



Preferred Drug List (PDL)

Pennsylvania

Effective Date: 1/1/2011



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Preferred Drug List

INTRODUCTION

UnitedHealthcare is pleased to provide this UnitedHealthcare **PDL** to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare. The drugs listed in this **PDL** are intended to provide sufficient options to treat patients who require treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare **PDL** have been reviewed and approved by the UnitedHealthcare Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the Medical prior authorization process.

The drugs represented have been reviewed by the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **PDL** is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the PDL since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare PDL is reflective of current medical practice.

NOTICE

The information contained in this PDL and its appendices is provided by UnitedHealthcare, solely for the convenience of medical providers. UnitedHealthcare does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

The PDL and quarterly updates are also available on our web site at www.UnitedHealthcarehealthplan.com.

PREFACE

The UnitedHealthcare PDL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the PDL. Generics should be considered the first line of prescribing.

The UnitedHealthcare PDL covers selected over-the-counter (OTC) products. Many are noted in the drug lists; a complete list is included on page 44. You are encouraged to prescribe OTC medications when clinically appropriate.

Products with a narrow therapeutic index (NTI) as defined by the UnitedHealthcare P&T committee are exempt from generic substitution requirements. Current exempt agents include:

Tegretol (carbamazepine), Synthroid (levothyroxine), Coumadin (warfarin sodium), Lanoxin (digoxin) and Dilantin (phenytoin.) If a brand name drug from another category is medically necessary, please submit a prior authorization request.

The UnitedHealthcare MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare's PDL does not cover DESI "less than fully effective" drug products.

PLAN EXCLUSIONS

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare PDL.

- DESI drugs
- Antiobesity agents
- Experimental/research drugs
- Cosmetic drugs
- Immunization agents
- Nutritional / diet supplements
- Blood and blood plasma products
- Agents used to promote fertility
- Agents used for erectile dysfunction
- Agents used for cosmetic hair growth
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and DME except as listed: syringes, needles, lancets, alcohol swabs, Easivent MDI spacer, Accu-Check brand blood glucose monitors, glucometer test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)
- Mirena

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when seventy-five percent (75%) of the medication has been utilized. If a claim is submitted before 75% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a "refill too soon" message. Please call the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions or for help with dosage change authorization.

MANDATORY GENERIC SUBSTITUTION

The UnitedHealthcare *PDL* requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization. The UnitedHealthcare *PDL* prior authorization (PA) list does not include branded items where a generic equivalent is covered.

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

The drugs in the UnitedHealthcare PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be made in writing by the physician and faxed or mailed to:

**UnitedHealthcare
Pharmacy Services Department
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221
Fax 866-940-7328
Phone 800-310-6826**

A prior authorization request form is available in the UnitedHealthcare provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. All requests will be responded to within 24 hours of receipt.

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization.

Please contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions concerning the prior authorization process.

NON-PDL DRUGS 5-DAY AND 15-DAY OVERRIDES

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time**

dispensing of a 5-day supply of the newly prescribed non-PDL drug. The pharmacy should submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

Pharmacies may dispense a one-time, 15-day supply to members requiring an immediate supply of an ongoing medication. **The pharmacist must contact the plan to obtain a manual 15-day override.** Before the next dispensing, **the pharmacy must** contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare at 866-940-7328, Attn: Pharmacy Department.

QUANTITY LIMITATIONS (QL)

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Controlled Substances

You may fill any FOUR medications from the following classes in a 30-day period: opiate analgesics, benzodiazepines, sedative hypnotic agents, barbiturates, and select muscle relaxants. Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (PA) process. Please contact the UnitedHealthcare Pharmacy Department at 800-310-6826 with questions.

Specialty Pharmaceutical Management Program

UnitedHealthcare is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare to achieve these goals.

Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Pharmacy Department via fax at 866-940-7328.

The UnitedHealthcare Pharmacy Department will review all requests within 24 hours, and if authorized for payment, UnitedHealthcare will coordinate the delivery of the product to the member or provider.

The following drugs or drug classes are included in the program:

Specialty Pharmaceutical Program Drug List

Antimetabolites (Oforta, Xeloda, Zolanza)
 Arcalyst
 Colony Stimulating Factors (Neulasta, Neupogen, Leukine)
 Cystic Fibrosis Agents (Pulmozyme, TOBI)
 Erythropoiesis Stimulating Agents (Aranesp, Epogen, Procrit)
 Exjade
 Fuzeon
 Growth Hormone Products (Tev-Tropin, Omnitrope)
 Hepatitis C Therapy (Peg-Intron, Pegasys, Infergen, Ribavirin)
 Ilaris
 Increlex
 Interferons (Intron A, Peg-Intron, Pegasys)
 Kinase Inhibitors (Afinitor, Gleevec, Nexavar, Sprycel, Sutent, Tarceva, Tassigna, Tykerb, Votrient)
 Kuvan
 Lovenox (*Specialty for quantities greater than 14 days)
 Lupron
 Mozobil
 Multiple Sclerosis Agents (Avonex, Copaxone, Rebif)
 Neumega
 PAH (Adcirca, Revatio, Letairis, Tracleer)
 Promacta
 Revlimid
 Rheumatoid Arthritis Agents (Enbrel, Humira)
 Sabril
 Temodar
 Xenazine
 Xolair

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling the UnitedHealthcare Pharmacy Department 800-310-6826.

STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
Advair	30 day trial of inhaled corticosteroid or 60 day trial of a long acting beta agonist with an anticholinergic.
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Angiotensin II Receptor Blockers (Cozaar, Diovan/Diovan HCT, Hyzaar, Micardis/Micardis HCT)	Preferred ACE Inhibitors
Banzel	30 day trial of two of the following: lamotrigine, divalproex, or topiramate.
Crestor	90 day trial of simvastatin 80mg within previous 180 days is required first.
Cymbalta	Minimum 2 month trial of 2 PDL generic antidepressants in the preceding 6 months
Ditropan XL	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
DPP4 Inhibitors (Januvia, Janumet)	At least a 90 day trial of 1500mg/day of metformin.
Dulera	30 day trial of inhaled corticosteroid
Effexor XR	60 day trial of preferred SSRI, venlafaxine, mirtazapine, bupropion, or bupropion SR.
Elidel	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
Enblex	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
fantanyl patches	30 day trial of at least 200mg per day of morphine sulfate ER.
fexofenadine	30 day trial of loratadine and cetirizine.

Gabril 30 day trial of two of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.

Intuniv 30 day trial of one of the following: methylphenidate, methylphenidate SR, Concerta, amphetamine salts, Adderall XR, dextroamphetamine, or dextroamphetamine SA.

lansoprazole/ Prevacid OTC 30 day trial of omeprazole 40mg within previous 90 days required first.

levetiracetam 30 day trial of one of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.

Maxalt/MLT Trial at a minimum dose of 50mg of sumatriptan tablets.

Opana ER 30 day trial of at least 200mg per day of morphine sulfate ER.

Optivar 14 day trial of ketotifen within previous 90 days required first.

oxcarbazepine 30 day trial of one of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.

Pristiq 60 day trial of preferred SSRI, venlafaxine, mirtazapine, bupropion, or bupropion SR.

Renvela 8 week trial of calcium acetate.

Singulair 60 day trial of preferred inhaled corticosteroid or 30 day trial of either loratadine or cetirizine with a preferred intranasal steroid.

Strattera 30 day trial of one of the following: methylphenidate, methylphenidate SR, Concerta, amphetamine salts, Adderall XR, dextroamphetamine, or dextroamphetamine SA.

TZD's (Actos, ActosPlusMet, ActoPlusMet XR Duetact) At least a 90 day trial of 1500mg/day of metformin

Uloric 8 week trial of up to 600mg of allopurinol required first.

Vancocin One fill of metronidazole tabs or caps.

Vesicare 30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.

Vimpat 30 day trial of two of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.

Vytorin 90 day trial of simvastatin 80mg within previous 180 days is required first.

Xopenex Respules 30 day trial of Albuterol .083% or .5% respules.

PDL SUGGESTIONS

Providers who wish to propose PDL suggestions should forward the information to the UnitedHealthcare Director of Pharmacy Services by either mail or fax.

Attn: Director of Pharmacy Services
 UnitedHealthcare
 Unison Plaza
 1001 Brinton Road
 Pittsburgh, PA 15221
 Fax: 866-940-7328

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

EDITOR

Your comments and suggestions regarding the UnitedHealthcare PDL are encouraged. Your input is vital to this PDL's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare
 Director of Pharmacy Services
 Unison Plaza
 1001 Brinton Road
 Pittsburgh, PA 15221
 Phone: 800-310-6826
 Email: PDL@UnitedHealthcarehealthplan.com
 Internet:
<http://www.UnitedHealthcarehealthplan.com>

LEGEND

#	Only the dosage forms/strengths of the brand name products noted are on the PDL
OTC	over-the-counter
boldface	indicates generic availability; Boldface may not apply to every strength or dosage form under the listed generic name.
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see page V for details

NOTICE

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

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare and such third-party pharmaceutical companies.

If viewing this PDL via the Internet, please be advised that the PDL is updated periodically and changes may appear prior to their effective date to allow for notification.

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ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

Many oral antineoplastics and oral immunosuppressants are on the PDL. The most common products are listed below. Additional agents may also be covered, please check with the plan.

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

<i>bicalutamide</i>	CASODEX
<i>flutamide</i>	EULEXIN

Antiestrogens

<i>tamoxifen</i>	NOLVADEX
<i>toremifene</i>	FARESTON

Aromatase Inhibitors

<i>anastrozole</i>	ARIMIDEX
<i>exemestane</i>	AROMASIN
<i>letrozole</i>	FEMARA

Progestin

<i>megestrol acetate</i>	MEGACE
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ORAL AGENTS

Alkylating Agents

<i>busulfan</i>	MYLERAN
<i>chlorambucil</i>	LUEKERAN
<i>cyclophosphamide</i>	CYTOXAN
<i>estramustine phosphate sodium</i>	EMCYT
<i>lomustine</i>	CEENU
<i>melphalan</i>	ALKERAN
<i>temozolomide PA SP</i>	TEMODAR

Antimetabolites

<i>capecitabine PA SP</i>	XELODA
<i>fludarabine PA SP</i>	OFORTA
<i>mercaptopurine</i>	PURINETHOL
<i>thioguanine</i>	THIOGUANINE

Tyrosine Kinase Inhibitor

<i>dasatinib PA SP</i>	SPRYCEL
<i>erlotinib PA SP</i>	TARCEVA
<i>imatinib mesylate PA QL SP</i>	GLEEVEC
<i>lapatinib ditosylate PA SP</i>	TYKERB

<i>nilotinib PA SP</i>	TASIGNA
<i>pazopanib PA SP</i>	VOTRIENT
<i>sorafenib PA SP</i>	NEXAVAR
<i>sunitinib PA SP</i>	SUTENT

Miscellaneous

<i>altretamine</i>	HEXALEN
<i>bexarotene</i>	TARGRETIN
etoposide	VEPESID
<i>everolimus PA SP</i>	AFINITOR
hydroxyurea	DROXIA HYDREA
<i>mitotane</i>	LYSODREN
<i>procarbazine</i>	MATULANE
<i>tretinoin caps</i>	VESANOID
<i>vorinostat PA SP</i>	ZOLINZA

IMMUNOSUPPRESSANTS

Antimetabolites

azathioprine	IMURAN
mycophenolate mofetil	CELLCEPT
<i>mycophenolate sodium</i>	MYFORTIC

