

Blue Cross and Blue Shield of Florida

Medication Guide JULY 2009

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This Medication Guide was current at time of printing and is subject to change.
Please visit our web site, www.bcbsfl.com, for the most current information.



Introduction

Blue Cross and Blue Shield of Florida and Health Options, Inc. is pleased to present the July 2009 Medication Guide. The Medication Guide includes an abbreviated listing of Brand and Generic Prescription Drugs that may be covered under your plan. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details. This Guide may also be available to you by visiting www.bcbsfl.com or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711.

We reserve the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

Note: The decision concerning whether a Prescription Drug should be prescribed must be made by you and your Physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a Prescription Drug, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Preface

PREFERRED MEDICATION LIST

The Medication Guide includes a list of prescription drugs, insulin, and diabetic supplies that reflect the current recommendations of Blue Cross and Blue Shield of Florida and Health Options, Inc. . This list is the Preferred Medication List, and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Currently, all covered Generic Prescription Drugs are considered "Preferred." There are no Non-Preferred Generic Drugs at this time.

You may pay a lower amount for Brand Prescription Drugs on the Preferred Medication List than for Brands not on the list. For your out-of-pocket expenses to be as low as possible, please consider asking your Physician to prescribe Generic Drugs, or if necessary, Brand Prescription Drugs on the Preferred Medication List whenever appropriate.

PHARMACY BENEFIT PROGRAMS

To understand in which prescription benefit program you are enrolled, please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card for more information.

2 TIER BENEFIT

Tier 1: Generic Prescription Drugs whether listed in this Medication Guide or not.

Tier 2: Brand Prescription Drugs whether listed in this Medication Guide or not.

3 TIER BENEFIT

Tier 1: Generic Prescription Drugs whether listed in this Medication Guide or not.

Tier 2: Brand Prescription Drugs listed on the Preferred Medication List.

Tier 3: Brand Prescription Drugs not listed on the Preferred Medication List.

Newly marketed Brand Prescription Drugs are on tier 3, but will be reviewed for possible addition to the Preferred Medication List within six months of becoming available on the market.

To save the most money on prescription drugs, take this Medication Guide with you each time you visit your physician. Consider asking your physician to prescribe drugs on the Preferred Medication List, if appropriate. When you have your prescriptions filled, ask your pharmacist if a generic drug is available. Generic drugs save you the most money.

The tier level of a Brand Prescription Drug included on the Preferred Medication List may increase (change from tier 2 to tier 3) when an FDA-approved bioequivalent Generic Prescription Drug becomes available.

GENERIC ONLY PRESCRIPTION DRUG BENEFIT

Certain pharmacy benefit plans do not provide coverage for Brand Prescription Drugs. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card to verify if your plan provides this coverage.

USING THE MEDICATION GUIDE

The Preferred Medication List is organized into broad categories, e.g., Anti-infective Drugs. Within most categories, drugs are sub-grouped by drug class e.g., penicillins, or use for a specific medical condition, e.g., Diabetes.

Generic Prescription Drugs are shown in lowercase boldface type followed by a reference brand (in parentheses) to assist in product recognition. Some generic products have no reference brand. Brand reference drugs typically are 2nd tier in the 2 Tier Benefit and 3rd tier in the 3 Tier Benefit.

Example: **lovastatin** (Mevacor)

Because most prescriptions are written for the brand drug even when generics exist, we have included many highly prescribed brand drugs (in parentheses) when generics exist, followed by the generic name in bold.

Example: (Mevacor) **lovastatin**

Brand Prescription Drugs are shown in capital letters.

Example: NEXIUM

Separate drug entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

Example: **estradiol patches** (Climara)
estradiol tabs (Estrace)

COST INDEX

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking drugs from least to most expensive. Within the same dollar sign, drugs are listed alphabetically. Dollar signs for maintenance drugs are typically based upon a 30 day supply at a commonly prescribed dosage. For drugs not taken 30 days per month, a more appropriate basis is used to determine dollar signs.

\$	\$20.00 or less
\$\$.	\$20.01 to \$40
\$\$\$	\$40.01 to \$80
\$\$\$\$	\$80.01 to \$160
\$\$\$\$\$	More than \$160

GENERIC DRUGS

Blue Cross and Blue Shield of Florida and Health Options, Inc. encourages the use of Generic Drugs as a way to provide high-quality drugs at reduced cost. Generic Drugs are as safe and effective as their Brand Name counterparts, and are usually less expensive.

A Food and Drug Administration (FDA) approved generic drug may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

For members with the 3 Tier Benefit, Preferred Brand Drugs listed typically move from tier 2 to tier 3 after a generic equivalent approved by the FDA becomes available.

KEY

caps	capsules
chew tabs	chewable tablets
conc	concentrate
crm	cream
delayed-release	enteric-coated
ext-release	extended-release
inj	injection
lotn	lotion
neb	nebulization
NP	non-preferred
ODT	orally disintegrating tabs
OTC	over-the-counter drug
oint	ointment
PA	prior authorization required
QL	Responsible Quantity Program – quantity limit applies
RS	Responsible Steps Program – prerequisite drug required
SI	self injectable drug program
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

PRIOR AUTHORIZATION

Drugs selected for Prior Authorization (PA) may require that specific clinical criteria are met before the drugs will be covered under your pharmacy and/or medical benefits. The following drugs, and generic versions if available, may be subject to PA as of July 1, 2009. If a drug has a generic version, the generic name is shown in parentheses. Drugs on the Preferred Medication List that may require PA for coverage are designated with “**PA**” following the product name.

Note: Not all drugs on the following list are on the Preferred Medication List. This list is subject to change. Certain benefit plans do not provide coverage for all drugs listed on this Prior Authorization List. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card to verify if your plan provides this coverage.

Actiq	Humate P	Profilnine SD
Advate	Humatrope	Prolastin
Alferon N	Humira	Proplex T
Aloxi	Immune Globulin	Provigil
Alphanate	Increlex	Reclast
Alphanate VWB	Infed	Recombinate
Alphanine SD	Infergen	Refacto
Amevive	Intron A	Relistor
Aralast	Kineret	Remicade
Aranesp	Koate DVI	Repronex
Arcalyst	Kogenate FS	Revatio
Avastin	Kuvan	Revlimid
Bebulin VH	Lamisil (terbinafine)	Rituxan
Benefix	Leukine	Roferon A
Boniva injection	Lucentis	Saizen
Botox	Lupron (leuprolide)	Sandostatin (octreotide)
Bravelle	Lupron Depot	Sandostatin LAR Depot
Calcium EDTA	Macugen	Serostim
Ceredase	Monarc M	Sporanox (itraconazole)
Cerezyme	Monoclate P	Supprelin LA
Cetrotide	Mononine	Synagis
chorionic gonadotropin (Novarel, Pregnyl)	Myobloc	Synarel
Cimzia	Neulasta	Tev-Tropin
Delatestryl	Neumega	Trelstar Depot
Depo-Provera	Neupogen	Trelstar LA
Depo-Testosterone	Norditropin	Vantas
Dexferrum	NovoSeven	Venofer
Eligard	NovoSeven RT	Vfend
Enbrel	Noxafil	Viadur
Epogen	Nplate	Vidaza
Fabrazyme	Nutropin	Visudyne
Feiba VH Immuno	Nutropin AQ	Vivitrol
Fentanyl citrate transmucosal	Nuvigil	Xolair
Fentora	Omnitrope	Xyntha
Ferrlecit	Orencia	Xyrem
Fertinex	Ovidrel	Zavesca
Follistim AQ	Pegasys	Zemaira
Forteo	Peg-Intron	Zoladex
Genotropin	Penlac (ciclopirox)	Zometa
Geref	Plenaxis	Zorbtive
Glukor	Privigen	Zyvox
Gonal-F	Procrit	
Gonic		
Helixate FS		
Hemofil M		
Herceptin		

TO OBTAIN PRIOR COVERAGE AUTHORIZATION:

1. You or your doctor must call Blue Cross and Blue Shield of Florida to obtain prior authorization before the Drug is dispensed to you.
2. If you call, we may request that you have your doctor contact us regarding the Prescription Drug, Supply or OTC Drug being prescribed. If the doctor calls, specific medical documentation may be required. This information may include, but is not limited to, your name, date of birth, doctor's name and doctor's telephone number and documentation regarding the rationale for the prescribed Drug at the requested dosage.
3. Once we make a decision, you and/or your doctor will be informed of the decision.
4. If the decision is made to authorize coverage, the Covered Prescription Drugs and Supplies or Covered OTC Drugs may be obtained from a Participating Pharmacy or at the appropriate location if the Drugs(s) will be administered by a health professional. You will be required to pay the amount as listed in the Schedule of Benefits.
5. If a decision is made to deny authorization, you are free to purchase the Prescription Drug, Supplies or OTC Drug, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan. You have the right to request an appeal if coverage authorization is denied. Please refer to the How to Appeal an Adverse Benefit Determination subsection of the Claims Processing and Appeal and Grievance Process section in the current Benefit Booklet for information on how to file an appeal.

TO REQUEST AN APPEAL IF COVERAGE AUTHORIZATION IS DENIED:

1. You or your doctor may ask us to review a denial of coverage authorization. A request for reconsideration may be initiated by calling the customer service number on your Identification Card or by writing to us at the address on your Identification Card.
2. Upon receipt of the request for reconsideration, we will review the initial coverage decision and mail you a letter setting forth our reconsideration decision.

RESPONSIBLE QUANTITY PROGRAM (Formerly Called Responsible Rx)

Drugs included in this program allow a maximum quantity per one month for one co-payment or coinsurance. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The following drugs have quantity limits as of July 1, 2009. These drugs are designated in the Preferred Medication List with "QL" following the product name.

Note: Not all drugs on the following list are on the Preferred Medication List. This list is subject to change.

* Dispensing Limit is for 90 days

Brand/ Generic Name	Strength	Dispensing Limit Per 30-day Supply
Abilify		30 tabs
Abilify Discmelt		60 tabs
Abilify oral solution		1500 mL
Aciphex		30 tabs
Actiq		120 units
Actonel	5 mg, 30 mg	30 tabs
Actonel	35 mg	4 tabs
Actonel	75 mg	2 tabs
Actonel	150 mg	1 tab
Actonel with Calcium		1 28-day blister pack
Adderall (amphetamine-dextroamphetamine mixed salts)	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	60 tabs
Adderall (amphetamine-dextroamphetamine mixed salts)	20 mg	90 tabs
Adderall XR		30 caps
Advair Diskus		60 blisters
Advair HFA		1 canister
Aerobid, Aerobid M		3 canisters
Alvesco	80 mcg	1 canister
Alvesco	160 mcg	2 canisters
Ambien (zolpidem)		30 tabs
Ambien CR		30 tabs
Amerge	1 mg	18 tabs
Amerge	2.5 mg	9 tabs
Amphetamine-dextroamphetamine mixed salts ext-release		30 caps

