



## LA Care Formulary

May 2014

### INTRODUCTION

#### Foreword

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

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the L.A. Care PT&T Committee. The Formulary is a continually reviewed and revised list of drugs, which mirror the prevailing clinical opinion of the PT&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate at all times. To accommodate the necessary changes of this document, updates are available online at: <http://www.lacare.org>. As you use this Formulary, you are encouraged to review the information and provide your input and comments to the L.A. Care PT&T Committee.

The L.A. Care PT&T Committee uses the following criteria in the evaluation of drug selection for the L.A. Care Formulary:

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

#### How to Use the Formulary

The Formulary is a list of covered and preferred drug agents for L.A. Care members. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in small capital letters) and by therapeutic drug category. Any non-generically available drug not found in this Formulary listing, or any Formulary updates published by L.A. Care shall be considered a Non-Formulary drug.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is **bolded**.

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

| Symbol | Restriction | Description                        |
|--------|-------------|------------------------------------|
| AGE    | Age Edit    | Coverage may depend on patient age |

| Symbol | Restriction                          | Description                                                                                                                                                                                  |
|--------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COM    | Carve Out Edit                       | Carve out for Medi-Cal members (covered by Medi-Cal fee-for-service), no restrictions for Healthy Kids and Healthy Families                                                                  |
| COM/MD | Carve Out / Physician Specialty Edit | Carve out for Medi-Cal members (covered by Medi-Cal fee-for-service) / Coverage may depend on prescribing physician's specialty or board certification for Healthy Kids and Healthy Families |
| COM/PA | Carve Out / Prior Authorization      | Carve out for Medi-Cal members (covered by Medi-Cal fee-for-service) / Prior Authorization required for Healthy Kids and Healthy Families                                                    |
| G      | Gender Edit                          | Coverage may depend on patient gender                                                                                                                                                        |
| MD     | Physician Specialty Edit             | Coverage may depend on prescribing physician's specialty or board certification                                                                                                              |
| PA     | Prior Authorization                  | Requires specific physician request process                                                                                                                                                  |
| QL     | Quantity Limit                       | Coverage may be limited to specific quantities per prescription and/or time period                                                                                                           |
| ST     | Step Therapy                         | Coverage may depend on previous use of another drug                                                                                                                                          |
| OTC    | Over the Counter                     | Coverage of OTC medication for all lines of businesses, including Healthy Families and Healthy Kids.                                                                                         |

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

## Benefit Coverage and Limitations

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

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their L.A. Care Health Plan Member Services department at 1-888-839-9909 (TTY 1-866-522-2731).

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

### 1. Generic Substitution

- When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are **bolded** in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by L.A. Care's PT&T Committee.
- Drug product will be approved for generic substitution by the L.A. Care PT&T Committee.

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

If a member or physician requests a brand name product in lieu of an approved generic, the member and the physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

## 2. **Step Therapy**

L.A. Care uses Step Therapy to promote cost-effective pharmaceutical management when there are multiple effective drugs to treat a condition. Drugs that are listed in the Formulary as Step Therapy (ST) require one or more “prerequisite” first step drugs to be tried before progressing to the second step drug. If medically necessary, a second step medication can be obtained without first trying a first step medication by submitting a completed Medication Request Form. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of the first step drug is contraindicated in the patient.
- The first step drug is not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of the first step drug may provoke an underlying condition, which would be detrimental to patient care.

## 3. **Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

### A. **Formulary Agents**

Drugs that are listed in the Formulary as Prior Authorization (PA) require evaluation, per L.A. Care PT&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the PT&T Committee, the request will not be approved and alternative therapy may be recommended.

### B. **Non-Formulary Agents**

Any non-generically available drug not found in the Formulary listing, or any Formulary updates published by L.A. Care, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance by the physician. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

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

### C. **Obtaining Coverage**

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a fully completed and signed Medication Request Form to MedImpact at (800) 681-7651.
2. Contacting MedImpact at (800) 788-2949 and providing all necessary information requested.

MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

## 4. **Therapeutic Interchange**

L.A. Care may use Therapeutic Interchange to promote rational pharmaceutical therapy when evidence suggests that outcomes can be improved by substituting a drug that is therapeutically equivalent but chemically different from the prescribed drug. Improved outcomes include, but are not limited to, enhanced compliance, superior side-effect or risk profile, clinically superior results, and equivalent clinical results at a reduced cost. Therapeutic Interchange protocols are never automatic; a dispensing provider may not substitute an alternate, therapeutically equivalent, drug for a prescribed drug without the knowledge and authorization of the prescribing practitioner.

Drugs may be considered for Therapeutic Interchange if they are:

1. High risk
2. High volume
3. High cost
4. Overused in routine conditions.

In designing Therapeutic Interchange protocols, drug characteristics are considered including:

1. Efficacy
2. Effectiveness
3. Dosage Formulation
4. Safety
5. Cost
6. Pharmacoeconomic variables

**5. General Exclusions**

- A. Over the Counter (OTC) medications or their equivalents are not covered for Healthy Families or Healthy Kids members, unless otherwise specified in the Formulary listing. OTC medications are available for Medi-Cal members subject to formulary coverage of these agents.
- B. Drugs specifically listed as not covered are not covered.
- C. Any drug products used for cosmetic purposes are not covered.
- D. Infertility Agents
- E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the Formulary listing.
- G. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.

The PT&T Committee recognizes that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

**Pharmacist and Physician Communication**

The Formulary is a tool to promote cost-effective prescription drug use. The PT&T Committee has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to L.A. Care via e-mail to [Pharmacy@lacare.org](mailto:Pharmacy@lacare.org) or by mail at the following address:

Chairperson, Pharmacy & Therapeutics Committee  
L.A. Care Health Plan  
1055 W 7th Street, 9th Floor  
Los Angeles, CA 90017

**ALLERGY****Antihistamines - 1st Generation**

|    |                     |                           |  |
|----|---------------------|---------------------------|--|
| T1 | ciproheptadine hcl  | CYPROHEPTADINE HCL        |  |
| T1 | diphenhydramine hcl | COMPLETE ALLERGY MEDICINE |  |
| T1 | hydroxyzine hcl     | HYDROXYZINE HCL           |  |
| T1 | promethazine hcl    | PROMETHAZINE HCLAGE       |  |

**Antihistamines - 2nd Generation**

|    |                                |                       |     |
|----|--------------------------------|-----------------------|-----|
| T1 | cetirizine hcl                 | CETIRIZINE HCL        |     |
| T1 | cetirizine hcl                 | CETIRIZINE HCL(OTC)   |     |
| T1 | fexofenadine hcl               | FEXOFENADINE HCL      |     |
| T1 | fexofenadine hcl               | FEXOFENADINE HCL(OTC) |     |
| T1 | levocetirizine dihydrochloride | XYZAL                 | AGE |
| T1 | loratadine                     | LORATADINE(OTC)       |     |

**Nasal Anti-inflammatory Steroids**

|    |                         |             |    |
|----|-------------------------|-------------|----|
| T1 | fluticasone furoate     | VERAMYST    | PA |
| T1 | fluticasone propionate  | FLONASE     |    |
| T1 | mometasone furoate      | NASONEX     | PA |
| T1 | triamcinolone acetonide | NASACORT AQ |    |

**ANTIEMESIS/ANTIVERTIGO****Antiemetic/antivertigo Agents**

|    |                            |                               |    |
|----|----------------------------|-------------------------------|----|
| T1 | doxylamine/pyridoxine hcl  | DICLEGIS                      | PA |
| T1 | dronabinol                 | MARINOL                       | PA |
| T1 | granisetron hcl            | GRANISETRON HCL               | QL |
| T1 | meclizine hcl              | ANTIVERT                      |    |
| T1 | nabilone                   | CESAMET                       | PA |
| T1 | ondansetron                | ZOFRAN ODT(TAB RDP DIS)(4 MG) | QL |
| T1 | ondansetron                | ZOFRAN ODT(TAB RDP DIS)(8 MG) | QL |
| T1 | ondansetron hcl            | ONDANSETRON HCL               |    |
| T1 | ondansetron hcl            | ZOFRAN                        |    |
| T1 | prochlorperazine edisylate | COMPAZINE                     |    |
| T1 | prochlorperazine maleate   | COMPAZINE                     |    |

