



cascade comprehensive care, inc.

**Drug Formulary
2011-2012**

Administered by
MedImpact

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CCC

CASCADE COMPREHENSIVE CARE DRUG FORMULARY

Administered by MedImpact

2011 - 2012

INTRODUCTION

Foreword

This document represents the efforts of the Cascade Comprehensive Care Pharmacy and Therapeutics (P & T) Committee to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Cascade Comprehensive Care Drug Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the Cascade Comprehensive Care P & T and Formulary Committees. The Formulary is a continually reviewed and revised list of drug products, which mirror the prevailing clinical opinion of the P & T and Formulary Committees. Unfortunately, this dynamic process does not allow this document to be completely accurate at all times. To accommodate the necessary changes of this document, newsletters and updates are sent regularly. As you use this Formulary, you are encouraged to review the information and provide your input and comments to the Cascade Comprehensive Care P & T and Formulary Committees.

The Cascade Comprehensive Care P & T and Formulary Committees use the following criteria in the evaluation of product selection for the Cascade Comprehensive Care Drug Formulary:

- Product safety profile
- Product efficacy
- Product effectiveness
- Comparison of relevant product benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of product and medical care

How to Use the Drug Formulary

The Drug Formulary is a list of covered and preferred drug agents for Cascade Comprehensive Care members. All products are listed by their generic names and most common proprietary (branded) name. The Drug

Formulary may be accessed by using the index, either by generic or proprietary name (in small capital letters) and by therapeutic drug category. *The brand names listed are for reference use only, and do not denote coverage, unless specifically noted.* Any product not found in this Formulary listing, or any Formulary updates published by Cascade Comprehensive Care shall be considered a Non-Formulary drug.

All drugs are listed in each category in ascending order of cost. This is denoted by the relative dollar scale, described as follows:

\$	Least expensive
\$\$	Slightly more expensive
\$\$\$	More expensive
\$\$\$\$	Significantly more expensive
\$\$\$\$\$	Most expensive

The prices used to calculate the relative dollar scale are based on the monthly cost of therapy or cost of treatment course to allow for dosing interval differences between various products. The number of dollar signs is a relative indication of cost and does not represent the true cost of the drug. For example, two dollar signs do not mean that a product is twice as expensive as a product with one dollar sign. They are intended only to provide general information regarding cost. Economics should not be the only factor involved with any therapeutic and clinical decision process. Price comparisons are reflective of pricing and contracts available through **MedImpact**. While this document can provide you with good information which can be used for non-health plan patients, it may not accurately reflect the drug cost for non-health plan patients.

For certain agents within the Drug Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

AGE	Age Edit
G	Gender Edit
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Drug Formulary.

The Drug Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor.

Depending upon a member's specific benefit parameters, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source product manufactured by at least one (1) nationally marketed company.
- There must be a significant price spread between the brand and the generic product.
- At least one (1) of the generic manufacturer's products must have an "A" rating.
- Product will be approved for generic substitution by the MedImpact P & T Committee.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
 - ‡ Neoral Oral Solution
 - ‡ Premarin

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principles of the drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Preferred Branded Interchange

Certain cross-licensed or multi-source branded drug products may be excluded from coverage. For example, the Proventil HFA™ brand of albuterol sulfate may be covered while the Ventolin HFA™ brand is not. If a member requests the non-covered brand, the member must pay the full price.

3. Medication Request Process

A. Formulary Agents

Drug products that are listed in the Formulary as Prior Authorization (PA) require evaluation, per Cascade Comprehensive Care P & T Committee guidelines, when the member presents a prescription to a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

B. Non-Formulary Agents

Any product not found in the Formulary listing, or any Formulary updates published by Cascade Comprehensive Care, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a legitimate medical need for a non-formulary drug. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of Formulary Drug Products is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Drug Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

Obtaining Coverage

Coverage for non-formulary agents may be obtained by contacting CCC.

General Exclusions

- A. Over the Counter (OTC) medications or their equivalents are not covered, unless otherwise specified in the Formulary listing.
- B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler) require a Prior Authorization.
- C. Drug Products not listed in the Drug Formulary, or specifically listed as not covered are not covered.
- D. Any drug products used for cosmetic purposes are not covered.
- E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- F. Replacement of lost or stolen medication is not covered.
- G. Non self-administered injectable drug products, unless otherwise noted, are not covered.
- H. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.
- I. Mental Health medications are not included in CCC's formulary. These medications are covered directly by OHP.

The P & T and Formulary Committees recognize that not all medical needs can be met with this document and encourages inquiries about alternative therapies.

Pharmacist and Physician Communication

The Drug Formulary is a tool to promote cost-effective prescription drug use. The P & T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. Med**Impact** welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process.

Cascade Comprehensive Care Medication Request Form (MRF)

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY	
Contacted:	
Physician:	
Pharmacy:	
Patient:	

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY	
Approved:	
Denied:	
Returned:	
PA #	

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (858) 578-9732 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 788-2949.