Brand/Generic Name	Strength	Dispensing Limit per 30-day Supply
Anzemet	50 mg	14 tabs
Anzemet	100 mg	7 tabs
Arixtra		30 syringes*
Asmanex		1 canister
Atrovent (ipratropium)	0.03%	2 inhalers
Atrovent (ipratropium)	0.06%	3 inhalers
Atrovent HFA		2 canisters
Avinza		60 caps
Axert	6.25 mg	24 tabs
Axert	12.5 mg	12 tabs
Azmacort		3 canisters
Bancap-HC (hydrocodone-acetaminophen)	5-500	240 caps
Beconase AQ		2 inhalers
Boniva	2.5 mg	30 tabs
Boniva	150 mg	1 tab
Byetta	pre-filled pen (60 doses)	1 pen
Capital and Codeine		5010 mL
Celebrex	50 mg, 100 mg, 200 mg	60 caps
Celebrex	400 mg	30 caps
Cesamet		56 caps
Combivent		2 canisters
Combunox (oxycodone-ibuprofen)		28 tabs
Concerta	18 mg, 27 mg, 54 mg	30 tabs
Concerta	36 mg	60 tabs
Cymbalta	20 mg, 30 mg	60 caps
Cymbalta	60 mg	30 caps
Darvocet N-50 (propoxyphene napsylate-acetaminophen)	50-325	240 tabs
Darvocet N-100 (propoxyphene napsylate-acetaminophen)	100-650	180 tabs
Daytrana		30 patches
Detrol		60 tabs
Detrol LA		30 caps
Dexedrine Spansule (dextroamphetamine sulfate ext-release)		90 caps
Ditropan XL (oxybutynin ext-release)	5 mg	30 tabs
Ditropan XL (oxybutynin ext-release)	10 mg, 15 mg	60 tabs
Dolgit LQ		5400 mL
Dolgit Plus		150 tabs
Duragesic (fentanyl transdermal patch)		15 patches
Effexor (venlafaxine)		90 tabs
Effexor XR	37.5 mg, 150 mg	30 caps
Effexor XR	75 mg	90 caps
Emend	80 mg, 125 mg	6 caps
Emend Therapy Pack		2 Therapy Packs
Enablex		30 tabs
Esgic (butalbital-acetaminophen-caffeine)	50-325-40	360 caps or tabs
Esgic Plus (butalbital-acetaminophen-caffeine)	50-500-40	240 caps or tabs
Fentanyl citrate transmucosal		120 units
Fentora		120 tabs
Fioricet (butalbital-acetaminophen-caffeine)	50-325-40	360 tabs
Fioricet w/codeine (butalbital-acetaminophen-caffeine-codeine)	50-325-40-30	360 caps
Fiorinal (butalbital-aspirin-caffeine)	50-325-40	360 tabs
Fiorinal (butalbital-aspirin-caffeine)	50-325-40	360 caps
Fiorinal w/codeine (butalbital-aspirin-caffeine-codeine)	50-325-40-30	360 caps
Flonase (fluticasone)		1 inhaler
Flovent HFA	44 mcg, 220 mcg	2 canisters
Flovent HFA	110 mcg	1 canister
flunisolide nasal soln	25 mcg/spray	3 inhalers
Flunisolide nasal soln	29 mcg/spray	3 inhalers
Focalin (dexmethylphenidate)		60 tabs
Focalin XR		30 caps
Foradil Aerolizer		1 blister pack (12 or 60)
Fosamax oral soln		300 mL (4 bottles)
Fosamax (alendronate)	5 mg, 10 mg, 40 mg	30 tabs
Fosamax (alendronate)	35 mg, 70 mg	4 tabs

Brand/Generic Name	Strength	Dispensing Limit per 30-day Supply
Fosamax Plus D		4 tabs
Fragmin	syringe, all strengths	30 syringes*
Fragmin	vial, all strengths	10 vials*
Frova		12 tabs
Geodon		60 caps
Hycet		3600 mL
Ibudone	10-200	150 tabs
Imitrex	nasal soln, 5 mg	36 spray units
Imitrex	nasal soln, 20 mg	12 spray units
Imitrex (sumatriptan)	25 mg	36 tabs
Imitrex (sumatriptan)	50 mg	18 tabs
Imitrex (sumatriptan)	100 mg	9 tabs
Imitrex	syringe, 4 mg/0.5 mL	6 mL (12 inj)
Imitrex	syringe, 6 mg/0.5 mL	4 mL (8 inj)
Imitrex (sumatriptan)	vial, 6 mg/0.5 mL	4 mL (8 inj)
Innohep	vials, 2 mL	15 vials *
Invega	3 mg, 9 mg	30 tabs
Invega	6 mg	60 tabs
Intal Inhaler		3 canisters
Janumet		60 tabs
Januvia		30 tabs
Kadian	10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 200 mg	60 caps
Kadian	100 mg	120 caps
Kapidex		30 caps
ketorolac		21 tabs
Kytril (granisetron)	1 mg	14 tabs
Lorcet (hydrocodone-acetaminophen)	10-650	180 caps
Lorcet Plus (hydrocodone-acetaminophen)	7.5-650	180 tabs
Lortab (hydrocodone-acetaminophen)	2.5-500, 5-500, 7.5-500	240 tabs
Lortab (hydrocodone-acetaminophen)	10-500	180 tabs
Lortab elixir (hydrocodone-acetaminophen)		3600 mL
Lovenox	syringe, all strengths	30 syringes *
Lovenox	vial, 300 mg/3 mL	10 vials *
Lumigan		2.5 mL
Lunesta		30 tabs
Lyrica	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	90 caps
Lyrica	225 mg, 300 mg	60 caps
Magnacet		300 tabs
Maxair Autohaler		1 canister
Maxalt, Maxalt-MLT	5 mg	24 tabs
Maxalt, Maxalt-MLT	10 mg	12 tabs
Maxidone (hydrocodone-acetaminophen)	10-750	150 tabs
Metadate CD		30 caps
Migranal		8 ampules
MS Contin (morphine sulfate ext-release)	15 mg, 30 mg, 60 mg	120 tabs
MS Contin (morphine sulfate ext-release)	100 mg, 200 mg	180 tabs
Nasacort AQ		1 inhaler
Nasonex		2 inhalers
Nexium	20 mg, 40 mg	30 packets/caps
Norco (hydrocodone-acetaminophen)		360 tabs
Nuvigil		30 tabs
Omnaris		1 inhaler
ondansetron	24 mg	7 tabs
Opana ER		60 tabs
Oramorph SR	15 mg, 30 mg, 60 mg	120 tabs
Oramorph SR	100 mg	180 tabs
oxybutynin syrup		600 mL
oxybutynin tabs		120 tabs
OxyContin (oxycodone ext-release)		90 tabs
Oxytrol		8 patches
Percocet (oxycodone-acetaminophen)	2.5-325, 5-325, 7.5-325, 10-325	360 tabs
Percocet (oxycodone-acetaminophen)	7.5-500	240 tabs
Percocet (oxycodone-acetaminophen)	10-650	180 tabs

Brand/Generic Name	Strength	Dispensing Limit per 30-day Supply
Percodan (oxycodone-aspirin)		360 tabs
Phrenilin Forte		180 caps
Prevacid		30 caps
Prevacid SoluTab		30 tabs
Prilosec (omeprazole delayed-release)		30 caps
Prilosec suspension packet	2.5 mg	60 packs
Prilosec suspension packet	10 mg	30 packs
Primalev		360 tabs
Pristiq		30 tabs
ProAir HFA		2 canisters
Protonix (pantoprazole delayed-release)		30 packets/caps
Proventil HFA		2 canisters
Provigil		30 tabs
Pulmicort Flexhaler	90 mcg	1 canister
Pulmicort Flexhaler	180 mcg	2 canisters
Qvar	40 mcg	1 canister
Qvar	80 mcg	3 canisters
Relenza		20 discs/6 months
Relpax	20 mg	12 tabs
Relpax	40 mg	6 tabs
Reprexain (hydrocodone-ibuprofen)	5-200	150 tabs
Rhinocort Aqua		2 inhalers
Risperdal (risperidone)	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	60 tabs
Risperdal (risperidone)	4 mg	120 tabs
Risperdal oral soln (risperidone)		480 mL
Risperdal M-tab (risperidone)	0.5 mg, 1 mg, 2 mg, 3 mg	60 tabs
Risperdal M-tab (risperidone)	4 mg	120 tabs
Ritalin (methylphenidate)	5 mg, 10 mg	60 tabs
Ritalin (methylphenidate)	20 mg	90 tabs
Ritalin LA		30 caps
Ritalin SR (methylphenidate ext-release)		90 tabs
Roxicet (oxycodone-acetaminophen)	5-500	240 tabs
Roxicet soln		1800 mL
Rozerem		30 tabs
Ryzolt		30 tabs
Sanctura		60 tabs
Sanctura XR		30 caps
Sancuso		4 patches
Seroquel	25 mg, 50 mg, 100 mg, 200 mg	90 tabs
Seroquel	300 mg, 400 mg	60 tabs
Seroquel XR	50 mg, 300 mg, 400 mg	60 tabs
Seroquel XR	150 mg, 200 mg	30 tabs
Serevent Diskus		1 package
Spiriva Handihaler		30 caps
Sonata (zaleplon)		30 caps
Strattera	10 mg, 18 mg, 25 mg, 40 mg, 60 mg	60 caps
Strattera	80 mg, 100 mg	30 caps
Sumatriptan	nasal soln, 5 mg	36 spray units
Sumatriptan	nasal soln, 20 mg	12 spray units
Sumatriptan	syringe, 6 mg/0.5 mL	4 mL (8 inj)
Sumatriptan	syringe, 4 mg/0.5 mL	6 mL (12 inj)
Symbicort		1 canister
Symbyax		30 caps
Tamiflu	susp, 12 mg/ mL	75 mL/6 months
Tamiflu	30 mg	20 caps/6 months
Tamiflu	45 mg, 75 mg	10 caps/6 months
Toviaz		30 tabs
Travatan, Travatan Z		2.5 mL
Treximet		18 tabs
Tylenol w/Codeine (acetaminophen-codeine)		360 tabs
Tylenol w/Codeine elixir (acetaminophen-codeine)		5010 mL
Tylox (oxycodone-acetaminophen)	5-500	240 caps
Ultram ER		30 tabs

Brand/Generic Name	Strength	Dispensing Limit per 30-day Supply
Venlafaxine ER	75 mg	90 tabs
Venlafaxine ER	37.5 mg, 150 mg, 225 mg	30 tabs
Ventolin HFA		2 canisters
Veramyst		1 inhaler
Vesicare		30 tabs
Vicodin (hydrocodone-acetaminophen)	5-500	240 tabs
Vicodin ES (hydrocodone-acetaminophen)	7.5-750	150 tabs
Vicodin HP (hydrocodone-acetaminophen)	10-660	180 tabs
Vicoprofen (hydrocodone-ibuprofen)		150 tabs
Vyvanse		30 caps
Xalatan		2.5 mL
Xopenex HFA		2 canisters
Zegerid	20 mg, 40 mg	30 packets/caps
Zofran (ondansetron)	oral soln	100 mL (2 bottles)
Zofran, Zofran ODT (ondansetron)	4 mg	42 tabs
Zofran, Zofran ODT (ondansetron)	8 mg	21 tabs
Zomig	nasal soln	12 units
Zomig, Zomig ZMT	2.5 mg	18 tabs
Zomig, Zomig ZMT	5 mg	9 tabs
Zydone		300 tabs
Zyprexa, Zyprexa Zydis		30 tabs

RESPONSIBLE STEPS PROGRAM

Drugs included in this program require you try another designated or prerequisite drug first in order for the Responsible Steps drug to be covered under your pharmacy benefit. If for medical reasons, you cannot use the prerequisite drug and require the Responsible Steps medication, your physician may request a prior authorization for you to have the Responsible Steps medication covered. These medications are designated in the Preferred Medication List with "RS" following the product name. Medications in the Responsible Steps Program effective July 1, 2009 are listed below. The medications in the Responsible Steps Program are subject to change.

Accupril	Effexor XR	Prinzide
Accuretic	Elidel	Pristiq
Aceon	Exforge	Protonix
Aciphex	Exforge HCT	Protopic
Advicor	Hyzaar	Prozac
Altace	Kapidex	Remeron
Altoprev	Lescol	Remeron SolTab
Ambien	Lescol XL	Rozerem
Ambien CR	Lexapro	Simcor
Atacand	Lipitor	Sonata
Atacand HCT	Lotensin	Tekturna
Avalide	Lotensin HCT	Tekturna HCT
Avandamet	Lunesta	Teveten
Avandaryl	Luvox CR	Teveten HCT
Avandia	Mavik	Uniretic
Avapro	Mevacor	Univasc
Azor	Micardis	Vaseretic
Benicar	Micardis HCT	Vasotec
Benicar HCT	Monopril	Venlafaxine ER
Byetta	Monopril HCT	Vytorin
Capoten	Nexium	Wellbutrin
Capozide	pantoprazole delayed-release	Wellbutrin SR
Celebrex	Paxil	Wellbutrin XL
Celexa	Paxil CR	Zegerid
Cozaar	Pexeva	Zestoretic
Crestor	Pravachol	Zestril
Cymbalta	Prevacid	Zocor
Diovan	Prevacid SoluTab	Zolof
Diovan HCT	Prilosec	
Effexor	Prinivil	

COVERED OVER THE COUNTER (OTC) DRUGS

Your pharmacy benefit may provide coverage for select OTC Drugs. A select OTC Drug may be covered if it is prescribed by your Physician. Only those OTC Drugs designated on the Preferred Medication List with “OTC” following the product name are eligible for coverage.

DRUGS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The Drug has been shown to have excessive adverse effects and/or safer alternatives
- The Drug has a preferred formulary alternative or over-the-counter (OTC) alternative

The following Drugs may not be covered. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details. Coverage details may also be available to you by visiting www.MyRxHealth.com, or by calling the customer service number listed on your identification card.

