE
	sotalol	BETAPACE AF

ANTILIPEMICS		
Bile Acid Resins		
	cholestyramine	QUESTRAN/QUESTRAN LIGHT
	colestipol	COLESTID

Cholesterol Absorption Inhibitors		
ST, QL	ezetimibe	ZETIA

QL ZETIA = 1 tab per day

Fibrates		
	fenofibrate	LOFIBRA
	gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors		
	atorvastatin	LIPITOR
	lovastatin	MEVACOR
	pravastatin	PRAVACHOL
	simvastatin	ZOCOR

Niacins		
	niacin ext-rel	NIASPAN

PCSK9 Inhibitors		
PA, QL, SP	evolocumab	REPATHA

QL REPATHA 140 MG/ML = 2 inj per 28 days

QL REPATHA PUSH 420 MG/3.5 ML

= 1 inj per 28 days

BETA-BLOCKERS

atenolol	TENORMIN
bisoprolol	ZEBETA
carvedilol	COREG
labetalol	
metoprolol succinate ext-rel	TOPROL-XL
metoprolol tartrate 25 mg, 50 mg, 100 mg	LOPRESSOR
nadolol	CORGARD
pindolol	
propranolol	
propranolol ext-rel	INDERAL LA
timolol	

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone	TENORETIC
bisoprolol/hydrochlorothiazide	ZIAC
metoprolol/hydrochlorothiazide	LOPRESSOR HCT

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

amlodipine	NORVASC
felodipine ext-rel	
nifedipine ext-rel	ADALAT CC
nifedipine ext-rel	PROCARDIA XL

Nondihydropyridines

diltiazem	CARDIZEM
diltiazem ext-rel	
diltiazem ext-rel	CARDIZEM CD
diltiazem ext-rel	TIAZAC
diltiazem ext-rel, except 120 mg	CARDIZEM LA
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN PM

DIGITALIS GLYCOSIDES

digoxin	LANOXIN
digoxin ped elixir	

DIURETICS

Carbonic Anhydrase Inhibitors

acetazolamide	
acetazolamide ext-rel	DIAMOX SEQUELS
methazolamide	

Loop Diuretics

bumetanide	
furosemide	LASIX
toremide	DEMADEX

Potassium-sparing Diuretics

amiloride	
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Thiazides and Thiazide-like Diuretics

chlorthalidone	
hydrochlorothiazide	
indapamide	

metolazone		
Diuretic Combinations		
amiloride/hydrochlorothiazide		
	spironolactone/hydrochlorothiazide	ALDACTAZIDE
	triamterene/hydrochlorothiazide	DYAZIDE
	triamterene/hydrochlorothiazide	MAXZIDE
NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
PA, QL	sacubitril/valsartan	ENTRESTO
QL	ENTRESTO	= 2 tabs per day
NITRATES		
Oral		
isosorbide dinitrate ext-rel tabs		
	isosorbide dinitrate oral	ISORDIL
isosorbide mononitrate		
isosorbide mononitrate ext-rel		
Sublingual		
isosorbide dinitrate sublingual		
	nitroglycerin sublingual	NITROSTAT
Transdermal		
nitroglycerin transdermal		
	nitroglycerin transdermal	NITRO-DUR
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
PA, QL, SP	ambrisentan	LETAIRIS
PA, QL, SP	bosentan	TRACLEER
QL	LETAIRIS	= 1 tab per day
QL	TRACLEER	= 2 tabs per day
Phosphodiesterase Inhibitors		
PA, QL, SP	sildenafil	REVATIO
QL	sildenafil tabs	= 3 tabs per day
QL	REVATIO SUSP	= 6 mL per day
Prostaglandin Vasodilators		
PA, SP	epoprostenol sodium	FLOLAN
PA, QL, SP	iloprost	VENTAVIS
PA, SP	treprostinil	REMODULIN
PA, QL, SP	treprostinil	TYVASO
QL	TYVASO	= 28 amps per 28 days
QL	VENTAVIS	= 9 amps per day
MISCELLANEOUS		
hydralazine		
methyldopa		
midodrine		
	ranolazine ext-rel	RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Benzodiazepines

PA*, QL	alprazolam	XANAX
PA*	chlordiazepoxide	
PA*	clonazepam tabs	KLONOPIN
PA*, QL	diazepam	VALIUM
PA*, QL	lorazepam	ATIVAN
PA*, QL	oxazepam	

PA* Only applies to members also receiving opioid therapy or members of age 65 and older

QL	alprazolam 0.25 mg, 0.5 mg, 1 mg	=	3 tabs per day
QL	alprazolam 2 mg	=	2 tabs per day
QL	alprazolam concentrate	=	4 mL per day
QL	diazepam concentrate	=	8 mL per day
QL	diazepam soln	=	40 mL per day
QL	diazepam tabs	=	4 tabs per day
QL	lorazepam concentrate	=	3 mL per day
QL	lorazepam tabs	=	5 tabs per day
QL	oxazepam	=	4 caps per day

Miscellaneous

	buspirone	
QL*	clomipramine	ANAFRANIL
	fluvoxamine	

QL* clomipramine = 3 caps per day

* Only applies to members of age 65 and older

ANTI-CONVULSANTS

	carbamazepine	TEGRETOL
	carbamazepine ext-rel	CARBATROL
	carbamazepine ext-rel	TEGRETOL-XR
	diazepam rectal gel	DIASTAT
	divalproex sodium delayed-rel	DEPAKOTE
	divalproex sodium ext-rel	DEPAKOTE ER
	ethosuximide	ZARONTIN
QL	gabapentin	NEURONTIN
	lamotrigine	LAMICTAL
	levetiracetam	KEPPRA
	levetiracetam inj	KEPPRA
	oxcarbazepine	TRILEPTAL
	phenobarbital	
	phenytoin	DILANTIN INFATABS
	phenytoin sodium extended	DILANTIN
	phenytoin sodium extended	PHENYTEK
	primidone	MYSOLINE
	tiagabine	GABITRIL
	topiramate sprinkle caps, tabs	TOPAMAX
	valproic acid	DEPAKENE
PA, SP	vigabatrin	SABRIL

	zonisamide		ZONEGRAN
QL	gabapentin 100 mg	=	4 caps per day
QL	gabapentin 300 mg	=	12 caps per day
QL	gabapentin 400 mg	=	9 caps per day
QL	gabapentin 600 mg	=	6 tabs per day
QL	gabapentin 800 mg	=	4 tabs per day
QL	gabapentin soln	=	72 mL per day

ANTIDEMENTIA

	donepezil		ARICEPT
	galantamine		RAZADYNE
	galantamine ext-rel		RAZADYNE ER
AL*	memantine		NAMENDA
PA	rivastigmine		EXELON
PA	rivastigmine transdermal		EXELON PATCH

AL* Prior authorization is required for ages less than 30 years old

ANTIDEPRESSANTS

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

Monoamine Oxidase Inhibitors (MAOIs)

	isocarboxazid		MARPLAN
	phenelzine		NARDIL
	tranylcypromine		PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

	duloxetine delayed-rel		CYMBALTA
	venlafaxine		
	venlafaxine ext-rel		EFFEXOR XR

Tricyclic Antidepressants (TCAs)

QL*	amitriptyline 10 mg, 25 mg, 50 mg		
	amitriptyline 75 mg, 100 mg, 150 mg		
QL*	desipramine		NORPRAMIN
QL*	doxepin		
QL*	imipramine HCl		TOFRANIL
QL*	nortriptyline		PAMELOR

QL*	amitriptyline 10 mg	=	3 tabs per day
QL*	amitriptyline 25 mg, 50 mg	=	1 tab per day
QL*	desipramine 10 mg, 25 mg, 50 mg, 75 mg	=	3 tabs per day
QL*	desipramine 100 mg, 150 mg	=	1 tab per day
QL*	doxepin 10 mg, 25 mg, 50 mg	=	3 caps per day
QL*	doxepin 75 mg	=	2 caps per day
QL*	doxepin 100 mg, 150 mg	=	1 cap per day
QL*	doxepin concentrate	=	12 mL per day

QL*	imipramine HCl	=	2 tabs per day
QL*	nortriptyline 10 mg, 25 mg, 50 mg	=	2 caps per day
QL*	nortriptyline 75 mg	=	1 cap per day
QL*	nortriptyline soln	=	50 mL per day

* Only applies to members of age 65 and older

Miscellaneous Agents

	bupropion	
	bupropion ext-rel	WELLBUTRIN SR
	bupropion ext-rel	WELLBUTRIN XL
	mirtazapine	REMERON
	trazodone	

ANTIPARKINSONIAN AGENTS

	amantadine	
	benztropine	
	bromocriptine	PARLODEL
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	carbidopa/levodopa orally disintegrating tabs	
	carbidopa/levodopa/entacapone	STALEVO
	entacapone	COMTAN
	pramipexole	MIRAPEX
	ropinirole	REQUIP
PA	rotigotine transdermal	NEUPRO
	selegiline	ELDEPRYL
	trihexyphenidyl	

ANTIPSYCHOTICS

Atypicals

AL*, PA	aripiprazole 2 mg, 20 mg, 30 mg	ABILIFY
AL*, PA, QL†	aripiprazole 5 mg, 10 mg, 15 mg	ABILIFY
PA	aripiprazole ext-rel inj	ABILIFY MAINTENA
PA	aripiprazole orally disintegrating tabs	
AL*, PA	aripiprazole soln	
AL*	clozapine	CLOZARIL
AL*	olanzapine	ZYPREXA
PA	paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
AL*	quetiapine	SEROQUEL
AL*	risperidone	RISPERDAL
PA	risperidone long-acting inj	RISPERDAL CONSTA
AL*	ziprasidone	GEODON

AL* Based on the manufacturer recommended age limit

QL† aripiprazole 5 mg, 10 mg, 15 mg = Requires tablet splitting, tablet splitter will be covered

Miscellaneous

	chlorpromazine	
	fluphenazine	
	fluphenazine decanoate inj	
	fluphenazine inj	
	haloperidol	
	perphenazine	
PA	pimavanserin	NUPLAZID
	thiothixene	
	trifluoperazine	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Short Acting

AL*, QL	amphetamine/dextroamphetamine mixed salts	ADDERALL
AL*, QL	dexmethylphenidate	FOCALIN
AL*, QL	dextroamphetamine tabs 5 mg, 10 mg	
AL*, QL	methylphenidate	RITALIN
AL*, QL	methylphenidate soln, tabs	METHYLIN

AL* Prior authorization is required for ages 19 and over

QL	amphetamine/dextroamphetamine mixed salts 5 mg, 7.5 mg, 10 mg, 12.5 mg	=	3 tabs per day
QL	amphetamine/dextroamphetamine mixed salts 15 mg, 20 mg	=	2 tabs per day
QL	dexmethylphenidate 2.5 mg, 5 mg	=	4 tabs per day
QL	dexmethylphenidate 10 mg	=	2 tabs per day
QL	dextroamphetamine tabs 5 mg, 10 mg	=	4 tabs per day
QL	methylphenidate 5 mg, 10 mg	=	6 tabs per day
QL	methylphenidate 20 mg	=	3 tabs per day
QL	methylphenidate soln 5 mg/5 mL (generic METHYLIN)	=	60 mL per day
QL	methylphenidate soln 10 mg/5 mL (generic METHYLIN)	=	30 mL per day

Long Acting

AL*, QL	amphetamine/dextroamphetamine mixed salts ext-rel	ADDERALL XR
AL*, QL	dexmethylphenidate ext-rel	FOCALIN XR
AL*, QL	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
AL*, QL	methylphenidate ext-rel 10 mg	RITALIN LA
AL*, QL	methylphenidate ext-rel 20 mg, 30 mg, 40 mg	RITALIN LA
AL*, QL	methylphenidate ext-rel tabs 10 mg	
AL*, QL	methylphenidate ext-rel tabs 20 mg - Metadate ER	

AL* Prior authorization is required for ages 19 and over

QL	amphetamine/dextroamphetamine mixed salts ext-rel 5 mg, 10 mg	=	3 caps per day
QL	amphetamine/dextroamphetamine mixed salts ext-rel 15 mg, 20 mg, 25 mg, 30 mg	=	1 cap per day
QL	dexmethylphenidate ext-rel	=	1 tab per day
QL	dextroamphetamine ext-rel 5 mg, 10 mg	=	4 caps per day
QL	dextroamphetamine ext-rel 15 mg	=	2 caps per day
QL	methylphenidate ext-rel tabs 10 mg	=	3 tabs per day
QL	methylphenidate ext-rel tabs 20 mg - Metadate ER	=	2 tabs per day
QL	methylphenidate ext-rel 20 mg, 30 mg, 40 mg (generic RITALIN LA)	=	1 cap per day
QL	RITALIN LA 10 mg	=	1 cap per day