Calcineurin Inhibitors

cyclosporine	SANDIMMUNE
cyclosporine, modified	NEORAL
cyclosporine, modified	GENGRAF
<i>tacrolimus</i>	PROGRAF

Other

<i>everolimus</i>	ZORTRESS
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Rapamycin Derivative

<i>sirolimus</i>	RAPAMUNE
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IMMUNOMODULATORS

Interferons

<i>interferon alfa-2a PA SP</i>	
<i>interferon alfa-2b PA SP</i>	INTRON A

Other

<i>lenalidomide PA SP</i>	REVLIMID
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MISCELLANEOUS

leuprolide PA SP

LUPRON, LUPRON DEPOT, LUPRON DEPOT-PED

BLOOD MODIFIERS

ANTICOAGULANTS

ORAL

warfarin

COUMADIN

BLOOD CELL FORMATION

darbepoetin alfa PA SP

ARANESP

epoetin alfa PA SP

PROCRIT

epoetin alfa PA SP

EPOGEN

filgrastim PA SP

NEUPOGEN

oprelvekin SP

NEUMEGA

pegfilgrastim PA SP

NEULASTA

sargramostim PA SP

LEUKINE

PLATELET SYNTHESIS INHIBITOR

anagrelide

AGRYLIN

MISCELLANEOUS

aminocaproic acid, 500 mg tabs only

AMICAR

cilostazol

PLETAL

deferasirox PA SP

EXJADE

enoxaparin* QL PA SP

LOVENOX

heparin

HEPARIN

pentoxifylline ext-rel

TRENTAL

plerixafor PA SP

MOZOBIL

**SP and PA only applies for quantities greater than 14 days*

PLATELET AGGREGATION INHIBITORS – www.chestjournal.org

The American College of Cardiology and American Heart Association guidelines recommend that in an evolving MI, aspirin, at a dose of at least 162 mg, should be taken to achieve an immediate clinical antithrombotic effect.

aspirin OTC

ASCRIPTIN

BAYER

ECOTRIN

clopidogrel QL (applies to 300 mg tab only)

PLAVIX

dipyridamole

PERSANTINE

CARDIOVASCULAR AGENTS

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at: www.nhlbi.nih.gov/guidelines/hypertension/index.htm

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at: www.acc.org, www.americanheart.org, www.diabetes.org, www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

Potassium supplements and salt substitutes should be given cautiously, if at all, with ACE inhibitors. The antihypertensive effect of ACE inhibitors may be diminished when given in combination with a NSAID.

<i>benazepril</i>	LOTENSIN
<i>captopril</i>	CAPOTEN
<i>enalapril</i>	VASOTEC
<i>fosinopril QL</i>	MONOPRIL
<i>lisinopril QL</i>	ZESTRIL
<i>quinapril QL</i>	ACCUPRIL

ACE INHIBITOR/DIURETIC COMBINATIONS

<i>benazepril/hydrochlorothiazide</i>	LOTENSIN HCT
<i>captopril/hydrochlorothiazide</i>	CAPOZIDE
<i>enalapril/hydrochlorothiazide</i>	VASERETIC
<i>fosinopril/hydrochlorothiazide QL</i>	MONOPRIL-HCT
<i>lisinopril/hydrochlorothiazide QL</i>	ZESTORETIC
<i>quinapril/hydrochlorothiazide QL</i>	ACCURETIC

ADRENOLYTICS, CENTRAL

<i>clonidine</i>	CATAPRES
<i>clonidine transdermal</i>	CATAPRES-TTS
<i>guanfacine</i>	TENEX

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various populations are available at: www.nhlbi.nih.gov/guidelines/hypertension/index.htm.

The National Heart, Lung and Blood Institute recommends that alpha-1 blockers not be used as initial therapy in the management of hypertension, based upon the result of the ALLHAT study.

<i>doxazosin</i>	CARDURA
<i>prazosin</i>	MINIPRESS
<i>terazosin</i>	HYTRIN

ANGIOTENSIN II RECEPTOR BLOCKERS (ANTAGONISTS)

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at: www.diabetes.org, www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

losartan QL ST	COZAAR
<i>telmisartan QL ST</i>	MICARDIS
<i>valsartan QL ST</i>	DIOVAN

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

losartan/HCTZ QL ST	HYZAAR
<i>telmisartan/HCTZ QL ST</i>	MICARDIS HCT
<i>valsartan/HCTZ QL ST</i>	DIOVAN HCT

ANTIARRHYTHMICS AND CARDIAC GLYCOSIDES

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at: www.acc.org/clinical/topic/topic.htm#guidelines, www.acc.org/clinical/guidelines/atrial_fib/af_index.htm and www.aafp.org/x25474.xml

Proarrhythmic effects can be dose-dependent or idiosyncratic. Therapeutic drug monitoring should be performed for patients treated with digoxin in order to minimize the risk of dose-dependent toxicity.

Patients receiving digoxin should be monitored due to potential drug interactions (e.g., quinidine, verapamil, or erythromycin) as well as in numerous clinical situations (e.g., renal dysfunction or electrolyte abnormalities) in older adults.

amiodarone	CORDARONE
digoxin	LANOXIN
digoxin	LANOXICAPS
disopyramide	NORPACE
disopyramide ext-rel	NORPACE CR
dofetilide	TIKOSYN
flecainide	TAMBOCOR
mexiletine	MEXITIL
<i>morizine</i>	ETHMOZINE
<i>procainamide</i>	PRONESTYL
<i>procainamide ext-rel</i>	PROCANBID
procainamide ext-rel	PROCAINAMIDE EXT-REL
propafenone IR only	RYTHMOL
quinidine gluconate ext-rel	QUINIDINE GLUCONATE EXT-REL
quinidine sulfate	QUINIDINE SULFATE
<i>quinidine sulfate ext-rel</i>	QUINIDINE SULFATE EXT-REL
sotalol	BETAPACE

BETA BLOCKERS AND BETA BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta blockers and beta blocker combinations in various patient populations are available at: www.acc.org, www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

All beta blockers may increase bronchial airway resistance, although this effect is less with cardioselective beta blockers.

When discontinuation of a beta blocker is planned, it is recommended that the dosage of the beta blocker be tapered over 7-14 days.

<i>acebutalol</i>	SECTRAL
<i>atenolol</i>	TENORMIN
<i>atenolol/chlorthalidone</i>	TENORETIC
<i>bisoprolol</i>	ZEBETA
<i>bisoprolol/hydrochlorothiazide</i>	ZIAC
<i>carvedilol QL</i>	COREG
<i>labetalol</i>	TRANDATE
<i>metoprolol 50 mg and 100 mg only</i>	LOPRESSOR
<i>metoprolol succinate</i>	TOPROL XL
<i>nadolol</i>	CORGARD
<i>pindolol</i>	PINDOLOL
<i>propranolol (IR only)</i>	INDERAL
<i>propranolol/HCTZ</i>	INDERIDE
<i>timolol maleate tablets</i>	

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

<i>amlodipine QL</i>	NORVASC
<i>felodipine ext-rel QL</i>	PLENDIL
<i>nicardipine</i>	CARDENE
<i>nifedipine</i>	PROCARDIA
<i>nifedipine ext-rel QL</i>	ADALAT CC PROCARDIA XL
<i>nimodipine QL</i>	NIMOTOP

Nondihydropyridines

<i>diltiazem</i>	CARDIZEM
<i>diltiazem ext release QL</i>	CARDIZEM CD
<i>diltiazem sustained release QL</i>	CARDIZEM SR
<i>diltiazem ext-rel QL</i>	DILACOR XR
<i>diltiazem ext-rel QL</i>	TIAZAC
<i>verapamil</i>	CALAN
<i>verapamil ext-rel QL (applies to 120 mg only)</i>	CALAN SR

DIURETICS – www.acc.org and www.nhlbi.nih.gov

<i>amiloride</i>	MIDAMOR
<i>amiloride/hydrochlorothiazide</i>	MODURETIC
<i>bumetanide</i>	BUMEX
<i>chlorothiazide</i>	DIURIL
<i>chlorthalidone</i>	CHLORTHALIDONE
<i>furosemide</i>	LASIX
<i>hydrochlorothiazide 12.5 mg caps</i>	MICROZIDE
<i>hydrochlorothiazide soln, tabs</i>	HYDROCHLOROTHIAZIDE
<i>indapamide</i>	LOZOL
<i>metolazone</i>	ZAROXOLYN
<i>spironolactone</i>	ALDACTONE
<i>spironolactone/hydrochlorothiazide</i>	ALDACTAZIDE
<i>triamterene/hydrochlorothiazide 37.5/25</i>	DYAZIDE
<i>triamterene/hydrochlorothiazide 37.5/25</i>	MAXZIDE-25
<i>triamterene/hydrochlorothiazide 50/25</i>	DYAZIDE
<i>triamterene/hydrochlorothiazide 75/50</i>	MAXZIDE

HEART FAILURE

Guidelines for the evaluation and management of chronic heart failure in adults are available at: www.acc.org, www.americanheart.org and www.hfsa.org

NITRATES

Oral

<i>isosorbide dinitrate ext-rel</i>	ISOSORBIDE DINITRATE ER
<i>isosorbide dinitrate</i>	ISORDIL
<i>isosorbide mononitrate</i>	ISMO
<i>isosorbide mononitrate ext-rel</i>	IMDUR
<i>nitroglycerin ext-rel</i>	

Sublingual

<i>isosorbide dinitrate</i>	ISORDIL S.L.
<i>nitroglycerin</i>	NITROSTAT
<i>nitroglycerin</i>	NITROLINGUAL

Transdermal

<i>nitroglycerin oint</i>	NITRO-BID
<i>nitroglycerin transdermal QL</i>	NITREK
<i>nitroglycerin transdermal QL</i>	NITRO-DUR
<i>niacin</i>	NIACOR
<i>niacin ext-rel</i>	NIASPAN

LIPID LOWERING AGENTS

Guidelines for the use of lipid lowering agents in various patient populations are available at: www.nhlbi.nih.gov

Bile Acid Resin

<i>cholestyramine*</i>	QUESTRAN QUESTRAN-LIGHT
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Fibrates

<i>fenofibrate ST</i>	LOFIBRA
<i>gemfibrozil</i>	LOPID

HMG-CoA Reductase Inhibitors and Combinations

<i>ezetimibe/simvastatin ST</i>	VYTORIN
<i>lovastatin QL</i>	MEVACOR
<i>pravastatin QL</i>	PRAVACHOL
<i>rosuvastatin QL ST</i>	CRESTOR
<i>simvastatin QL</i>	ZOCOR
<i>simvastatin/niacin ER</i>	SIMCOR

**Only the bulk products are covered (cans). Individual packets are not covered.*

MISCELLANEOUS

<i>ambrisentan PA SP</i>	LETAIRIS
<i>bosentan PA SP</i>	TRACLEER
<i>guanabenz</i>	WYTENSIN
<i>hydralazine</i>	APRESOLINE
<i>methyldopa</i>	ALDOMET
<i>methyldopa/HCTZ</i>	ALDORIL
<i>midodrine</i>	PROAMATINE
<i>minoxidil</i>	LONITEN
<i>sildenafil PA</i>	REVATIO
<i>tadalafil PA SP</i>	ADCIRCA

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DISEASE

<i>donepezil QL (only 5mg and 10mg are covered)</i>	ARICEPT
<i>galantamine QL</i>	RAZADYNE
<i>memantine QL</i>	NAMENDA
<i>rivastigmine QL</i>	EXELON