Drugs that may NOT be covered	Preferred Alternative(s) that MAY BE covered
Aciphex, Kapidex, Prevacid, Prevacid SoluTab, Protonix, Zegerid	omeprazole delayed-release ^{QL} , Nexium ^{QL,RS}
Allegra, Allegra-D, Clarinex, Clarinex-D, Xyzal	fexofenadine, loratadine, loratadine-pseudoephedrine ext-release
Beconase AQ, Flonase, Nasacort AQ, Omnaris, Rhinocort AQ, Veramyst	flunisolide ^{QL} , fluticasone ^{QL} , Nasonex ^{QL}
Treximet	sumatriptan ^{QL} , naproxen ^{QL} , Maxalt ^{QL}
Vyvanse	methylphenidate ext-release ^{QL} , Adderall XR ^{QL} , Strattera ^{QL}

THREE MONTH SUPPLY

In addition to being able to obtain up to a three month supply of medication through our mail order pharmacy, you may be able to receive up to a three month supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

MAIL ORDER PHARMACY

The procedure for filling a Covered Prescription Drug, Covered OTC medication, or Covered Prescription Supply from the Mail Order Pharmacy Program is as follows:

1. For the first Mail Order Pharmacy Prescription order, you must complete the Registration and Prescription Order Form included in the Mail Order Pharmacy Brochure, and mail it to the Mail Order Pharmacy address with the applicable Mail Order Deductible, Coinsurance and/or Copayment(s). A Mail Order Pharmacy Brochure was included with the membership package provided to you. Additional Mail Order Pharmacy Brochures can be obtained by calling the customer service number your member ID card.
2. You must submit a new, original 90-Day Supply Prescription with a quantity of up to a 90-Day Supply and not less than a 60-Day Supply along with the Registration and Prescription Order Form, if the original Prescription was filled at a Pharmacy other than the Mail Order Pharmacy. Prescriptions may not be transferred from a Retail Pharmacy to the Mail Order Pharmacy.
3. Once a Prescription has been filled through the Mail Order Pharmacy, you can call the Mail Order Pharmacy to order refills.

For additional details on how to obtain Covered Prescription Drugs and Supplies from the Mail Order Pharmacy, please refer to the Mail Order Pharmacy Brochure.

SELF-ADMINISTERED INJECTABLE DRUGS

The following list of self-administered injectable drugs may not be included in your pharmacy benefit program. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card for more information. Self-administered injectable drugs are designated in the Preferred Medication List with “SI” following the product name. If a drug has a generic version, the generic name is shown in parentheses.

Arixtra ^{QL}	Fragmin ^{QL}	Miacalcin
Byetta ^{QL,RS}	Glucagon products	Prostigmin (neostigmine)
cyanocobalamin	Imitrex (sumatriptan) ^{QL}	Relistor ^{PA}
DDAVP (desmopressin) 4 mcg/mL	Innhep ^{QL}	Symlin
D.H.E. 45 (dihydroergotamine)	Insulins	
EpiPen, EpiPen Jr	Lovenox ^{QL}	

SPECIALTY PHARMACY PRODUCTS

To verify coverage for Specialty Pharmacy Products, refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the customer service number on your member ID card. Only those Self-administered Specialty Pharmacy Products identified in this Medication Guide with an "SP" following the product name will be available through participating BCBSF/HOI Specialty Pharmacies or through Non-Participating Pharmacies. If a Drug has a Generic version, the Generic name is shown in parentheses.

Participating Specialty Pharmacy Providers

Caremark Specialty Pharmacy Services

All Products
 Phone: 1-866-278-5108
 Fax: 1-800-323-2445
 www.caremark.com

Accredo Health

Hemophilia and Products Noted With *
 Phone: 1-800-955-5909
 Fax: 1-800-782-2232
 www.hemophiliahealth.com

The Preferred Medication List designates between Self-administered and Provider-administered Specialty Products

Self-Administered Specialty Pharmacy Products

- Patients administer these Specialty Pharmacy Products themselves.
- The following self-administered Specialty Pharmacy Products may not be included in your pharmacy benefit.
- Drugs indicated below with "PA" after the name may require prior authorization.
- Specialty Pharmacy Products may not be covered when purchased through the Mail Order Pharmacy.
- If Specialty Drugs are purchased at a pharmacy other than the Specialty Pharmacies listed above, your cost share may be higher.

Actimmune	Hemophil M ^{PA}	Pulmozyme
Advate ^{PA}	Humate-P ^{PA}	Plenaxis ^{PA}
Alphanate ^{PA}	Humatrope ^{PA}	Procrit ^{PA}
Alphanate VWB ^{PA}	Humira ^{PA}	Profilnine SD ^{PA}
Alphanine SD ^{PA}	Increlex ^{PA}	Proplex T ^{PA}
Aranesp ^{PA}	Infergen ^{PA}	Rebif
Arcalyst ^{PA}	Intron A ^{PA}	Recombinate ^{PA}
Avonex	Kineret ^{PA}	Refacto ^{PA}
Bebulin VH ^{PA}	Koate DVI ^{PA}	Repronex ^{PA}
Benefix ^{PA}	Kogenate FS ^{PA}	Revatio ^{PA}
Betaseron	Kuvan ^{PA}	Revlimid ^{PA}
Bravelle ^{PA}	Letairis	Roferon-A ^{PA}
Cetrotide ^{PA}	Leukine ^{PA}	Saizen ^{PA}
chorionic gonadotropin (Novarel, Pregnyl) ^{PA}	Lupron (leuprolide) ^{PA}	Sandostatin (octreotide) ^{PA}
Copaxone	Monarc M ^{PA}	Serostim ^{PA}
Enbrel ^{PA}	Monoclote-P ^{PA}	Somavert
Epogen ^{PA}	Mononine ^{PA}	Synarel ^{PA}
Exjade	Neulasta ^{PA}	Tev-Tropin ^{PA}
Feiba VH Immuno ^{PA}	Neumega ^{PA}	Tracleer
Fertinex ^{PA}	Neupogen ^{PA}	Ventavis
Follistim AQ ^{PA}	Norditropin ^{PA}	Vidaza ^{PA}
Forteo ^{PA}	Novoseven ^{PA}	Vivaglobin ^{PA}
Fuzeon	NovoSeven RT ^{PA}	Xenazine
Genotropin ^{PA}	Nutropin ^{PA}	Xyntha ^{PA}
Geref ^{PA}	Nutropin AQ ^{PA}	Xyrem ^{PA}
Gonal-F ^{PA}	Omnitrope ^{PA}	Zavesca ^{PA}
Gonic ^{PA}	Ovidrel ^{PA}	Zorbtive ^{PA}
Helixate FS ^{PA}	Pegasys ^{PA}	
	Peg-Intron ^{PA}	

Provider-Administered Specialty Pharmacy Products

- Provider-administered Specialty Pharmacy Products are covered under your medical benefit.
- These Specialty Pharmacy Products are ordered by a Provider and administered in an office or outpatient setting.
- Drugs indicated below with "PA" after the name require prior authorization.

Adagen*	Herceptin ^{PA}	Soliris
Aldurazyme	Immune Globulin (IV) ^{PA}	Somatuline Depot
Aloxi ^{PA}	Lucentis ^{PA}	Supprelin LA ^{PA}
Amevive ^{PA}	Lupron Depot ^{PA}	Synagis ^{PA}
Aralast ^{PA}	Macugen ^{PA}	Thyrogen
Avastin ^{PA}	Myobloc ^{PA}	Trelstar Depot ^{PA}
Boniva ^{PA}	Myozyme	Trelstar LA ^{PA}
Botox ^{PA}	Naglazyme	Tysabri
Ceredase ^{PA}	Orencia ^{PA}	Vantas ^{PA}
Cerezyme ^{PA}	Prolastin ^{PA}	Viadur ^{PA}
Cimzia ^{PA}	Reclast ^{PA}	Vidaza ^{PA}
Cinryze	Remicade ^{PA}	Visudyne ^{PA}
Elaprase	Remodulin	Vivitrol ^{PA}
Eligard ^{PA}	Rituxan ^{PA}	Xolair ^{PA}
Fabrazyme ^{PA}	Sandostatin LAR Depot ^{PA}	Zemaira ^{PA}
Flolan (epoprostenol)		Zoladex ^{PA}
		Zometa ^{PA}

FORMULARY ADDITION REQUEST

Physicians may request the addition of a drug to the Preferred Medication List by submitting a written request to Blue Cross and Blue Shield of Florida and Health Options, Inc.

Please mail to:
 Blue Cross and Blue Shield of Florida and Health Options, Inc.
 Attn: Pharmacy Programs
 P.O. Box 1798
 Jacksonville, FL 32231-0014

NOTICE

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

NON-PREFERRED BRAND NAME PRESCRIPTION DRUGS AND POSSIBLE PREFERRED ALTERNATIVE(S)

In the event you are prescribed a Prescription Drug that is not preferred, we have included a list of possible preferred alternatives that your Physician may prescribe if appropriate. Please speak with your Physician concerning whether alternatives are appropriate for you.

The decision concerning whether a Prescription Drug should be prescribed must be made by you and your Physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a Prescription Drug, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

The Brand Drugs noted are some of the most commonly prescribed. Your prescribed Brand Drug may not be listed; however, it still will be covered if it is not excluded by your plan. Refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program to determine if a particular Prescription Drug is covered.

There are no Non-Preferred Generic Prescription Drugs at this time.
 This is only a partial listing of Non-Preferred Brand Name Prescription Drugs.

Non-Preferred Brand Medication	Possible Preferred Alternative(s)
Abilify ^{OL}	haloperidol, risperidone^{OL}, Geodon^{OL}, Seroquel^{OL}, Seroquel XR^{OL}
Aciphex ^{OL, RS}	omeprazole delayed-release^{OL}, pantoprazole delayed-release^{OL, RS}, Nexium^{OL, RS}
Advicor ^{RS}	lovastatin, pravastatin, simvastatin, Crestor^{RS}
Ambien CR ^{OL, RS}	zolpidem^{OL}, zolpidem^{OL}, Lunesta^{OL, RS}
Antara	fenofibrate micronized caps (67 mg, 134 mg, 200 mg), fenofibrate tabs (54 mg, 160 mg), Tricor
Astepro	Astelin
Atacand ^{RS}	Benicar ^{RS} , Diovan ^{RS} , Micardis ^{RS}
Atacand HCT ^{RS}	Benicar HCT ^{RS} , Diovan HCT ^{RS} , Micardis HCT ^{RS}
Avalide ^{RS}	Benicar HCT ^{RS} , Diovan HCT ^{RS} , Micardis HCT ^{RS}
Avapro ^{RS}	Benicar ^{RS} , Diovan ^{RS} , Micardis ^{RS}
Avinza ^{OL}	fenentanyl patches^{OL}, morphine sulfate ext-release^{OL}, oxycodone ext-release^{OL}, Oxycontin^{OL}
Boniva ^{OL}	alendronate^{OL}, etidronate, Actonel^{OL}, Fosamax Plus D^{OL}
Celebrex ^{OL, RS}	diclofenac, etodolac, ibuprofen, meloxicam, naproxen, oxaprozin
Clarinet	fexofenadine
Concerta ^{OL}	methylphenidate ext-release^{OL}, Adderall XR^{OL}, Strattera^{OL}
Coreg CR	carvedilol
Cozaar ^{RS}	Benicar ^{RS} , Diovan ^{RS} , Micardis ^{RS}