Review Criteria:

The following guidelines are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Name (required):	Patient's Health Plan (required):
Patient ID # (required):	Physician Name/Specialty:
	Physician ID/DEA#:
Patient DOB (required):	Physician Area Code and Telephone Number: () -
Diagnosis (required):	Physician Area Code and Fax Number (required): () -
Pharmacy used by Member:	Pharmacy Area Code and Telephone Number: () -
Drug Requested:	Quantity (per month):
Dose:	Length of Treatment (please be specific):
Strength:	Dosage Form (e.g. Oral, Injection)
Reason for Medication Request (please be specific, give detail):	
Other Medications Tried and/or Failed (please be specific, give detail including reason for failure):	
Other Pertinent History (relative or pertaining to this request):	

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CENTRAL NERVOUS SYSTEM AGENTS

Analgesic and Anti-Inflammatory Agents

Non-Steroidal Anti-Inflammatory Agents

\$	Ibuprofen	MOTRIN
\$	Indomethacin	INDOCIN
		INDOCIN SR
\$	Naproxen	NAPROSYN
		ALEVE
\$	Naproxen Sodium	ANAPROX
		ANAPROX DS
\$	Piroxicam	FELDENE
\$	Sulindac	CLINORIL
\$\$	Diclofenac Sodium	VOLTAREN
		CATAFLAM
\$\$	Etodolac	LODINE
		LODINE XL
\$\$	Ketorolac Tromethamine	TORADOL
\$\$	Meclofenamate	MECLOMEN
\$\$	Nabumetone	RELAFEN
\$\$	Oxaprozin	DAYPRO
\$\$	Salsalate	DISALCID
\$\$\$	Choline Mag. Trisalicylate	TRILISATE
\$\$	Meloxicam	MOBIC

Disease Modifying Anti-Rheumatic Agents (DMARDs)

\$	Methotrexate	RHEUMATREX
		TREXALL
\$\$	Hydroxychloroquine	PLAQUENIL
\$\$	Penicillamine	CUPRIMINE
		DEPEN
\$\$\$\$\$	Auranofin	RIDAURA

Migraine Agents

\$	APAP/Butalbital	AXOCET
\$	APAP/Dichloralphenazone/ Isometheptene	MIDRIN
\$	Belladonna/Phenobarbital/ Ergotamine	BEL-PHEN-ERGOT
\$\$	Butalbital/APAP/Caffeine	FIORICET
		ESGIC
		ESGIC PLUS
\$\$	Butalbital/Aspirin/Caffeine	FIORINAL
\$\$\$	Ergotamine/Caffeine	CAFERGOT
		CAFERGOT SUPPOSITORY
PA	\$\$\$	Methysergide
PA	\$\$\$\$	SANSERT, PA REQ
		MIGRANAL, PA REQ
		(QUANTITY LIMIT #6)

PA	\$\$\$\$\$	Dihydroergotamine	D.H.E. 45, PA REQ
ST	\$\$\$\$\$	Rizatriptan	MAXALT (QUANTITY LIMIT #6) MAXALT MLT
ST	\$\$\$\$\$	Relpax	ELETRIPTAN
	\$\$\$	Sumatriptan	IMITREX (ORAL QUANTITY LIMIT #9, SPRAY QUANTITY LIMIT #6/RX, INJECTION #1/RX)

Opiate Agonists

	\$	Acetaminophen/Hydrocodone	VICODIN VICODIN ES BANCAP HC NORCO LORTAB LORCET LORCET PLUS ANEXSIA
PA	\$	Aspirin/Codeine	EMPIRIN #2, #3, #4
	\$	Methadone	METHADONE
	\$	Oxycodone/Acetaminophen	PERCOCET 5MG, TYLOX
		Oxycodone	ROXICODONE
	\$	Oxycodone/Aspirin	PERCODAN
	\$\$	Hydromorphone	DILAUDID
	\$\$	Meperidine	DEMEROL
	\$\$	Morphine	MSIR
	\$\$\$	Morphine SR	MS COTIN
	\$\$	Codeine	CODEINE
PA	\$\$\$\$\$	Fentanyl Patch	DURAGESIC, PA REQ

Narcotic Agonist-Antagonist

PA	\$\$\$\$\$	Buprenorphine/Naltrexone	Suboxone, Subutex
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Alzheimer's Agents

PA	\$\$\$\$	Donepezil	ARICEPT, PA REQ
PA	\$\$\$\$	Memantine	NAMENDA PA REQ

Anticonvulsant Agents

	\$	Ethosuximide	ZARONTIN
	\$	Phenobarbital	PHENOBARBITAL
	\$	Phenytoin	DILANTIN PHENYTEK
	\$\$	Carbamazepine	TEGRETOL
PA	\$\$	Gabapentin	NEURONTIN

	\$\$\$	Levetiracetam	KEPPRA
	\$\$	Clonazepam	KLONOPIN CEBERCLON
	\$\$	Mephobarbital	MEBARAL
	\$\$	Primidone	MYSOLINE
	\$\$\$	Carbamazepine SA	CARBATROL
	\$\$\$\$	Carbamazepine XR	TEGRETOL XR
	\$\$\$\$	Methsuximide	CELONTIN
PA	\$\$\$\$\$	Diazepam	DIASTAT
	\$\$	Oxcarbazepine	TRILEPTAL

Antiparkinsonian Agents

	\$	Benzotropine Mesylate	CONGENTIN
	\$	Trihexyphenidyl	ARTANE
	\$\$	Carbidopa/Levodopa	SINEMET
	\$\$\$	Amantadine	SYMMETREL
	\$\$\$\$	Bromocriptine	PARLODEL
	\$\$\$\$	Carbidopa/Levodopa	SINEMET CR
PA	\$\$\$	Pramipexole	MIRAPEX
PA	\$\$\$	Ropinirole	REQUIP
	\$\$\$\$\$	Selegiline	ELDEPRYL CARBEX

Muscle Relaxant Agents

Skeletal Muscle Relaxants

	\$	Chlorzoxazone	PARAFON DSC PARAFLEX
	\$	Cyclobenzaprine	FLEXERIL
	\$\$	Methocarbamol	ROBAXIN
	\$\$	Methocarbamol with ASA	METHOCARBAMOL WITH ASA
	\$\$	Baclofen	LIORESAL
	\$\$\$\$	Dantrolene Sodium	DANTRIUM

Parasympathomimetic (Cholinergic) Agents

	\$\$	Neostigmine	PROSTIGMIN
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Systemic Stimulant Agents