ANALGESICS

Practice guidelines of pain management are available at: www.asahq.org

Analgesic, Other

<i>acetaminophen OTC</i>	TYLENOL
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Miscellaneous Non-Narcotic analgesics

<i>butalbital/acetaminophen QL</i>	PHRENILIN
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<i>butalbital/acetaminophen QL</i>	SEDAPAP
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<i>butalbital/acetaminophen/caffeine QL</i>	FIORICET
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<i>butalbital/aspirin/caffeine QL</i>	FIORINAL
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NSAIDS

<i>choline magnesium trisalicylate</i>	TRILISATE
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<i>diclofenac sodium delayed release</i>	VOLTAREN
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<i>etodolac IR Only</i>	LODINE
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<i>fenoprofen 600 mg</i>	NALFON
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<i>ibuprofen OTC</i>	ADVIL
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<i>ibuprofen</i>	MOTRIN
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<i>indomethacin</i>	INDOCIN
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<i>ketoprofen (IR only)</i>	ORUDIS
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<i>ketorolac tromethamine QL</i>	TORADOL
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<i>meloxicam QL</i>	MOBIC
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<i>naproxen (Not EC)</i>	NAPROSYN
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<i>naproxen sodium</i>	ANAPROX
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<i>oxaprozin</i>	DAYPRO
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<i>piroxicam</i>	FELDENE
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<i>sulindac</i>	CLINORIL
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<i>tramadol QL</i>	ULTRAM
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Opioids — Narcotic analgesics

Practice guidelines for cancer pain management (includes WHO analgesic ladder) are available at: www.asahq.org

The total dose of acetaminophen should not exceed 4 g per day in adults. Patients should be monitored for use of concomitant non-prescription pain/fever products containing acetaminophen.

<i>butalbital/apap/caff/cod QL</i>	FIORICET W/CODEINE
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<i>butalbital/asa/caff/cod QL</i>	FIORINAL W/CODEINE
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<i>butorphanol nasal spray QL</i>	STADOL
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<i>codeine sulfate QL</i>	
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<i>codeine/acetaminophen QL</i>	TYLENOL W/CODEINE
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<i>fentanyl transdermal QL ST</i>	DURAGESIC
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<i>hydrocodone/acetaminophen 5/325, 7.5/325, 10/325 QL</i>	NORCO
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<i>hydrocodone/acetaminophen QL</i>	LORTAB ELIXIR
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<i>hydrocodone/acetaminophen 2.5/500 QL</i>	LORTAB 2.5/500
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hydrocodone/acetaminophen 5/500 QL	LORTAB 5/500 BANCAP HC, VICODIN 5/500
hydrocodone/acetaminophen 7.5/500 QL	LORTAB 7.5/500
hydrocodone/acetaminophen 7.5/650 QL	LORCET PLUS
hydrocodone/acetaminophen 7.5/750 QL	VICODIN ES
hydrocodone/acetaminophen 10/500 QL	LORTAB 10/500
hydrocodone/acetaminophen 10/650 QL	LORCET 10/650
hydromorphone QL	DILAUDID
meperidine QL	DEMEROL
methadone tablets PA QL	
morphine QL	MSIR
morphine QL	RMS
morphine ext-rel QL	MS CONTIN
oxycodone QL (5 mg, 15 mg and 30 mg)	OXY IR
oxycodone QL	ROXICODONE
oxycodone ER QL PA	OXYCONTIN
oxycodone/acetaminophen 5/325 QL	PERCOCET
oxycodone/acetaminophen 5/500 QL	TYLOX
oxycodone/aspirin QL	PERCODAN
oxycodone soln QL	OXYFAST
oxymorphone QL ST	OPANA ER
pentazocine/naloxone QL	TALWIN NX
propoxyphene hcl QL	DARVON
propoxyphene nap/acetaminophen QL	DARVOCET-N

MIGRAINE

Guidelines for prevention of migraine headaches are available at: www.achenet.org, www.headaches.org/professional/linksindex.html and www.aan.com/professionals/practice/index.cmf

ABORTIVE THERAPY

Ergotamine Derivatives

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

Selective Serotonin Agonists

naratriptan ST	AMERGE
rizatriptan QL ST	MAXALT/MAXALT MLT
sumatriptan QL	IMITREX

PROPHYLACTIC THERAPY

amitriptyline	ELAVIL
divalproex sodium delayed-rel (Minimum age 2)	DEPAKOTE
divalproex sodium ext-rel QL	DEPAKOTE ER
propranolol (IR only)	INDERAL
verapamil	CALAN

MULTIPLE SCLEROSIS

<i>glatiramer acetate</i> PA QL SP	COPAXONE
<i>interferon beta-1a</i> PA QL SP	AVONEX
<i>interferon beta-1a</i> PA QL SP	REBIF

MYASTHENIA GRAVIS

pyridostigmine	MESTINON
<i>pyridostigmine ext-rel</i>	MESTINON TIMESPAN

PARKINSON'S DISEASE

amantadine, except tabs	SYMMETREL
benztropine	COGENTIN
biperiden	AKINETON
bromocriptine	PARLODEL
carbidopa/levodopa	SINEMET
carbidopa/levodopa ext-rel	SINEMET CR
<i>entacapone</i>	COMTAN
<i>pramipexole</i>	MIRAPEX
ropinirole	REQUIP
<i>rotigotine</i>	NEUPRO
selegiline tabs	ELDEPRYL
tolcapone	TASMAR
trihexyphenidyl	ARTANE

SEIZURES

carbamazepine	TEGRETOL
<i>carbamazepine ext-rel</i>	CARBATROL
<i>carbamazepine ext-rel</i>	TEGRETOL-XR
clonazepam tabs	KLONOPIN
<i>diazepam rectal gel</i> QL	DIASSTAT ACUDIAL
divalproex sodium delayed-rel (Minimum age 2)	DEPAKOTE
divalproex sodium ext-rel QL	DEPAKOTE ER
ethosuximide	ZARONTIN

<i>gabapentin</i>	NEURONTIN
<i>lacosamide ST</i>	VIMPAT
<i>lamotrigine QL</i>	LAMICTAL
<i>levetiracetam QL ST</i>	KEPPRA
<i>oxcarbazepine QL ST</i>	TRILEPTAL
<i>phenobarbital</i>	PHENOBARBITAL
<i>phenytoin</i>	DILANTIN INFATABS
<i>phenytoin sodium extended</i>	DILANTIN PHENYTEK
<i>pregabalin PA</i>	LYRICA
<i>primidone</i>	MYSOLINE
<i>rufinamide ST</i>	BANZEL
<i>tiagabine ST</i>	GABITRIL
<i>topiramate QL</i>	TOPAMAX
<i>valproic acid</i>	DEPAKENE
<i>vigabatrin PA SP</i>	SABRIL
<i>zonisamide QL</i>	ZONEGRAN

MISCELLANEOUS

<i>tetrabenazine PA SP</i>	XENAZINE
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DERMATOLOGY

ACNE VULGARIS

Guidelines for the care and treatment of acne vulgaris are available at: www.aadassociation.org

Oral

<i>isotretinoin PA</i>	ACUTANE
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Topical

<i>azelaic acid</i>	FINACEA
<i>benzoyl peroxide</i>	BENZAC AC
<i>clindamycin gel</i>	CLEOCIN T
<i>clindamycin lotion</i>	CLEOCIN T
<i>clindamycin soln</i>	CLEOCIN T
<i>erythromycin/benzoyl peroxide</i>	BENZAMYCIN
<i>erythromycin gel 2%</i>	ERYGEL
<i>erythromycin soln</i>	T-STAT
<i>sulfacetamide</i>	SULFACET-R
<i>sulfacetamide/sulfur</i>	PLEXION
<i>tretinoin*</i>	AVITA
<i>tretinoin*</i>	RETIN-A

*Max age 20

BACTERIAL INFECTIONS

<i>bacitracin OTC</i>	BACITRACIN
<i>gentamicin</i>	GENTAK
<i>mupirocin ointment*</i>	BACTROBAN
<i>neomycin/polymyxin B/bacitracin OTC</i>	NEOSPORIN
<i>silver sulfadiazine</i>	SILVADENE

*22 gram tube only

CORTICOSTEROIDS

Guidelines of care for the use of topical corticosteroids are available at: www.aadassociation.org

Low Potency

<i>desonide .05% crm/oint/lotion</i>	DESOWEN
<i>fluocinolone acetonide soln/crm 0.01%</i>	SYNALAR
<i>hydrocortisone crm 2.5%</i>	HYTONE
<i>hydrocortisone 1% lotion</i>	HYTONE
<i>hydrocortisone crm, oint, lot OTC</i>	CORTIZONE

Medium Potency

<i>betamethasone val. crm/oint/lotion 0.1%</i>	BETA-VAL
<i>desoximetasone crm 0.05% QL</i>	TOPICORT LP
<i>fluocinolone acetonide crm, oint 0.025%</i>	SYNALAR
<i>flurandrenolide lotion 0.05%</i>	CORDRAN
<i>flurandrenolide tape</i>	CORDRAN
<i>fluticasone propionate crm 0.05%, oint 0.005%</i>	CUTIVATE
<i>hydrocortisone valerate crm/oint 0.2%</i>	WESTCORT
<i>mometasone furoate crm 0.1%</i>	ELOCON
<i>mometasone furoate oint 0.1%</i>	ELOCON
<i>triamcinolone acetonide crm/lot/oint 0.025%</i>	KENALOG
<i>triamcinolone acetonide crm/oint/lotion 0.1%</i>	KENALOG

High Potency

<i>amcinonide crm/oint 0.1%</i>	CYCLOCORT
<i>betamethasone augmented dip crm 0.05%</i>	DIPROLENE AF
<i>betamethasone augmented dip lotion 0.05%</i>	DIPROLENE
<i>betamethasone dipropionate crm/lotion/oint 0.05%</i>	
<i>desoximetasone crm/oint 0.25%/gel 0.05% QL</i>	TOPICORT
<i>diflorasone diacetate crm 0.05%</i>	PSORCON
<i>fluocinonide crm/oint/gel 0.05%</i>	LIDEX
<i>fluocinonide emulsified base crm 0.05%</i>	LIDEX E
<i>triamcinolone acetonide crm 0.5%</i>	KENALOG

Very High Potency

<i>betamethasone dip augmented gel 0.05%</i>	DIPROLENE
<i>betamethasone dip augmented oint 0.05%</i>	DIPROLENE
<i>clobetasol propionate crm/oint/soln 0.05%</i>	TEMOVATE
<i>diflorasone diacetate oint 0.05%</i>	PSORCON
<i>halobetasol propionate crm/oint 0.05%</i>	ULTRAVATE

FUNGAL INFECTIONS

<i>clotrimazole</i>	MYCELEX
<i>clotrimazole OTC</i>	LOTRIMIN AF
<i>clotrimazole with betamethasone</i>	LOTRISONE
<i>econazole</i>	SPECTAZOLE
<i>ketoconazole</i>	NIZORAL
<i>miconazole OTC</i>	MICATIN
<i>miconazole</i>	MONISTAT-DERM
<i>nystatin</i>	MYCOSTATIN
<i>nystatin/triamcinolone</i>	MYCOLOG-II
<i>terbinafine OTC</i>	LAMISIL AT
<i>tolnaftate OTC</i>	TINACTIN