Cymbalta ^{QL, RS}	bupropion, bupropion ext-release, citalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ext-release, sertraline, Effexor XR ^{QL, RS}, Lexapro ^{RS}, Venlafaxine ER ^{QL, RS}
Daytrana ^{QL}	methylphenidate ext-release ^{QL}, Adderall XR ^{QL}, Strattera ^{QL}
Focalin XR ^{QL}	methylphenidate ext-release ^{QL}, Adderall XR ^{QL}, Strattera ^{QL}
Hyzaar ^{RS}	Benicar HCT ^{RS} , Diovan HCT ^{RS} , Micardis HCT ^{RS}
Kadian ^{QL}	fentanyl patches ^{QL}, morphine sulfate ext-release ^{QL}, oxycodone ext-release ^{QL}, Oxycontin ^{QL}
Lipitor ^{RS}	lovastatin, pravastatin, simvastatin, Crestor ^{RS}
Lyrica ^{QL}	gabapentin
Metadate CD ^{QL}	methylphenidate ext-release ^{QL}, Adderall XR ^{QL}, Strattera ^{QL}
Nasocort AQ ^{QL}	flunisolide ^{QL}, fluticasone ^{QL}, Nasonex ^{QL}
Pataday	Astelin
Pexeva ^{RS}	bupropion, bupropion ext-release, citalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ext-release, sertraline, Effexor XR ^{QL, RS}, Lexapro ^{RS}
Prevacid ^{QL, RS}	omeprazole delayed-release ^{QL}, pantoprazole delayed-release ^{QL, RS}, Nexium ^{QL, RS}
Pristiq ^{QL, RS}	bupropion, bupropion ext-release, citalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ext-release, sertraline, Effexor XR ^{QL, RS}, Lexapro ^{RS}, Venlafaxine ER ^{QL, RS}
Proventil HFA ^{QL}	ProAir HFA ^{QL} , Ventolin HFA ^{QL}
Rhinocort Aqua ^{QL}	flunisolide ^{QL}, fluticasone ^{QL}, Nasonex ^{QL}
Skelaxin	baclofen, cyclobenzaprine, orphenadrine citrate ext-release, tizanidine
Trilipix	fenofibrate micronized caps (67 mg, 134 mg, 200 mg), fenofibrate tabs (54 mg, 160 mg), Tricor
Veramyst ^{QL}	flunisolide ^{QL}, fluticasone ^{QL}, Nasonex ^{QL}
Vyvanse ^{QL}	methylphenidate ext-release ^{QL}, Adderall XR ^{QL}, Strattera ^{QL}
Vytorin ^{RS}	lovastatin, pravastatin, simvastatin, Crestor ^{RS}, Zetia
Xyzal	fexofenadine
Zegerid ^{QL, RS}	omeprazole delayed-release ^{QL}, pantoprazole delayed-release ^{QL, RS}, Nexium ^{QL, RS}
Zyprexa ^{QL}	haloperidol, risperidone ^{QL}, Geodon ^{QL}, Seroquel ^{QL}, Seroquel XR ^{QL}

PA – Drug may require that specific clinical criteria are met before the drugs will be covered under your pharmacy and/or medical benefits – See PRIOR AUTHORIZATION

QL – Drug limited to a maximum quantity per one month for one co-payment or coinsurance – see RESPONSIBLE QUANTITY PROGRAM

RS – Drug require you to try another designated or prerequisite drug first – see RESPONSIBLE STEPS PROGRAM

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KEY | **Generic drug:** generic name, Tier 1 (Reference Brand, Tier 3)
BRAND drug: BRAND NAME, Tier 2 – generic name [generic version not available]

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KEY

Generic drug: generic name, Tier 1 (Reference Brand, Tier 3)
BRAND drug: BRAND NAME, Tier 2 – generic name [generic version not available]

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KEY | **Generic drug:** generic name, Tier 1 (Reference Brand, Tier 3)
BRAND drug: BRAND NAME, Tier 2 – generic name [generic version not available]

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TABLOID	25
TAMIFLU – QL	25
tamoxifen	25
TARCEVA	25
TARGRETIN caps.	25
TARGRETIN gel	34
TASIGNA	25
TASMAR	32
TAZORAC	34
TEGRETOL-XR	32
temazepam (Restoril)	30
TEMODAR caps	25
terazosin	28
terbinafine tabs (Lamisil) – PA	24
terbutaline (Brethine)	29
TESTIM	26
tetracycline	24
THALOMID	35
theophylline ext-release tabs – 12 hr – Theochron	29
theophylline ext-release tabs – 24 hr (Uniphyll)	29
thiothixene (Navane)	30
THYROLAR	27
timolol maleate gel-forming soln (Timoptic-XE)	33
timolol maleate soln (Timoptic)	33
TIMOLOL tabs	27
tizanidine tabs (Zanaflex)	32
TOBI	24
TOBRADEX oint.	33
tobramycin/dexamethasone susp (Tobradex)	33
tobramycin soln (Tobrex)	33
TOBEX oint.	33
topiramate (Topamax)	32
torsemide (Demadex)	28
TRACLEER – SP	28
tramadol/acetaminophen (Ultracet)	31
tramadol (Ultram)	31
trandolapril (Mavik)	27
tranlycypromine (Parnate)	30
TRAVATAN – QL	33
TRAVATAN Z – QL	33
trazodone	30
tretinoin caps (Vesanoïd)	25
tretinoin (Retin-A)	34
triamcinolone dental paste	34
TRIAMCINOLONE oint, 0.05%	34
triamcinolone topical	34
triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)	28
triamterene/hydrochlorothiazide caps, 50/25	28
triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)	28
triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)	28
TRICOR	28
trifluoperazine	30

Product	Page
trifluridine soln (Viroptic)	33
trihexyphenidyl	32
TRILEPTAL susp.	32
trimethobenzamide caps (Tigan)	29
trimethoprim	25
TRIZIVIR	25
TRUVADA	25
TYKERB	25
U	
ursodiol (Actigall)	29
V	
VAGIFEM tabs	30
VALCYTE	24
valproic acid (Depakene)	32
VALTRESX	24
VANCOGIN	25
venlafaxine (Effexor) – QL	30
VENLAFAXINE ER tabs – QL, RS	30
VENTAVIS – SP	28
VENTOLIN HFA – QL	29
verapamil (Calan)	27
verapamil ext-release (Calan SR)	27
verapamil ext-release (Verelan)	28
VESICARE – QL	30
VFEND – PA	24
(Vicodin, Vicodin ES, Vicodin HP) hydrocodone/ acetaminophen tabs, 5/500, 7.5/750, 10/660 – QL	31
VIDAZA – PA, SP	25
VIDEX	25
VIGAMOX	33
VIRACEPT	25
VIRAMUNE	25
VIREAD	25
VIVELLE-DOT	26
W	
warfarin (Coumadin)	33
WELCHOL	28
(Wellbutrin) bupropion	30
(Wellbutrin SR) bupropion ext-release – 12 hr	30
(Wellbutrin XL) bupropion ext-release – 24 hr	30
X	
XALATAN – QL	33
XELODA	25
Y	
(Yasmin) drospirenone/ethinyl estradiol	26
YAZ	26
YODOXIN	25

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Z

zaleplon (Sonata) – QL	30
ZAVESCA – PA, SP	33
ZEMPLAR	27
ZETIA	28
ZIAGEN	25
zidovudine (Retrovir)	24
(Zithromax) azithromycin	24
ZITHROMAX packets, 1 g	24
(Zocor) simvastatin	28
ZOLINZA	25
zolpidem (Ambien) – QL	30
(Zonegran) zonisamide	32
zonisamide (Zonegran)	32
ZOVIRAX topical	34
ZYVOX – PA	25

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ANTI-INFECTIVE DRUGS

PENICILLINS

\$	amoxicillin
\$	AMOXICILLIN chew tabs, 400 mg
\$	AMOXIL drops – amoxicillin
\$	ampicillin caps
\$	penicillin v potassium
\$\$	amoxicillin/potassium clavulanate (Augmentin)
\$\$	AMPICILLIN susp
\$\$	dicloxacillin
\$\$\$\$	AUGMENTIN susp – amoxicillin/potassium clavulanate

CEPHALOSPORINS

\$	cefadroxil
\$	cefuroxime (Ceftin)
\$	cephalexin (Keflex)
\$\$	cefdinir (Omnicef)
\$\$	cefprozil
\$\$\$	cefepodoxime (Vantin)
\$\$\$\$	SUPRAX – cefixime

MACROLIDES

\$	azithromycin (Zithromax)
\$	clarithromycin (Biaxin)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	ERYTHROMYCIN delayed-release caps
\$	erythromycin ethylsuccinate
\$\$	ZITHROMAX packets, 1 g – azithromycin

TETRACYCLINES

\$	doxycycline hyclate
\$	minocycline caps, tabs (Minocin, Dynacin)
\$	tetracycline
\$\$\$\$	demeclocycline (Declomycin)

FLUOROQUINOLONES

\$	ciprofloxacin tabs (Cipro)
\$\$\$\$	AVELOX – moxifloxacin
\$\$\$\$	CIPRO susp – ciprofloxacin

SULFONAMIDES

\$	GANTRISIN PEDIATRIC – sulfisoxazole
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AMINOGLYCOSIDES

\$	neomycin sulfate
\$\$\$\$	TOBI – tobramycin

TUBERCULOSIS

\$	isoniazid tabs
\$\$\$	ISONIAZID syrup
\$\$\$\$	ethambutol (Myambutol)
\$\$\$\$	isoniazid/rifampin (Rifamate)
\$\$\$\$	pyrazinamide
\$\$\$\$	rifampin (Rifadin)
\$\$\$\$	MYCOBUTIN – rifabutin

FUNGAL INFECTIONS

\$	fluconazole (Diflucan)
\$	ketoconazole
\$\$	nystatin tabs
\$\$	terbinafine tabs (Lamisil) – PA
\$\$\$	griseofulvin microsize susp (Grifulvin V)
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$	ANCOBON – flucytosine
\$\$\$\$	itraconazole caps (Sporanox) – PA
\$\$\$\$	LAMISIL granules – terbinafine – PA
\$\$\$\$	NOXAFIL – posaconazole – PA
\$\$\$\$	SPORANOX soln – itraconazole – PA
\$\$\$\$	VFEND – voriconazole – PA

VIRAL INFECTIONS

Cytomegalovirus

\$\$\$\$	GANCICLOVIR
\$\$\$\$	VALCYTE – valganciclovir

Hepatitis

\$\$\$\$	BARACLUDE – entecavir
\$\$\$\$	EPIVIR-HBV – lamivudine
\$\$\$\$	HEPSERA – adefovir
\$\$\$\$	PEG-INTRON – peginterferon alfa-2b – PA, SP
\$\$\$\$	PEGASYS – peginterferon alfa-2a – PA, SP
\$\$\$\$	ribavirin caps (Rebetol)
\$\$\$\$	ribavirin tabs (Copegus)

Herpes

\$\$	acyclovir (Zovirax)
\$\$\$\$	famciclovir (Famvir)
\$\$\$\$	VALTRES – valacyclovir

HIV/AIDS

\$\$\$	zidovudine (Retrovir)
\$\$\$\$	stavudine (Zerit)
\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$	didanosine delayed-release (Videx EC)
\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$	EPIVIR – lamivudine
\$\$\$\$	EPZICOM – abacavir/lamivudine
\$\$\$\$	FUZEON – enfuvirtide – SP
\$\$\$\$	INTELENCE – etravirine
\$\$\$\$	INVIRASE – saquinavir
\$\$\$\$	ISENTRESS – raltegravir
\$\$\$\$	KALETRA – lopinavir/ritonavir
\$\$\$\$	LEXIVA – fosamprenavir
\$\$\$\$	NORVIR – ritonavir
\$\$\$\$	PREZISTA – darunavir

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\$\$\$\$ RESCRIPTOR – delavirdine
 \$\$\$\$ REYATAZ – atazanavir
 \$\$\$\$ SELZENTRY – maraviroc
 \$\$\$\$ SUSTIVA – efavirenz
 \$\$\$\$ TRIZIVIR – abacavir/lamivudine/zidovudine
 \$\$\$\$ TRUVADA – emtricitabine/tenofovir
 \$\$\$\$ VIDEX – didanosine
 \$\$\$\$ VIRACEPT – nelfinavir
 \$\$\$\$ VIRAMUNE – nevirapine
 \$\$\$\$ VIREAD – tenofovir
 \$\$\$\$ ZIAGEN – abacavir

Influenza

\$\$\$ TAMIFLU – oseltamivir – **QL**

MALARIA

\$ **chloroquine phosphate** (Aralen)
 \$ DARAPRIM – pyrimethamine
 \$ FANSIDAR – sulfadoxine/pyrimethamine
 \$ **hydroxychloroquine** (Plaquenil)
 \$\$ **mefloquine** (Lariam)
 \$\$ PRIMAQUINE PHOSPHATE
 \$\$\$ MALARONE – atovaquone/proguanil

WORM INFECTIONS

\$ **mebendazole**
 \$ STROMEKTOL – ivermectin
 \$\$\$\$ ALBENZA – albendazole
 \$\$\$\$ BILTRICIDE – praziquantel

OTHER ANTI-INFECTIVES

\$ **clindamycin** (Cleocin)
 \$ **metronidazole tabs** (Flagyl)
 \$ **sulfamethoxazole/trimethoprim** (Bactrim, Septra)
 \$ **trimethoprim**
 \$\$ **erythromycin/sulfisoxazole** (Pediazole)
 \$\$ PRIMSOL – trimethoprim
 \$\$\$ CLEOCIN PEDIATRIC – clindamycin
 \$\$\$ DAPSONE
 \$\$\$\$ ALINIA – nitazoxanide
 \$\$\$\$ NEBUPENT – pentamidine
 \$\$\$\$ YODOXIN – iodoquinol
 \$\$\$\$ MEPRON – atovaquone
 \$\$\$\$ VANCOCIN – vancomycin
 \$\$\$\$ ZYVOX – linezolid – **PA**