Alternative Long Acting

AL**, PA, ST, QL	atomoxetine	STRATTERA
QL	guanfacine ext-rel	INTUNIV
PA, QL	lisdexamfetamine	VYVANSE
AL*, PA, QL	methylphenidate ext-rel	CONCERTA
AL*, PA, QL	methylphenidate ext-rel	METADATE CD

AL* Prior authorization is required for ages 19 and over

AL** Prior authorization is required for ages 18 and below

QL	guanfacine ext-rel	=	1 tab per day
QL	methylphenidate ext-rel 10 mg, 20 mg, 30 mg (generic METADATE CD)	=	2 caps per day

QL methylphenidate ext-rel 18 mg, 27 mg, 36 mg (generic CONCERTA)	=	2 tabs per day
QL methylphenidate ext-rel 40 mg, 50 mg, 60 mg (generic METADATE CD)	=	1 cap per day
QL methylphenidate ext-rel 54 mg (generic CONCERTA)	=	1 tab per day
QL STRATTERA 10 mg	=	3 caps per day
QL STRATTERA 18 mg, 25 mg, 40 mg	=	2 caps per day
QL STRATTERA 60 mg, 80 mg, 100 mg	=	1 cap per day
QL VYVANSE	=	1 cap per day

FIBROMYALGIA

ST	milnacipran	SAVELLA
ST, QL	pregabalin	LYRICA

QL LYRICA caps	=	2 caps per day
QL LYRICA soln	=	30 mL per day

HYPNOTICS

Benzodiazepines

QL	temazepam	RESTORIL
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QL temazepam	=	15 caps per 25 days
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Nonbenzodiazepines

OTC	doxylamine	UNISOM
QL	zolpidem	AMBIEN

QL zolpidem	=	15 tabs per 25 days
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MIGRAINE

Ergotamine Derivatives

	dihydroergotamine inj	D.H.E. 45
QL	dihydroergotamine spray	MIGRANAL
	ergotamine/caffeine	CAFERGOT

QL dihydroergotamine spray	=	8 mL per 30 days
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Selective Serotonin Agonists

ST, QL	naratriptan	AMERGE
ST, QL	rizatriptan	MAXALT
QL	sumatriptan	IMITREX
QL	sumatriptan inj	IMITREX
QL	sumatriptan nasal spray	IMITREX
ST, QL	zolmitriptan	ZOMIG

QL naratriptan	=	12 tabs per 30 days
QL rizatriptan	=	18 tabs per 30 days
QL sumatriptan	=	12 tabs per 30 days
QL sumatriptan inj 4 mg/0.5 mL	=	12 inj per 30 days
QL sumatriptan inj 6 mg/0.5 mL	=	6 inj per 30 days
QL sumatriptan nasal spray 5 mg	=	24 sprays per 30 days
QL sumatriptan nasal spray 20 mg	=	12 sprays per 30 days
QL zolmitriptan	=	12 tabs per 30 days

MOOD STABILIZERS

	lithium carbonate	
	lithium carbonate ext-rel tabs 300 mg	LITHOBID
	lithium carbonate ext-rel tabs 450 mg	
	lithium citrate	LITHIUM CITRATE

MULTIPLE SCLEROSIS AGENTS

PA, QL, SP	fingolimod	GILENYA
PA, QL, SP	glatiramer 20 mg/mL	COPAXONE
PA, QL, SP	glatiramer 40 mg/mL	COPAXONE
PA, QL, SP	interferon beta-1a	REBIF
PA, QL, SP	interferon beta-1b	EXTAVIA
PA, QL, SP	teriflunomide	AUBAGIO

QL	glatiramer 20 mg/mL	=	1 inj per day
QL	AUBAGIO	=	1 tab per day
QL	COPAXONE 40 MG/ML	=	12 inj per 28 days
QL	EXTAVIA	=	15 inj per 30 days
QL	GILENYA	=	1 cap per day
QL	REBIF	=	12 inj per 28 days

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	
QL	carisoprodol	SOMA
	chlorzoxazone	PARAFON FORTE DSC
	cyclobenzaprine 5 mg, 10 mg	
	dantrolene	DANTRIUM
	methocarbamol	ROBAXIN
	orphenadrine ext-rel	
	orphenadrine/aspirin/caffeine	
	tizanidine tabs	ZANAFLEX

QL	carisoprodol	=	4 tabs per day
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MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
	pyridostigmine ext-rel	MESTINON TIMESPAN

NARCOLEPSY

PA	armodafinil	NUVIGIL
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PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

PA	acamprosate calcium	
	disulfiram	ANTABUSE
QL, SP	naltrexone microspheres	VIVITROL

QL	VIVITROL	=	1 inj per 30 days
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Opioid Antagonists

QL	naloxone inj	
QL	naloxone nasal spray	NARCAN
	naltrexone	

QL	naloxone inj	=	2 inj per fill
QL	NARCAN	=	1 package (2 devices) per fill

Partial Opioid Agonists

PA	buprenorphine sublingual	
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Partial Opioid Agonist/Opioid Antagonist Combinations

PA, QL	buprenorphine/naloxone sublingual film	SUBOXONE FILM
PA, QL	buprenorphine/naloxone sublingual tabs	

QL buprenorphine/naloxone sublingual tabs = 3 tabs per day
 QL SUBOXONE FILM = 3 films per day

Pseudobulbar Affect

PA	dextromethorphan/quinidine	NUEDEXTA
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Smoking Deterrents

OTC	nicotine polacrilex gum	NICORETTE
OTC	nicotine transdermal	
	bupropion ext-rel	ZYBAN
	varenicline	CHANTIX

MISCELLANEOUS

	riluzole	RILUTEK
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ENDOCRINE AND METABOLIC

ANDROGENS

PA	testosterone cypionate	DEPO-TESTOSTERONE
PA	testosterone enanthate	DELATESTRYL
PA	testosterone gel	FORTESTA
PA	testosterone gel 25 mg/2.5 g	ANDROGEL

ANTIDIABETICS

Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
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Amylin Analogs

PA	pramlintide	SYMLINPEN
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Biguanides

	metformin	GLUCOPHAGE
	metformin ext-rel	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

	glipizide/metformin	METAGLIP
	glyburide/metformin	GLUCOVANCE

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PA	alogliptin	NESINA
PA	linagliptin	TRADJENTA
PA	sitagliptin phosphate	JANUVIA

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

PA	alogliptin/metformin	KAZANO
PA	linagliptin/metformin	JENTADUETO
PA	sitagliptin/metformin	JANUMET
PA	sitagliptin/metformin ext-rel	JANUMET XR

Incretin Mimetic Agents

ST	albiglutide	TANZEUM
ST	liraglutide	VICTOZA

Insulins

Insulin pens and vials are covered.

OTC	insulin human	HUMULIN R
OTC	insulin human	NOVOLIN R
OTC	insulin isophane human	HUMULIN N

OTC	insulin isophane human	NOVOLIN N
OTC	insulin isophane human 70%/regular 30%	HUMULIN 70/30
OTC	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
	insulin aspart	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
	insulin detemir	LEVEMIR
	insulin glargine	LANTUS
	insulin glulisine	APIDRA
	insulin lispro 100 units/mL	HUMALOG
	insulin lispro protamine/insulin lispro	HUMALOG MIX

Insulin Sensitizers

	pioglitazone	ACTOS
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Insulin Sensitizer/Biguanide Combinations

	pioglitazone/metformin	ACTOPLUS MET
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Insulin Sensitizer/Sulfonylurea Combinations

	pioglitazone/glimepiride	DUETACT
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Meglitinides

	nateglinide	STARLIX
	repaglinide	PRANDIN

Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors

ST	dapagliflozin	FARXIGA
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Sulfonylureas

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

Supplies

OTC, QL	alcohol swabs	
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE FREEDOM LITE kits and test strips
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE INSULINX kits and test strips
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE LITE kits and test strips
OTC, QL	blood glucose monitoring kits, test strips	PRECISION XTRA kits and test strips
OTC	insulin syringes, needles	
OTC	lancets	
OTC, QL	multiple urine test products	KETO-DIASTIX
OTC, QL	multiple urine test products	MULTISTIX

QL	alcohol swabs	=	400 swabs per 30 days
QL	blood glucose monitoring kits	=	1 kit per year
QL	blood glucose test strips	=	100 strips per 30 days
QL	KETO-DIASTIX	=	120 strips per 30 days
QL	MULTISTIX	=	120 strips per 30 days

CALCIUM REGULATORS

Bisphosphonates

	alendronate tabs	FOSAMAX
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Calcitonins

calcitonin-salmon	MIACALCIN
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CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

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

30 mcg Estrogen

desogestrel/EE 0.15/30 - Apri	
drospirenone/EE 3/30	YASMIN
levonorgestrel/EE 0.15/30	
norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30	

35 mcg Estrogen

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

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 - Zovia 1/50	
norethindrone/ME 1/50	
norgestrel/EE 0.5/50 - Ogestrel	

Biphasic

desogestrel/EE	MIRCETTE
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Triphasic

desogestrel/EE	CYCLESSA
levonorgestrel/EE	
norethindrone/EE	ORTHO-NOVUM 7/7/7
norethindrone/EE	TRI-NORINYL
norgestimate/EE	ORTHO TRI-CYCLEN

Progestin Only

norethindrone	NOR-QD
norethindrone	ORTHO MICRONOR

Emergency Contraception

OTC, QL	levonorgestrel - Next Choice One Dose	PLAN B ONE-STEP
QL	levonorgestrel	
QL	ulipristal	ELLA

- QL levonorgestrel - Next Choice One Dose = 4 packages per year
- QL levonorgestrel = 4 packages per year
- QL ELLA = 4 packages per year

Injectable

QL	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
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QL medroxyprogesterone acetate 150 mg/mL = 1 mL per 90 days

Miscellaneous

OTC, QL	condoms, male	
OTC	nonoxynol-9	GYNOL II
OTC	nonoxynol-9	SHUR-SEAL
QL	diaphragm	

QL condoms, male = 1 each per day

QL diaphragm = 1 each per year

ENDOMETRIOSIS

	danazol	
	nafarelin	SYNAREL

ESTROGENS

Oral

	estradiol	ESTRACE
	estropipate	

Transdermal

	estradiol	CLIMARA
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Vaginal

	estradiol vaginal crm	ESTRACE CREAM
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ESTROGEN/PROGESTINS

Oral

	EE/norethindrone acetate	FEMHRT
	EE/norethindrone acetate - Jinteli	
	estradiol/norethindrone acetate	ACTIVELLA

Transdermal

	estradiol/norethindrone acetate	COMBIPATCH
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GLUCOCORTICOIDS

	dexamethasone	
	fludrocortisone	
	hydrocortisone	CORTEF
	methylprednisolone	MEDROL
	methylprednisolone 2 mg	MEDROL
	prednisolone sodium phosphate orally disintegrating tabs	ORAPRED ODT
	prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL	
	prednisolone syrup	PRELONE
	prednisone	

GLUCOSE ELEVATING AGENTS

QL	glucagon, human recombinant	GLUCAGEN HYPOKIT
QL	glucagon, human recombinant	GLUCAGON EMERGENCY KIT

QL GLUCAGEN HYPOKIT = 2 kits per 30 days

QL GLUCAGON EMERGENCY KIT = 2 kits per 30 days

HUMAN GROWTH HORMONES

PA, SP	somatropin	NORDITROPIN
PA, SP	somatropin	SEROSTIM
PA, SP	somatropin	ZORBTIVE

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

	calcitriol (1,25-D3)	ROCALTROL
	doxercalciferol	HECTOROL
	paricalcitol	ZEMPLAR

PHENYLKETONURIA TREATMENT AGENTS

PA, SP	sapropterin	KUVAN
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PHOSPHATE BINDER AGENTS

	calcium acetate	PHOSLO
ST	sucroferric oxyhydroxide	VELPHORO

PROGESTINS

	medroxyprogesterone acetate	PROVERA
	norethindrone acetate	AYGESTIN
	progesterone, micronized	PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

	ospemifene	OSPHENA
	raloxifene	EVISTA

THYROID AGENTS

Antithyroid Agents

	methimazole	TAPAZOLE
	potassium iodide	SSKI
	propylthiouracil	

Thyroid Supplements

	levothyroxine	
	levothyroxine	SYNTHROID
	levothyroxine - Levoxyl	
	liothyronine	CYTOMEL

VASOPRESSIN RECEPTOR ANTAGONISTS

PA, SP	tolvaptan	SAMSCA
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VASOPRESSINS