Respiratory and Cerebral Stimulants

	\$	Dextroamphetamine	DEXEDRINE
	\$	Methylphenidate IR	RITALIN
	\$	Methylphenidate SA	METHYLIN ER METADATE ER AGE EDIT CONCERTA AGE EDIT RITALIN LA AGE EDIT RITALIN SR AGE EDIT

	\$\$	Amphetamine Salts	ADDERALL,
	\$\$		ADDERALL XR AGE EDIT
PA	\$\$\$\$\$	Methamphetamine	DESOXYN, PA REQ
PA	\$\$\$\$\$	Lisdexamfetamine	VYVANSE

CARDIOVASCULAR/BLOOD AGENTS

Antiarrhythmic Agents

\$	Disopyramide	NORPACE
\$	Procainamide	PRONESTYL
\$	Quinidine Gluconate	QUINAGLUTE
\$\$	Disopyramide CR	NORPACE CR
\$\$	Mexiletine	MEXITIL
\$\$	Procainamide SR	PROCANBID
\$\$	Quinidine Sulfate	QUINIDINE
\$\$	Quinidine Sulfate SR	QUINIDEX
\$\$\$	Amiodarone	CORDARONE
\$\$\$	Tocainide	TONOCARD
\$\$\$\$	Flecainide	TAMBOCOR
\$\$\$\$	Sotalol	BETAPACE AF

Antihypertensive Agents

Beta-Adrenergic Antagonist Agents

NOTE: Betaxolol (Kerlone and generic) is non-formulary

\$	Atenolol	TENORMIN
\$	Metoprolol Tartrate	LOPRESSOR
\$	Pindolol	VISKEN
\$	Propranolol	INDERAL
\$\$	Nadolol	CORGARD
\$\$	Sotalol	BETAPACE
		BETAPACE AF
\$\$	Timolol	BLOCADREN
\$\$\$	Metoprolol Succinate	TOPROL XL
\$\$\$\$	Propranolol	INDERAL LA

Combination Alpha-Beta Antagonist Agents

\$	Labetalol	TRANDATE
\$	Carvedilol	COREG, PA REQ

Angiotensin Converting Enzyme Inhibitor Agents

\$	Captopril	CAPOTEN
\$\$	Enalapril	VASOTEC
\$	Lisinopril	PRINIVIL
		ZESTRIL

Angiotensin Receptor Blocker Agents

\$\$	Losartan	COZAAR
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Calcium Channel Blocking Agents

\$	Diltiazem	CARDIZEM
\$	Nifedipine	PROCARDIA
\$	Verapamil	CALAN
\$	Verapamil LA Tablets	CALAN SR
\$\$	Diltiazem SA Capsules	DILACOR XR
\$\$	Diltiazem SR	CARDIZEM CD
\$\$	Nifedipine, Sustained Release	ADALAT CC PROCARDIA XL
\$\$\$	Amlodipine	NORVASC
\$\$\$	Felodipine	PLENDIL
\$\$\$	Nicardipine	CARDENE

Centrally Acting Adrenergic Agents

\$	Clonidine	CATAPRES
\$	Methyldopa	ALDOMET
\$\$	Guanfacine	TENEX
\$\$\$	Clonidine	CATAPRES-TTS (QUANTITY LIMIT #4)

Combination Antihypertensive Agents

\$	Atenolol/Chlorthalidone	TENORETIC
\$	Captopril/HCTZ	CAPOZIDE
\$	Enalapril/HCTZ	VASERETIC
\$	Lisinopril/HCTZ	PRINZIDE
\$	Methyldopa/HCTZ	ALDORIL
\$	Propranolol/HCTZ	INDERIDE
\$\$	Hydralazine/HCTZ	APRESAZIDE

Drugs for Pheochromocytoma

\$\$\$	Phenoxybenzamine	DIBENZYLINE
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Potassium-Sparing Diuretics

\$	Amiloride/HCTZ	MODURETIC
\$	Triamterene 75mg/HCTZ 50mg	MAXZIDE
\$\$	Spironolactone/HCTZ	ALDACTAZIDE
\$\$	Triamterene 37.5mg/HCTZ 25mg	DYAZIDE
\$\$\$	Spironolactone	ALDACTONE

Loop Diuretics

\$	Furosemide	LASIX
\$\$	Bumetanide	BUMEX

Thiazide and Related Diuretics

\$	Chlorthalidone	HYGROTON THALITONE
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\$	Hydrochlorothiazide (HCTZ)	HYDRODIURIL MICROZIDE
\$	Indapamide	LOZOL
\$\$\$	Metolazone	ZAROXOLYN

Alpha Antagonist Agents

PA	\$	Prazosin	MINIPRESS
PA	\$\$	Doxazosin	CARDURA

Direct Vasodilator Agents

\$	Hydralazine	APRESOLINE
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Antilipemic Agents

	\$	Gemfibrozil	LOPID
	\$	Lovastatin 20mg only	MEVACOR
	\$	Simvastatin	ZOCOR
	\$	Niacin	NIACIN
	\$\$	Cholestyramine/Aspartame	QUESTRAN LIGHT
	\$\$	Cholestyramine/Sucrose	QUESTRAN
	\$\$	Niacin	NICOBID
QL	\$\$\$	Rosuvastin 40mg	CRESTOR

Antiplatelet Agents

	\$	Dipyridamole	PERSANTINE
	\$	Sulfinpyrazone	ANTURANE
	\$\$\$	ASA/Dipyridamole	AGGRENOX
	\$\$\$\$	Ticlopidine	TICLID
	\$\$\$\$\$	Clopidogrel	PLAVIX

Blood Agents

Coagulants and Anticoagulants

	\$	Warfarin Sodium	COUMADIN
	\$\$\$\$\$	Aminocaproic Acid	AMICAR
PA	\$\$\$\$\$	Enoxaparin	LOVENOX, PA REQ