CANCER DRUGS

ACTIMMUNE – interferon gamma-1b – **SP**
 AFINITOR – everolimus
 ALKERAN – melphalan
 ARIMIDEX – anastrozole
 AROMASIN – exemestane

CASODEX – bicalutamide
 CEENU – lomustine
 CYCLOPHOSPHAMIDE tabs
 EMCYT – estramustine

etoposide caps

FARESTON – toremifene
 FEMARA – letrozole

flutamide

GLEEVEC – imatinib
 HEXALEN – altretamine
 HYCAMTIN caps – topotecan

hydroxyurea (Hydrea)

INTRON A – interferon alfa-2b – **PA, SP**
 IRESSA – gefitinib
 LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg

leucovorin calcium tabs, 5 mg, 25 mg

LEUKERAN – chlorambucil
 LYSODREN – mitotane
 MATULANE – procarbazine

megestrol (Megace)

mercaptapurine (Purinethol)
 MESNEX tabs – mesna

methotrexate tabs

MYLERAN – busulfan
 NEXAVAR – sorafenib
 NILANDRON – nilutamide
 PROLEUKIN – aldesleukin

ROFERON-A – interferon alfa-2a – PA, SP

SPRYCEL – dasatinib
 SUTENT – sunitinib
 TABLOID – thioguanine

tamoxifen

TARCEVA – erlotinib
 TARGRETIN caps – bexarotene
 TASIGNA – nilotinib
 TEMODAR caps – temozolomide

tretinoin caps (Vesanoid)

TYKERB – lapatinib
 VIDAZA – azacitidine – **PA, SP**
 XELODA – capecitabine
 ZOLINZA – vorinostat

HORMONES, DIABETES AND RELATED DRUGS

CORTICOSTEROIDS

\$ DEXAMETHASONE elixir, soln; tabs, 1 mg, 2 mg
 \$ **dexamethasone tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg**
 \$ **fludrocortisone**
 \$ **hydrocortisone** (Cortef)
 \$ **methylprednisolone** (Medrol)

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\$	prednisolone sodium phosphate soln (Orapred, Pediapred)
\$	prednisolone soln (Prelone)
\$	prednisone
\$	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg
\$\$	cortisone acetate
\$\$\$\$	ENTOCORT EC – budesonide ext-release

MALE HORMONES

\$\$\$\$	ANDROXY – fluoxymesterone
\$\$\$\$	ANDROGEL – testosterone
\$\$\$\$	danazol
\$\$\$\$	TESTIM – testosterone

ESTROGENS

\$	estradiol tabs (Estrace)
\$	estropipate (Ogen)
\$\$	estradiol patches (Climara)
\$\$	MENEST – esterified estrogens
\$\$\$	ACTIVELLA 0.5/0.1 mg – estradiol/norethindrone acetate
\$\$\$	DIVIGEL – estradiol
\$\$\$	estradiol/norethindrone acetate 1/0.5 mg (Activella)
\$\$\$	FEMHRT – estradiol/norethindrone acetate
\$\$\$	PREMARIN – conjugated estrogens
\$\$\$	PREMPHASE – conjugated estrogens/medroxyprogesterone
\$\$\$	PREMPRO – conjugated estrogens/medroxyprogesterone
\$\$\$	VIVELLE-DOT – estradiol

PROGESTINS

\$	medroxyprogesterone acetate (Provera)
\$	norethindrone acetate (Aygestin)
\$\$	PROMETRIUM – progesterone micronized

BIRTH CONTROL

\$	norethindrone/ethinyl estradiol (Ortho-Novum 1/35)
\$	norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)
\$\$	desogestrel/ethinyl estradiol (Cyclessa)
\$\$	desogestrel/ethinyl estradiol (Ortho-Cept)
\$\$	ethynodiol/ethinyl estradiol (Demulen)
\$\$	levonorgestrel/ethinyl estradiol (Alesse)
\$\$	levonorgestrel/ethinyl estradiol (Levlite)
\$\$	levonorgestrel/ethinyl estradiol (Nordette)
\$\$	levonorgestrel/ethinyl estradiol (Seasonale)
\$\$	levonorgestrel/ethinyl estradiol (Triphasil)
\$\$	norethindrone (Nor-QD)
\$\$	norethindrone (Ortho Micronor)
\$\$	norethindrone acetate/ethinyl estradiol (Loestrin)
\$\$	norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)
\$\$	norethindrone/ethinyl estradiol (Modicon)
\$\$	norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)
\$\$	norethindrone/ethinyl estradiol (Ovcon 35)
\$\$	norethindrone/ethinyl estradiol (Tri-Norinyl)

\$\$	norethindrone/mestranol (Ortho-Novum 1/50)
\$\$	norgestimate/ethinyl estradiol (Ortho-Cyclen)
\$\$	norgestrel/ethinyl estradiol (Lo/Ovral)
\$\$	PLAN B – levonorgestrel
\$\$\$	desogestrel/ethinyl estradiol (Mircette)
\$\$\$	drospirenone/ethinyl estradiol (Yasmin)
\$\$\$	LOESTRIN 24 FE – norethindrone acetate/ethinyl estradiol/Fe
\$\$\$	OGESTREL – norgestrel/ethinyl estradiol
\$\$\$	ORTHO EVRA – norelgestromin/ethinyl estradiol
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol
\$\$\$	YAZ – drospirenone/ethinyl estradiol

INFERTILITY

\$\$	clomiphene (Clomid)
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DIABETES

\$	glimepiride (Amaryl)
\$	glipizide (Glucotrol)
\$	glyburide (Micronase)
\$	glyburide micronized (Glynase)
\$	metformin (Glucophage)
\$	metformin ext-release (Glucophage XR)
\$\$	glipizide ext-release (Glucotrol XL)
\$\$	glyburide/metformin (Glucovance)
\$\$\$	acarbose (Precose)
\$\$\$	GLYBURIDE, distributor of Diabeta
\$\$\$\$	AVANDAMET – rosiglitazone/metformin – RS
\$\$\$\$	AVANDIA – rosiglitazone – RS
\$\$\$\$	GLUCAGON EMERGENCY KIT – SI
\$\$\$\$	GLYSET – miglitol
\$\$\$\$	ACTOS – pioglitazone
\$\$\$\$	BYETTA – exenatide – QL, RS, SI
\$\$\$\$	JANUMET – sitagliptin/metformin – QL
\$\$\$\$	JANUVIA – sitagliptin – QL
\$\$\$\$	PRANDIN – repaglinide
\$\$\$\$	PROGLYCEM – diazoxide
\$\$\$\$	STARLIX – nateglinide
\$\$\$\$	SYMLIN – pramlintide – SI

Insulins

Rapid-Acting Insulins

\$\$\$\$	APIDRA – insulin glulisine – SI
\$\$\$\$	HUMALOG – insulin lispro – SI
\$\$\$\$	NOVOLOG – insulin aspart – SI

Short-Acting Insulins

\$\$\$	HUMULIN R – insulin regular – SI
\$\$\$	NOVOLIN R – insulin regular – SI
\$\$\$	RELION R – insulin regular – SI

Intermediate-Acting Insulins

\$\$\$	HUMULIN N – insulin isophane – SI
\$\$\$	HUMULIN 50/50 – insulin isophane/regular – SI

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\$\$\$	HUMULIN 70/30 – insulin isophane/regular – SI
\$\$\$	NOVOLIN N – insulin isophane – SI
\$\$\$	NOVOLIN 70/30 – insulin isophane/regular – SI
\$\$\$	RELION N – insulin isophane – SI
\$\$\$	RELION 70/30 – insulin isophane/regular – SI
\$\$\$\$	HUMALOG MIX 50/50 – insulin lispro protamine/lispro – SI
\$\$\$\$	HUMALOG MIX 75/25 – insulin lispro protamine/lispro – SI
\$\$\$\$	NOVOLOG MIX 70/30 – insulin aspart protamine/aspart – SI

Basal Insulins

\$\$\$\$	LANTUS – insulin glargine – SI
\$\$\$\$	LEVEMIR – insulin detemir – SI

THYROID REGULATION

\$	BIO-THROID – thyroid (pork)
\$	levothyroxine – includes Levoxyl (Synthroid)
\$	propylthiouracil
\$\$	liothyronine (Cytomel)
\$\$	methimazole (Tapazole)
\$\$	THYROLAR – liotrix

GROWTH HORMONE

\$\$\$\$	INCRELEX – mecasermin – PA, SP
\$\$\$\$	NORDITROPIN – somatropin – PA, SP
\$\$\$\$	OMNITROPE – somatropin – PA, SP

OTHER HORMONES AND RELATED DRUGS

\$	alendronate tabs (Fosamax) – QL
\$\$	METHERGINE – methylergonovine
\$\$\$	calcitonin-salmon nasal – includes Fortical
\$\$\$\$	ACTONEL – risedronate – QL
\$\$\$\$	desmopressin nasal (DDAVP)
\$\$\$\$	desmopressin tabs (DDAVP)
\$\$\$\$	EVISTA – raloxifene
\$\$\$\$	FOSAMAX soln – alendronate – QL
\$\$\$\$	FOSAMAX PLUS D – alendronate/cholecalciferol – QL
\$\$\$\$	cabergoline
\$\$\$\$	desmopressin inj (DDAVP) – SI
\$\$\$\$	FORTEO – teriparatide – PA, SP
\$\$\$\$	HECTOROL – doxercalciferol
\$\$\$\$	KUVAN – sapropterin – PA, SP
\$\$\$\$	MIACALCIN inj – calcitonin-salmon – SI
\$\$\$\$	octreotide (Sandostatin) – PA, SP
\$\$\$\$	SENSIPAR – cinacalcet
\$\$\$\$	SOMAVERT – pegvisomant – SP
\$\$\$\$	ZEMPLAR – paricalcitol

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$	benazepril (Lotensin)
\$	benazepril/hydrochlorothiazide (Lotensin HCT)
\$	captopril (Capoten)

\$	captopril/hydrochlorothiazide
\$	enalapril (Vasotec)
\$	enalapril/hydrochlorothiazide (Vaseretic)
\$	fosinopril (Monopril)
\$	lisinopril (Prinivil)
\$	lisinopril/hydrochlorothiazide (Prinzide)
\$	moexipril/hydrochlorothiazide (Uniretic)
\$	quinapril (Accupril)
\$	ramipril caps (Altace)
\$	trandolapril (Mavik)
\$\$	fosinopril/hydrochlorothiazide (Monopril HCT)
\$\$	moexipril (Univasc)
\$\$	quinapril/hydrochlorothiazide (Accuretic)

ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$	BENICAR – olmesartan – RS
\$\$\$\$	BENICAR HCT – olmesartan/hydrochlorothiazide – RS
\$\$\$\$	DIOVAN – valsartan – RS
\$\$\$\$	DIOVAN HCT – valsartan/hydrochlorothiazide – RS
\$\$\$\$	MICARDIS – telmisartan – RS
\$\$\$\$	MICARDIS HCT – telmisartan/hydrochlorothiazide – RS

BETA BLOCKERS AND COMBINATIONS

\$	acebutolol (Sectral)
\$	atenolol (Tenormin)
\$	atenolol/chlorthalidone (Tenoretic)
\$	bisoprolol/hydrochlorothiazide (Ziac)
\$	carvedilol (Coreg)
\$	labetalol (Trandate)
\$	metoprolol succinate ext-release (Toprol XL)
\$	metoprolol tartrate (Lopressor)
\$	nadolol 20 mg, 40 mg, 80 mg (Corgard)
\$	propranolol tabs
\$	propranolol/hydrochlorothiazide 40/25
\$\$	bisoprolol (Zebeta)
\$\$	PROPRANOLOL soln
\$\$	propranolol ext-release (Inderal LA)
\$\$	PROPRANOLOL/HYDROCHLOROTHIAZIDE 80/25
\$\$	TIMOLOL
\$\$\$	INNOPRAN XL – propranolol ext-release
\$\$\$	PINDOLOL

CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

\$	amlodipine (Norvasc)
\$	diltiazem (Cardizem)
\$	verapamil (Calan)
\$	verapamil ext-release (Calan SR)
\$\$	diltiazem ext-release (Cardizem CD)
\$\$	diltiazem ext-release (Dilacor XR)
\$\$	nifedipine ext-release (Adalat CC)