PSORIASIS

Guidelines for the care of psoriasis are available at: www.aadassociation.org

<i>calcipotriene</i>	DOVONEX
<i>calcitriol</i>	VECTICAL
<i>methoxsalen</i>	OXSORALEN-ULTRA

ROSACEA

<i>metronidazole</i>	METROCREAM
<i>metronidazole</i>	METROGEL
<i>metronidazole</i>	METROLOTION

SCABIES AND PEDICULOSIS

Information about the treatment of scabies and pediculosis is available at: www.cdc.gov

<i>crotamiton</i>	EURAX
<i>malathion QL</i>	OVIDE
<i>permethrin 1% OTC</i>	NIX CREME RINSE
<i>permethrin 5% QL</i>	ELIMITE
<i>pyrethrins/piperonyl but. 4% OTC</i>	RID SHAMPOO/BUTOXIDE SHAMPOO

VIRAL INFECTIONS

<i>acyclovir ointment (15 gm only)</i>	ZOVIRAX
podofilox sol	CONDYLOX SOL
salicylic acid 17%/collodion OTC	DUOFILM

MISCELLANEOUS

<i>aluminum acetate soln/cream OTC</i>	
aluminum chloride hexahydrate	HYPERCARE 20%
ammonium lactate 12%	LAC-HYDRIN
<i>calamine lotion/ointment OTC</i>	
chloroxine	CAPITROL
<i>collagenase</i>	SANTYL
fluorouracil	EFUDEX
<i>fluorouracil 0.5% cream</i>	CARAC
<i>fluorouracil 1% cream</i>	FLUOROPLEX
hexachlorophene	PHISOHEX
hydrocortisone crm	PROCTOCREAM-HC 2.5%
hydrocortisone crm 1%	PROCTOCORT
ketoconazole shampoo 2%	NIZORAL SHAMPOO
lidocaine 3% cream	LIDAMANTEL
lidocaine jelly 2%	XYLOCAINE
lidocaine oint 5%	XYLOCAINE
lidocaine 4% cream (15 gm tubes) QL	LMX-4
lidocaine/prilocaine 2.5% cream	EMLA
papain/urea	ACCUZYME
<i>pimecrolimus cream QL ST*</i>	ELIDEL
selenium sulfide shampoo 2.5%	SELSUN
urea 40% cream and lotion	UREA

**Step therapy is not required for members ages 2-11;
not covered for members less than 2 years of age*

EAR, NOSE & THROAT

EAR

acetic acid otic	VOSOL OTIC
acetic acid/aluminum acetate	DOMEBORO OTIC
acetic acid/hydrocortisone	VOSOL HC OTIC
benzocaine/antipyrine	BENZOTIC
carbamide peroxide 6.5% OTC	DEBROX
<i>ciprofloxacin/dexamethasone PA</i>	CIPRODEX
neomycin/polymyxin B/hydrocortisone otic	CORTISPORIN OTIC
ofloxacin	FLOXIN OTIC

Antihistamines

First Generation, Sedating

<i>chlorpheniramine OTC</i>	CHLOR-TRIMETON ALLERGY
<i>chlorpheniramine ext-rel OTC</i>	CHLOR-TRIMETON ALLERGY
<i>chlorpheniramine ext-rel OTC</i>	CHLOR-TRIMETON ALLERGY
<i>clemastine</i>	CLEMASTINE
<i>cyproheptadine</i>	CYPROHEPTADINE
<i>diphenhydramine OTC</i>	BENADRYL
<i>diphenhydramine</i>	
<i>hydroxyzine HCL</i>	ATARAX
<i>hydroxyzine pamoate</i>	VISTARIL

Second Generation, Nonsedating

<i>cetirizine OTC</i>	ZYRTEC
<i>fexofenadine tabs QL ST</i>	ALLEGRA
<i>loratadine OTC</i>	CLARITIN
<i>loratadine OTC</i>	ALAVERT

Others

<i>azelastine spray</i>	ASTELIN
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Antihistamine/Decongestant Combinations

First Generation

<i>chlorpheniramine/phenylephrine/ pyrilamine</i>	TRITANN
<i>chlorpheniramine/pseudoephedrine ext-rel</i>	DECONAMINE SR
<i>triprolidine/pseudoephedrine OTC</i>	ACTIFED

Second Generation

<i>cetirizine hydrochloride/pseudoephedrine hydrochloride 12 hours 5 mg-120 mg extended -release tablet</i>	ZYRTEC-D
<i>loratadine/pseudoephedrine ext-rel OTC</i>	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERY/CONG

Nasal Steroids

<i>flunisolide</i>	
<i>fluticasone</i>	FLONASE

Miscellaneous Nasal Decongestants

<i>oxymetazoline OTC</i>	AFRIN
<i>phenylephrine OTC</i>	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES

THROAT AND MOUTH

artificial saliva OTC

chlorhexidine gluconate	PERIDEX
lidocaine viscous	XYLOCAINE
pilocarpine	SALAGEN
triamcinolone paste	KENALOG IN ORABASE

ENDOCRINOLOGY

ADRENAL CORTICOSTEROIDS

cortisone acetate

<i>dexamethasone</i>	DECADRON
<i>fludrocortisone</i>	FLORINEF
<i>hydrocortisone</i>	CORTEF
<i>methylprednisolone</i>	MEDROL
<i>prednisolone</i>	
<i>prednisolone sodium phosphate</i>	ORAPRED
<i>prednisolone sodium phosphate</i>	PEDIAPRED
<i>prednisolone syrup</i>	PRELONE
<i>prednisone</i>	DELTASONE

ANDROGENS

<i>androgel PA</i>	ANDROGEL 1%
<i>testosterone cypionate</i>	DEPO-TESTOSTERONE
<i>testosterone enanthate*</i>	DELATESTRYL
<i>testosterone transdermal PA</i>	ANDRODERM

*Vials only. Disposable syringes not covered.

DIABETES MELLITUS

Guidelines of the treatment and management of diabetes are available at: www.diabetes.org

Glucose Elevating Agents

<i>glucagon, human recombinant QL</i>	GLUCAGON
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Insulins

Insulin preparations covered include the specific brands of human insulins noted in the list. **Only the vials are covered.** The PDL also includes all syringes and needles.

<i>insulin aspart QL</i>	NOVOLOG
<i>insulin aspart protamine 70%/insulin aspart 30% QL</i>	NOVOLOG MIX 70/30
<i>insulin detemir QL</i>	LEVEMIR
<i>insulin glargine QL</i>	LANTUS

<i>insulin human OTC QL</i>	NOVOLIN R
<i>insulin human OTC QL</i>	RELION R
<i>insulin isophane human OTC QL</i>	NOVOLIN N
<i>insulin isophane human OTC QL</i>	RELION N
<i>insulin isophane human 70%/regular 30% OTC QL</i>	NOVOLIN 70/30
<i>insulin isophane human 70%/regular 30% OTC QL</i>	RELION 70/30

Monitoring- Strips and Kits/Diabetic Supplies

ACCU-CHEK TEST STRIPS (ACTIVE, AVIVA, COMFORT CURVE, COMPACT) QL

ACCU-CHEK CARE KIT (ACTIVE, AVIVA, COMPACT PLUS) QL

BAYER TEST STRIPS (ASCENSIA AUTODISC, BREEZE, CONTOUR) QL

Oral Agents

acarbose	PRECOSE
chlorpropamide	DIABINESE
glimepiride	AMARYL
glipizide	GLUCOTROL
glipizide ext-rel	GLUCOTROL XL
glyburide	MICRONASE
glyburide, micronized	GLYNASE
metformin	GLUCOPHAGE
metformin ER	GLUCOPHAGE ER
metformin/glyburide	GLUCOVANCE
<i>nateglinide</i>	STARLIX
<i>pioglitazone QL ST</i>	ACTOS
<i>pioglitazone/metformin ER ST</i>	ACTOPLUS MET XR
<i>pioglitazone/metformin QL ST</i>	ACTOPLUSMET
<i>pioglitazone/glimiperide ST</i>	DUETACT
<i>repaglinide</i>	PRANDIN
<i>sitagliptan QL ST</i>	JANUVIA
<i>sitagliptan/metformin QL ST</i>	JANUMET
tolazamide	TOLINASE
tolbutamide	TOLBUTAMIDE

Miscellaneous Antidiabetic Agents

<i>exenatide PA</i>	BYETTA
<i>liraglutide PA</i>	VICTOZA
<i>pramlintide PA</i>	SYMLIN

GROWTH STIMULATING AGENTS

Guidelines for use of growth hormones are available at: www.aace.com

<i>mecasermin PA SP</i>	INCRELEX
<i>somatropin PA SP</i>	OMNITROPE
<i>somatropin PA SP</i>	TEV-TROPIN

OSTEOPOROSIS

Guidelines of treatment and management of osteoporosis are available at: www.aace.org and www.nof.org

<i>alendronate QL</i>	FOSAMAX
<i>calcitonin-salmon inj</i>	MIACALCIN
<i>calcitonin-salmon nasal spray QL</i>	MIACALCIN FORTICAL
<i>etidronate</i>	DIDRONEL
<i>raloxifene</i>	EVISTA

THYROID DISEASE

<i>levothyroxine</i>	LEVOXYL
<i>levothyroxine</i>	SYNTHROID
<i>liothyronine</i>	CYTOMEL
<i>liotrix</i>	THYROLAR
<i>methimazole</i>	TAPAZOLE
<i>propylthiouracil</i>	PROPYLTHIOURACIL
<i>thyroid</i>	ARMOUR THYROID

MISCELLANEOUS

<i>bromocriptine</i>	PARLODEL
<i>desmopressin QL</i>	DDAVP
<i>methylergonovine</i>	METHERGINE
<i>sapropterin PA SP</i>	KUVAN

GASTROINTESTINAL

DIARRHEA

<i>diphenoxylate/atropine</i>	LOMOTIL
<i>loperamide</i>	LOPERAMIDE
<i>loperamide OTC</i>	IMODIUM A-D

EMESIS

<i>aprepitant (QL applies to 40mg, 80mg and 80-125mg)</i>	EMEND
meclizine	ANTIVERT
metoclopramide	REGLAN
ondansetron (except 24 mg, sol) QL	ZOFRAN ZOFRAN ODT
prochlorperazine	COMPAZINE
promethazine	PHENERGAN
<i>thiethylperazine</i>	TORECAN
trimethobenzamide 300 mg caps	TIGAN

GASTROESOPHAGEAL REFLUX DISEASE (GERD)/ PEPTIC ULCERS

Guidelines of treatment and management of GERD and heartburn are available at: www.acg.gi.org and www.gastro.org
 Guidelines of treatment and management of gastrointestinal spasms and ulcers are available at: www.acg.gi.org

<i>alginate acid/sodium bicarbonate OTC</i>	
alumina/magnesia OTC	MAALOX
alumina/magnesia/simethicone OTC	MYLANTA
cimetidine	TAGAMET
famotidine[#]	PEPCID PEPCID AC
<i>lansoprazole+amoxicillin+clarithromycin</i>	PREVPAC
lansoprazole ST	PREVACID
<i>lansoprazole del-rel orally disintegrating tabs* QL</i>	PREVACID SOLUTAB
omeprazole delayed-rel (QL for 20mg only)	PRILOSEC
ranitidine	ZANTAC
sucralfate	CARAFATE

*Members ≥ 10 years of age will require prior authorization.

[#]OTC Pepcid AC 10 mg and 20 mg also covered/encouraged with written prescription.