**ASTHMA****Beta-adrenergic Agents**

|    |                     |                   |    |
|----|---------------------|-------------------|----|
| T1 | albuterol sulfate   | ALBUTEROL SULFATE |    |
| T1 | albuterol sulfate   | PROAIR HFA        |    |
| T1 | albuterol sulfate   | PROVENTIL HFA     |    |
| T1 | albuterol sulfate   | VENTOLIN HFA      | QL |
| T1 | albuterol sulfate   | VOSPIRE ER        |    |
| T1 | formoterol fumarate | FORADIL           | ST |
| T1 | levalbuterol hcl    | XOPENEX           | ST |

|    |                        |                        |    |
|----|------------------------|------------------------|----|
| T1 | metaproterenol sulfate | METAPROTERENOL SULFATE | QL |
| T1 | salmeterol xinafoate   | SEREVENT DISKUS        | ST |

**Beta-adrenergic And Anticholinergic****Combinations**

|    |                               |                    |  |
|----|-------------------------------|--------------------|--|
| T1 | ipratropium/albuterol sulfate | COMBIVENT RESPIMAT |  |
| T1 | ipratropium/albuterol sulfate | DUONEB             |  |

**Beta-adrenergic And Glucocorticoid****Combinations**

|    |                                |                                       |         |
|----|--------------------------------|---------------------------------------|---------|
| T1 | budesonide/formoterol fumarate | SYMBICORT                             | PA      |
| T1 | fluticasone/salmeterol         | ADVAIR DISKUS(BLST W/DEV)(100-50 MCG) | AGE, PA |
| T1 | fluticasone/salmeterol         | ADVAIR DISKUS(BLST W/DEV)(250-50 MCG) | AGE, PA |
| T1 | fluticasone/salmeterol         | ADVAIR DISKUS(BLST W/DEV)(500-50 MCG) | PA      |
| T1 | fluticasone/salmeterol         | ADVAIR HFA                            | PA      |
| T1 | fluticasone/vilanterol         | BREO ELLIPTA                          | PA      |
| T1 | mometasone/formoterol          | DULERA                                |         |

**General Bronchodilator Agents**

|    |                     |                     |  |
|----|---------------------|---------------------|--|
| T1 | ipratropium bromide | IPRATROPIUM BROMIDE |  |
| T1 | tiotropium bromide  | SPIRIVA             |  |

**Glucocorticoids, Orally Inhaled**

|    |                             |                     |     |
|----|-----------------------------|---------------------|-----|
| T1 | beclomethasone dipropionate | QVAR                |     |
| T1 | budesonide                  | PULMICORT           | AGE |
| T1 | budesonide                  | PULMICORT FLEXHALER |     |
| T1 | fluticasone propionate      | FLOVENT HFA         |     |

**Leukotriene Receptor Antagonists**

|    |                    |                    |  |
|----|--------------------|--------------------|--|
| T1 | montelukast sodium | MONTELUKAST SODIUM |  |
|----|--------------------|--------------------|--|

**Mast Cell Stabilizers**

|    |                 |                 |  |
|----|-----------------|-----------------|--|
| T1 | cromolyn sodium | CROMOLYN SODIUM |  |
|----|-----------------|-----------------|--|

**Respiratory Aids, devices, equipment**

|    |                         |                            |         |
|----|-------------------------|----------------------------|---------|
| T1 | inhaler, assist devices | ACE AEROSOL CLOUD ENHANCER | AGE, QL |
| T1 | inhaler, assist devices | AEROCHAMBER MINI           | AGE, QL |
| T1 | inhaler, assist devices | AEROCHAMBER PLUS FLOW-VU   | AGE, QL |
| T1 | inhaler, assist devices | AEROCHAMBER PLUS Z STAT    | AGE, QL |
| T1 | inhaler, assist devices | BREATHERITE                | AGE, QL |