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\$\$	nifedipine ext-release (Procardia XL)
\$\$	verapamil ext-release (Verelan)
\$\$\$	amlodipine/benazepril (Lotrel)
\$\$\$	diltiazem ext-release (Tiazac)
\$\$\$	felodipine ext-release
\$\$\$\$	EXFORGE – amlodipine/valsartan – RS
\$\$\$\$	LOTREL 5/40, 10/40 – amlodipine/benazepril
\$\$\$\$	NISOLDIPINE ext-release, 20 mg, 30 mg, 40 mg
\$\$\$\$	SULAR – nisoldipine ext-release

CHEST PAIN

\$	isosorbide dinitrate (Isordil)
\$	isosorbide mononitrate (Monoket)
\$	isosorbide mononitrate ext-release
\$	NITRO-BID oint – nitroglycerin
\$	nitroglycerin sublingual tabs (Nitrostat)
\$\$	nitroglycerin patches (Nitro-Dur)
\$\$\$\$	NITRO-DUR 0.3, 0.8 mg/hr – nitroglycerin
\$\$\$\$	NITROLINGUAL – nitroglycerin

CHOLESTEROL LOWERING

\$	gemfibrozil (Lopid)
\$	lovastatin (Mevacor)
\$	pravastatin (Pravachol)
\$	simvastatin (Zocor)
\$\$\$	cholestyramine (Questran, Questran Light)
\$\$\$	fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (Lofibra)
\$\$\$	fenofibrate tabs, 54 mg, 160 mg (Lofibra)
\$\$\$\$	CRESTOR – rosuvastatin – RS
\$\$\$\$	NIASPAN – niacin ext-release
\$\$\$\$	TRICOR – fenofibrate
\$\$\$\$	ZETIA – ezetimibe
\$\$\$\$	WELCHOL – colestevlam

FLUID RETENTION

\$	acetazolamide
\$	amiloride/hydrochlorothiazide
\$	bumetanide (Bumex)
\$	chlorothiazide
\$	chlorthalidone 25 mg, 50 mg
\$	furosemide soln, 10 mg/mL; tabs (Lasix)
\$	hydrochlorothiazide caps (Microzide)
\$	hydrochlorothiazide tabs, 25 mg, 50 mg
\$	indapamide
\$	methazolamide
\$	spironolactone (Aldactone)
\$	spironolactone/hydrochlorothiazide 25/25 (Aldactazide)
\$	torsemide (Demadex)
\$	triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)
\$	triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)

\$	triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)
\$\$	amiloride (Midamor)
\$\$	metolazone (Zaroxolyn)
\$\$	triamterene/hydrochlorothiazide caps, 50/25
\$\$\$\$	acetazolamide ext-release (Diamox Sequels)

HEART RHYTHM

\$	sotalol (Betapace)
\$\$	amiodarone
\$\$	flecainide (Tambocor)
\$\$	quinidine sulfate
\$\$\$	disopyramide (Norpace)
\$\$\$	disopyramide ext-release 150 mg (Norpace CR)
\$\$\$	propafenone (Rythmol)
\$\$\$	quinidine gluconate ext-release
\$\$\$	QUINIDINE SULFATE ext-release
\$\$\$	sotalol (Betapace AF)
\$\$\$\$	MEXILETINE

OTHER HEART RELATED DRUGS

\$	clonidine (Catapres)
\$	digoxin tabs (Lanoxin)
\$	doxazosin (Cardura)
\$	guanfacine (Tenex)
\$	methyldopa
\$	terazosin
\$\$	DIGOXIN soln
\$\$	hydralazine
\$\$	minoxidil
\$\$	prazosin (Minipress)
\$\$	RESERPINE
\$\$\$\$	midodrine (Proamatine)
\$\$\$\$	CATAPRES-TTS – clonidine
\$\$\$\$	LETAIRIS – ambrisentan – SP
\$\$\$\$	REVATIO – sildenafil – PA, SP
\$\$\$\$	TRACLEER – bosentan – SP
\$\$\$\$	VENTAVIS – iloprost – SP

BEE STING KITS

\$\$\$	EPIPEN – epinephrine – SI
\$\$\$	EPIPEN JR – epinephrine – SI

RESPIRATORY DRUGS

ANTIHISTAMINES

\$	promethazine supp
\$	promethazine syrup, tabs
\$\$	cyproheptadine
\$\$	fexofenadine (Allegra)

NASAL PRODUCTS

\$	fluticasone (Flonase) – QL
\$\$	flunisolide 25 mcg/spray – QL
\$\$	ipratropium (Atrovent) – QL

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\$\$\$\$ ASTELIN – azelastine

\$\$\$\$ NASONEX – mometasone – **QL**

COUGH/COLD/ALLERGY

\$ **brompheniramine/pseudoephedrine ext-release caps, 6/60**

\$ **codeine/guaifenesin soln, 10/100 per 5 mL**

\$ **codeine/guaifenesin tabs, 10/300** (Brontex)

\$\$\$\$ **acetylcysteine**

\$\$\$\$ ALLEGRA-D 12 hr, 24 hr – fexofenadine/pseudoephedrine ext-release

ASTHMA/COPD

\$ **albuterol sulfate syrup, tabs**

\$ **theophylline ext-release tabs – 12 hr – Theochron**

\$ **albuterol sulfate inhal soln**

\$ **VENTOLIN HFA – albuterol sulfate – **QL****

\$ **cromolyn sodium inhal soln**

\$\$\$ **FLOVENT HFA – fluticasone – **QL****

\$\$\$ **ipratropium inhal soln**

\$\$\$ **ipratropium/albuterol sulfate** (Duoneb)

\$\$\$ **PROAIR HFA – albuterol sulfate – **QL****

\$\$\$ **QVAR – beclomethasone – **QL****

\$\$\$ **terbutaline** (Brethine)

\$\$\$ **theophylline ext-release tabs – 24 hr** (Uniphyll)

\$\$\$\$ **ACCOLATE – zafirlukast**

\$\$\$\$ **ASMANEX – mometasone – **QL****

\$\$\$\$ **ATROVENT HFA – ipratropium – **QL****

\$\$\$\$ **COMBIVENT – ipratropium/albuterol sulfate – **QL****

\$\$\$\$ **MAXAIR AUTOHALER – pirbuterol – **QL****

\$\$\$\$ **SINGULAIR – montelukast**

\$\$\$\$ **ADVAIR DISKUS – fluticasone/salmeterol – **QL****

\$\$\$\$ **ADVAIR HFA – fluticasone/salmeterol – **QL****

\$\$\$\$ **INTAL INHALER – cromolyn sodium – **QL****

\$\$\$\$ **PULMICORT RESPULES – budesonide**

\$\$\$\$ **SEREVENT DISKUS – salmeterol – **QL****

\$\$\$\$ **SPIRIVA HANDIHALER – tiotropium – **QL****

\$\$\$\$ **SYMBICORT – budesonide/formoterol – **QL****

OTHER RESPIRATORY DRUGS

\$\$\$\$ **PULMOZYME – dornase alfa – **SP****

GASTROINTESTINAL DRUGS

LAXATIVES

\$ **lactulose**

\$ **PEG – electrolytes for soln** (Colyte)

\$ **PEG – electrolytes for soln** (Nulytely)

ULCER/GERD

PRILOSEC OTC

\$ **cimetidine**

\$ **dicyclomine** (Bentyl)

\$ **famotidine** (Pepcid)

\$ **omeprazole delayed release** (Prilosec) – **QL**

\$ **ranitidine** (Zantac)

\$ **glycopyrrolate** (Robinul)

\$ **hyoscyamine** (Levsin)

\$ **hyoscyamine ext-release tabs** (Levbid)

\$ **sucralfate tabs** (Carafate)

\$\$\$ **PROPANTHELINE BROMIDE 15 mg**

\$\$\$\$ **CARAFATE susp – sucralfate**

\$\$\$\$ **misoprostol** (Cytotec)

\$\$\$\$ **pantoprazole delayed-release** (Protonix) – **QL, RS**

\$\$\$\$ **PROTONIX packets – pantoprazole delayed-release – **QL, RS****

\$\$\$\$ **NEXIUM – esomeprazole delayed-release – **QL, RS****

\$\$\$\$ **PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release**

\$\$\$\$ **PYLERA – bismuth subcitrate/metronidazole/tetracycline**

NAUSEA AND VOMITING

\$ **meclizine 12.5 mg, 25 mg** (Antivert)

\$ **ondansetron oral soln, tabs** (Zofran) – **QL**

\$ **trimethobenzamide caps** (Tigan)

\$\$\$ **ondansetron ODT** (Zofran ODT) – **QL**

\$\$\$\$ **EMEND caps – aprepitant – **QL****

DIGESTIVE ENZYMES – Pancreatic enzyme (pancrelipase) immediate-release and delayed-release products:

\$\$\$ **PANCRELIPASE immediate-release**

\$\$\$\$ **LIPRAM UL**

\$\$\$\$ **PANCRELIPASE MST-16**

\$\$\$\$ **PANCRON**

OTHER GASTROINTESTINAL DRUGS

\$ **diphenoxylate/atropine** (Lomotil)

\$ **lactulose – encephalopathy**

\$ **metoclopramide** (Reglan)

\$ **sulfasalazine** (Azulfidine)

\$ **ursodiol** (Actigall)

\$\$\$ **balsalazide** (Colazal)

\$\$\$ **calcium acetate** (Phoslo)

\$\$\$\$ **ASACOL – mesalamine delayed-release**

\$\$\$\$ **CANASA – mesalamine supp**

\$\$\$\$ **LIALDA – mesalamine delayed-release**

\$\$\$\$ **mesalamine enema**

\$\$\$\$ **PENTASA – mesalamine ext-release**

\$\$\$\$ **REVELA – sevelamer carbonate**

GENITOURINARY DRUGS

URINARY TRACT INFECTIONS

\$ **nitrofurantoin monohydrate/macrocystals** (Macrobid)

\$ **nitrofurantoin macrocystals** (Macrochantin)

\$\$\$\$ **FURADANTIN – nitrofurantoin**

URINARY TRACT SPASMS

\$ **oxybutynin – **QL****

\$\$\$ **oxybutynin ext-release** (Ditropan XL) – **QL**

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\$\$\$\$ DETROL LA – tolterodine ext-release – **QL**

\$\$\$\$ VESICARE – solifenacin – **QL**

\$\$\$\$ DETROL – tolterodine – **QL**

VAGINAL PRODUCTS

\$\$ ACID JELLY – acetic acid

\$\$ **clindamycin crm** (Cleocin)

\$\$ **metronidazole** (MetroGel-Vaginal)

\$\$ PREMARIN crm – conjugated estrogens

\$\$\$ CLEOCIN supp – clindamycin

\$\$\$ NYSTATIN vaginal tabs

\$\$\$ VAGIFEM tabs – estradiol

\$\$\$\$ AVC crm – sulfanilamide

OTHER GENITOURINARY DRUGS

\$ **sodium citrate/citric acid** (Bicitra)

\$\$ **finasteride** (Proscar)

\$\$ K-PHOS MF – potassium/sodium acid phosphates

\$\$ **potassium citrate ext-release** (Urocit-K)

\$\$\$ K-PHOS NO. 2 – potassium/sodium acid phosphates

\$\$\$ **potassium citrate/citric acid powder, soln** (Polycitra-K)

\$\$\$\$ AVODART – dutasteride

\$\$\$\$ FLOMAX – tamsulosin

\$\$\$\$ CYSTAGON – cysteamine

\$\$\$\$ ELMIRON – pentosan

CENTRAL NERVOUS SYSTEM DRUGS

ANXIETY

\$ **alprazolam** (Xanax)

\$ **bupirone** (Buspar)

\$ DIAZEPAM oral soln, 5 mg/5 mL

\$ **diazepam tabs** (Valium)

\$ **hydroxyzine hcl**

\$ **hydroxyzine pamoate** (Vistaril)

\$ **lorazepam** (Ativan)

\$\$ ALPRAZOLAM INTENSOL

\$\$ DIAZEPAM INTENSOL

\$\$ **lorazepam conc** (Lorazepam Intensol)

\$\$\$ LORAZEPAM INTENSOL

DEPRESSION

\$ **amitriptyline**

\$ **citalopram** (Celexa)

\$ **doxepin**

\$ **fluoxetine** (Prozac)

\$ **imipramine hcl** (Tofranil)