PA	desmopressin spray	
PA	desmopressin spray, tabs	DDAVP spray, tabs

MISCELLANEOUS

	cabergoline	
	methylergonovine	

GASTROINTESTINAL

ANTACIDS

OTC	alumina/magnesia	MAALOX
OTC	alumina/magnesia/simethicone	MAALOX
OTC	alumina/magnesia/simethicone	MYLANTA
OTC	calcium carbonate	

ANTIDIARRHEALS

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

ANTIEMETICS

OTC	meclizine	
PA	aprepitant	EMEND
QL	dronabinol	MARINOL
QL	granisetron tabs	
	meclizine	
	metoclopramide	REGLAN
QL	ondansetron	ZOFRAN
	prochlorperazine	
	promethazine	
	promethazine supp	
	trimethobenzamide	TIGAN

QL	dronabinol	=	2 caps per day
QL	granisetron tabs	=	6 tabs per 15 days
QL	ondansetron 4 mg, 8 mg	=	12 tabs per 15 days
QL	ondansetron 24 mg	=	1 tab per 15 days

ANTISPASMODICS

	chlordiazepoxide/clidinium	
	dicyclomine	BENTYL
	glycopyrrolate	ROBINUL
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	LEVBID
	hyoscyamine sulfate ext-rel caps	
	hyoscyamine sulfate orally disintegrating tabs	

CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO

H₂ RECEPTOR ANTAGONISTS

OTC	cimetidine	TAGAMET HB
OTC	famotidine	PEPCID AC
OTC	ranitidine	ZANTAC
	cimetidine	
	famotidine	PEPCID
	nizatidine	
	ranitidine	ZANTAC

INFLAMMATORY BOWEL DISEASE

Oral Agents

	balsalazide	
	budesonide delayed-rel caps	ENTOCORT EC
	mesalamine ext-rel caps	APRISO
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS

Rectal Agents

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

LAXATIVES/STOOL SOFTENERS

OTC	bisacodyl	DULCOLAX
OTC	docusate calcium	
OTC	docusate sodium	COLACE
OTC	polyethylene glycol 3350	MIRALAX
OTC	senna	
OTC	sennosides	SENOKOT
OTC	sennosides/docusate sodium	SENNAPLUS
	lactulose	
	lactulose	KRISTALOSE
	peg 3350/electrolytes	COLYTE
	peg 3350/electrolytes	GOLYTELY
	peg 3350/electrolytes	NULYTELY
	polyethylene glycol 3350	
	sodium sulfate/potassium sulfate/magnesium sulfate	SUPREP

PANCREATIC ENZYMES

	pancrelipase	VIOKACE
	pancrelipase delayed-rel	CREON
	pancrelipase delayed-rel	ZENPEP

PROSTAGLANDINS

	misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

OTC, QL*	esomeprazole magnesium delayed-rel	NEXIUM 24HR
OTC, QL*	lansoprazole delayed-rel	PREVACID 24HR
OTC, QL*	omeprazole delayed-rel tabs	
OTC, QL*	omeprazole magnesium delayed-rel	PRILOSEC OTC
OTC, QL*	omeprazole magnesium delayed-rel caps	
OTC, QL*	omeprazole/sodium bicarbonate	ZEGERID OTC
PA, QL*	lansoprazole delayed-rel orally disintegrating tabs	PREVACID SOLUTAB
QL*	omeprazole delayed-rel caps	PRILOSEC
QL*	pantoprazole delayed-rel tabs	PROTONIX

QL* Approved for quantity of 90 per 365 days, then prior authorization is required. QL accumulates across all proton pump inhibitors.

SALIVA STIMULANTS

	pilocarpine tabs	SALAGEN
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STEROIDS, RECTAL

	hydrocortisone crm	ANUSOL-HC 2.5%
	hydrocortisone crm	PROCTOCORT 1%

MISCELLANEOUS

OTC	loperamide/simethicone	IMODIUM
OTC	simethicone	
AL*	glycopyrrolate	CUVPOSA
	sucralfate	CARAFATE

AL* Covered for ages 3-16 years only

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

	finasteride	PROSCAR
	tamsulosin	FLOMAX
	terazosin	

URINARY ANTISPASMODICS

OTC, *	oxybutynin transdermal	OXYTROL FOR WOMEN
	oxybutynin	
	oxybutynin ext-rel	DITROPAN XL
	tropium	

* Gender restriction - Coverage for females

VAGINAL ANTI-INFECTIVES

OTC	clotrimazole	
OTC	miconazole	
	clindamycin crm	CLEOCIN
	clindamycin supp	CLEOCIN vaginal supp
	clotrimazole	
	metronidazole	METROGEL-VAGINAL
	miconazole	
	terconazole	TERAZOL 3
	terconazole	TERAZOL 7

MISCELLANEOUS

	bethanechol	URECHOLINE
	pentosan polysulfate sodium	ELMIRON
	phenazopyridine	PYRIDIUM
	potassium citrate ext-rel	UROCIT-K

HEMATOLOGIC

ANTICOAGULANTS

Injectable

	enoxaparin	LOVENOX
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Oral

	apixaban	ELIQUIS
PA	dabigatran etexilate	PRADAXA
	rivaroxaban	XARELTO 10 mg, 15 mg
PA	rivaroxaban	XARELTO 20 mg
	warfarin	COUMADIN

HEMATOPOIETIC GROWTH FACTORS

PA, SP	darbepoetin alfa	ARANESP
PA, SP	filgrastim	NEUPOGEN
PA, SP	pegfilgrastim	NEULASTA

HEREDITARY ANGIOEDEMA AGENTS

PA, SP	C1 esterase inhibitor	CINRYZE
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IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

PA, SP	eltrombopag	PROMACTA
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PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

PA, SP	eculizumab	SOLIRIS
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PLATELET AGGREGATION INHIBITORS

OTC	aspirin	
	clopidogrel	PLAVIX
	dipyridamole	
	prasugrel	EFFIENT
	ticagrelor	BRILINTA

PLATELET SYNTHESIS INHIBITORS

anagrelide	AGRYLIN
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MISCELLANEOUS

cilostazol	
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IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

PA, QL, SP	adalimumab	HUMIRA
PA, QL, SP	etanercept	ENBREL

QL	ENBREL	=	8 inj per 28 days
QL	HUMIRA 10 MG/0.2 ML, 20 MG/0.4 ML	=	2 inj per 28 days
QL	HUMIRA 40 MG/0.8 ML	=	4 inj per 28 days
QL	HUMIRA PEDIATRIC CROHNS STARTER	=	6 inj per 28 days
QL	HUMIRA CROHNS STARTER	=	6 inj per 28 days
QL	HUMIRA PSORIASIS STARTER	=	4 inj per 28 days

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	

IMMUNOMODULATORS

Interferons

PA, SP	interferon alfa-2b	INTRON A
PA, QL, SP	peginterferon alfa-2a	PEGASYS

QL	PEGASYS	=	4 inj per 28 days
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Miscellaneous

PA, SP	canakinumab	ILARIS
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IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	AZASAN
	azathioprine	IMURAN
SP	mycophenolate mofetil	CELLCEPT

Calcineurin Inhibitors

SP	cyclosporine	SANDIMMUNE
SP	cyclosporine, modified	NEORAL
SP	tacrolimus	PROGRAF

Rapamycin Derivatives

SP	sirolimus	RAPAMUNE
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

	potassium bicarbonate effer tabs 25 mEq	
	potassium chloride ext-rel	
	potassium chloride ext-rel	K-TAB
	potassium chloride liq	

Potassium-Removing Agents

	sodium polystyrene sulfonate	
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Miscellaneous	potassium phosphate	K-PHOS
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VITAMINS AND MINERALS

Folic Acid/Combinations

OTC	folic acid	
	folic acid	
	folic acid/vitamin B6/vitamin B12	

Prenatal Vitamins

	prenatal vitamins/carbonyl iron/docusate/folic acid - Prenatal AD	
	prenatal vitamins/carbonyl iron/folic acid - Prenatabs Rx	
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL DHA
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL HARMONY
	prenatal vitamins/docusate/folic acid	CITRANATAL RX
	prenatal vitamins/docusate/folic acid + DHA	CITRANATAL ASSURE
	prenatal vitamins/ferrous fumarate/docusate/folic acid - Prenatal 19	
	prenatal vitamins/folic acid + pyridoxine	CITRANATAL B-CALM

Miscellaneous

OTC	calcium	
OTC	calcium/vitamin D	
OTC	cholecalciferol (D3)	VITAMIN D
OTC	electrolyte soln, oral	PEDIALYTE
OTC	ferrous fumarate	
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	omega-3 fatty acids	FISH OIL
OTC	omega-3 fatty acids/vitamin E	FISH OIL
OTC	pyridoxine 50 mg	VITAMIN B6
	cyanocobalamin inj	
	ergocalciferol (D2)	
	fluoride drops	LURIDE
	fluoride tabs	LURIDE LOZI-TABS
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	phytonadione	MEPHYTON
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	
	vitamin B complex/vitamin C/folic acid	NEPHROCAPS

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

QL	epinephrine	EPIPEN
QL	epinephrine	EPIPEN JR.
QL	epinephrine pen	

QL epinephrine pen = 8 pens per year
 QL EPIPEN, EPIPEN JR. = 8 pens per year

ANTICHOLINERGICS

QL	ipratropium soln	
QL	umeclidinium	INCRUSE ELLIPTA

QL ipratropium soln = 125 ampules per 30 days
 QL INCRUSE ELLIPTA = 30 blisters (1 inhaler) per 30 days

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

QL	ipratropium/albuterol	COMBIVENT RESPIMAT
QL	ipratropium/albuterol soln	

QL	ipratropium/albuterol soln	=	18 mL (6 ampules) per day
QL	COMBIVENT RESPIMAT	=	8 grams (2 inhalers) per 30 days

ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine caps, soln, syp, tabs	ZYRTEC
	cetirizine soln, syp	

ANTIHISTAMINES, NONSEDATING

OTC	loratadine	CLARITIN
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ANTIHISTAMINES, SEDATING

OTC	chlorpheniramine	
OTC	chlorpheniramine ext-rel	
OTC	clemastine	
OTC	diphenhydramine	BENADRYL
	clemastine	
	cyproheptadine	
	diphenhydramine	
	hydroxyzine HCl	
	hydroxyzine pamoate	VISTARIL

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

OTC	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D 12 Hour
OTC	loratadine/pseudoephedrine ext-rel	CLARITIN-D
OTC	triprolidine/pseudoephedrine liq, syp	
	promethazine/phenylephrine	

ANTITUSSIVES

	benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS

Opioid

OTC	codeine/guaifenesin liq	
OTC	codeine/guaifenesin/pseudoephedrine	
	codeine/chlorpheniramine/pseudoephedrine	
	codeine/guaifenesin liq	
	codeine/guaifenesin/pseudoephedrine	
	codeine/promethazine	
	codeine/promethazine/phenylephrine	
	hydrocodone/homatropine	

Non-opioid

OTC	dextromethorphan/guaifenesin ext-rel	MUCINEX DM
OTC	dextromethorphan/guaifenesin liq, soln, syp	
OTC	dextromethorphan/guaifenesin/pseudoephedrine liq	
	10 mg/100 mg/30 mg/5 mL	
	dextromethorphan/brompheniramine/pseudoephedrine	
	dextromethorphan/promethazine	

BETA AGONISTS

Inhalants

Short Acting

QL	albuterol inhalation soln	
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QL	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA
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- QL albuterol inhalation soln 0.083%, 0.63 mg/3 mL, 1.25 mg/3 mL = 12 ampules per day
- QL albuterol inhalation soln 0.5% = 2 mL per day
- QL VENTOLIN HFA = 2 inhalers per 34 days

Long Acting
Hand-held Active Inhalation

QL	olodaterol	STRIVERDI RESPIMAT
PA*	salmeterol xinafoate	SEREVENT

PA* Will be approved for asthma only.