Cardiac Glycoside Agents

\$	Digoxin	LANOXIN
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Nitrate Agents

\$	Isosorbide Dinitrate	ISORDIL ISOCHRON
\$	Nitroglycerin Capsule SA	NITRO-TIME
\$	Nitroglycerin Sublingual	NITROSTAT SL
\$\$	Isosorbide Mononitrate	MONOKET
\$\$\$	Isosorbide Mononitrate	IMDUR
\$\$\$	Nitroglycerin Patches	NITRO-DUR NITRO-BID

HEMATOLOGICAL DISORDER AGENTS

Hematinics, Other

\$	Pentoxifylline	TRENTAL
\$\$\$\$	Epoetin Alfa	EPOGEN
		PROCRIT

Leukocyte (WBC) Stimulating Agents

PA	\$\$\$\$	Aldesleukin	PROLEUKIN
PA	\$\$\$\$	Filgrastim	NEUPOGEN

GASTROINTESTINAL AGENTS

Antidiarrheal Agents

\$	Loperamide	LOPERAMIDE
\$\$	Diphenoxylate/Atropine	LOMOTIL

Antiemetic Agents

\$	Meclizine	ANTIVERT	
		BONINE	
\$	Metoclopramide	REGLAN	
\$\$	Prochlorperazine Maleate	COMPAZINE	
\$\$	Promethazine	PHENERGAN	
\$\$	Thiethylperazine	TORECAN	
\$\$\$	Trimethobenzamide	TIGAN	
PA	\$\$\$\$\$	Granisetron	KYTRIL (QUANTITY LIMIT #2)
PA	\$\$\$	Ondansetron	ZOFRAN (QUANTITY LIMIT #2)

Antimuscarinic/Antispasmodic Agents

\$	Dicyclomine	BENTYL
\$\$	Propantheline	PRO-BANTHINE
\$\$\$	Hyoscyamine Sulfate	LEVSIN
		LEVSINEX
		CYSTOSPAZ
		LEVBID
\$\$\$\$	Hyoscyamine Sulfate	NULEV

Antiulcer Agents

\$\$	Misoprostol	CYTOTEC
\$\$	Sucralfate	CARAFATE

Proton Pump Inhibitors

\$\$	Omeprazole magnesium	PRILOSEC OTC
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Bowel Evacuant Agents

\$	Oral Colon Lavage Solution	GOLYTELY
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Digestive Enzymes

\$\$\$	Amylase/Lipase/Protease	CREON
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ZENPEP
PANCREAZE

Gallstone Solubilizing Agents

\$\$\$ Ursodiol ACTIGALL

Gastrointestinal Stimulant Agents

\$ Metoclopramide REGLAN

H₂ Antagonist Agents

\$ Cimetidine TAGAMET

\$ Ranitidine ZANTAC

ZANTAC 75

\$\$ Famotidine PEPCID

Laxative Agents

\$\$ Lactulose CEPHULAC
CHRONULAC

Ulcer Eradication Agents

\$\$\$ Lansoprazole/Amoxicillin/
Clarithromycin PREVPAC

Ulcerative Colitis/Crohns' Agents

\$ Sulfasalazine AZULFIDINE

\$\$\$ Hydrocortisone Acetate CORTENEMA

\$\$\$ Mesalamine ASACOL

CANASA

ROWASA

ANTI-INFECTIVE AGENTS

Amebicides

\$ Metronidazole FLAGYL

Anthelmintic Agents

\$\$ Furazolidone FUROXONE

\$\$\$ Ivermectin STROMECTOL

\$\$\$ Mebendazole VERMOX

\$\$\$\$ Thiabendazole MINTEZOL

Antibiotic Agents

Aminoglycosides

\$\$\$ Neomycin Sulfate NEOMYCIN

Cephalosporins

\$	Cephalexin	KEFLEX
\$\$	Cephradine	VELOSEF
\$\$\$	Cefadroxil	DURICEF
\$\$\$	Cefuroxime	CEFTIN
\$\$\$	Cefdinir	OMNICEF

Macrolide Antibiotic Agents

\$	Erythromycin Stearate	ETHRIL
\$\$	Erythromycin Base	ERY-TAB
\$\$	Erythromycin Ethylsuccinate	EES ERYPED SUSPENSION WYAMYCIN E
\$\$	Erythromycin/Sulfisoxazole	PEDIAZOLE
\$\$\$	Azithromycin	ZITHROMAX QL (QUANTITY LIMIT #1 BOTTLE/RX 250MG #6)
\$\$\$	Clarithromycin	BIAXIN

Miscellaneous Antibiotic Agents

\$	Metronidazole	FLAGYL
\$\$\$	Clindamycin	CLEOCIN

Penicillins

\$	Amoxicillin	AMOXIL POLYMOX TRIMOX
\$	Ampicillin	POLYCILLIN
\$	Penicillin VK	PEN VK
\$\$	Dicloxacillin	DYNAPEN
\$\$\$	Amoxicillin/Potassium Clavulanate	AUGMENTIN AUGMENTIN ES AUGMENTIN XR

Quinolones

\$	Ciprofloxacin	CIPRO
\$\$\$\$\$	Levofloxacin	LEVAQUIN

Sulfonamides

\$	Sulfamethoxazole/Trimethoprim (SMZ/TMP)	BACTRIM SEPTRA BACTRIM DS
\$\$	Erythromycin/Sulfisoxazole	PEDIAZOLE
\$\$	Sulfisoxazole	GANTRISIN PEDIATRIC

Tetracyclines

\$	Doxycycline	VIBRAMYCIN
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VIBRA-TABS
DORYX NOT COVERED
 ACHROMYCIN V
 SUMYCIN
 ALATET