|                                    |                         |         |
|------------------------------------|-------------------------|---------|
| T1 inhaler, assist devices         | BREATHRITE              | AGE, QL |
| T1 inhaler, assist devices         | EASIVENT                | AGE, QL |
| T1 inhaler, assist devices         | E-Z SPACER              | AGE, QL |
| T1 inhaler, assist devices         | LITEAIRE                | AGE, QL |
| T1 inhaler, assist devices         | MICROCHAMBER            | AGE, QL |
| T1 inhaler, assist devices         | MICROSPACER             | AGE, QL |
| T1 inhaler, assist devices         | MONAGHAN Z STAT         | AGE, QL |
| T1 inhaler, assist devices         | POCKET CHAMBER          | AGE, QL |
| T1 inhaler, assist devices         | PRIMEAIRE               | AGE, QL |
| T1 inhaler, assist devices         | PROCHAMBER              | AGE, QL |
| T1 inhaler, assist devices         | RITEFLO                 | AGE, QL |
| T1 inhaler, assist devices         | VORTEX                  | AGE, QL |
| T1 inhaler, assist devices         | VORTEX VHC FROG MASK    | AGE, QL |
| T1 inhaler, assist devices         | VORTEX VHC LADYBUG MASK | AGE, QL |
| T1 inhaler, assist devices         | WATCHHALER              | AGE, QL |
| T1 inhaler,assist device,accessory | EASIVENT                | AGE, QL |
| T1 inhaler,assist device,accessory | LITETOUCH               | AGE, QL |
| T1 inhaler,assist device,accessory | OPTICHAMBER             | AGE, QL |
| T1 inhaler,assist device,accessory | OPTICHAMBER DIAMOND     | AGE, QL |
| T1 inhaler,assist device,accessory | SILICONE MASK           | AGE, QL |
| T1 spirometers and accessories     | PFLEX TRAINER           | AGE, QL |
| T1 spirometers and accessories     | THRESHOLD IMT           | AGE, QL |
| T1 spirometers and accessories     | THRESHOLD PEP           | AGE, QL |

**Xanthines**

|                           |                        |    |
|---------------------------|------------------------|----|
| T1 aminophylline          | AMINOPHYLLINE          |    |
| T1 theophylline anhydrous | THEO-24                |    |
| T1 theophylline anhydrous | THEOPHYLLINE ANHYDROUS | QL |

**AUTONOMIC NERVOUS SYSTEM****DISORDERS****Alzheimer's Therapy, Nmda Receptor****Antagonists**

|                  |            |    |
|------------------|------------|----|
| T1 memantine hcl | NAMENDA    | ST |
| T1 memantine hcl | NAMENDA XR | ST |

**Cholinesterase Inhibitors**

|                          |             |  |
|--------------------------|-------------|--|
| T1 donepezil hcl         | ARICEPT     |  |
| T1 galantamine hbr       | RAZADYNE    |  |
| T1 galantamine hbr       | RAZADYNE ER |  |
| T1 rivastigmine tartrate | EXELON      |  |

**BEHAVIORAL HEALTH -****ANTIDEPRESSANTS****Alpha-2 Receptor Antagonist****Antidepressants**

|                |             |  |
|----------------|-------------|--|
| T1 mirtazapine | MIRTAZAPINE |  |
| T1 mirtazapine | REMERON     |  |

**Maois - Non-selective & Irreversible**

|                       |        |  |
|-----------------------|--------|--|
| T1 phenelzine sulfate | NARDIL |  |
|-----------------------|--------|--|

**Norepinephrine And Dopamine Reuptake****Inhib**

|                  |               |  |
|------------------|---------------|--|
| T1 bupropion hcl | WELLBUTRIN XL |  |
|------------------|---------------|--|

**Selective Serotonin Reuptake Inhibitor**

|                            |                      |         |
|----------------------------|----------------------|---------|
| T1 citalopram hydrobromide | CELEXA(TAB)(10 MG)   | AGE, QL |
| T1 citalopram hydrobromide | CELEXA(TAB)(20 MG)   | AGE, QL |
| T1 citalopram hydrobromide | CELEXA(TAB)(40 MG)   | AGE, QL |
| T1 citalopram hydrobromide | CITALOPRAM HBR       | AGE, QL |
| T1 escitalopram oxalate    | ESCITALOPRAM OXALATE |         |
| T1 fluoxetine hcl          | FLUOXETINE HCL       |         |
| T1 fluoxetine hcl          | PROZAC               |         |
| T1 fluvoxamine maleate     | FLUVOXAMINE MALEATE  |         |
| T1 fluvoxamine maleate     | LUVOX CR             | ST      |
| T1 paroxetine hcl          | PAROXETINE HCL       |         |
| T1 paroxetine hcl          | PAXIL                |         |
| T1 sertraline hcl          | ZOLOFT               |         |