- QL STRIVERDI RESPIMAT = 4 grams (1 inhaler) per 30 days

Oral Agents

	albuterol	
	albuterol ext-rel	VOSPIRE ER
	terbutaline	

CYSTIC FIBROSIS

PA, QL, SP	dornase alfa	PULMOZYME
PA, QL, SP	ivacaftor	KALYDECO
PA, SP	lumacaftor/ivacaftor	ORKAMBI
PA, QL, SP	tobramycin inhalation soln	TOBI

- QL tobramycin inhalation soln = 56 amps per 28 days
- QL KALYDECO = 2 packets or tabs per day
- QL PULMOZYME = 2 amps per day

DECONGESTANTS

OTC	pseudoephedrine	SUDAFED
OTC, QL	pseudoephedrine ext-rel	SUDAFED

- QL pseudoephedrine ext-rel 120 mg = 2 tabs per day
- QL pseudoephedrine ext-rel 240 mg = 1 tab per day

DECONGESTANT/EXPECTORANT COMBINATIONS

OTC	pseudoephedrine/guaifenesin ext-rel	MUCINEX D
OTC	pseudoephedrine/guaifenesin syp 30 mg/100 mg/5 mL	

EXPECTORANTS

OTC	guaifenesin ext-rel	MUCINEX
OTC	guaifenesin liq	DIABETIC TUSSIN
OTC	guaifenesin liq, syp, tabs	

LEUKOTRIENE RECEPTOR ANTAGONISTS

	montelukast	SINGULAIR
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MAST CELL STABILIZERS

OTC	cromolyn sodium nasal spray	NASALCROM
QL	cromolyn soln for inhalation	

- QL cromolyn soln for inhalation = 8 ampules per day

MEDICAL SUPPLIES

OTC, QL	mask	
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OTC	nebulizer	
OTC	sodium chloride for inhalation	
OTC, QL	spacer	AEROCHAMBER
OTC	vaporizer	
	sodium chloride for inhalation	

QL	mask	=	2 masks per year
QL	AEROCHAMBER	=	2 spacers per year

NASAL ANTIHISTAMINES

QL	azelastine spray	
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QL	azelastine spray	=	1 bottle per 30 days
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NASAL STEROIDS

OTC, QL	budesonide spray - Rhinocort Allergy	
OTC, QL	fluticasone spray	FLONASE ALLERGY RELIEF
OTC, QL	triamcinolone acetonide spray	NASACORT ALLERGY 24HR
OTC, QL	triamcinolone acetonide spray - Nasal Allergy	
QL	fluticasone spray	

QL	budesonide spray - Rhinocort Allergy	=	1 bottle per 30 days
QL	fluticasone spray (generic FLONASE ALLERGY RELIEF)	=	1 bottle per 30 days
QL	triamcinolone acetonide spray (generic NASACORT ALLERGY 24HR)	=	1 bottle per 30 days
QL	triamcinolone acetonide spray - Nasal Allergy	=	1 bottle per 30 days
QL	fluticasone spray	=	1 bottle per 30 days

RESPIRATORY SYNCYTIAL VIRUS

PA, SP	palivizumab	SYNAGIS
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STEROID/BETA AGONIST COMBINATIONS

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

AL* Covered for ages 4-11 years only

QL	ADVAIR 100/50	=	1 inhaler per 30 days
QL	DULERA	=	1 inhaler per 30 days
QL	SYMBICORT	=	1 inhaler per 30 days

STEROID INHALANTS

AL*, QL	beclomethasone, CFC-free aerosol	QVAR
QL	budesonide	PULMICORT FLEXHALER
AL**, QL	budesonide inh susp	PULMICORT RESPULES
QL	flunisolide, CFC-free aerosol	AEROSPAN
QL	mometasone	ASMANEX
QL	mometasone, CFC-free aerosol	ASMANEX HFA

AL* Covered for ages 8 and below

AL** Covered for ages 5 and below

QL	budesonide inh susp 0.25 mg/2 mL	=	6 mL (3 ampules) per day
QL	budesonide inh susp 0.5 mg/2 mL	=	4 mL (2 ampules) per day
QL	budesonide inh susp 1 mg/2 mL	=	2 mL (1 ampule) per day
QL	AEROSPAN	=	1 inhaler per 30 days
QL	ASMANEX	=	1 inhaler per 30 days
QL	ASMANEX HFA	=	1 inhaler per 30 days

QL PULMICORT FLEXHALER = 1 inhaler per 30 days
 QL QVAR = 1 inhaler per 30 days

XANTHINES

	theophylline ext-rel caps	THEO-24
	theophylline ext-rel tabs	
	theophylline liq	
	theophylline liq	ELIXOPHYLLIN

MISCELLANEOUS

OTC	sodium chloride nasal spray	OCEAN
	ipratropium nasal spray	
PA, QL, SP	omalizumab	XOLAIR

QL XOLAIR = 6 vials per 28 days

TOPICAL

DERMATOLOGY

Acne

Oral

PA	isotretinoin 20 mg, 30 mg, 40 mg	
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Topical

OTC	benzoyl peroxide	
OTC	benzoyl peroxide gel 2.5%	
	benzoyl peroxide, except foam	
	clindamycin gel, lotion, soln	CLEOCIN T
	erythromycin gel 2%	
	erythromycin soln	
	sulfacetamide lotion 10%	KLARON
	sulfacetamide/sulfur crm, gel, lotion, pads	
PA	tretinoin	RETIN-A

Actinic Keratosis

	fluorouracil	EFUDEX
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Antibiotics

OTC	bacitracin	
OTC	bacitracin/polymyxin B	POLYSPORIN
OTC	neomycin/bacitracin/polymyxin B	NEOSPORIN
	gentamicin	
	mupirocin oint	
	silver sulfadiazine	SILVADENE

Antifungals

OTC	miconazole	MICATIN
OTC	tolnaftate	TINACTIN
	ciclopirox	LOPROX
	clotrimazole	
	ketoconazole crm, shampoo 2%	
	nystatin	

Antipsoriatics

Topical

	calcipotriene oint, soln 0.005%	
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Antiseborrheics

OTC	selenium sulfide shampoo 1%	SELSUN BLUE
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	ketoconazole shampoo 2%	NIZORAL SHAMPOO
	selenium sulfide shampoo 2.5%	
Corticosteroids		
<i>Low Potency</i>		
OTC	hydrocortisone crm, gel, lotion, oint, soln 1%	CORTIZONE-10
OTC	hydrocortisone oint 0.5%	
OTC	hydrocortisone/aloe vera crm 0.5%, 1%	
	alclometasone crm, oint 0.05%	ACLOVATE
	desonide crm, lotion, oint 0.05%	DESOWEN
	fluocinolone acetonide soln 0.01%	
	hydrocortisone crm, lotion, oint 2.5%	
<i>Medium Potency</i>		
	betamethasone valerate crm, lotion, oint 0.1%	
	desoximetasone crm 0.05%	TOPICORT LP
	fluocinolone acetonide crm, oint 0.025%	
	fluticasone propionate crm 0.05%, oint 0.005%	CUTIVATE
	hydrocortisone butyrate crm, oint, soln 0.1%	LOCOID
	hydrocortisone valerate crm, oint 0.2%	WESTCORT
	mometasone crm, lotion, oint 0.1%	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
	betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
	betamethasone dipropionate crm, lotion, oint 0.05%	
	desoximetasone crm, oint 0.25%, gel 0.05%	TOPICORT
	fluocinonide crm, gel, oint, soln 0.05%	
	triamcinolone acetonide crm, oint 0.5%	
<i>Very High Potency</i>		
	betamethasone dipropionate augmented gel, oint 0.05%	DIPROLENE
	halobetasol propionate crm, oint 0.05%	ULTRAVATE
Emollients		
OTC	ammonium lactate 12%	LAC-HYDRIN
	ammonium lactate 12%	LAC-HYDRIN
Immunomodulators		
ST*	tacrolimus	PROTOPIC
ST* tacrolimus 0.03%: the member must be at least two years of age in addition to clinical criteria.		
tacrolimus 0.1%: the member must be at least 16 years of age in addition to clinical criteria.		
Local Analgesics		
OTC	capsaicin gel	CAPSAGEL
QL	lidocaine patch	LIDODERM
QL	lidocaine patch	= 3 patches per day
Local Anesthetics		
QL	lidocaine/prilocaine crm	
	lidocaine/prilocaine kit	
QL	lidocaine/prilocaine crm	= 30 grams per month

Rosacea

	metronidazole crm 0.75%	METROCREAM
	metronidazole gel 0.75%	
ST	metronidazole gel 1%	METROGEL
	metronidazole lotion 0.75%	METROLOTION
	sulfacetamide/sulfur	

Scabicides and Pediculicides

OTC	permethrin	
ST	benzyl alcohol	ULESFIA
ST	malathion	OVIDE
	permethrin	
ST	spinosad	NATROBA

Miscellaneous Skin and Mucous Membrane

OTC	calamine lotion	
OTC	docosanol	ABREVA
OTC	lidocaine/benzalkonium chloride	BACTINE
OTC	povidone/iodine	BETADINE
	collagenase	SANTYL
	imiquimod	ALDARA
	podofilox soln	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Steroids - Mouth/Throat

	triamcinolone paste	
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Miscellaneous

	chlorhexidine	PERIDEX
	sodium fluoride	PREVIDENT

OPHTHALMIC

Antiallergics

OTC	ketotifen	ZADITOR
	azelastine	
	cromolyn sodium	

Antifungals

	natamycin	NATACYN
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Anti-infectives

	bacitracin	
	ciprofloxacin soln	CILOXAN
	erythromycin	
	gentamicin	
	levofloxacin	
ST	moxifloxacin	MOXEZA
	neomycin/polymyxin B/gramicidin	NEOSPORIN
	ofloxacin	OCUFLOX
	polymyxin B/bacitracin	
	polymyxin B/trimethoprim	POLYTRIM
	sulfacetamide soln 10%	BLEPH-10
	tobramycin soln	TOBEX

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/bacitracin/hydrocortisone oint	
neomycin/polymyxin B/dexamethasone	MAXITROL
neomycin/polymyxin B/hydrocortisone susp	
sulfacetamide/prednisolone phosphate 10%/0.25%	
tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX

Anti-inflammatories

Nonsteroidal

diclofenac sodium	
ketorolac 0.4%	ACULAR LS
ketorolac 0.5%	ACULAR

Steroidal

dexamethasone sodium phosphate	
fluorometholone 0.1% susp	FML LIQUIFILM
prednisolone acetate 1%	PRED FORTE
prednisolone phosphate 1%	

Antivirals

trifluridine	VIROPTIC
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Beta-blockers

Nonselective

levobunolol	BETAGAN
metipranolol	
timolol hemihydrate	BETIMOL
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE

Selective

betaxolol 0.5%	
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Carbonic Anhydrase Inhibitors

Topical

dorzolamide	TRUSOPT
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Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

dorzolamide/timolol maleate	COSOPT
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Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

brinzolamide/brimonidine	SIMBRINZA
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Prostaglandins

latanoprost	XALATAN
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Sympathomimetics

brimonidine 0.15%	ALPHAGAN P
brimonidine 0.2%	

Sympathomimetic/Beta-blocker Combinations

brimonidine/timolol	COMBIGAN
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Miscellaneous

OTC artificial tears oint, soln	ARTIFICIAL TEARS
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OTIC

Anti-infectives

acetic acid
acetic acid/aluminum acetate
ofloxacin otic

Anti-infective/Anti-inflammatory Combinations

ciprofloxacin/dexamethasone	CIPRODEX
neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC

VAGINAL

OTC	acetic acid soln
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INDEX

A

- abacavir soln, 10
- abacavir tabs, 10**
- abacavir/dolutegravir/lamivudine, 10
- abacavir/lamivudine, 10
- abacavir/lamivudine/zidovudine, 10**
- ABILIFY, 20
- ABILIFY MAINTENA, 20
- abiraterone, 12
- ABREVA, 39
- acamprosate calcium, 23**
- acarbose, 24
- ACCUPRIL, 14
- ACCURETIC, 14
- acetaminophen, 7**
- acetazolamide, 16
- acetazolamide ext-rel, 16
- acetic acid, 41
- acetic acid soln, 41
- acetic acid/aluminum acetate, 41
- ACLOVATE, 38
- ACTIGALL, 29
- ACTIVEVILLA, 27
- ACTOPLUS MET, 25
- ACTOS, 25
- ACULAR, 40
- ACULAR LS, 40
- acyclovir caps, susp, tabs, 11**
- ADALAT CC, 16
- adalimumab, 32
- ADDERALL, 21
- ADDERALL XR, 21
- adefovir dipivoxil, 11**
- ADVAIR DISKUS, 36
- ADVIL, 7
- AEROCHAMBER, 36
- AEROSPAN, 36
- afatinib, 13
- AFINITOR, 13
- AGRYLIN, 32
- albendazole, 11
- ALBENZA, 11
- albiglutide, 24
- albuterol, 35**
- albuterol ext-rel, 35
- albuterol inhalation soln, 34**
- albuterol sulfate, CFC-free aerosol, 35
- alclometasone crm, oint 0.05%, 38**
- alcohol swabs, 25
- ALDACTAZIDE, 17
- ALDACTONE, 15
- ALDARA, 39
- alendronate tabs, 25**
- ALEVE, 7
- ALKERAN, 12
- allopurinol, 7**
- alogliptin, 24**
- alogliptin/metformin, 24**
- ALPHAGAN P, 40
- alprazolam, 18**
- ALTACE, 14
- altretamine, 12
- alumina/magnesia, 28
- alumina/magnesia/simethicone, 28
- amantadine, 20**
- AMARYL, 25
- AMBIEN, 22
- ambrisentan, 17
- AMERGE, 22
- amiloride, 16**
- amiloride/hydrochlorothiazide, 17
- amiodarone 200 mg, 15
- amitriptyline 10 mg, 25 mg, 50 mg, 19
- amitriptyline 75 mg, 100 mg, 150 mg, 19
- amlodipine, 16
- amlodipine/benazepril, 14
- ammonium lactate 12%, 38
- amoxicillin, 9
- amoxicillin/clavulanate, 9
- amphetamine/dextroamphetamine mixed salts, 21
- amphetamine/dextroamphetamine mixed salts ext-rel, 21
- ampicillin, 9
- ANAFRANIL, 18
- anagrelide, 32**
- anastrozole, 12
- ANDROGEL, 24
- ANTABUSE, 23
- ANUSOL-HC 2.5%, 30
- APIDRA, 25
- apixaban, 31
- aprepitant, 29
- APRISO, 29
- APTIVUS, 10
- ARALEN, 9
- ARANESP, 31
- ARAVA, 32
- ARICEPT, 19
- ARIMIDEX, 12
- aripiprazole 2 mg, 20 mg, 30 mg, 20**
- aripiprazole 5 mg, 10 mg, 15 mg, 20**
- aripiprazole ext-rel inj, 20
- aripiprazole orally disintegrating tabs, 20**
- aripiprazole soln, 20
- armodafinil, 23**
- AROMASIN, 12
- artemether/lumefantrine, 9
- ARTIFICIAL TEARS, 40
- artificial tears oint, soln, 40**
- ASMANEX, 36
- ASMANEX HFA, 36
- aspirin, 31
- atazanavir, 10
- atazanavir/cobicistat, 10
- atenolol, 16**
- atenolol/chlorthalidone, 16**
- ATIVAN, 18
- atomoxetine, 21
- atorvastatin, 15
- atovaquone, 11
- atovaquone/proguanil, 9**
- ATRIPLA, 10
- AUBAGIO, 23
- AUGMENTIN, 9
- AVALIDE, 15
- AVAPRO, 15

axitinib, 13
AYGESTIN, 28
AZASAN, 32
azathioprine, 32
azelastine, 39
azelastine spray, 36
azithromycin, 8
AZULFIDINE, 29
AZULFIDINE EN-TABS, 29

B

bacitracin, 37, 39
bacitracin/polymyxin B, 37
baclofen, 23
BACTINE, 39
balsalazide, 29
BARACLUDE, 11
beclomethasone, CFC-free aerosol, 36
BELBUCA, 7
BENADRYL, 34
benazepril, 14
benazepril/hydrochlorothiazide, 14
BENTYL, 29
benzonatate, 34
benzoyl peroxide, 37
benzoyl peroxide gel 2.5%, 37
benzoyl peroxide, except foam, 37
benztropine, 20
benzyl alcohol, 39
BETADINE, 39
BETAGAN, 40
betamethasone dipropionate augmented crm 0.05%, 38
betamethasone dipropionate augmented gel, oint 0.05%, 38
betamethasone dipropionate augmented lotion 0.05%, 38
betamethasone dipropionate crm, lotion, oint 0.05%, 38
betamethasone valerate crm, lotion, oint 0.1%, 38
BETAPACE, 15
BETAPACE AF, 15
betaxolol 0.5%, 40
bethanechol, 31
BETIMOL, 40
bexarotene caps, 14
BIAXIN, 8
bicalutamide, 12
bisacodyl, 30
bismuth subsalicylate, 28
bisoprolol, 16
bisoprolol/hydrochlorothiazide, 16
BLEPH-10, 39
blood glucose monitoring kits, test strips, 25
bosentan, 17
BOSULIF, 13
bosutinib, 13
BREVICON, 26
BRILINTA, 31
brimonidine 0.15%, 40
brimonidine 0.2%, 40
brimonidine/timolol, 40
brinzolamide/brimonidine, 40
bromocriptine, 20
budesonide, 36
budesonide delayed-rel caps, 29
budesonide inh susp, 36
budesonide spray - Rhinocort Allergy, 36
budesonide/formoterol, 36
bumetanide, 16

buprenorphine buccal film, 7
buprenorphine sublingual, 23
buprenorphine/naloxone sublingual film, 23
buprenorphine/naloxone sublingual tabs, 23
bupropion, 20
bupropion ext-rel, 20, 24
buspirone, 18
busulfan, 12
butalbital/acetaminophen/caffeine, 8
butalbital/aspirin/caffeine, 8

C

C1 esterase inhibitor, 31
cabergoline, 28
cabozantinib, 13
CAFERGOT, 22
calamine lotion, 39
CALAN SR, 16
calcipotriene oint, soln 0.005%, 37
calcitonin-salmon, 26
calcitriol (1,25-D3), 28
calcium, 33
calcium acetate, 28
calcium carbonate, 28
calcium/vitamin D, 33
canakinumab, 32
CANASA, 29
capecitabine, 12
CAPRELSA, 13
CAPSAGEL, 38
capsaicin gel, 38
captopril, 14
captopril/hydrochlorothiazide, 14
CARAFATE, 30
carbamazepine, 18
carbamazepine ext-rel, 18
CARBATROL, 18
carbidopa/levodopa, 20
carbidopa/levodopa ext-rel, 20
carbidopa/levodopa orally disintegrating tabs, 20
carbidopa/levodopa/entacapone, 20
CARDIZEM, 16
CARDIZEM CD, 16
CARDIZEM LA, 16
carisoprodol, 23
carvedilol, 16
CASODEX, 12
CATAPRES, 14
CATAPRES-TTS, 15
cefadroxil, 8
cefdinir, 8
cefprozil, 8
CEFTIN, 8
cefuroxime axetil, 8
CELEBREX, 7
celecoxib, 7
CELEXA, 19
CELLCEPT, 32
cephalexin, 8
ceritinib, 13
cetirizine caps, soln, syp, tabs, 34
cetirizine soln, syp, 34
cetirizine/pseudoephedrine ext-rel, 34
CHANTIX, 24
chlorambucil, 12
chlordiazepoxide, 18

chlordiazepoxide/clidinium, 29
 chlorhexidine, 39
 chloroquine, 9
 chlorpheniramine, 34
 chlorpheniramine ext-rel, 34
 chlorpromazine, 20
 chlorthalidone, 16
 chlorzoxazone, 23
 cholecalciferol (D3), 33
 cholestyramine, 15
 ciclopirox, 37
 cilostazol, 32
 CILOXAN, 39
 cimetidine, 29
 CINRYZE, 31
 CIPRO, 9
 CIPRODEX, 41
ciprofloxacin, 9
ciprofloxacin ext-rel, 9
ciprofloxacin soln, 39
 ciprofloxacin/dexamethasone, 41
citalopram, 19
 CITRANATAL 90 DHA, 33
 CITRANATAL ASSURE, 33
 CITRANATAL B-CALM, 33
 CITRANATAL DHA, 33
 CITRANATAL HARMONY, 33
 CITRANATAL RX, 33
clarithromycin, 8
clarithromycin ext-rel, 8
 CLARITIN, 34
 CLARITIN-D, 34
clemastine, 34
 CLEOCIN, 11, 31
 CLEOCIN T, 37
 CLEOCIN vaginal supp, 31
 CLIMARA, 27
clindamycin, 11
clindamycin crm, 31
clindamycin gel, lotion, soln, 37
 clindamycin supp, 31
clomipramine, 18
clonazepam tabs, 18
clonidine, 14
 clonidine transdermal, 15
clopidogrel, 31
clotrimazole, 31, 37
clotrimazole troches, 9
clozapine, 20
 CLOZARIL, 20
 COARTEM, 9
 cobicistat, 10
codeine/acetaminophen, 7
 codeine/chlorpheniramine/pseudoephedrine, 34
codeine/guaifenesin liq, 34
codeine/guaifenesin/pseudoephedrine, 34
codeine/promethazine, 34
codeine/promethazine/phenylephrine, 34
 COLACE, 30
colchicine, 7
 COLCRYS, 7
 COLESTID, 15
colestipol, 15
 collagenase, 39
 COLYTE, 30
 COMBIGAN, 40
 COMBIPATCH, 27
 COMBIVENT RESPIMAT, 34
 COMBIVIR, 10
 COMETRIQ, 13
 COMPLERA, 10
 COMTAN, 20
 CONCERTA, 21
 condoms, male, 27
 CONDYLOX, 39
 COPAXONE, 23
 COPEGUS, 11
 COREG, 16
 CORGARD, 16
 CORTEF, 27
 CORTIFOAM, 29
 CORTISPORIN OTIC, 41
 CORTIZONE-10, 38
 COSOPT, 40
 COUMADIN, 31
 COZAAR, 15
 CREON, 30
 CRIXIVAN, 10
 crizotinib, 13
cromolyn sodium, 39
cromolyn sodium nasal spray, 35
cromolyn soln for inhalation, 35
 CUTIVATE, 38
 CUVPOSA, 30
cyanocobalamin inj, 33
 CYCLESSA, 26
cyclobenzaprine 5 mg, 10 mg, 23
 cyclophosphamide caps, 12
cyclosporine, 32
cyclosporine, modified, 32
 CYMBALTA, 19
cyproheptadine, 34
 CYTOMEL, 28
 CYTOTEC, 30
D
 D.H.E. 45, 22
 dabigatran etexilate, 31
 dabrafenib, 13
danazol, 27
 DANTRIUM, 23
dantrolene, 23
 dapagliflozin, 25
dapsone, 11
 DARAPRIM, 9
 darbepoetin alfa, 31
 darunavir, 10
 darunavir/cobicistat, 10
 dasatinib, 13
 DAYPRO, 7
 DDAVP spray, tabs, 28
 degarelix acetate, 12
 DELATESTRYL, 24
 delavirdine, 10
 DEMADDEX, 16
 DEPAKENE, 18
 DEPAKOTE, 18
 DEPAKOTE ER, 18
 DEPO-PROVERA, 27
 DEPO-TESTOSTERONE, 24
desipramine, 19
desmopressin spray, 28

desmopressin spray, tabs, 28
 desogestrel/EE, 26
 desogestrel/EE 0.15/30 - Apri, 26
 desonide crm, lotion, oint 0.05%, 38
 DESOWEN, 38
 desoximetasone crm 0.05%, 38
 desoximetasone crm, oint 0.25%, gel 0.05%, 38
 dexamethasone, 27
 dexamethasone sodium phosphate, 40
 DEXEDRINE SPANSULE, 21
 dexmethylphenidate, 21
 dexmethylphenidate ext-rel, 21
 dextroamphetamine ext-rel, 21
 dextroamphetamine tabs 5 mg, 10 mg, 21
 dextromethorphan/brompheniramine/pseudoephedrine, 34
 dextromethorphan/guaifenesin ext-rel, 34
 dextromethorphan/guaifenesin liq, soln, syp, 34
 dextromethorphan/guaifenesin/pseudoephedrine liq
 10 mg/100 mg/30 mg/5 mL, 34
 dextromethorphan/promethazine, 34
 dextromethorphan/quinidine, 24
 DIABETIC TUSSIN, 35
 DIAMOX SEQUELS, 16
 diaphragm, 27
 DIASTAT, 18
 diazepam, 18
 diazepam rectal gel, 18
 diclofenac potassium, 7
 diclofenac sodium, 40
 diclofenac sodium delayed-rel, 7
 diclofenac sodium ext-rel, 7
 diclofenac sodium gel 1%, 7
 dicloxacillin, 9
 dicyclomine, 29
 didanosine delayed-rel, 10
 didanosine soln, 10
 DIFICID, 9
 DIFLUCAN, 9
 diflunisal, 7
 digoxin, 16
 digoxin ped elixir, 16
 dihydroergotamine inj, 22
 dihydroergotamine spray, 22
 DILANTIN, 18
 DILANTIN INFATABS, 18
 DILAUDID, 7
 diltiazem, 16
 diltiazem ext-rel, 16
 diltiazem ext-rel, except 120 mg, 16
 diphenhydramine, 34
 diphenoxylate/atropine, 29
 DIPROLENE, 38
 DIPROLENE AF, 38
 dipyridamole, 31
 disopyramide, 15
 disopyramide ext-rel, 15
 disulfiram, 23
 DITROPAN XL, 31
 divalproex sodium delayed-rel, 18
 divalproex sodium ext-rel, 18
 docosanol, 39
 docusate calcium, 30
 docusate sodium, 30
 dofetilide, 15
 DOLOPHINE, 7
 dolutegravir, 10
 donepezil, 19
 dornase alfa, 35
 dorzolamide, 40
 dorzolamide/timolol maleate, 40
 doxepin, 19
 doxercalciferol, 28
 doxycycline hyclate caps 50 mg, 100 mg, 9
 doxycycline hyclate tabs 20 mg, 100 mg, 9
 doxycycline monohydrate susp, 9
 doxylamine, 22
 dronabinol, 29
 drospirenone/EE 3/20, 26
 drospirenone/EE 3/30, 26
 DUETACT, 25
 DULCOLAX, 30
 DULERA, 36
 duloxetine delayed-rel, 19
 DURAGESIC, 7
 DYZAZIDE, 17
E
 E.E.S., 9
 eculizumab, 31
 EDURANT, 10
 EE/norethindrone acetate, 27
 EE/norethindrone acetate - Jinteli, 27
 efavirenz, 10
 efavirenz/emtricitabine/tenofovir, 10
 EFFEXOR XR, 19
 EFFIENT, 31
 EFUDEX, 37
 elbasvir/grazoprevir, 11
 ELDEPRYL, 20
 electrolyte soln, oral, 33
 ELIQUIS, 31
 ELIXOPHYLLIN, 37
 ELLA, 26
 ELMIRON, 31
 ELOCON, 38
 eltrombopag, 31
 elvitegravir, 10
 elvitegravir/cobicistat/emtricitabine/tenofovir, 10
 elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide, 10
 EMEND, 29
 emtricitabine, 10
 emtricitabine/rilpivirine/tenofovir, 10
 emtricitabine/tenofovir, 10
 EMTRIVA, 10
 enalapril, 14
 enalapril/hydrochlorothiazide, 14
 ENBREL, 32
 enoxaparin, 31
 entacapone, 20
 entecavir, 11
 ENTOCORT EC, 29
 ENTRESTO, 17
 enzalutamide, 12
 EPCLUSA, 11
 epinephrine, 33
 epinephrine pen, 33
 EPIPEN, 33
 EPIPEN JR., 33
 EPIVIR, 10
 EPIVIR-HBV, 11
 eplerenone, 15
 epoprostenol sodium, 17