\$ **mirtazapine** (Remeron)

\$ **nortriptyline** (Pamelor)

\$ **paroxetine hcl** (Paxil)

\$ **sertraline** (Zoloft)

\$ **trazodone**

\$\$ **bupropion** (Wellbutrin)

\$\$ **bupropion ext-release – 12 hr** (Wellbutrin SR)

\$\$ **desipramine** (Norpramin)

\$\$\$ AMOXAPINE

\$\$\$ **bupropion ext-release – 24 hr** (Wellbutrin XL)

\$\$\$ **clomipramine** (Anafranil)

\$\$\$ **venlafaxine** (Effexor) – **QL**

\$\$\$\$ EFFEXOR XR – venlafaxine ext-release – **QL, RS**

\$\$\$\$ LEXAPRO – escitalopram – **RS**

\$\$\$\$ NARDIL – phenelzine

\$\$\$\$ **paroxetine hcl ext-release 12.5 mg, 25 mg** (Paxil CR)

\$\$\$\$ **tranylcypromine** (Parnate)

\$\$\$\$ VENLAFAXINE ER tabs – **QL, RS**

PSYCHOTIC AND BIPOLAR DISORDERS

\$ **chlorpromazine**

\$ **fluphenazine hcl tabs**

\$ **haloperidol lactate oral soln**

\$ **haloperidol tabs**

\$ **lithium carbonate caps**

\$ LITHIUM CARBONATE tabs, 300 mg

\$ **prochlorperazine supp**

\$ **prochlorperazine tabs**

\$ **thiothixene** (Navane)

\$\$ FLUPHENAZINE HCL soln, 2.5 mg/5 mL, 5 mg/mL

\$\$ **lithium carbonate ext-release 300 mg** (Lithobid)

\$\$ **lithium carbonate ext-release 450 mg**

\$\$ **trifluoperazine**

\$\$\$ **clozapine 25 mg, 50 mg, 100 mg** (Clozaril)

\$\$\$ **lithium citrate**

\$\$\$ **loxapine**

\$\$\$ **perphenazine**

\$\$\$ **risperidone** (Risperdal) – **QL**

\$\$\$\$ GEODON – ziprasidone – **QL**

\$\$\$\$ MOBAN – molindone

\$\$\$\$ RISPERDAL M-TAB 1 mg, 3 mg, 4 mg – risperidone – **QL**

\$\$\$\$ **risperidone ODT, 0.5 mg, 2 mg** (Risperdal M-Tab) – **QL**

\$\$\$\$ SEROQUEL – quetiapine – **QL**

\$\$\$\$ SEROQUEL XR – quetiapine ext-release – **QL**

SLEEP AIDS

\$ **chloral hydrate syrup**

\$ **estazolam**

\$ **phenobarbital elixer; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg**

\$ PHENOBARBITAL 64.8 mg

\$ **temazepam** (Restoril)

\$ **zaleplon** (Sonata) – **QL**

\$ **zolpidem** (Ambien) – **QL**

\$\$\$\$ LUNESTA – eszopiclone – **QL, RS**

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\$\$\$\$ RESTORIL 7.5 mg – temazepam

HYPERACTIVITY/NARCOLEPSY

\$ **methylphenidate** (Ritalin) – QL

\$\$ **amphetamine/dextroamphetamine mixed salts** (Adderall) – QL

\$\$ **dextroamphetamine tabs, 5 mg**

\$\$ **methylphenidate ext-release** (Ritalin SR) – QL

\$\$\$\$ ADDERALL XR – amphetamine/dextroamphetamine mixed salts ext-release – QL

\$\$\$\$ **dextroamphetamine ext-release** (Dexedrine Spansule) – QL

\$\$\$\$ STRATTERA – atomoxetine – QL

MULTIPLE SCLEROSIS

\$\$\$\$ AVONEX – interferon beta-1a – SP

\$\$\$\$ COPAXONE – glatiramer – SP

\$\$\$\$ REBIF – interferon beta-1a – SP

OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$ **bupropion ext-release** (Zyban)

\$\$\$ ORAP – pimozide

\$\$\$ ANTABUSE – disulfiram

\$\$\$ CHANTIX – varenicline

\$\$\$ **galantamine tabs** (Razadyne)

\$\$\$\$ ARICEPT – donepezil

\$\$\$\$ ARICEPT ODT – donepezil

\$\$\$\$ EXELON caps, soln – rivastigmine

\$\$\$\$ EXELON patches – rivastigmine

\$\$\$\$ **galantamine ext-release** (Razadyne ER)

\$\$\$\$ NAMENDA – memantine

\$\$\$\$ RAZADYNE soln – galantamine

PAIN RELIEF DRUGS

NON-NARCOTIC DRUGS

\$ **butalbital/acetaminophen tabs, 50/325** (Phrenilin)

\$ **butalbital/acetaminophen tabs, 50/650** (Sedapap)

\$ **butalbital/acetaminophen/caffeine caps, 50/325/40** (Esgic) – QL

\$ **butalbital/acetaminophen/caffeine tabs, 50/325/40** (Fioricet) – QL

\$ **butalbital/acetaminophen/caffeine tabs, 50/500/40** (Esgic Plus) – QL

\$ **butalbital/aspirin/caffeine tabs, 50/325/40** – QL

\$ **salsalate**

\$\$ **butalbital/aspirin/caffeine caps, 50/325/40** (Fiorinal) – QL

NARCOTIC DRUGS

\$ **acetaminophen/codeine** (Tylenol w/Codeine) – QL

\$ CODEINE SULFATE 15 mg

\$ **codeine sulfate 30 mg, 60 mg**

\$ **hydrocodone/acetaminophen caps, 5/500**

\$ **hydrocodone/acetaminophen soln, 7.5/500 per 15 mL** (Lortab) – QL

\$ **hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500** (Lortab) – QL

\$ **hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325** (Norco) – QL

\$ **hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660** (Vicodin, Vicodin ES, Vicodin HP) – QL

\$ **hydrocodone/acetaminophen tabs, 7.5/650, 10/650** (Lorcet, Lorcet Plus) – QL

\$ **hydromorphone tabs** (Dilaudid)

\$ **methadone conc, tabs**

\$ **morphine sulfate conc, 20 mg/mL; tabs**

\$ **oxycodone caps** (OxyIR)

\$ **oxycodone conc, soln, tabs** (Roxicodone)

\$ **oxycodone/acetaminophen caps, 5/500** (Tylox) – QL

\$ **oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650** (Percocet) – QL

\$ **propoxyphene hcl/acetaminophen tabs, 65/650**

\$ **propoxyphene napsylate/acetaminophen 50/325, 100/650** (Darvocet-N) – QL

\$ ROXICET soln – oxycodone/acetaminophen – QL

\$ **tramadol** (Ultram)

\$ **tramadol/acetaminophen** (Ultracet)

\$\$ **butalbital/aspirin/caffeine/codeine caps** (Fiorinal w/Codeine) – QL

\$\$ **hydrocodone/acetaminophen tabs, 10/750** (Maxidone) – QL

\$\$ **hydrocodone/ibuprofen tabs, 5/200** (Reprexain) – QL

\$\$ **hydrocodone/ibuprofen tabs, 7.5/200** (Vicoprofen) – QL

\$\$ METHADONE soln, 5 mg/5 mL, 10 mg/5 mL

\$\$ **morphine sulfate ext-release** (MS Contin) – QL

\$\$ **morphine sulfate supp, 5 mg, 10 mg, 20 mg**

\$\$ **oxycodone/aspirin tabs, 5/325** (Percodan) – QL

\$\$\$ **hydrocodone/ibuprofen tabs, 10/200** (Ibudone) – QL

\$\$\$ MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg

\$\$\$\$ **fentanyl patches** (Duragesic) – QL

\$\$\$\$ ACTIQ – fentanyl – PA, QL

\$\$\$\$ FENTANYL CITRATE transmucosal – PA, QL

\$\$\$\$ **oxycodone ext-release** (OxyContin) – QL

\$\$\$\$ OXYCONTIN – oxycodone ext-release – QL

\$\$\$\$ SUBOXONE – buprenorphine/naloxone

\$\$\$\$ SUBUTEX – buprenorphine

RHEUMATOID AND OSTEOARTHRITIS

\$ **etodolac**

\$ **ibuprofen**

\$ **indomethacin**

\$ **ketoprofen**

\$ **meloxicam tabs** (Mobic)

\$ **nabumetone**

\$ **naproxen** (Naprosyn)

\$ **naproxen sodium** (Anaprox)

\$ **piroxicam** (Feldene)

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\$	sulindac (Clinoril)
\$\$	diclofenac sodium delayed-release 50 mg, 75 mg (Voltaren)
\$\$	diclofenac sodium ext-release (Voltaren-XR)
\$\$	DIFLUNISAL
\$\$	leflunomide (Arava)
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg
\$\$\$\$	ENBREL – etanercept – PA, SP
\$\$\$\$	HUMIRA – adalimumab – PA, SP
\$\$\$\$	RIDAURA – auranofin

MIGRAINE HEADACHES

\$	acetaminophen/isometheptene/dichloralphenazone (Midrin)
\$\$\$\$	ERGOMAR – ergotamine
\$\$\$\$	IMITREX inj kit – sumatriptan – QL, SI
\$\$\$\$	IMITREX nasal – sumatriptan – QL
\$\$\$\$	MAXALT – rizatriptan – QL
\$\$\$\$	MAXALT-MLT – rizatriptan – QL
\$\$\$\$	MIGRANAL – dihydroergotamine – QL
\$\$\$\$	sumatriptan tabs (Imitrex) – QL
\$\$\$\$	sumatriptan vials, 6 mg (Imitrex) – QL, SI

GOUT

\$	allopurinol
\$	colchicine
\$\$	probenecid
\$\$\$	probenecid/colchicine

NEUROMUSCULAR DRUGS

SEIZURES

\$	carbamazepine (Tegretol)
\$	clonazepam (Klonopin)
\$	phenytoin susp (Dilantin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	gabapentin caps, tabs (Neurontin)
\$\$	lamotrigine (Lamictal)
\$\$	phenytoin sodium extended (Dilantin)
\$\$	zonisamide (Zonegran)
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	divalproex delayed-release (Depakote)
\$\$\$	levetiracetam (Keppra)
\$\$\$	primidone (Mysoline)
\$\$\$	valproic acid (Depakene)
\$\$\$\$	carbamazepine ext-release 200 mg, 400 mg (Tegretol-XR)
\$\$\$\$	CELONTIN – methsuximide
\$\$\$\$	ethosuximide (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	oxcarbazepine tabs (Trileptal)
\$\$\$\$	TEGRETOL-XR – carbamazepine ext-release
\$\$\$\$	DIASTAT – diazepam
\$\$\$\$	divalproex ext-release (Depakote ER)

\$\$\$\$	FELBATOL – felbamate
\$\$\$\$	GABITRIL – tiagabine
\$\$\$\$	LAMICTAL Starter Kit – lamotrigine
\$\$\$\$	PEGANONE – ethotoin
\$\$\$\$	topiramate (Topamax)
\$\$\$\$	TRILEPTAL susp – oxcarbazepine

PARKINSON'S DISEASE

\$	benztropine
\$	trihexyphenidyl
\$\$	amantadine caps, syrup
\$\$	selegiline caps (Eldepryl)
\$\$\$	AMANTADINE tabs
\$\$\$	carbidopa/levodopa (Sinemet)
\$\$\$	ropinirole (Requip)
\$\$\$\$	bromocriptine (Parlodel)
\$\$\$\$	carbidopa/levodopa ext-release (Sinemet CR)
\$\$\$\$	AZILECT – rasagiline
\$\$\$\$	carbidopa/levodopa ODT (Parcopa)
\$\$\$\$	COMTAN – entacapone
\$\$\$\$	MIRAPEX – pramipexole
\$\$\$\$	TASMAR – tolcapone

MUSCLE RELAXANTS

\$	baclofen
\$	chlorzoxazone
\$	cyclobenzaprine (Flexeril)
\$	methocarbamol (Robaxin)
\$	orphenadrine citrate ext-release
\$	tizanidine tabs (Zanaflex)
\$\$	orphenadrine/aspirin/caffeine 25/385/30
\$\$\$	ORPHENADRINE/ASPIRIN/CAFFEINE 50/770/60
\$\$\$\$	dantrolene (Dantrium)