GASTROINTESTINAL SPASM

dicyclomine	BENTYL
glycopyrrolate	ROBINUL
hyoscyamine sulfate	LEVSIN
hyoscyamine sulfate ext-rel	LEVSINEX

INFLAMMATORY BOWEL DISEASE

<i>balsalazide</i>	COLAZAL
hydrocortisone enema	COLOCORT
<i>mesalamine delayed-rel</i>	ASACOL
<i>mesalamine ext-rel</i>	PENTASA
mesalamine	ROWASA

<i>mesalamine supp</i>	CANASA
<i>olsalazine sodium</i>	DIPENTUM
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS

PANCREATIC ENZYMES

Only the enzyme products listed below are on the PDL.

pancrelipase	CREON
pancrelipase	PANCREAZE
pancrelipase	ZENPEP

LAXATIVES

<i>casanthranol-docusate sodium OTC</i>	
<i>docusate calcium plus OTC</i>	
<i>docusate potassium OTC</i>	
<i>lactulose</i>	ENULOSE
<i>peg 3350/electrolytes</i>	COLYTE
<i>peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride</i>	NULYTELY
<i>peg 3350/sodium bicarbonate/sodium chloride</i>	TRILYTE
<i>polyethylene glycol 3350</i>	MIRALAX

MISCELLANEOUS

<i>atropine sulfate</i>	SAL-TROPINE
<i>bismuth subsalicylate+metronidazole+tetracycline</i>	HELIDAC
<i>methylnaltrexone PA</i>	RELISTOR
<i>misoprostol</i>	CYTOTEC
<i>ursodiol</i>	URSO
<i>ursodiol</i>	URSO FORTE
<i>ursodiol</i>	ACTIGALL

INFECTIOUS DISEASES

www.cdc.gov

Antibacterial resistance represents a serious and growing public health problem in the United States and worldwide. Judicious prescribing of antimicrobial agents and proper antibiotic usage by patients play an important role in diminishing resistance to antibiotics.

ANTIBACTERIALS

Cephalosporins

First Generation

<i>cefadroxil</i>	DURICEF
<i>cephalexin*</i>	KEFLEX

**Tabs are not covered.*

Second Generation

<i>cefaclor</i>	CECLOR
<i>cefprozil</i>	CEFZIL
<i>cefuroxime axetil</i>	CEFTIN

Third Generation

<i>cefdinir</i>	OMNICEF
<i>cefixime (400 mg tabs only) QL</i>	SUPRAX

Fluoroquinolones

<i>ciprofloxacin</i>	CIPRO
<i>moxifloxacin</i>	AVELOX
<i>ofloxacin tabs</i>	FLOXIN

Macrolides

<i>azithromycin QL</i>	ZITHROMAX
<i>clarithromycin</i>	BIAXIN
<i>erythromycin ethylsuccinate</i>	E.E.S.
<i>erythromycin delayed-rel</i>	ERYC
<i>erythromycin delayed-rel</i>	ERY-TAB
<i>erythromycin stearate</i>	ERYTHROCIN
<i>erythromycin/sulfisoxazole</i>	PEDIAZOLE

Penicillins

<i>amoxicillin*</i>	AMOXICILLIN CAPSULES AND CHEWABLES
<i>amoxicillin/clavulanate</i>	AUGMENTIN
<i>amoxicillin/clavulanate</i>	AUGMENTIN ES-600
<i>amoxicillin suspension</i>	AMOXIL SUSP

<i>ampicillin</i>	PRINCIPEN
<i>dicloxacillin</i>	DICLOXACILLIN
<i>penicillin VK</i>	VEETIDS

*Except 500 mg and 875 mg film-coated tabs.

Sulfonamides

<i>sulfisoxazole</i>	
<i>sulfamethoxazole/trimethoprim, DS</i>	BACTRIM BACTRIM DS

Tetracyclines

<i>doxycycline hyclate</i>	VIBRAMYCIN
<i>minocycline capsules, except 75 mg</i>	MINOCIN
<i>tetracycline</i>	SUMYCIN

Miscellaneous

<i>vancomycin HCl Cap ST</i>	VANCOGIN HCL
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ANTIFUNGALS

<i>clotrimazole troches</i>	MYCELEX
<i>fluconazole QL</i>	DIFLUCAN
<i>griseofulvin ultramicrosize</i>	GRIS-PEG
<i>griseofulvin microsize</i>	GRIFULVIN V
<i>itraconazole PA QL</i>	SPORANOX
<i>ketoconazole</i>	NIZORAL
<i>nystatin</i>	MYCOSTATIN
<i>terbinafine QL</i>	LAMISIL

ANTIVIRALS

Cytomegalovirus Treatment

<i>ganciclovir</i>	CYTOVENE
<i>valganciclovir</i>	VALCYTE

Entry/Fusion Inhibitors

<i>enfuvirtide SP</i>	FUZEON KIT
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Hepatitis Treatment

<i>acyclovir cream</i>	ZOVIRAX CREAM
<i>adefovir</i>	HEPSERA
<i>entecavir</i>	BARACLUDE
<i>interferon alfa-2b PA SP</i>	INTRON A
<i>interferon alfacon-1 PA SP</i>	INFERGEN

<i>peginterferon alfa-2a PA SP</i>	PEGASYS
<i>peginterferon alfa-2b PA SP</i>	PEG-INTRON
<i>ribavirin PA SP</i>	REBETOL/COPEGUS

Herpes Treatment

<i>acyclovir QL</i>	ZOVIRAX OINT
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Influenza Treatment

<i>amantadine, except tabs</i>	SYMMETREL
<i>oseltamivir QL</i>	TAMIFLU
<i>rimantadine</i>	FLUMADINE
<i>zanamivir QL</i>	RELENZA

Non-Nucleoside Reverse Transcriptase Inhibitors

<i>delavirdine</i>	RESCRIPTOR
<i>efavirenz</i>	SUSTIVA
<i>nevirapine</i>	VIRAMUNE

Nucleoside Analogues Nucleoside Reverse-Transcriptase Inhibitors/and Combinations

<i>abacavir</i>	ZIAGEN
<i>abacavir/lamivudine</i>	EPZICOM
<i>abacavir/lamivudine/zidovudine</i>	TRIZIVIR
<i>didanosine</i>	VIDEX
<i>didanosine delayed-rel</i>	VIDEX EC
<i>emtricitabine</i>	EMTRIVA
<i>lamivudine</i>	EPIVIR
<i>lamivudine/zidovudine</i>	COMBIVIR
<i>stavudine</i>	ZERIT
<i>zalcitabine</i>	HIVID
<i>zidovudine</i>	RETROVIR

Nucleoside/Nucleotide Reverse-Transcriptase Inhibitor Combination

<i>efavirenz/emtricitabine/tenofovir</i>	ATRIPLA
<i>emtricitabine/tenofovir</i>	TRUVADA

Nucleotide Analogues Nucleotide Reverse-Transcriptase Inhibitor

<i>tenofovir</i>	VIREAD
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Protease Inhibitors

<i>amprenavir</i>	AGENERASE
<i>atazanavir</i>	REYATAZ
<i>darunavir</i>	PREZISTA
<i>fosamprenavir</i>	LEXIVA
<i>indinavir</i>	CRIXIVAN

<i>lopinavir/ritonavir</i>	KALETRA
<i>nelfinavir</i>	VIRACEPT
<i>ritonavir</i>	NORVIR
<i>saquinavir</i>	FORTOVASE
<i>saquinavir mesylate</i>	INVIRASE
<i>tipranavir</i>	APTIVUS

MISCELLANEOUS

<i>atovaquone</i>	MEPRON
chloroquine phosphate	ARALEN
clindamycin	CLEOCIN
<i>dapsone</i>	DAPSONE
ethambutol	MYAMBUTOL
<i>etravirine</i>	INTELENCE
hydroxychloroquine	PLAQUENIL
isoniazid	ISONIAZID
<i>linezolid PA</i>	ZYVOX
<i>maraviroc</i>	SELZENTRY
mebendazole	VERMOX
mefloquine	LARIAM
metronidazole (tabs only)	FLAGYL
<i>neomycin sulfate</i>	
nitrofurantoin ext-rel	MACROBID
nitrofurantoin macrocrystals	MACRODANTIN
nitrofurantoin macrocrystals	MACRODANTIN 25 MG
paromomycin	HUMATIN
<i>povidone-iodine OTC</i>	
primaquine	
<i>pyrimethamine</i>	DARAPRIM
pyrazinamide	PYRAZINAMIDE
<i>raltegravir</i>	ISENTRESS
<i>rifabutin</i>	MYCOBUTIN
rifampin	RIFADIN
<i>tobramycin SP</i>	TOBI
trimethoprim (tabs only)	TRIMETHOPRIM
<i>vancomycin ST</i>	VANCOCIN

MUSCULOSKELETAL

ARTHRITIS – www.rheumatology.org

Disease Modifying Anti-Rheumatic Drugs

<i>adalimumab PA SP</i>	HUMIRA
<i>auranofin</i>	RIDAURA
azathioprine	IMURAN
<i>etanercept PA SP</i>	ENBREL
hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	RHEUMATREX
<i>penicillamine</i>	CUPRIMINE
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS

NSAIDs and Other Analgesics

acetaminophen OTC	TYLENOL
aspirin OTC	ASCRIPITIN BAYER ECOTRIN
<i>capsaicin OTC</i>	
<i>celecoxib PA QL</i>	CELEBREX
choline magnesium trisalicylate	TRILISATE
diclofenac sodium delayed release	VOLTAREN
etodolac IR Only	LODINE
fenoprofen 600 mg	NALFON
ibuprofen OTC	ADVIL
ibuprofen	MOTRIN
indomethacin	INDOCIN
ketoprofen (IR only)	ORUDIS
meloxicam QL	MOBIC
naproxen (not EC)	NAPROSYN
naproxen sodium	ANAPROX
oxaprozin	DAYPRO
piroxicam	FELDENE
sulindac	CLINORIL
tramadol QL	ULTRAM

GOUT

allopurinol	ZYLOPRIM
colchicine	COLCHICINE
<i>febuxostat ST</i>	ULORIC
probenecid	PROBENECID

SKELETAL MUSCLE RELAXANTS

Guidelines for the evaluation and management of musculoskeletal/arthritis condition are available at:
www.rheumatology.org

Muscle Spasm

<i>chlorzoxazone</i>	PARAFON FORTE DSC
<i>cyclobenzaprine QL</i>	FLEXERIL
<i>methocarbamol</i>	ROBAXIN
<i>orphenadrine ext-rel</i>	NORFLEX

Spasticity

<i>baclofen</i>	BACLOFEN
<i>dantrolene</i>	DANTRIUM
<i>diazepam QL</i>	VALIUM
<i>tizanidine QL (tabs only)</i>	ZANAFLEX

OB-GYN

EE = ethinyl estradiol

ME = mestranol

Gender edits apply: for female patients only.