\$ Tetracycline

Antifungal Agents

\$ Nystatin MYCOSTATIN AGE EDIT
 \$\$ Clotrimazole MYCELEX TROCHE
 \$ Fluconazole DIFLUCAN QL

Antimalarial Agents

\$\$ Hydroxychloroquine PLAQUENIL
 \$\$ Chloroquine Phosphate CHLOROQUINE
 \$\$ Pyrimethamine DARAPRIM
 \$\$\$\$ Mefloquine LARIAM
 \$\$ Pyrimethamine DARAPRIM
 \$ Isoniazid NYDRAZID

Antituberculosis Agents

\$\$\$ Pyrazinamide PYRAZINAMIDE
 PA \$\$\$ Rifampin RIFADIN
 \$\$\$\$\$ Rifabutin MYCOBUTIN, **PA REQ**
 \$\$\$\$\$ Rifampin/IHN/PZA RIFATER, **PA REQ**
 PA \$\$\$\$\$ Rifabutin MYCOBUTIN, **PA REQ**

Antiviral Agents

\$ Acyclovir ZOVIRAX
 \$\$\$\$ Ribavirin COPEGUS
 \$\$\$\$\$ Ganciclovir CYTOVENE

HIV/AIDS Antiviral Agents

All PA Require

Delavirdine RESCRIPTOR
 Didanosine (ddl) VIDEX
 VIDEX EC
 Efavirenz SUSTIVA
 Indinavir CRIXIVAN
 Lamivudine (3TC) EPIVIR
 EPIVIR HBV
 Nelfinavir VIRACEPT
 Nevirapine VIRAMUNE

		Ritonavir	NORVIR
		Ritonavir/Lopinavir	KALETRA
		Saquinavir	INVIRASE
			FORTOVASE
		Stavudine (d4T)	ZERIT
		Zalcitabine (ddC)	HIVID
		Zidovudine (AZT)	RETROVIR
PA	\$\$\$\$\$	Enfuvirtide	FUZEON, PA REQ

Leprostatic Agents

	\$	Dapsone	DAPSONE
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ANTINEOPLASTIC AND IMMUNOSUPPRESSANT AGENTS

Antineoplastic Agents

		Altretamine	HEXALEN
PA		Anastrozole	ARIMIDEX, PA REQ
PA		Bicalutamide	CASODEX, PA REQ
		Busulfan	MYLERAN
		Chlorambucil	LEUKERAN
		Cyclophosphamide	CYTOXAN
		Estramustine	EMCYT
PA		Etoposide	VEPESID, PA REQ
		Flutamide	EULEXIN
		Hydroxyurea	HYDREA
		Levamisole	ERGAMISOL
		Lomustine	CEENU
		Megestrol	MEGACE
		Melphalan	ALKERAN
		Mercaptopurine	PURINETHOL
		Methotrexate	RHEUMATREX
		Mitotane	LYSODREN
		Nilutamide	NILANDRON
		Procarbazine	MATULANE
		Tamoxifen Citrate	NOLVADEX
PA	\$\$\$\$\$	Gefitinib	IRRESSA
		Temozolomide	TEMODAR
		Testolactone	TESLAC
		Thioguanine	THIOGUANINE
PA		Tretinoin	VESANOID, PA REQ

Immunosuppressant Agents

	\$\$	Azathioprine	IMURAN
	\$\$	Leucovorin	WELLCOVORIN
	\$\$\$	Cyclosporine	SANDIMMUNE
			NEORAL
	\$\$\$\$	Mycophenolate	CELLCEPT

\$\$\$\$\$	Tacrolimus	PROGRAF
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Multiple Sclerosis Agents

PA	\$\$\$\$\$	Glatiramer	COPAXONE, PA REQ
PA	\$\$\$\$\$	Interferon Beta 1a	AVONEX, PA REQ
PA	\$\$\$\$\$	Interferon Beta 1b	BETASERON, PA REQ

Miscellaneous Injectable Agents

	\$\$\$	Chlorpheniramine/Epinephrine	ANA-KIT
	\$\$\$	Epinephrine	EPI-PEN
PA	\$\$\$\$\$	Interferon Alfa N3	ALFERON-N
PA	\$\$\$\$\$	Interferon Gamma 1B	ACTIMMUNE
PA	\$\$\$\$\$	Peg-Interferon Alfa 2a	PEGASYS

RESPIRATORY/EENT AGENTS

Antitussive Agents

Narcotic Antitussive Agents

\$	Guaifenesin/Codeine	ROBITUSSIN A-C
\$	Promethazine/Codeine	PHENERGAN/CODEINE

Bronchodilating Agents

Inhaled Anticholinergic Agents

\$\$\$	Ipratropium	ATROVENT
\$\$\$\$	Ipratropium/albuterol	COMBIVENT
\$\$\$\$	tiotropium	SPIRIVA

Inhaled Sympathomimetic (Adrenergic) Agents

\$\$\$	Albuterol	VENTOLIN
\$\$\$	Metaproterenol	ALUPENT INHALER
\$\$\$	Pirbuterol Acetate	MAXAIR
\$\$\$\$	Salmeterol	SEREVENT DISKUS
\$\$\$\$\$	Fluticasone/Salmeterol	ADVAIR

Oral Sympathomimetic (Adrenergic) Agents

\$	Albuterol	PROVENTIL VENTOLIN
\$\$\$	Albuterol S.A.	PROVENTIL SA
\$\$\$	Metaproterenol Oral	ALUPENT
\$\$\$	Terbutaline Sulfate	BRETHINE

Mucolytic Agents

\$\$\$	Acetylcysteine	MUCOMYST
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Monoclonal Antibodies

PA	\$\$\$\$\$	Omalizumab	XOLAIR
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Eye, Ear, Nose and Throat (EENT) Preparations**Carbonic Anhydrase Inhibitor Agents**