OTHER NEUROMUSCULAR DRUGS

\$\$\$	pyridostigmine tabs (Mestinon)
\$\$\$\$	MESTINON syrup – pyridostigmine
\$\$\$\$	MESTINON TIMESPAN – pyridostigmine ext-release
\$\$\$\$	MYTELASE – ambenonium
\$\$\$\$	PROSTIGMIN tabs – neostigmine
\$\$\$\$	RILUTEK – riluzole

SUPPLEMENTS

VITAMINS

\$	MEPHYTON – phytonadione
\$\$\$	calcitriol (Rocaltrol)
\$\$\$	ergocalciferol (Drisdol)

MULTIVITAMINS

\$	pediatric multivitamins/fluoride
\$	pediatric multivitamins/fluoride/iron
\$	pediatric vitamins ADC/fluoride
\$	pediatric vitamins ADC/fluoride/iron

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\$ prenatal multivitamins/1 mg folic acid

MINERALS AND ELECTROLYTES

\$ potassium chloride ext-release tabs, 10 mEq (K-Tabs)

\$ potassium chloride ext-release tabs, 10 mEq, 20 mEq

\$ potassium chloride ext-release tabs, 8 mEq

\$ potassium chloride packets, 20 mEq (K-Lor)

\$ potassium chloride soln, 10%, 20%

\$ potassium phosphate/sodium phosphates (K-Phos Neutral)

\$ sodium fluoride

\$ SODIUM FLUORIDE tabs, 1.1 mg

\$\$ potassium chloride ext-release caps, 10 mEq (Micro-K 10)

\$\$\$ potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)

BLOOD MODIFYING DRUGS

\$ cyanocobalamin inj – SI

\$ folic acid tabs, 1 mg

\$ pentoxifylline ext-release (Trental)

\$ warfarin (Coumadin)

\$\$ cilostazol (Pletal)

\$\$\$ anagrelide (Agylin)

\$\$\$\$ DROXIA – hydroxyurea

\$\$\$\$\$ ARANESP – darbepoetin – PA, SP

\$\$\$\$\$ LEUKINE – sargramostim – PA, SP

\$\$\$\$\$ LOVENOX – enoxaparin – QL, SI

\$\$\$\$\$ NEULASTA – pegfilgrastim – PA, SP

\$\$\$\$\$ NEUMEGA – oprelvekin – PA, SP

\$\$\$\$\$ NEUPOGEN – filgrastim – PA, SP

\$\$\$\$\$ PLAVIX 75 mg – clopidogrel

\$\$\$\$\$ PROCRT – epoetin alfa – PA, SP

\$\$\$\$\$ ZAVESCA – miglustat – PA, SP

TOPICAL DRUGS

EYE

Anti-infectives

\$ bacitracin oint

\$ bacitracin/polymyxin B oint

\$ ciprofloxacin soln (Ciloxan)

\$ erythromycin oint

\$ gentamicin oint, soln

\$ neomycin/polymyxin B/bacitracin oint

\$ neomycin/polymyxin B/gramicidin soln (Neosporin)

\$ ofloxacin soln (Ocuflox)

\$ polymyxin B/trimethoprim soln (Polytrim)

\$ sulfacetamide sodium soln (Bleph-10)

\$ tobramycin soln (Tobrex)

\$\$\$ CILOXAN oint – ciprofloxacin

\$\$\$ TOBEX oint – tobramycin

\$\$\$ VIGAMOX – moxifloxacin

\$\$\$\$ trifluridine soln (Viroptic)

\$\$\$\$\$ NATACYN – natamycin

Steroids and Combination Products

\$ dexamethasone sodium phosphate soln

\$ fluorometholone susp (FML Liquifilm)

\$ neomycin/polymyxin B/bacitracin/hydrocortisone oint

\$ neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)

\$ prednisolone acetate susp (Pred Forte)

\$ PREDNISOLONE SODIUM PHOSPHATE soln, 1%

\$ sulfacetamide sodium/prednisolone soln

\$\$ FML – fluorometholone

\$\$ POLY-PRED – neomycin/polymyxin B/prednisolone

\$\$ PRED MILD – prednisolone acetate

\$\$\$ BLEPHAMIDE – sulfacetamide/prednisolone

\$\$\$ BLEPHAMIDE S.O.P. – sulfacetamide/prednisolone

\$\$\$ LOTEMAX – loteprednol

\$\$\$\$ TOBRADEX oint – tobramycin/dexamethasone

\$\$\$\$\$ tobramycin/dexamethasone susp (Tobradex)

Glaucoma

\$ carteolol soln

\$ levobunolol soln (Betagan)

\$ metipranolol soln (Optipranolol)

\$ pilocarpine soln (Isopto Carpine)

\$ timolol maleate gel-forming soln (Timoptic-XE)

\$ timolol maleate soln (Timoptic)

\$\$ BETAXOLOL soln, 0.5%

\$\$ brimonidine soln, 0.2%

\$\$ dorzolamide (Trusopt)

\$\$\$ BETIMOL – timolol

\$\$\$ dorzolamide/timolol maleate (Cosopt)

\$\$\$ TRAVATAN – travoprost – QL

\$\$\$ TRAVATAN Z – travoprost – QL

\$\$\$ XALATAN – latanoprost – QL

\$\$\$\$ ALPHAGAN P – brimonidine

\$\$\$\$\$ PHOSPHOLINE IODIDE – echothiophate iodide

Other Eye Products

\$ atropine sulfate oint, soln (Isopto Atropine)

\$ cyclopentolate soln (Cyclogyl)

\$ diclofenac soln (Voltaren)

\$ flurbiprofen soln (Ocufen)

\$ homatropine soln (Isopto Homatropine)

\$\$ cromolyn sodium soln (Crolom)

\$\$ CYCLOGYL 0.5%, 2% – cyclopentolate

\$\$\$\$ ACULAR – ketorolac

\$\$\$\$\$ ACULAR LS – ketorolac

EAR

\$ acetic acid

KEY | **Generic drug:** generic name, Tier 1 (Reference Brand, Tier 3)
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\$	benzocaine/antipyrine
\$	neomycin/polymyxin B/hydrocortisone (Cortisporin)
\$	ofloxacin (Floxin Otic)
\$\$\$\$	CIPRODEX – ciprofloxacin/dexamethasone

MOUTH AND THROAT (LOCAL)

\$	chlorhexidine oral rinse (Peridex)
\$	lidocaine viscous
\$	sodium fluoride crm, gel (Prevident)
\$\$	nystatin susp
\$\$\$	pilocarpine tabs (Salagen)
\$\$\$	triamcinolone paste

ANORECTAL AGENTS

\$	hydrocortisone acetate supp, 25 mg (Anusol-HC)
\$	hydrocortisone crm, 2.5% (Anusol-HC)
\$\$\$	PROCTOFOAM HC – hydrocortisone acetate/pramoxine
\$\$\$\$	hydrocortisone enema

SKIN CONDITIONS/PRODUCTS

Acne

\$	clindamycin (Cleocin-T)
\$	erythromycin gel
\$	erythromycin pads, soln, 2%
\$\$	erythromycin/benzoyl peroxide (Benzamycin)
\$\$	sulfacetamide sodium/sulfur crm, emulsion (Plexion)
\$\$	tretinoin (Retin-A)
\$\$\$	metronidazole (Metro lotion)
\$\$\$	metronidazole gel, 0.75%
\$\$\$	metronidazole 0.75% (Metrocream)
\$\$\$	sulfacetamide sodium/sulfur lotn
\$\$\$\$	BENZA CLIN – clindamycin/benzoyl peroxide
\$\$\$\$	FINACEA, NP = Finacea Plus – azelaic acid
\$\$\$\$	METROGEL 1% – metronidazole
\$\$\$\$	RETIN-A MICRO – tretinoin
\$\$\$\$	TAZORAC – tazarotene
\$\$\$\$	DUAC CS – clindamycin/benzoyl peroxide
\$\$\$\$	isotretinoin caps (Accutane)

Anti-infectives

\$	econazole
\$	gentamicin
\$	ketoconazole crm
\$	ketoconazole shampoo, 2% (Nizoral)
\$	mupirocin oint (Bactroban)
\$	nystatin (Mycostatin)
\$	silver sulfadiazine (Silvadene)
\$\$	ciclopirox (Loprox)
\$\$\$	BACTROBAN crm – mupirocin
\$\$\$\$	ZOVIRAX – acyclovir

Corticosteroids

\$	betamethasone dipropionate
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\$	betamethasone dipropionate, augmented (Diprolene)
\$	betamethasone valerate
\$	clobetasol (Temovate)
\$	desonide (Desowen)
\$	FLUOCINOLONE crm, 0.025%; oint, soln
\$	fluocinonide
\$	fluticasone propionate (Cutivate)
\$	hydrocortisone valerate (Westcort)
\$	hydrocortisone 2.5%
\$	nystatin/triamcinolone
\$	triamcinolone
\$	TRIAMCINOLONE oint, 0.05%
\$\$	alclometasone (Aclovate)
\$\$	desoximetasone (Topicort)
\$\$	diflorasone
\$\$	halobetasol (Ultravate)
\$\$	mometasone (Elocon)
\$\$	PRAMOSONE 2.5%/1% – hydrocortisone acetate/pramoxine
\$\$\$	DERMA-SMOOTH/FS oil – fluocinolone
\$\$\$	PRAMOSONE 1%/1% – hydrocortisone acetate/pramoxine
\$\$\$\$	clobetasol (Olux)
\$\$\$\$	CAPEX – fluocinolone

Other Skin Products

\$	aluminum chloride soln (Drysol)
\$	lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)
\$	permethrin crm, 5% (Elimite)
\$	selenium sulfide 2.5% (Selsun)
\$\$	lidocaine/prilocaine crm (Emla)
\$\$\$	podofilox soln (Condylox)
\$\$\$	SANTYL – collagenase
\$\$\$\$	anthralin (Dritho-Creme HP)
\$\$\$\$	doxepin crm (Zonalon)
\$\$\$\$	DRITHO-SCALP – anthralin
\$\$\$\$	lindane lotn
\$\$\$\$	ALDARA – imiquimod
\$\$\$\$	calcipotriene soln (Dovonex)
\$\$\$\$	CONDYLOX gel – podofilox
\$\$\$\$	DOVONEX crm – calcipotriene
\$\$\$\$	fluorouracil crm, soln, 5% (Efudex)
\$\$\$\$	OXSORALEN-ULTRA soft gelatin caps – methoxsalen
\$\$\$\$	PANRETIN – alitretinoin
\$\$\$\$	SOLARAZE – diclofenac sodium
\$\$\$\$	SORIATANE CK Kit – acitretin
\$\$\$\$	TARGRETIN gel – bexarotene
\$\$\$\$	8-MOP hard gelatin caps – methoxsalen

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MISCELLANEOUS CATEGORIES

DIABETIC SUPPLIES – Blood Glucose Test Strips and Blood Glucose Monitoring Kits

ASCENSIA AUTODISC TEST STRIPS

ASCENSIA BREEZE 2 TEST DISKS

ASCENSIA BREEZE/BREEZE 2 MONITORING KITS

ASCENSIA CONTOUR MONITORING KIT

ASCENSIA CONTOUR TEST STRIPS

ASCENSIA ELITE TEST STRIPS

ONE TOUCH FASTTAKE

ONE TOUCH II/BASIC/PROFILE

ONE TOUCH SURESTEP

ONE TOUCH ULTRA/ULTRALINK/
ULTRASMART/ULTRA MINI

MEDICAL DEVICES

INSULIN PEN NEEDLES

INSULIN SYRINGES

LANCET DEVICES

LANCETS

SYRINGES/NEEDLES – for self-injectable
drug administration

MISCELLANEOUS DRUGS

\$\$ **azathioprine** (Imuran)

\$\$\$ **sodium polystyrene sulfonate**

\$\$\$\$\$ CELLCEPT – mycophenolate mofetil

\$\$\$\$\$ CHEMET – succimer

\$\$\$\$\$ CUPRIMINE – penicillamine

\$\$\$\$\$ **cyclosporine** (Sandimmune)

\$\$\$\$\$ **cyclosporine modified caps, 25 mg, 100 mg; soln** (Neoral)

\$\$\$\$\$ EXJADE – deferasirox – **SP**

\$\$\$\$\$ **mycophenolate mofetil caps, tabs** (Cellcept)

\$\$\$\$\$ PROGRAF – tacrolimus

\$\$\$\$\$ RAPAMUNE – sirolimus

\$\$\$\$\$ REVLIMID – lenalidomide – **PA, SP**

\$\$\$\$\$ SYPRINE – trientine

\$\$\$\$\$ THALOMID – thalidomide

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