EPZICOM, 10
 ergocalciferol (D2), 33
 ergotamine/caffeine, 22
 ERIVEDGE, 14
 erlotinib, 13
 erythromycin, 39
 erythromycin base, 9
 erythromycin delayed-rel, 9
 erythromycin ethylsuccinate, 9
 erythromycin gel 2%, 37
 erythromycin soln, 37
 erythromycin stearate, 9
 escitalopram, 19
 ESGIC, 8
 esomeprazole magnesium delayed-rel, 30
 ESTRACE, 27
 ESTRACE CREAM, 27
 estradiol, 27
 estradiol vaginal crm, 27
 estradiol/norethindrone acetate, 27
 estropipate, 27
 etanercept, 32
 ethambutol, 11
 ethosuximide, 18
 ethynodiol diacetate/EE 1/35, 26
 ethynodiol diacetate/EE 1/50 - Zovia 1/50, 26
 etodolac, 7
 etodolac ext-rel, 7
 etoposide, 14
 etravirine, 10
 everolimus, 13
 EVISTA, 28
 evolocumab, 15
 EVOTAZ, 10
 EXELON, 19
 EXELON PATCH, 19
 exemestane, 12
 EXTAVIA, 23
 ezetimibe, 15

F

famciclovir, 11
 famotidine, 29
 FAMVIR, 11
 FARESTON, 12
 FARXIGA, 25
 FARYDAK, 14
 FASLODEX, 12
 felodipine ext-rel, 16
 FEMARA, 12
 FEMHRT, 27
 fenofibrate, 15
 fentanyl transdermal 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,
 75 mcg/hr, 100 mcg/hr, 7
 FEOSOL, 33
 FERGON, 33
 ferrous fumarate, 33
 ferrous gluconate, 33
 ferrous sulfate, 33
 fidaxomicin, 9
 filgrastim, 31
 finasteride, 30
 fingolimod, 23
 FIORINAL, 8
 FIRMAGON, 12
 FISH OIL, 33

FLAGYL, 11
 flecainide, 15
 FLOLAN, 17
 FLOMAX, 30
 FLONASE ALLERGY RELIEF, 36
 fluconazole, 9
 fludrocortisone, 27
 FLUMADINE, 11
 flunisolide, CFC-free aerosol, 36
 fluocinolone acetonide crm, oint 0.025%, 38
 fluocinolone acetonide soln 0.01%, 38
 fluocinonide crm, gel, oint, soln 0.05%, 38
 fluoride drops, 33
 fluoride tabs, 33
 fluorometholone 0.1% susp, 40
 fluorouracil, 37
 fluoxetine, 19
 fluphenazine, 20
 fluphenazine decanoate inj, 20
 fluphenazine inj, 20
 flurbiprofen, 7
 flutamide, 12
 fluticasone propionate crm 0.05%, oint 0.005%, 38
 fluticasone spray, 36
 fluticasone/salmeterol 100/50, 36
 fluvoxamine, 18
 FML LIQUIFILM, 40
 FOCALIN, 21
 FOCALIN XR, 21
 folic acid, 33
 folic acid/vitamin B6/vitamin B12, 33
 FORTESTA, 24
 FOSAMAX, 25
 fosamprenavir, 10
 fosinopril, 14
 fosinopril/hydrochlorothiazide, 14
 FREESTYLE FREEDOM LITE kits and test strips, 25
 FREESTYLE INSULINX kits and test strips, 25
 FREESTYLE LITE kits and test strips, 25
 fulvestrant, 12
 FURADANTIN, 11
 furosemide, 16

G

gabapentin, 18
 GABITRIL, 18
 galantamine, 19
 galantamine ext-rel, 19
 GEL-ONE, 8
 gemfibrozil, 15
 gentamicin, 37, 39
 GENVOYA, 10
 GEODON, 20
 GILENYA, 23
 GILOTRIF, 13
 glatiramer 20 mg/mL, 23
 glatiramer 40 mg/mL, 23
 GLEEVEC, 13
 GLEOSTINE, 12
 glimepiride, 25
 glipizide, 25
 glipizide ext-rel, 25
 glipizide/metformin, 24
 GLUCAGEN HYPOKIT, 27
 GLUCAGON EMERGENCY KIT, 27
 glucagon, human recombinant, 27

GLUCOPHAGE, 24
GLUCOPHAGE XR, 24
GLUCOTROL, 25
GLUCOTROL XL, 25
GLUCOVANCE, 24
glyburide, 25
glyburide, micronized, 25
glyburide/metformin, 24
glycopyrrolate, 29, 30
GLYNASE, 25
GOLYTELY, 30
goserelin acetate, 12
granisetron tabs, 29
griseofulvin microsize susp, 9
griseofulvin ultramicronized, 9
GRIS-PEG, 9
guaifenesin ext-rel, 35
guaifenesin liq, 35
guaifenesin liq, syp, tabs, 35
guanfacine, 15
guanfacine ext-rel, 21
GYNOL II, 27

H

halobetasol propionate crm, oint 0.05%, 38
haloperidol, 20
HECTOROL, 28
HEPSERA, 11
HEXALEN, 12
HUMALOG, 25
HUMALOG MIX, 25
HUMIRA, 32
HUMULIN 70/30, 25
HUMULIN N, 24
HUMULIN R, 24
HYALGAN, 8
hydralazine, 17
HYDREA, 14
hydrochlorothiazide, 16
hydrocodone/acetaminophen, 7
hydrocodone/acetaminophen soln 7.5 mg/325 mg/15 mL, 7
hydrocodone/homatropine, 34
hydrocortisone, 27
hydrocortisone acetate foam, 29
hydrocortisone butyrate crm, oint, soln 0.1%, 38
hydrocortisone crm, 30
hydrocortisone crm, gel, lotion, oint, soln 1%, 38
hydrocortisone crm, lotion, oint 2.5%, 38
hydrocortisone enema, 29
hydrocortisone oint 0.5%, 38
hydrocortisone valerate crm, oint 0.2%, 38
hydrocortisone/aloe vera crm 0.5%, 1%, 38
hydromorphone tabs, 7
hydroxychloroquine, 32
hydroxyurea, 14
hydroxyzine HCl, 34
hydroxyzine pamoate, 34
hyoscyamine sulfate, 29
hyoscyamine sulfate ext-rel, 29
hyoscyamine sulfate ext-rel caps, 29
hyoscyamine sulfate orally disintegrating tabs, 29
HYZAAR, 15

I

IBRANCE, 13
ibuprofen, 7
ICLUSIG, 13

idelalisib, 13
ILARIS, 32
iloprost, 17
imatinib mesylate, 13
imipramine HCl, 19
imiquimod, 39
IMITREX, 22
IMODIUM, 30
IMURAN, 32
INCRUSE ELLIPTA, 33
indapamide, 16
INDERAL LA, 16
indinavir, 10
INLYTA, 13
INSPRA, 15
insulin aspart, 25
insulin aspart protamine 70%/insulin aspart 30%, 25
insulin detemir, 25
insulin glargine, 25
insulin glulisine, 25
insulin human, 24
insulin isophane human, 24, 25
insulin isophane human 70%/regular 30%, 25
insulin lispro 100 units/mL, 25
insulin lispro protamine/insulin lispro, 25
insulin syringes, needles, 25
INTELENCE, 10
interferon alfa-2b, 32
interferon beta-1a, 23
interferon beta-1b, 23
INTRON A, 32
INTUNIV, 21
INVEGA SUSTENNA, 20
INVIRASE, 10
ipratropium nasal spray, 37
ipratropium soln, 33
ipratropium/albuterol, 34
ipratropium/albuterol soln, 34
irbesartan, 15
irbesartan/hydrochlorothiazide, 15
ISENTRESS, 10
isocarboxazid, 19
isoniazid, 11
ISORDIL, 17
isosorbide dinitrate ext-rel tabs, 17
isosorbide dinitrate oral, 17
isosorbide dinitrate sublingual, 17
isosorbide mononitrate, 17
isosorbide mononitrate ext-rel, 17
isotretinoin 20 mg, 30 mg, 40 mg, 37
ISTODAX, 14
itraconazole caps, 9
itraconazole soln, 9
ivacaftor, 35
ivermectin, 11

J

JAKAFI, 13
JANUMET, 24
JANUMET XR, 24
JANUVIA, 24
JENTADUETO, 24

K

KALETRA, 10
KALYDECO, 35
KAZANO, 24

KEFLEX, 8
KEPPRA, 18
ketoconazole crm, shampoo 2%, 37
ketoconazole shampoo 2%, 38
KETO-DIASTIX, 25
ketoprofen, 7
ketorolac, 7
ketorolac 0.4%, 40
ketorolac 0.5%, 40
ketotifen, 39
KLARON, 37
KLONOPIN, 18
K-PHOS, 33
KRISTALOSE, 30
K-TAB, 32
KUVAN, 28

L

labetalol, 16
LAC-HYDRIN, 38
lactulose, 30
LAMICTAL, 18
LAMISIL, 9
lamivudine, 10, 11
lamivudine/zidovudine, 10
lamotrigine, 18
lancets, 25
LANOXIN, 16
lansoprazole delayed-rel, 30
lansoprazole delayed-rel orally disintegrating tabs, 30
LANTUS, 25
lapatinib, 13
LASIX, 16
latanoprost, 40
leflunomide, 32
lenalidomide, 12
lenvatinib, 13
LENVIMA, 13
LETAIRIS, 17
letrozole, 12
leucovorin, 14
LEUKERAN, 12
leuprolide acetate, 12
LEVAQUIN, 9
LEVBID, 29
LEVEMIR, 25
levetiracetam, 18
levetiracetam inj, 18
levobunolol, 40
levofloxacin, 9, 39
levonorgestrel, 26
levonorgestrel - Next Choice One Dose, 26
levonorgestrel/EE, 26
levonorgestrel/EE 0.1/20, 26
levonorgestrel/EE 0.15/30, 26
levothyroxine, 28
levothyroxine - Levoxyl, 28
LEVSIN, 29
LEXAPRO, 19
LEXIVA, 10
lidocaine patch, 38
lidocaine viscous, 39
lidocaine/benzalkonium chloride, 39
lidocaine/prilocaine crm, 38
lidocaine/prilocaine kit, 38
LIDODERM, 38

linagliptin, 24
linagliptin/metformin, 24
linezolid, 11
linezolid inj, 11
liothyronine, 28
LIPITOR, 15
liraglutide, 24
lisdexamfetamine, 21
lisinopril, 14
lisinopril/hydrochlorothiazide, 14
lithium carbonate, 22
lithium carbonate ext-rel tabs 300 mg, 22
lithium carbonate ext-rel tabs 450 mg, 22
lithium citrate, 22
LITHIUM CITRATE, 22
LITHOBID, 22
LOCOID, 38
LOESTRIN 1.5/30, 26
LOESTRIN 1/20, 26
LOESTRIN FE 1.5/30, 26
LOESTRIN FE 1/20, 26
LOFIBRA, 15
LOMOTIL, 29
lomustine, 12
loperamide, 29
loperamide/simethicone, 30
LOPID, 15
lopinavir/ritonavir, 10
LOPRESSOR, 16
LOPRESSOR HCT, 16
LOPROX, 37
loratadine, 34
loratadine/pseudoephedrine ext-rel, 34
lorazepam, 18
losartan, 15
losartan/hydrochlorothiazide, 15
LOTENSIN, 14
LOTENSIN HCT, 14
LOTREL, 14
lovastatin, 15
LOVENOX, 31
lumacaftor/ivacaftor, 35
LUPRON DEPOT, 12
LURIDE, 33
LURIDE LOZI-TABS, 33
LYNPARZA, 14
LYRICA, 22
LYSODREN, 14