\$	Methazolamide	NEPTAZANE
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Local Anesthetic Agents

\$	Benzocaine/Antipyrine Otic	AURALGAN
\$	Lidocaine, Viscous	VISCOUS XYLOCAINE

Ophthalmic Antibiotic Agents

\$	Bacitracin	AK-TRACIN
\$	Dexamethasone/Polymyxin/ Neomycin	MAXITROL
\$	Erythromycin Base	ILOTYCIN ROMYCIN
\$	Gentamicin	GARAMYCIN GENOPTIC
\$	Hydrocortisone/Neomycin/ Polymyxin	CORTISPORIN OPHTHALMIC
\$	Tobramycin	TOBREX
\$\$	Chloramphenicol	CHLOROPTIC CHLOROMYCETIN
\$\$	Dexamethasone/Neomycin	NEO-DEXAIR
\$\$	Neomycin/Gramicidin/Polymyxin	NEOSPORIN OPHTHALMIC
\$\$	Polymixin/Trimethoprim	POLYTRIM
\$\$\$	Bacitracin/Polymyxin	POLYSPORIN OPHTHALMIC
\$\$\$\$	Ciprofloxacin	CILOXAN
\$\$\$\$	Neomycin/Polymyxin/Prednisone	POLY-PRED
\$\$\$\$	Ofloxacin	OCUFLOX
\$\$\$\$\$	Tobramycin/Dexamethasone	TOBRADEX

Ophthalmic Anti-Inflammatory Agents

\$	Fluorometholone	FML FLAREX FML FORTE
\$	Prednisolone Acetate	PRED MILD PRED FORTE
\$\$	Dexamethasone	DECADRON
\$\$	Prednisolone Phosphate	INFLAMASE MILD INFLAMASE FORTE

		ECONOPRED
		ECONOPRED PLUS
\$\$\$	Medrysone	HMS
\$\$\$\$	Fluorometholone	FLAREX
\$\$\$\$	Rimexolone	VELXOL
Ophthalmic Antiviral Agents		
\$\$\$	Vidarabine Ophthalmic Ointment	VIRA-A
\$\$\$\$	Trifluridine	VIROPTIC
Ophthalmic Beta Blockers		
\$	Levobunolol	BETAGAN
\$	Timolol	TIMOPTIC
		TIMOPTIC-XE
\$\$\$	Betaxolol	BETOPTIC
		BETOPTIC S
Ophthalmic Miotic Agents		
\$	Pilocarpine	PILOPINE
\$\$	Epinephrine Borate	EPINAL
\$\$	Epinephrine/Pilocarpine	P1E1
\$\$\$	Carbachol	ISOPTO CARBACHOL
\$\$\$	Echothiophate Iodide	PHOSPHOLINE IODIDE
\$\$\$\$	Dorzolamide	TRUSOPT
\$\$\$\$\$	Apraclonidine	IOPIDINE
Ophthalmic Mydriatic Agents		
\$	Cyclopentolate	CYCLOGYL
\$	Dipivefrin	PROPINE
\$	Homatropine	ISOPTO HOMATROPINE
\$	Tropicamide	MYDRIACYL
\$\$	Atropine Sulfate	ISOPTO ATROPINE
\$\$\$	Epinephrine	EPIFRIN
Ophthalmic Sulfonamide Agents		
\$	Sulfacetamide	BLEPH-10
		CETAMIDE
\$\$	Sulfacetamide 10%/ Prednisolone 0.25%	CETAPRED
		VASOCIDIN
\$\$\$\$	Sulfacetamide 10%/ Prednisolone 0.2%	BLEPHAMIDE
Ophthalmic Miscellaneous Agents		
\$\$\$	Phenylephrine	MYDFRIN
		AK-NEFRIN
\$\$\$	Travoprost	TRAVATAN
\$\$\$\$\$	Glycerin	OSMOGLYN

Otic Anti-Infective Agents

\$	Acetic Acid	VOSOL
\$	Acetic Acid 2%	DOMEBORO
\$\$	Hydrocortisone/Neomycin/Polymyxin	CORTISPORIN
\$\$\$\$	Ciprofloxacin/Hydrocortisone	CIPRO HC OTIC
\$\$\$\$\$	Ofloxacin	FLOXIN OTIC

Inhaled Antiinflammatory Agents**Inhaled Adrenal Corticosteroid Agents**

\$\$\$	Mometasone	ASMANEX
\$\$\$	Ciclesonide	ALVESCO
\$\$\$	Budesonide	PULMICORT
\$\$	Beclomethasone	QVAR
\$\$	Fluticasone	FLOVENT

Nasal Inhaled Corticosteroid Agents

PA	\$\$	Fluticasone Propionate	FLOINASE
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Miscellaneous Inhaled Agents

	\$	Broncho Saline	BRONCHO SALINE
	\$\$	Nedocromil Sodium	TILADE INHALER
	\$\$	Sodium Chloride	SODIUM CHLORIDE
	\$\$\$	Water for Inhalation	WATER FOR INHALATION
	\$\$\$\$	Cromolyn Sodium	INTAL INHALER
PA	\$\$\$\$\$	Pulmozyme	DORNASE

Leukotriene Receptor Antagonists

PA	\$\$\$\$	Zafirlukast	ACCOLATE
	\$\$\$\$	Montelukast	SINGULAIR

Miscellaneous EENT Agents

	\$	Antipyrine/Benzocaine/Glycerin	BALAGAN
	\$\$	Neomycin/Colistin	COLY-MYCIN S
	\$\$	Triethanolamine	CERUMENEX