CONTRACEPTIVES

Biphasic

<i>desogestrel/EE QL</i>	MIRCETTE
<i>norethindrone/EE QL</i>	ORTHO-NOVUM 10/11

Emergency Contraception

<i>levonorgestrel QL</i>	PLAN B
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Injectable

<i>medroxyprogesterone acetate QL</i>	DEPO-PROVERA
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Intravaginal

<i>etonogestrel/EE ring QL</i>	NUVARING
<i>ortho diaphragm QL</i>	ORTHO COIL
<i>ortho diaphragm QL</i>	ORTHO FLAT
<i>ortho diaphragm QL</i>	ORTHO FLEX

Monophasic

20 mcg estrogen

<i>levonorgestrel/EE 0.1/20 QL</i>	ALESSE
<i>norethindrone acetate/EE 1/20 QL</i>	LOESTRIN 1/20
<i>norethindrone acetate/EE/iron 1/20 QL</i>	LOESTRIN FE 1/20

30 mcg estrogen

<i>desogestrel/EE 0.15/30 QL</i>	ORTHO-CEPT
<i>levonorgestrel/EE 0.15/30 QL</i>	NORDETTE
<i>norethindrone acetate/EE/iron 1.5/30 QL</i>	LOESTRIN FE 1.5/30
<i>norethindrone acetate/EE 1.5/30 QL</i>	LOESTRIN 1.5/30
<i>norgestrel/EE 0.3/30 QL</i>	LO/OVRAL

35 mcg estrogen

<i>ethynodiol diacetate/EE 1/35 QL</i>	ZOVIA 1/35
<i>norethindrone/EE 0.4/35 QL</i>	BALZIVA
<i>norethindrone/EE 0.5/35 QL</i>	MODICON
<i>norethindrone/EE 1/35 QL</i>	ORTHO-NOVUM 1/35
<i>norgestimate/EE 0.25/35 QL</i>	ORTHO-CYCLEN

50 mcg estrogen

<i>ethynodiol diacetate/EE 1/50 QL</i>	ZOVIA 1/50
<i>norethindrone/EE 1/50 QL</i>	OVCON 50
<i>norethindrone/ME 1/50 QL</i>	ORTHO-NOVUM 1/50
<i>norgestrel/EE 0.5/50 QL</i>	OVRAL

Progestin

<i>norethindrone</i>	ORTHO MICRONOR
<i>norgestrel</i>	OVRETTE

Transdermal

<i>norelgestromin/EE</i>	ORTHO EVRA
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Triphasic

<i>levonorgestrel/EE QL</i>	TRIVORA
<i>norethindrone acetate/EE/iron QL</i>	ESTROSTEP FE
<i>norethindrone/EE QL</i>	TRI-NORINYL
<i>norethindrone/EE QL</i>	ORTHO-NOVUM 7/7/7
<i>norgestimate/EE QL</i>	ORTHO TRI-CYCLEN

ENDOMETRIOSIS

<i>danazol*</i>	DANOCRINE
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*Gender edits apply: for female patients only.

HORMONE THERAPY/MENOPAUSE

Gender edits apply: for female patients only. Guidelines of treatment and management of hormone therapy and menopause are available at: www.acog.com, www.menopause.org and www.nhlbi.nih.gov

Estrogens

Intravaginal

<i>estradiol</i>	ESTRACE CRM
<i>estrogens, conjugated crm</i>	PREMARIN

Oral

<i>estradiol</i>	ESTRACE
<i>estrogens, conjugated, synthetic A</i>	CENESTIN
<i>estrogens, conjugated, synthetic B</i>	ENJUVIA
<i>estrogens, conjugated</i>	PREMARIN
<i>estropipate</i>	OGEN

Transdermal

<i>estradiol QL</i>	CLIMARA
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Estrogen/Progestin

<i>estrogens, conjugated/medroxyprogesterone</i>	PREMPHASE
<i>estrogens, conjugated/medroxyprogesterone</i>	PREMPRO

Progestins

<i>medroxyprogesterone acetate</i>	PROVERA
<i>norethindrone acetate</i>	AYGESTIN

VAGINAL INFECTIONS

Oral

<i>fluconazole QL</i>	DIFLUCAN
<i>metronidazole tabs</i>	FLAGYL

Vaginal

<i>clotrimazole OTC</i>	GYNE-LOTTRIMIN
<i>clindamycin crm</i>	CLEOCIN
<i>clindamycin supp</i>	CLEOCIN
<i>Metronidazole</i>	METROGEL 1%
<i>metronidazole</i>	METROGEL-VAGINAL
<i>miconazole OTC</i>	MONISTAT
<i>miconazole</i>	MONISTAT 3
<i>terconazole</i>	TERAZOL 3/7

MISCELLANEOUS

<i>methylergonovine</i>	METHERGINE
<i>tranexamic acid PA</i>	LYSTEDA

OPHTHALMIC

ALLERGY

<i>azelastine ST</i>	OPTIVAR
<i>cromolyn sodium QL</i>	CROLOM
<i>ketotifen</i>	ALAWAY OTC
<i>naphazoline/antazoline</i>	
<i>naphazoline/pheniramine OTC</i>	NAPHCON A

ANTI-INFLAMMATORIES

Nonsteroidal

<i>diclofenac sodium</i>	VOLTAREN
<i>flurbiprofen</i>	OCUFEN
<i>ketorolac</i>	ACULAR/ACULAR LS

Steroidal

<i>dexamethasone sodium phosphate</i>	DEXASOL
<i>fluorometholone</i>	FML
	FML SOP
<i>fluorometholone acetate</i>	FLAREX
<i>prednisolone acetate 0.12%</i>	PRED MILD
<i>prednisolone acetate 1%</i>	PRED FORTE
<i>prednisolone phosphate 1%</i>	INFLAMASE FORTE
<i>rimexolone</i>	VEXOL

Anti-Infective/Anti-Inflammatory Combinations

<i>gentamicin/prednisolone acetate</i>	PRED-G
<i>neomycin/polymyxin B/dexamethasone</i>	MAXITROL
<i>neomycin/polymyxin B/hydrocortisone</i>	CORTISPORIN
<i>sulfacetamide/pred. phos. 10%/0.25%</i>	VASOCIDIN
<i>tobramycin/dexamethasone</i>	TOBRADEX

GLAUCOMA

Oral

<i>acetazolamide</i>	ACETAZOLAMIDE
<i>acetazolamide ext-rel</i>	DIAMOX SEQUELS
<i>methazolamide</i>	NEPTAZANE

Topical

Sympathomimetics

<i>brimonidine</i>	ALPHAGAN P
<i>brimonidine 0.2%</i>	BRIMONIDINE

Parasympathomimetics

<i>pilocarpine</i>	PILOPINE HS GEL
<i>pilocarpine</i>	ISOPTO CARPINE

Beta-blockers

<i>betaxolol</i>	BETOPTIC S
<i>carteolol</i>	
<i>levobunolol ophthalmic solution</i>	BETAGAN
<i>timolol gel forming solution</i>	TIMPOTIC XE
<i>timolol hemihydrate</i>	BETIMOL
<i>timolol maleate</i>	TIMOPTIC

Prostaglandins

<i>bimatoprost (0.3% only)</i>	LUMIGAN
<i>latanoprost QL</i>	XALATAN

Carbonic Anhydrase Inhibitors

<i>brinzolamide</i>	AZOPT
<i>dorzolamide</i>	TRUSOPT

Carbonic Anhydrase Inhibitor/Beta-blocker Combination

<i>dorzolamide/timolol maleate</i>	COSOPT
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Cholinesterase Inhibitor

<i>ecothiophate</i>	PHOSPHOLINE IODINE
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Mydriatics

<i>atropine</i>	ISOPTO ATROPINE
<i>cyclopentolate</i>	CYCLOGYL
<i>homatropine</i>	ISOPTO HOMATROPINE
<i>scopolamine</i>	ISOPTO HYOSCINE
<i>tropicamide ophthalmic solution</i>	MYDRIACYL

INFECTIONS

Bacterial

<i>bacitracin</i>	
<i>ciprofloxacin</i>	CILOXAN
<i>erythromycin</i>	ERYTHROMYCIN
<i>gatifloxin PA</i>	ZYMAR

gentamicin	GENTAK
neomycin/polymyxin B/gramicidin	NEOSPORIN
ofloxacin	OCUFLOX
polymyxin B/bacitracin	POLYSPORIN
polymyxin B/trimethoprim	POLYTRIM
sulfacetamide/phenylephrine	VASOSULF
sulfacetamide	BLEPH-10
tobramycin	TOBEX

Viral

trifluridine	VIROPTIC
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PSYCHIATRIC

ALCOHOL DETERRENTS

acamprosate	CAMPRAL
disulfiram	ANTABUSE
naltrexone	REVIA

ANXIETY

Benzodiazepines

alprazolam QL (IR only)	XANAX
chlordiazepoxide	LIBRIUM
clonazepam (not wafers)	KLONOPIN
clorazepate	TRANXENE
diazepam QL	VALIUM
lorazepam QL	ATIVAN
oxazepam QL	SERAX

MISCELLANEOUS

bupirone	BUSPAR
clomipramine	ANAFRANIL
fluvoxamine	LUVOX

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Guidelines for the evaluation and management of ADHD are available at: www.aap.org and www.psych.org

<i>amphetamine/dextroamphetamine mixed salts* QL</i>	ADDERALL
<i>amphetamine/dextroamphetamine mixed salts ext-rel* QL</i>	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)
<i>atomoxetine* QL ST</i>	STRATTERA
<i>dextroamphetamine* QL</i>	DEXEDRINE
<i>dextroamphetamine* QL</i>	DEXTROSTAT
<i>dextroamphetamine ext-rel* QL</i>	DEXEDRINE SPANSULE
<i>guanfacine ST</i>	INTUNIV
<i>methylphenidate* QL</i>	RITALIN
<i>methylphenidate ext-rel* QL</i>	CONCERTA
<i>methylphenidate ext-rel* QL</i>	METADATE ER
<i>methylphenidate ext-rel* QL</i>	RITALIN-SR

**Patients 21 years of age or older require Medical Exception.*

BIPOLAR DISORDER

Guidelines from the American Psychiatric Association for the treatment of bipolar disorder are available at: www.psych.org.

<i>divalproex sodium delayed-rel (Minimum age 2)</i>	DEPAKOTE
<i>divalproex sodium ext-rel QL</i>	DEPAKOTE ER
<i>lithium carbonate</i>	LITHIUM CARBONATE
<i>lithium carbonate ext-rel</i>	ESKALITH CR
<i>lithium carbonate ext-rel</i>	LITHOBID

DEPRESSION

Although these agents are primarily indicated for depression, some of these are also approved for other indications including Bipolar Disorder, Obsessive Compulsive Disorder, Panic Disorder and Premenstrual Dysphoric Disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at: www.psych.org

Monoamine Oxidase Inhibitor (MAOI)

<i>tranylcypromine</i>	PARNATE
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Selective Serotonin Reuptake Inhibitor (SSRIs)

<i>citalopram</i>	CELEXA
<i>fluoxetine, all but 40 mg caps</i>	PROZAC
<i>paroxetine</i>	PAXIL
<i>sertraline QL</i>	ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

<i>desvenlafaxine ST</i>	PRISTIQ
<i>duloxetine QL ST</i>	CYMBALTA
venlafaxine QL	EFFEXOR
venlafaxine XR QL ST	EFFEXOR XR

Tricyclic Antidepressants (TCAs)

amitriptyline	ELAVIL
amoxapine	
desipramine	NORPRAMIN
doxepin	SINEQUAN
imipramine HCL	TOFRANIL
nortriptyline	PAMELOR

Tricyclic Antidepressant/Phenothiazine combination

amitriptyline/perphenazine	TRIAVIL
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Miscellaneous Agents

bupropion	WELLBUTRIN
bupropion ext-rel QL	WELLBUTRIN SR
maprotiline	LUDIOMIL
mirtazapine tabs (not soltabs)	REMERON
trazodone	DESYREL

INSOMNIA

Short-term insomnia may last for a few weeks and may recur. A sedative/hypnotic can be useful but should preferably not be given for more than 7-10 days.