M

MAALOX, 28
MACROBID, 11
MACRODANTIN, 11
MALARONE, 9
malathion, 39
maraviroc, 10
MARINOL, 29
MARPLAN, 19
mask, 35
MATULANE, 14
MAVIK, 14
MAXALT, 22
MAXITROL, 40
MAXZIDE, 17
meclizine, 29
MEDROL, 27

medroxyprogesterone acetate, 28
 medroxyprogesterone acetate 150 mg/mL, 27
 mefloquine, 9
 MEGACE, 12
 megestrol acetate, 12
 MEKINIST, 13
 meloxicam, 7
 melphalan, 12
 memantine, 19
 MEPHYTON, 33
 MEPRON, 11
 mercaptopurine, 12
 mesalamine ext-rel caps, 29
 mesalamine rectal susp, 29
 mesalamine supp, 29
 MESTINON, 23
 MESTINON TIMESPAN, 23
 METADATE CD, 21
 METAGLIP, 24
 metformin, 24
 metformin ext-rel, 24
 methadone tabs 5 mg, 10 mg, 7
 methazolamide, 16
 methimazole, 28
 methocarbamol, 23
 methotrexate, 12, 32
 methyl dopa, 17
 methylergonovine, 28
 METHYLIN, 21
 methylphenidate, 21
 methylphenidate ext-rel, 21
 methylphenidate ext-rel 10 mg, 21
 methylphenidate ext-rel 20 mg, 30 mg, 40 mg, 21
 methylphenidate ext-rel tabs 10 mg, 21
 methylphenidate ext-rel tabs 20 mg - Metadate ER, 21
 methylphenidate soln, tabs, 21
 methylprednisolone, 27
 methylprednisolone 2 mg, 27
 metipranolol, 40
 metoclopramide, 29
 metolazone, 16
 metoprolol succinate ext-rel, 16
 metoprolol tartrate 25 mg, 50 mg, 100 mg, 16
 metoprolol/hydrochlorothiazide, 16
 METROCREAM, 39
 METROGEL, 39
 METROGEL-VAGINAL, 31
 METROLOTION, 39
 metronidazole, 11, 31
 metronidazole crm 0.75%, 39
 metronidazole gel 0.75%, 39
 metronidazole gel 1%, 39
 metronidazole lotion 0.75%, 39
 MEVACOR, 15
 MIACALCIN, 26
 MICATIN, 37
 miconazole, 31, 37
 midodrine, 17
 MIGRANAL, 22
 milnacipran, 22
 MINOCIN, 9
 minocycline, 9
 MIRALAX, 30
 MIRAPEX, 20
 MIRCETTE, 26
 mirtazapine, 20

misoprostol, 30
 mitotane, 14
 MOBIC, 7
 MODICON, 26
 mometasone, 36
 mometasone crm, lotion, oint 0.1%, 38
 mometasone, CFC-free aerosol, 36
 mometasone/formoterol, 36
 montelukast, 35
 morphine, 7
 morphine ext-rel, 7
 morphine supp, 7
 MOXEZA, 39
 moxifloxacin, 39
 MS CONTIN, 7
 MUCINEX, 35
 MUCINEX D, 35
 MUCINEX DM, 34
 multiple urine test products, 25
 MULTISTIX, 25
 multivitamins/fluoride drops, tabs, 33
 multivitamins/fluoride/iron drops, tabs, 33
 mupirocin oint, 37
 MYAMBUTOL, 11
 MYCOBUTIN, 11
 mycophenolate mofetil, 32
 MYLANTA, 28
 MYLERAN, 12
 MYSOLINE, 18

N

nabumetone, 7
 nadolol, 16
 nafarelin, 27
 naloxone inj, 23
 naloxone nasal spray, 23
 naltrexone, 23
 naltrexone microspheres, 23
 NAMENDA, 19
 NAPROSYN, 7
 naproxen, 7
 naproxen sodium, 7
 naratriptan, 22
 NARCAN, 23
 NARDIL, 19
 NASACORT ALLERGY 24HR, 36
 NASALCROM, 35
 NATACYN, 39
 natamycin, 39
 nateglinide, 25
 NATROBA, 39
 nebulizer, 36
 neflirinavir, 10
 neomycin, 8
 neomycin/bacitracin/polymyxin B, 37
 neomycin/polymyxin B/bacitracin/hydrocortisone oint, 40
 neomycin/polymyxin B/dexamethasone, 40
 neomycin/polymyxin B/gramicidin, 39
 neomycin/polymyxin B/hydrocortisone, 41
 neomycin/polymyxin B/hydrocortisone susp, 40
 NEORAL, 32
 NEOSPORIN, 37, 39
 NEPHROCAPS, 33
 NESINA, 24
 NEULASTA, 31
 NEUPOGEN, 31

NEUPRO, 20
 NEURONTIN, 18
 nevirapine, 10
 nevirapine ext-rel, 10
 NEXAVAR, 13
 NEXIUM 24HR, 30
 niacin ext-rel, 15
 NIASPAN, 15
 NICORETTE, 24
 nicotine polacrilex gum, 24
 nicotine transdermal, 24
 nifedipine ext-rel, 16
 nilotinib, 13
 NITRO-DUR, 17
 nitrofurantoin ext-rel, 11
 nitrofurantoin macrocrystals, 11
 nitrofurantoin susp, 11
 nitroglycerin sublingual, 17
 nitroglycerin transdermal, 17
 NITROSTAT, 17
 nizatidine, 29
 NIZORAL SHAMPOO, 38
 nonoxynol-9, 27
 NORCO, 7
 NORDITROPIN, 28
 norethindrone, 26
 norethindrone acetate, 28
 norethindrone acetate/EE 1.5/30, 26
 norethindrone acetate/EE 1.5/30 and iron, 26
 norethindrone acetate/EE 1/20, 26
 norethindrone acetate/EE 1/20 and iron, 26
 norethindrone/EE, 26
 norethindrone/EE 0.4/35, 26
 norethindrone/EE 0.5/35, 26
 norethindrone/EE 1/35, 26
 norethindrone/ME 1/50, 26
 norgestimate/EE, 26
 norgestimate/EE 0.25/35, 26
 norgestrel/EE 0.3/30, 26
 norgestrel/EE 0.5/50 - Ogestrel, 26
 NORINYL 1+35, 26
 NORPACE, 15
 NORPACE CR, 15
 NORPRAMIN, 19
 NOR-QD, 26
 nortriptyline, 19
 NORVASC, 16
 NORVIR, 10
 NOVOLIN 70/30, 25
 NOVOLIN N, 25
 NOVOLIN R, 24
 NOVOLOG, 25
 NOVOLOG MIX 70/30, 25
 NUEDEXTA, 24
 NULYTELY, 30
 NUPLAZID, 20
 NUVIGIL, 23
 nystatin, 9, 37
O
 OCEAN, 37
 OCUFLOX, 39
 ofloxacin, 39
 ofloxacin otic, 41
 olanzapine, 20
 olaparib, 14

olodaterol, 35
 omalizumab, 37
 omega-3 fatty acids, 33
 omega-3 fatty acids/vitamin E, 33
 omeprazole delayed-rel caps, 30
 omeprazole delayed-rel tabs, 30
 omeprazole magnesium delayed-rel, 30
 omeprazole magnesium delayed-rel caps, 30
 omeprazole/sodium bicarbonate, 30
 ondansetron, 29
 ORAPRED ODT, 27
 ORKAMBI, 35
 orphenadrine ext-rel, 23
 orphenadrine/aspirin/caffeine, 23
 ORTHO MICRONOR, 26
 ORTHO TRI-CYCLEN, 26
 ORTHO-CYCLEN, 26
 ORTHO-NOVUM 1/35, 26
 ORTHO-NOVUM 7/7/7, 26
 oseltamivir, 11
 ospemifene, 28
 OSPHENA, 28
 OVCON 35, 26
 OVIDE, 39
 oxaprozin, 7
 oxazepam, 18
 oxcarbazepine, 18
 oxybutynin, 31
 oxybutynin ext-rel, 31
 oxybutynin transdermal, 31
 oxycodone soln, 7
 oxycodone tabs 5 mg, 10 mg, 15 mg, 7
 oxycodone/acetaminophen, 7
 oxycodone/aspirin, 7
 OXYTROL FOR WOMEN, 31

P

palbociclib, 13
 paliperidone palmitate ext-rel inj, 20
 palivizumab, 36
 PAMELOR, 19
 pancrelipase, 30
 pancrelipase delayed-rel, 30
 panobinostat, 14
 pantoprazole delayed-rel tabs, 30
 PARAFON FORTE DSC, 23
 paricalcitol, 28
 PARLODEL, 20
 PARNATE, 19
 paroxetine HCl, 19
 paroxetine HCl ext-rel, 19
 paroxetine HCl susp, 19
 PAXIL, 19
 PAXIL CR, 19
 pazopanib, 13
 PEDIALYTE, 33
 peg 3350/electrolytes, 30
 PEGASYS, 32
 pegfilgrastim, 31
 peginterferon alfa-2a, 32
 penicillin VK, 9
 pentosan polysulfate sodium, 31
 PEPCID, 29
 PEPCID AC, 29
 PEPTO-BISMOL, 28
 PERCOCET, 7

PERCODAN, 7
 PERIDEX, 39
 permethrin, 39
 perphenazine, 20
 phenazopyridine, 31
 phenelzine, 19
 phenobarbital, 18
 PHENYTEK, 18
 phenytoin, 18
 phenytoin sodium extended, 18
 PHOSLO, 28
 phytonadione, 33
 pilocarpine tabs, 30
 pimavanserin, 20
 pindolol, 16
 PIN-X, 11
 pioglitazone, 25
 pioglitazone/glimepiride, 25
 pioglitazone/metformin, 25
 PLAN B ONE-STEP, 26
 PLAQUENIL, 32
 PLAVIX, 31
 podofilox soln, 39
 polyethylene glycol 3350, 30
 polymyxin B/bacitracin, 39
 polymyxin B/trimethoprim, 39
 POLYSPORIN, 37
 POLYTRIM, 39
 pomalidomide, 12
 POMALYST, 12
 ponatinib, 13
 potassium bicarbonate effer tabs 25 mEq, 32
 potassium chloride ext-rel, 32
 potassium chloride liq, 32
 potassium citrate ext-rel, 31
 potassium iodide, 28
 potassium phosphate, 33
 povidone/iodine, 39
 PRADAXA, 31
 pramipexole, 20
 pramlintide, 24
 PRANDIN, 25
 prasugrel, 31
 PRAVACHOL, 15
 pravastatin, 15
 prazosin, 15
 PRECISION XTRA kits and test strips, 25
 PRECOSE, 24
 PRED FORTE, 40
 prednisolone acetate 1%, 40
 prednisolone phosphate 1%, 40
 prednisolone sodium phosphate orally disintegrating tabs, 27
 prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL, 27
 prednisolone syrup, 27
 prednisone, 27
 pregabalin, 22
 PRELONE, 27
 prenatal vitamins/carbonyl iron/docusate/folic acid - Prenatal AD, 33
 prenatal vitamins/carbonyl iron/folic acid - Prenatabs Rx, 33
 prenatal vitamins/DHA/docusate/folic acid, 33
 prenatal vitamins/docusate/folic acid, 33
 prenatal vitamins/docusate/folic acid + DHA, 33

prenatal vitamins/ferrous fumarate/docusate/folic acid - Prenatal 19, 33
 prenatal vitamins/folic acid + pyridoxine, 33
 PREVACID 24HR, 30
 PREVACID SOLUTAB, 30
 PREVIDENT, 39
 PREZCOBIX, 10
 PREZISTA, 10
 PRILOSEC, 30
 PRILOSEC OTC, 30
 primidone, 18
 probenecid, 7
 procarbazine, 14
 PROCARDIA XL, 16
 prochlorperazine, 29
 PROCTOCORT 1%, 30
 progesterone, micronized, 28
 PROGRAF, 32
 PROMACTA, 31
 promethazine, 29
 promethazine supp, 29
 promethazine/phenylephrine, 34
 PROMETRIUM, 28
 propafenone, 15
 propafenone ext-rel, 15
 propranolol, 16
 propranolol ext-rel, 16
 propylthiouracil, 28
 PROSCAR, 30
 PROTONIX, 30
 PROTOPIC, 38
 PROVERA, 28
 PROZAC, 19
 pseudoephedrine, 35
 pseudoephedrine ext-rel, 35
 pseudoephedrine/guaifenesin ext-rel, 35
 pseudoephedrine/guaifenesin syp 30 mg/100 mg/5 mL, 35
 PULMICORT FLEXHALER, 36
 PULMICORT RESPULES, 36
 PULMOZYME, 35
 pyrantel, 11
 pyrazinamide, 11
 PYRIDIDIUM, 31
 pyridostigmine, 23
 pyridostigmine ext-rel, 23
 pyridoxine 50 mg, 33
 pyrimethamine, 9