Respiratory Smooth Muscle Relaxant Agents

	\$	Aminophylline	AMINOPHYLLINE
	\$\$	Theophylline, Sustained Release	SLO-BID QUIBRON-T/SR THEO-DUR T-PHYL UNIPHYL
	\$\$\$\$\$	Dyphylline	DYPHYLLINE

DIABETIC AND THYROID AGENTS**Diabetic Agents****Sulfonylureas**

	\$	Glipizide	GLUCOTROL
	\$\$	Glyburide	MICRONASE GLYNASE

\$\$\$	Glimepiride	AMARYL
\$\$\$	Glipizide L.A.	GLUCOTROL XL

Non-Sulfonylureas

\$\$\$	Metformin	GLUCOPHAGE
\$\$\$\$	Acarbose	PRECOSE
\$\$\$\$\$	Pioglitazone	ACTOS
\$\$\$\$\$	Rosiglitazone	AVANDIA
\$\$\$\$\$	Rosiglitazone/Metformin	AVANDAMET

Insulin Agents

\$\$	Insulin	ALL NOVO-NORDISK INSULINS RELION ALL LILLY INSULINS
\$\$\$	Human Insulin	HUMULIN NOVOLIN
\$\$\$\$	Insulin Glargine	LANTUS
\$\$\$\$	Insulin Lispro	HUMALOG

Thyroid Agents

\$	Iodine	IODINE STRONG LUGOLS SOLUTION
\$	Thyroid, Desiccated	ARMOUR THYROID
\$\$	Levothyroxine	SYNTHROID

Antithyroid Agents

\$	Propylthiouracil	PROPYLTHIOURACIL
\$\$\$	Methimazole	TAPAZOLE

HORMONE AND CONTRACEPTIVE AGENTS

Oral Adrenocorticosteroid Agents

\$	Dexamethasone	DEXONE DECADRON
\$	Prednisone	DELTASONE STERAPRED DS METICORTEN ORASONE
\$\$	Hydrocortisone Oral	CORTEF
\$\$	Methylprednisolone	MEDROL MEDROL DOSEPAK
\$\$	Prednisolone	PEDIAPRED PRELONE
\$\$\$	Fludrocortisone Acetate	FLORINEF

Androgen Agents

\$\$\$	Danazol	DANOCRINE
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Bisphosphonate Agents

\$	Alendronate	FOSAMAX
\$\$\$\$	Etidronate	DIDRONEL

Estrogen Agents

\$	Estradiol	ESTRACE ESCLIM CLIMARA
\$	Estropipate	OGEN ORTHO-EST
\$\$	Conjugated Estrogens	PREMARIN CENESTIN
\$\$\$	Estrogen/Medroxyprogesterone	PREMPRO PREMPHASE
\$\$\$\$	Estradiol Patches	ESTRADERM VIVELLE

Endocrine/Metabolic Agents

PA	\$\$\$\$	Leuprolide	LUPRON, PA REQ
	\$\$\$\$	Nafarelin	SYNAREL
PA	\$\$\$\$	Octreotide	SANDOSTATIN, PA REQ

Estrogen Agonist-Antagonists

\$\$\$\$	Raloxifene	EVISTA
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Growth Agents

PA	\$\$\$\$	Somatrem	PROTROPIN, PA REQ
PA	\$\$\$\$	Somatropin	NORDITROPIN, PA REQ
PA			NUTROPIN, PA REQ
PA			GENOTROPIN, PA REQ
PA			HUMATROPE, PA REQ
PA			SAIZEN, PA REQ
PA			SEROSTIM, PA REQ

Oral Contraceptive Agents

Monophasic Oral Contraceptives

\$	Desogestrel/Ethinyl Estradiol	ORTHO-CEPT
\$	Ethinodiol/Ethinyl Estradiol	ZOVIA DEMULEN LEVLITE
\$	Levonorgestrel/Ethinyl Estradiol	AVIANE
\$	Norethindrone/Ethinyl Estradiol	JENEST MODICON ORTHO NOVUM 1/35 ORTHO NOVUM 1/50
\$\$	Norgestrel/Ethinyl Estradiol	ORTHO-EVRA LOW-OGESTREL OGESTREL OVRAL LO/OVRAL
\$\$	Norgestimate/Ethinyl Estradiol	ORTHO CYCLEN
\$\$\$\$	Etonogestrel/Ethinyl Estradiol	NUVARING

Biphasic Oral Contraceptives

\$ Norethindrone/Ethinyl Estradiol ORTHO NOVUM 10/11

Triphasic Oral Contraceptives

\$ Levonorgestrel/Ethinyl Estradiol PREVEN

\$ Norethindrone/Ethinyl Estradiol ORTHO NOVUM 7/7/7

\$ Norgestimate/Ethinyl Estradiol ORTHO TRI-CYCLEN

Progestin Only Agents

\$\$ Norethindrone ORTHO MICRONOR
NOR-Q-D

Oxytocic Agents

\$\$ Methylergonovine Maleate METHERGINE

Pituitary Agents

PA \$\$\$\$ Desmopressin DDAVP, **PA REQ**

PA STIMATE, **PA REQ**

Emergency Contraceptives

\$\$\$\$ Levonorgestrel PLAN B

Progestin Agents

\$ Medroxyprogesterone PROVERA

\$\$\$ Medroxyprogesterone/Estradiol LUNELLE

\$\$\$ Norethindrone Acetate AYGESTIN

\$\$\$\$\$ Progestin OVRETTE

GENITOURINARY AGENTS

Urinary Anti-Infective Agents

\$ Trimethoprim TRIMPEX

PRIMSOL

\$\$ Meth/Me Blue/PA/Salol/ATP/Hyos URISED

\$\$\$ Nitrofurantoin FURADANTIN

\$\$\$ Nitrofurantoin Macrocrystals MACRODANTIN

MACROBID

Urinary Anti-Spasmodic Agents

\$\$ Phenazopyridine PYRIDIUM

Miscellaneous Genitourinary Agents

\$\$ Potassium Citrate CITRIC ACID

\$\$\$ Citric Acid/Sodium Citrate BICITRA

\$\$\$ K-Phos M.F. K-PHOS M.F.