Information about sleep disorders is available at: www.aasmnet.org

Benzodiazepines

flurazepam QL	DALMANE
temazepam QL (15 mg and 30 mg only)	RESTORIL
triazolam QL	HALCION

Non-benzodiazepines

chloral hydrate	CHLORAL HYDRATE
diphenhydramine OTC	NYTOL QUICK CAPS
zaleplon QL	SONATA
zolpidem QL	AMBIEN

NARCOTIC ANTAGONISTS

<i>buprenorphine</i> PA QL	SUBUTEX
<i>buprenorphine/naloxone</i> PA QL	SUBOXONE
<i>naltrexone</i>	REVIA

SMOKING CESSATION

<i>nicotine patches</i> QL	NICODERM CQ
<i>varenicline</i> QL	CHANTIX

PSYCHOSES

Atypicals

<i>aripiprazole tablets</i> QL*	ABILIFY TABLETS
<i>clozapine</i> *	CLOZARIL
<i>olanzapine tablets</i> QL*	ZYPREXA
<i>paliperidone</i> QL*	INVEGA SUSTENNA
<i>quetiapine</i> QL*	SEROQUEL /XR
<i>risperidone</i> QL*	RISPERDAL CONSTA
<i>risperidone</i> QL (Not M-Tabs)*	RISPERDAL
<i>ziprasidone</i> QL*	GEODON

*Covered for members 5 years of age and older.

MISCELLANEOUS

<i>chlorpromazine</i>	THORAZINE
<i>fluphenazine</i>	PROLIXIN
<i>fluphenazine decanoate</i>	PROLIXIN DECANOATE
<i>haloperidol</i>	HALDOL
<i>haloperidol decanoate</i>	HALDOL DECANOATE
<i>loxapine</i>	LOXITANE
<i>perphenazine</i>	TRILAFON
<i>thioridazine</i>	MELLARIL
<i>thiothixene</i>	NAVANE
<i>trifluoperazine</i>	STELAZINE

RESPIRATORY DRUGS

ANTITUSSIVES, DECONGESTANTS, EXPECTORANTS AND COMBINATIONS

<i>benzonatate</i>	TESSALON
<i>brompheniramine & phenylephrine</i>	DIMETAPP CLD ELX/ALLERGY
<i>brompheniramine/pseudoephedrine</i>	BROMFENEX PD CAP DIMETAPP ELX CLD/ALLE UNI-HIST DRO CARDEC SYP
<i>brompheniramine/pseudoephedrine /dextromethorphan elixir</i>	BROMALINE DM
<i>brompheniramine/pseudoephedrine /dextromethorphan syrup</i>	BROMFED DM DALLERGY DM CARBOFED NEO DM ANAPLEX DM
<i>brompheniramine/pseudoephedrine/dextromethorphan/ guaifenesin syrup</i>	HISTACOL DM
<i>brompheniramine/pseudoephedrine liquid</i>	ACCUHIST DROPS RESPERAL-DM
<i>brompheniramine/pseudoephedrine/ dextromethorphan liquid</i>	ACCUHIST PDX DROPS
<i>brompheniramine/pseudoephedrine syrup</i>	RONDEC SYRUP
<i>carbetapentane/chlorpheniramine/ ephedrine/phenylephrine</i>	RYNATUSS
<i>carbinoxamine/pseudoephedrine liquid</i>	RONDEC DROPS
<i>chlorphen-PE-methscopolamine syrup</i>	CHLOR-MES D SYRUP DURADRYL QV-ALLERGY
<i>chlorpheniramine/dextromethorphan</i>	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD
<i>chlorpheniramine/pseudoephedrine</i>	HISTEX CPM/PSE
<i>chlorpheniramine/phenylephrine liquid</i>	RONDEC DROPS CARDEC DRO
<i>chlorpheniramine/phenylephrine syrup</i>	RONDEC SYRUP CARDEC SYP
<i>chlorpheniramine maleate phenylephrine HCL</i>	ED A-HIST TABLETS AND LIQUID
<i>chlorpheniramine tan/ phenylephrine tan susp</i>	RYNATAN PEDIATRIC SUSP
<i>chlorphen tan/pseudoeph tan susp</i>	TANAFED

chlorphen tan/pyrilamine tan/ PE tan susp	TRITANN PEDIATRIC SUSP R-TANNAMINE
chlorphen tan/carbetapentane tan susp	TUSSI-12 S
codeine/chlorpheniramine/pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH
codeine/guaifenesin QL	GUIATUSS AC GG/CODEINE M-CLEAR WC
codeine/guaifenesin/pseudoephedrine	GUIATUSS DAC
codeine/promethazine QL	PROMETHAZINE W/CODEINE
codeine/promethazine/phenylephrine QL	PROMETHAZINE VC W/CODEINE
dextromethorphan-guaifenesin liq 10-200 mg/ 5ml	ROBITUSSIN LIQ CGH/CONG
dextromethorphan-guaifenesin soln 25-225 mg/5 ml	DURATUSS DM ELX
dextromethorphan polistirex ext rel OTC	DELSYM
dextromethorphan/guaifenesin OTC	MUCINEX DM
dextromethorphan/guaifenesin OTC	ROBITUSSIN DM TUSSIN DM GG/DM CR
dextromethorphan hbr syrup	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP
dextromethorphan/brompheniramine/pseudoephedrine	BROMETANE DX
dextromethorphan/carbinoxamine/pseudoephedrine drops	CARDEC-DM
dextromethorphan/promethazine	PHENERGAN DM PROMETHAZINE SYP DM
guaifenesin OTC	ROBITUSSIN
guaifenesin ext-rel-OTC	MUCINEX
guaifenesin syrup 100 mg/5 ml	ROBITUSSIN SYP CHST CNG
guaifenesin/pseudoephedrine ext rel	GUAIFED
guaifenesin/pseudoephedrine syrup OTC	ROBITUSSIN PE PSE/GG
guaifenesin/pseudoephedrine ext rel OTC	GUAIFEN PSE MUCINEX D GG/PSE CR
guaifenesin/pseudoephedrine/dextromethorphan	ROBITUSSIN CF
hydrocodone/chlorpheniramine/phenylephrine	HISTUSSIN HC
hydrocodone/guaifenesin	VITUSSIN HYDROCODO/GG SYP
hydrocodone/homatropine	HYCODAN HYDROMET SYP HYDROCODONE/TAB HOMATROP
loratadine & pseudoephedrine tab SR 24hr 10-240 mg	ALLERGY/CONG TAB RELIEF
phenyleph/bromphen/dextromethorphan/guaifenesin	ALLANHIST SYP PDX
phenylephrine/brompheniramine/dextromethorphan OTC	DIMETAPP DM ELX COLD/CGH

<i>phenylephrine/chlorpheniramine</i>	QUAL-TUSSIN SYP DC
<i>phenylephrine/chlorpheniramine/ dextromethorphan syrup</i>	ATUSS DR
<i>phenylephrine/chlorpheniramine/ dextromethorphan syrup</i>	DE-CHLOR DM
<i>phenylephrine/chlorpheniramine/ dextromethorphan liquid</i>	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG
<i>phenylephrine/chlorpheniramine/ dextromethorphan syrup</i>	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP
<i>phenylephrine/chlorpheniramine/dihydrocodeine</i>	DIHYDRO-PE SYP
<i>phenylephrine/dextromethorphan</i>	DIMETAPP DRO DCON/CGH
<i>phenylephrine/dextromethorphan/guaifenesin</i>	ROBITUSSIN LIQ CGH/CLD
<i>phenylephrine/ephed/CPM w/ carbetapentane susp</i>	RYNATUSS PEDIATRIC SUSP
<i>phenylephrine/guaifenesin</i>	ROBITUSSIN LIQ HD/CHST
<i>phenylephrine/hydrocodone/guaifenesin</i>	QUAL-TUSSIN SYP DC
<i>phenylephrine/pyrilamine/dextromethorphan</i>	CODAL-DM
<i>phenylephrine/pyrilamine w/ hydrocodone syrup</i>	CODIMAL DH
<i>phenylephrine tan/pyrilamine tan/ carbata tan susp</i>	TUSSI 12D S
<i>promethazine & phenylephrine syrup 6.25-5 mg/ 5mg</i>	PROMETH VC SYP 6.25-5/5
<i>pseudoephedrine/acetaminophen/dextromethorphan</i>	MAPAP COLD TAB
<i>pseudoephedrine/chlorpheniramine/dextromethorphan</i>	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT
<i>pseudoephedrine/dextromethorphan/guaifenesin</i>	MULTI SYMPTOM TAB COLD RLF
<i>pseudoephedrine/ibuprofen</i>	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN
<i>pseudoephedrine tan/ dexchlorphen tan/ DM tan susp</i>	TANAFED DMX SUSPENSION TRI-FED X
<i>pyrilamine tan/phenyleph tan susp</i>	RYNA-12 S
<i>tripolidine/pseudoephedrine</i>	TRIPROL/PSE SYP APHEDRID TAB

Coverage of these medications will be determined by the member's individual benefits. Please refer to plan documents for coverage.

ASTHMA/COPD

Guidelines to the management, prevention or treatment of COPD and asthma are available at: www.aaaai.org, www.nhlbi.nih.gov and www.goldcopd.com

The allergy report is available at: www.aaaai.org

Inhalers

Beta Agonists

<i>albuterol sulfate QL</i>	VENTOLIN HFA
<i>formoterol inhalation caps</i>	FORADIL AEROLIZER
<i>salmeterol xinafoate QL</i>	SEREVENT DISKUS

Corticosteroids

<i>beclomethasone QL</i>	QVAR
<i>flunisolide nasal solution</i>	
<i>fluticasone HFA QL</i>	FLOVENT HFA
<i>fluticasone propionate QL</i>	FLOVENT DISKUS
<i>mometasone QL</i>	ASMANEX TWISTHALER

Others

<i>cromolyn QL</i>	INTAL
<i>fluticasone/salmeterol QL ST</i>	ADVAIR DISKUS ADVAIR HFA ADVAIR INHAL AEROSOL
<i>ipratropium HFA</i>	ATROVENT HFA
<i>ipratropium/albuterol QL</i>	COMBIVENT
<i>mometasone/formoterol ST</i>	DULERA
<i>nedocromil</i>	TILADE
<i>omalizumab PA SP</i>	XOLAIR
<i>tiotropium</i>	SPIRIVA

Inhalers for Nebulization

<i>albuterol soln 0.083%, 0.5%, 0.63mg/3ml, 1.25mg/3ml (Not Accuneb)</i>	PROVENTIL
<i>budesonide susp*** PA</i>	PULMICORT RESPULES
<i>cromolyn soln QL</i>	INTAL
<i>ipratropium soln QL</i>	ATROVENT
<i>levalbuterol HCl QL ST</i>	XOPENEX RESPULES

***Covered for members less than 8 years of age.

Oral Agents

Beta Agonists

<i>albuterol</i>	ALBUTEROL
<i>metaproterenol</i>	METAPROTERENOL SYRUP
<i>terbutaline</i>	BRETHINE

Leukotriene Modifiers

<i>montelukast QL ST</i>	SINGULAIR
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Theophylline

<i>theophylline ext-rel caps (12 hr)</i>	THEOPHYLLINE EXT-REL
<i>theophylline ext-rel tabs</i>	THEOCHRON
<i>theophylline liquid</i>	THEOPHYLLINE
<i>theophylline ext-rel caps</i>	THEO-24
<i>theophylline ext-rel tabs</i>	UNIPHYL