Q

QUESTRAN/QUESTRAN LIGHT, 15
 quetiapine, 20
 quinapril, 14
 quinapril/hydrochlorothiazide, 14
 QVAR, 36

R

raloxifene, 28
 raltegravir, 10
 ramipril, 14
 RANEXA, 17
 ranitidine, 29
 ranolazine ext-rel, 17
 RAPAMUNE, 32
 RAZADYNE, 19
 RAZADYNE ER, 19
 REBETOL, 11
 REBIF, 23

REGLAN, 29
regorafenib, 13
RELENZA, 11
REMERON, 20
REMODULIN, 17
repaglinide, 25
REPATHA, 15
REQUIP, 20
RESCRIPTOR, 10
RESTORIL, 22
RETIN-A, 37
RETROVIR, 10
REVATIO, 17
REVLIMID, 12
REYATAZ, 10
ribavirin - Ribasphere, 11
ribavirin caps 200 mg, 11
ribavirin oral soln 40 mg/mL, 11
ribavirin tabs 200 mg, 11
rifabutin, 11
RIFADIN, 11
rifampin, 11
rilpivirine, 10
RILUTEK, 24
riluzole, 24
rimantadine, 11
RISPERDAL, 20
RISPERDAL CONSTA, 20
risperidone, 20
risperidone long-acting inj, 20
RITALIN, 21
RITALIN LA, 21
ritonavir, 10
rivaroxaban, 31
rivastigmine, 19
rivastigmine transdermal, 19
rizatriptan, 22
ROBAXIN, 23
ROBINUL, 29
ROCALTROL, 28
romidepsin, 14
ropinirole, 20
rotigotine transdermal, 20
ROWASA, 29
ruxolitinib, 13
RYTHMOL, 15
RYTHMOL SR, 15

S

SABRIL, 18
sacubitril/valsartan, 17
SALAGEN, 30
salmeterol xinafoate, 35
SAMSCA, 28
SANDIMMUNE, 32
SANTYL, 39
sapropterin, 28
saquinavir mesylate, 10
SAVELLA, 22
selegiline, 20
selenium sulfide shampoo 1%, 37
selenium sulfide shampoo 2.5%, 38
SELSUN BLUE, 37
SELZENTRY, 10
senna, 30
SENNA PLUS, 30

sennosides, 30
sennosides/docusate sodium, 30
SENOKOT, 30
SEREVENT, 35
SEROQUEL, 20
SEROSTIM, 28
sertraline, 19
SHUR-SEAL, 27
sildenafil, 17
SILVADENE, 37
silver sulfadiazine, 37
SIMBRINZA, 40
simethicone, 30
simvastatin, 15
SINEMET, 20
SINEMET CR, 20
SINGULAIR, 35
sirolimus, 32
sitagliptin phosphate, 24
sitagliptin/metformin, 24
sitagliptin/metformin ext-rel, 24
SIVEXTRO inj, 11
sodium chloride for inhalation, 36
sodium chloride nasal spray, 37
sodium fluoride, 39
sodium hyaluronate, 8
sodium polystyrene sulfonate, 32
sodium sulfate/potassium sulfate/magnesium sulfate, 30
sofosbuvir, 11
sofosbuvir/velpatasvir, 11
SOLIRIS, 31
SOMA, 23
somatropin, 28
sorafenib, 13
sotalol, 15
SOVALDI, 11
spacer, 36
spinosad, 39
spironolactone, 15
spironolactone/hydrochlorothiazide, 17
SPORANOX, 9
SPRYCEL, 13
SSKI, 28
STALEVO, 20
STARLIX, 25
stavudine, 10
STIVARGA, 13
STRATTERA, 21
STRIBILD, 10
STRIVERDI RESPIMAT, 35
STROMEKTOL, 11
SUBOXONE FILM, 23
sucralfate, 30
sucroferric oxyhydroxide, 28
SUDAFED, 35
sulfacetamide lotion 10%, 37
sulfacetamide soln 10%, 39
sulfacetamide/prednisolone phosphate 10%/0.25%, 40
sulfacetamide/sulfur, 39
sulfacetamide/sulfur crm, gel, lotion, pads, 37
sulfadiazine, 9
sulfamethoxazole/trimethoprim, 9
sulfamethoxazole/trimethoprim DS, 9
sulfasalazine, 29
sulfasalazine delayed-rel, 29
sulindac, 7

sumatriptan, 22
sumatriptan inj, 22
sumatriptan nasal spray, 22
sunitinib, 13
SUPREP, 30
SUSTIVA, 10
SUTENT, 13
SYMBICORT, 36
SYMLINPEN, 24
SYNAGIS, 36
SYNAREL, 27
SYNTHROID, 28

T

tacrolimus, 32, 38
TAFINLAR, 13
TAGAMET HB, 29
TAMIFLU, 11
tamoxifen, 12
tamsulosin, 30
TANZEUM, 24
TAPAZOLE, 28
TARCEVA, 13
TARGRETIN caps, 14
TASIGNA, 13
tedizolid inj, 11
TEGRETOL, 18
TEGRETOL-XR, 18
telbivudine, 11
temazepam, 22
TEMODAR, 12
temozolomide, 12
TENEX, 15
tenofovir, 10
TENORETIC, 16
TENORMIN, 16
TERAZOL 3, 31
TERAZOL 7, 31
terazosin, 15, 30
terbinafine tabs, 9
terbutaline, 35
terconazole, 31
teriflunomide, 23
TESSALON, 34
testosterone cypionate, 24
testosterone enanthate, 24
testosterone gel, 24
testosterone gel 25 mg/2.5 g, 24
tetracycline, 9
thalidomide, 13
THALOMID, 13
THEO-24, 37
theophylline ext-rel caps, 37
theophylline ext-rel tabs, 37
theophylline liq, 37
thiothixene, 20
tiagabine, 18
TIAZAC, 16
ticagrelor, 31
TIGAN, 29
TIKOSYN, 15
timolol, 16
timolol hemihydrate, 40
timolol maleate, 40
timolol maleate gel, 24
TIMOPTIC, 40

TIMOPTIC-XE, 40
TINACTIN, 37
tipranavir, 10
TIVICAY, 10
tizanidine tabs, 23
TOBI, 35
TOBRADEX, 40
tobramycin inhalation soln, 35
tobramycin soln, 39
tobramycin/dexamethasone susp 0.3%/0.1%, 40
TOBREX, 39
TOFRANIL, 19
tolnaftate, 37
tolvaptan, 28
TOPAMAX, 18
TOPICORT, 38
TOPICORT LP, 38
topiramate sprinkle caps, tabs, 18
TOPROL-XL, 16
toremifene, 12
torsemide, 16
TRACLEER, 17
TRADJENTA, 24
tramadol, 8
tramadol ext-rel, 8
tramadol/acetaminophen, 8
trametinib, 13
trandolapril, 14
tranylcypromine, 19
trazodone, 20
TRELSTAR, 12
treprostinil, 17
tretinoin, 37
tretinoin caps, 14
TREXALL, 12
triamcinolone acetonide crm, lotion, oint 0.025%, 38
triamcinolone acetonide crm, lotion, oint 0.1%, 38
triamcinolone acetonide crm, oint 0.5%, 38
triamcinolone acetonide spray, 36
triamcinolone acetonide spray - Nasal Allergy, 36
triamcinolone paste, 39
triamterene/hydrochlorothiazide, 17
trifluoperazine, 20
trifluridine, 40
trihexyphenidyl, 20
TRILEPTAL, 18
trimethobenzamide, 29
trimethoprim, 12
TRI-NORINYL, 26
triprolidine/pseudoephedrine liq, syp, 34
triptorelin pamoate, 12
TRIUMEQ, 10
TRIZIVIR, 10
trospium, 31
TRUSOPT, 40
TRUVADA, 10
TYBOST, 10
TYKERB, 13
TYLENOL, 7
TYLENOL w/CODEINE, 7
TYVASO, 17
TYZEKA, 11

U

ULESFIA, 39
ulipristal, 26

ULTRACET, 8
ULTRAM, 8
ULTRAM ER, 8
ULTRAVATE, 38
umeclidinium, 33
UNISOM, 22
URECHOLINE, 31
UROCIT-K, 31
URSO, 29
ursodiol, 29

V

valacyclovir, 11
VALCYTE, 11
valganciclovir, 11
VALIUM, 18
valproic acid, 18
VALTrex, 11
VANCOcIN, 12
vancomycin, 12
vandetanib, 13
vaporizer, 36
varenicline, 24
VASERETIC, 14
VASOTEC, 14
VELPHORO, 28
vemurafenib, 13
VENCLEXTA, 14
venetoclax, 14
venlafaxine, 19
venlafaxine ext-rel, 19
VENTAVIS, 17
VENTOLIN HFA, 35
verapamil ext-rel, 16
VERELAN PM, 16
VFEND, 9
VIBRAMYCIN, 9
VICTOZA, 24
VIDEX EC, 10
VIDEX soln, 10
vigabatrin, 18
VIOKACE, 30
VIRACEPT, 10
VIRAMUNE, 10
VIRAMUNE XR, 10
VIREAD, 10
VIROPTIC, 40
vismodegib, 14
VISTARIL, 34
vitamin ADC/fluoride drops, 33
vitamin ADC/fluoride/iron drops, 33
vitamin B complex/vitamin C/folic acid, 33
VITAMIN B6, 33
VITAMIN D, 33
VITEKTA, 10
VIVITROL, 23
VOLTAREN GEL, 7
voriconazole, 9
vorinostat, 14
VOSPIRE ER, 35
VOTRIENT, 13
VYVANSE, 21

W

warfarin, 31
WELLBUTRIN SR, 20
WELLBUTRIN XL, 20
WESTCORT, 38

X

XALATAN, 40
XALKORI, 13
XANAX, 18
XARELTO 10 mg, 15 mg, 31
XARELTO 20 mg, 31
XELODA, 12
XOLAIR, 37
XTANDI, 12

Y

YASMIN, 26
YAZ, 26

Z

ZADITOR, 39
ZANAFLEX, 23
zanamivir, 11
ZANTAC, 29
ZARONTIN, 18
ZEBETA, 16
ZEGERID OTC, 30
ZELBORAF, 13
ZEMPLAR, 28
ZENPEP, 30
ZEPATIER, 11
ZERIT, 10
ZESTORETIC, 14
ZESTRIL, 14
ZETIA, 15
ZIAC, 16
ZIAGEN, 10
ZIAGEN soln, 10
zidovudine, 10
ziprasidone, 20
ZITHROMAX, 8
ZOCOR, 15
ZOFRAN, 29
ZOLADEX, 12
ZOLINZA, 14
zolmitriptan, 22
ZOLOFT, 19
zolpidem, 22
ZOMIG, 22
ZONEGRAN, 19
zonisamide, 19
ZORBITIVE, 28
ZOVIRAX, 11
ZYBAN, 24
ZYDELIG, 13
ZYKADIA, 13
ZYLOPRIM, 7
ZYPREXA, 20
ZYRTEC, 34
ZYRTEC-D 12 Hour, 34
ZYTIGA, 12
ZYVOX, 11