\$\$\$\$ Hemiacidrin RENACIDIN

\$\$\$\$ Irrigating Solutions IRRIGATING SOLUTIONS

\$\$\$\$ Phosphorous PHOSPHOROUS

\$\$\$\$\$ Sodium Citrate CITRIC ACID

Genitourinary Smooth Muscle Relaxant Agents

\$	Oxybutynin	DITROPAN
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\$\$\$	Flavoxate	URISPAS
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Parasympathomimetic (Cholinergic) Agents

\$\$	Bethanechol	URECHOLINE
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Benign Prostatic Hypertrophy Agents

PA	\$	Doxazosin	CARDURA
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TOPICAL/MUCOUS MEMBRANE AGENTS**Miscellaneous Skin/Mucous Membrane Agents**

\$\$\$	Fluorouracil	EFUDEX FLUOROPLEX
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\$\$\$	Podofilox	CONDYLOX
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Topical Antibiotic Agents

\$	Gentamicin Sulfate	GARAMYCIN
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\$	Silver Sulfadiazine	SILVADENE
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\$\$\$\$	Chlorhexidine	HIBIDENS
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Topical Antifungal Agents

\$	Miconazole Nitrate	MONISTAT-DERM AGE EDIT MICATIN
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\$	Nystatin	MYCOSTATIN AGE EDIT NYSTEX
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\$\$\$	Clotrimazole Lotion	LOTRIMIN AGE EDIT MYCELEX
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Vaginal Antifungal Agents

\$	Clotrimazole	MYCELEX GYNE-LOTRIMIN
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\$\$	Butoconazole	FEMSTAT GYNAZOLE
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\$	Miconazole	MONISTAT
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Vaginal Anti-Infective Agents

\$\$\$	Metronidazole	METROGEL-VAGINAL
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\$\$\$	Clindamycin Vaginal	CLEOCIN VAGINAL
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Topical Antipruritic and Local Anesthetic Agents

\$	Lidocaine Viscous	XYLOCAINE LIDOMAR
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PA	\$\$\$	Lidocaine Patch	LIDODERM
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Topical Miscellaneous Anti-Infective Agents

\$	Selenium Sulfide 2.5%	SELSUN
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\$	Triple Sulfa Vaginal	SUL-3
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Scabicide/Pediculicide Agents

\$	Lindane	KWELL
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\$\$	Permethrin	ELIMITE NIX
\$\$\$	Crotamiton	EURAX LOTION EURAX CREAM

MISCELLANEOUS/UNCLASSIFIED AGENTS

Herbals

\$	Milk Thistle	MILK THISTLE
\$	Saw Palmetto	SAW PALMETTO

Electrolyte Agents

Potassium Agents

\$	Potassium Chloride	SLOW K MICRO-K K-DUR K-LOR KAON-CL KAY-CIEL KLOTRIX
\$\$	Potassium Phosphate	K PHOS NEUTRAL
\$\$\$\$	Potassium Chloride Effervescent Packet 25mEq	KLOR-CON KCI EFFERVESCENT PACKET
\$\$\$\$	Potassium Chloride Effervescent Tablets 25mEq, 50mEq	K-LYTE
\$\$\$\$	Potassium Gluconate	POTASSIUM GLUCONATE

Potassium-Removing Agents

\$\$\$\$	Sodium Polystyrene Sulfonate	KAYEXALATE
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Phosphate-Removing Agents

\$\$\$\$	Calcium Acetate	PHOSLO
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Phosphate Agents

\$	Phosphorous	URO-KP-NEUTRAL
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Specialized OB/GYN Agents

\$\$	Terbutaline Sulfate	TERBUTALINE SULFATE
\$	Doxylamine/Vitamin B-6	

Vitamin and Fluoride Agents

Iron Products

\$	Ferrous Gluconate	FERRONATE
\$	Ferrous Sulfate	ALBAFORT

Fluoride Agents

\$	Sodium Fluoride (Drops and Tablets)	LURIDE LURIDE SF PEDIAFLOR
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Vitamin A

\$\$\$\$	Vitamin A	VITAMIN A VITAMIN A/PALMITATE
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Vitamin B

\$	Folic Acid	FOLIC ACID
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Vitamin D

\$\$	Calcifediol	CALDEROL
\$\$	Calcitriol	ROCALTROL
\$\$	Ergocalciferol	VITAMIN D
\$\$\$\$	Dihydrotachysterol	HYTAKEROL

Vitamin K Activity Agents

\$\$	Phytonadione	MEPHYTON
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Multivitamin Agents

\$	Fluoride/Polyvitamins (Without Iron; Drops and Tablets)	POLY-VI-FLOR
\$	Fluoride/Vitamins A, D, C (With and Without Iron; Drops and Tablets)	TRI-VI-FLOR VI-DAYLIN VI-DAYLIN PLUS IRON

Prenatal Vitamin Agents

All Generic Prenatal Vitamins are on Formulary

Alcohol Deterrent Agents

\$\$	Disulfiram	ANTABUSE
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Gout Agents

\$	Allopurinol	ZYLOPRIM
\$\$	Colchicine	COLCHICINE
\$\$	Probenecid	BENEMID
\$\$\$	Sulfinpyrazone	ANTURANE

Smoking Cessation

PA	\$\$\$	Bupropion	ZYBAN
PA	\$\$\$	Nicotine	NICORETTE NICOTINE TRANSDERMAL NICODERM CQ NICODERM NS NICOTROL
PA	\$\$\$	Varenicline	CHANTIX

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