SUPPLEMENTS

Guidelines for recommended dietary intakes for vitamins and minerals are available at:
www.nal.usda.gov/fnic/dga/rda.html

POTASSIUM

<i>phosphorus tabs</i>	K-PHOS NEUTRAL
<i>potassium acid phosphate</i>	K-PHOS ORIGINAL
<i>potassium bicarbonate/potassium citrate effervescent tabs</i>	K-LYTE
<i>potassium chloride ext-rel caps</i>	MICRO-K 10
<i>potassium chloride ext-rel tabs</i>	KLOR-CON 8
<i>potassium chloride ext-rel tabs</i>	K-DUR 10
<i>potassium chloride ext-rel tabs</i>	KLOR-CON 10
<i>potassium chloride ext-rel tabs</i>	K-DUR 20
<i>potassium chloride liquid</i>	POTASSIUM CHLORIDE
<i>potassium chloride powder</i>	K-LOR
<i>potassium iodide</i>	PIMA

POTASSIUM-REMOVING AGENTS

<i>sodium polystyrene sulfonate susp (susp only)</i>	KAYEXALATE
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VITAMINS AND MINERALS

<i>calcitriol</i>	ROCALTROL
<i>calcium OTC</i>	OS-CAL
<i>cyanocobalamin inj*</i>	VITAMIN B-12
<i>electrolyte soln, oral OTC</i>	PEDIALYTE
<i>ergocalciferol (D2)*</i>	DRISDOL
<i>ferrous bisglycinate/polysaccharides iron caps OTC</i>	NIFEREX
<i>ferrous fumarate/vitamins C & B12/intrinsic factor*</i>	ANEMAGEN
<i>ferrous sulfate OTC</i>	FEOSOL
<i>fluoride*</i>	LURIDE

fluoride*	PREVIDENT
fluoride*	PHOS-FLUR
fluoride*	GEL-KAM
fluoride*	LURIDE LOZI-TABS
folic acid	FOLIC ACID
magnesium oxide OTC*	MAG-OX
multivitamins/fluoride/3iron*	POLY-VI-FLOR
multivitamins/minerals OTC*	CENTRUM
<i>phytonadione</i>	MEPHYTON
polysaccharide iron complex elixir OTC	NIFEREX
<i>prenat w/o A w/febn-fegl-DSS-FA & DHA</i>	FOLTABS PAK PLUS DHA RE OB + DHA PAK
<i>prenatal vit w/ DSS-iron carbonyl-FA</i>	ATABEX EC
<i>prenatal vit w/ FE bisglyc-FA prot succ-FA</i>	VINATE III
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	VITAPHIL
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	GENTEX ADE 28-IMG
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	VINATE AZ EX
<i>prenatal vit w/ FE polysac cplx-FA</i>	EDGE OB CHW
<i>prenatal vit w/ iron carbonyl-FA</i>	ATABEX PRENATAL
prenatal vitamins w/folic acid QL	PRENATAL VITAMINS W/ FOLIC ACID
prenatal vitamins w/folic acid QL	CENOGEN OB/ULTRA
prenatal vitamins w/folic acid QL	NATACHEW
prenatal vitamins w/folic acid QL	MATERNA
prenatal vitamins w/folic acid QL	NATALCARE
prenatal vitamins w/folic acid QL	NESTABSCBF/FA/RX
prenatal vitamins w/folic acid QL	NIFEREX-PN FORTE
<i>prenatal w/o A w/ FE carbonyl-FA gluc-DSS-FA</i>	FOLTABS PRENATAL
	TRI RX
<i>prenat-FA Bis-FA prot succ-FA-CA & omega 3</i>	COMPLETE NATALCARE PAK DHA
<i>prenat-FA bis-FA prot succ-FA-CA & omega 3</i>	TRUST NATALCARE PAK DHA
<i>prenat-FA bis-FA prot succ-FA-CA & omega 3</i>	PRUET DHA PAK SETONET PAK
<i>renat-FA bis-FA prot succ-FA-CA & omega DR</i>	PRUET DHAEC PAK
vitamin A OTC	
vitamin ADC/fluoride/3iron drops*	TRI-VI-FLOR
vitamin B complex/vitamin C/folic acid*	NEPHROCAPS
vitamin B-1 OTC	
vitamin C OTC	
vitamin B-6 OTC	
vitamins pediatric—members <3 years old OTC*	TRI-VI-SOL
zinc OTC	

*Coverage for these medications will be determined by the member's individual benefits. Please refer to individual plan documents for coverage information.

UROLOGICAL

SYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY

doxazosin	CARDURA
finasteride	PROSCAR
tamsulosin	FLOMAX
terazosin	HYTRIN

MISCELLANEOUS

bethanechol	URECHOLINE
<i>darifenacin ST</i>	ENABLEX
<i>hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue</i>	UTIRA C
methenamine hippurate	HIPREX UREX
oxybutynin IR	DITROPAN
oxybutynin chloride QL ST	DITROPAN XL
<i>potassium citrate</i>	UROCIT-K
propantheline	
phenazopyridine	PYRIDIUM
sodium citrate/citric acid	BICITRA
<i>solifenacin succinate ST</i>	VESICARE

MISCELLANEOUS

ANAPHYLAXIS

<i>epinephrine QL</i>	EPIPEN
<i>epinephrine QL</i>	EPIPEN JR.

Cryopyrin — Associated Periodic Syndromes (CAPS)

<i>canakinumab PA SP</i>	ILARIS
<i>rilonacept PA SP</i>	ARCALYST

CYSTIC FIBROSIS

acetylcysteine	MUCOMYST
<i>dornase alfa SP</i>	PULMOZYME

HYPERPHOSPHATEMIA

calcium acetate

PHOSLO

cinacalcet PA

SENSIPAR

sevelamer ST

REVELA

IMMUNE THROMBOCYTOPENIC PURPURA

eltrombopag PA SP

PROMACTA

MEDICAL DEVICES

EasiVent Mask QL

EASIVENT MASK

EasiVent valved holding chamber QL

EASIVENT CHAMBER

UNISON OTC MEDICATIONS

The following is a list of OTC products on the Unison PDL. Some OTC products are listed on the drug list. OTC products covered are restricted to generics when available. Brand names are provided as reference only.

CATEGORY/GENERIC NAME/DOSAGE FORM	BRAND NAME EXAMPLES
Acne	
<i>benzoyl peroxide</i>	CLEARASIL
—crm, gel, lotion	
Antifungals	
<i>clotrimazole</i>	MICATIN
<i>miconazole</i>	LOTRIMIN AF
—crm, soln	
<i>tolnaftate</i>	TINACTIN
vaginal products	MONISTAT GYNE-LOTRIMIN
Asthma	
<i>saline for nebulization</i>	BRONCHO SALINE
Cough/Cold Allergy	
antihistamines	CHLOR-TRIMETON BENADRYL OTC CLARITIN OTC ALAVERT OTC ZYRTEC
antihistamine/decongestant combinations	ACTIFED DIMETAPP OTC ALAVERT D
<i>cetirizine/pseudoephedrine OTC</i>	ZYRTEC D
<i>loratadine/pseudoephedrine</i>	ALAVERT ALRG TAB/SINUS ALLERGY/CONG
cough/cold*	ROBITUSSIN ROBITUSSIN DM ROBITUSSIN PE ROBITUSSIN CF DELSYM DIMETAPP DM
nasal sprays	<i>*Age edit applied. Not covered for members under the age 2.</i> NEO-SYNEPHRINE AFRIN DIMETAPP DRO DECONGES

Atopic Dermatitis

emollients

CETAPHIL CREAM AND LOTION, BETACARE CREAM AND LOTION, E-OINTMENT, DERMAPHOR OINTMENT, GLYCERIN TOPICAL

Diabetes

alcohol swabs

CURITY ALCOHOL PADS

glucose oral tablets

insulin (vials only)

NOVOLIN

Earwax Removal Products*carbamide peroxide***DEBROX****Family Planning**

condoms

TROJAN

contraceptive foam

DELFIN

contraceptive gel

GYNOL II

First Aid

Burow's soln, wet dressings

DOMEBORO

dermatological baths

COLLOIDAL OATMEAL BATHS

*hydrocortisone***CORTAID**

—crm, oint

topical antibacterials

**NEOSPORIN
MYCITRACIN
BACITRACIN****Gastrointestinal**

antacids

MYLANTA LIQUID

—liquids, chew tabs

MAALOX LIQUID**TUMS**

antidiarrheals

IMODIUM A-D**KAOPECTATE**

electrolyte rehydrating soln

PEDIALYTE

famotidine

PEPCID AC

laxative enemas

FLEET ENEMA

laxatives

DULCOLAX

FLEET PHOSPHO-SODA

*psyllium***METAMUCIL**

rectal

ANUSOL

—crm, suppositories

PREPARATION H*simethicone***MYLICON**

stool softeners

COLACE

sugar+orthophosphoric acid

EMETROL

Lice Products*permethrin***NIX***piperonyl butoxide***PIPERONYL BUTOXIDE**

—gel, liquid shampoo

Motion Sickness*dimenhydrinate***DRAMAMINE***meclizine***BONINE****Ophthalmics**

allergic conjunctivitis

ALAWAY

artificial tears

HYPOTEARs

decongestants

VISINE**MURINE****NAPHCON A****Pain***acetaminophen***TYLENOL**

—tabs, liquid, drops, suppositories

*aspirin***BAYER**

—tabs, EC. tabs

ECOTRIN*aspirin with buffers***ASCRIPTRIN**

—tabs

*ibuprofen***ADVIL**

—tabs, liquid

MOTRIN IB**Smoking Cessation Products**

nicotine

COMMIT LOZENGES QL

NICODERM CQ QL

NICOTINE GUM QL

NICOTROL QL

Vitamins/Minerals

calcium

OS-CAL**CALTRATE****TUMS**

iron

FERGON—ferrous fumarate, ferrous, gluconate,
errous sulfate, ferrous bis-glycinate chelate
and polysaccharide iron caps**FEOSOL**

iron polysaccharides

NIFEREX

magnesium oxide

MAG-OX

vitamin D 400 IU

Vitamin D 400 IU (otc only)

vitamins pediatric
—members <3 years old

VI-DAYLIN
POLY-VI-SOL
TRI-VI-SOL

vitamins prenatal

STUART PRENATAL

Warts

salicylic acid 17%/collodion

DUOFILM

Miscellaneous

fluoride dental rinse

PHOS-FLUR

Websites

Agency for Healthcare Research and Quality

www.ahrq.gov/

Alzheimer's Association

www.druglist.com/2004/f500.htm#

**American Academy of Allergy,
Asthma and Immunology**

www.aaaai.org/

American Academy of Dermatology

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American Association of Clinical Endocrinologists

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American Association of Diabetes Educators

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American Cancer Society

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American College of Allergy, Asthma and Immunology

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American Heart Association

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American Lung Association

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American Medical Association

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American Psychiatric Association

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American Society of Anesthesiologists

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Centers for Disease Control and Prevention

www.cdc.gov/

**Centers for Disease Control and Prevention
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MedWatch

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National Academy of Sciences
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National Cancer Institute
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www.nhlbi.nih.gov/

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www.pain.com/

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<i>nitrofurantoin macrocrystals</i>	25	<i>olsalazine sodium</i>	21	<i>paliperidone</i>	35	<i>phenyleph/bromphen/dextromethorphan/guaifenesin</i>	37
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