**Serotonin-2 Antagonist/reuptake Inhibitors**

|                  |               |  |
|------------------|---------------|--|
| T1 trazodone hcl | TRAZODONE HCL |  |
|------------------|---------------|--|

**Serotonin-norepinephrine Reuptake-inhib**

|                                  |                    |    |
|----------------------------------|--------------------|----|
| T1 duloxetine hcl                | DULOXETINE HCL     | PA |
| T1 levomilnacipran hydrochloride | FETZIMA            | PA |
| T1 venlafaxine hcl               | VENLAFAXINE HCL ER |    |

**Tricyclic Antidepressants & Rel. Non-sel. Ru-inhib**

|                      |                   |  |
|----------------------|-------------------|--|
| T1 amitriptyline hcl | AMITRIPTYLINE HCL |  |
| T1 clomipramine hcl  | ANAFRANIL         |  |
| T1 desipramine hcl   | NORPRAMIN         |  |
| T1 doxepin hcl       | DOXEPIN HCL       |  |

|                      |                   |
|----------------------|-------------------|
| T1 imipramine hcl    | TOFRANIL          |
| T1 nortriptyline hcl | NORTRIPTYLINE HCL |
| T1 nortriptyline hcl | PAMELOR           |

## BEHAVIORAL HEALTH - OTHER

### Adrenergics, Aromatic, Non-catecholamine

|                                  |                           |         |
|----------------------------------|---------------------------|---------|
| T1 dextroamphetamine sulfate     | DEXTROAMPHETAMINE SULFATE |         |
| T1 dextroamphetamine/amphetamine | ADDERALL                  | AGE, QL |

### Anti-alcoholic Preparations

|               |          |
|---------------|----------|
| T1 disulfiram | ANTABUSE |
|---------------|----------|

### Anti-anxiety Drugs

|                            |                      |  |
|----------------------------|----------------------|--|
| T1 alprazolam              | XANAX                |  |
| T1 buspirone hcl           | BUSPIRONE HCL        |  |
| T1 chlordiazepoxide hcl    | CHLORDIAZEPOXIDE HCL |  |
| T1 clorazepate dipotassium | TRANXENE T-TAB       |  |
| T1 diazepam                | DIAZEPAM             |  |
| T1 diazepam                | VALIUM               |  |
| T1 lorazepam               | ATIVAN               |  |
| T1 lorazepam               | LORAZEPAM            |  |
| T1 oxazepam                | OXAZEPAM             |  |

### Anti-mania Drugs

|                      |                   |    |
|----------------------|-------------------|----|
| T1 lithium carbonate | ESKALITH          | QL |
| T1 lithium carbonate | LITHIUM CARBONATE | QL |
| T1 lithium carbonate | LITHOBID          | QL |
| T1 lithium citrate   | LITHIUM           | QL |

### Antipsychotics, Atyp, D2 Partial Agonist/5ht

#### Mixed

|                 |                  |    |
|-----------------|------------------|----|
| T1 aripiprazole | ABILIFY          | PA |
| T1 aripiprazole | ABILIFY DISCMELT | PA |
| T1 aripiprazole | ABILIFY MAINTENA | PA |

### Antipsychotics, Dopamine & Serotonin

#### Antagonists

|                       |          |
|-----------------------|----------|
| T1 loxapine succinate | LOXAPINE |
|-----------------------|----------|

### Antipsychotics, atypical, dopamine, &

#### Serotonin Antag

|                        |             |    |
|------------------------|-------------|----|
| T1 asenapine maleate   | SAPHRIS     |    |
| T1 clozapine           | FAZACLO     | PA |
| T1 iloperidone         | FANAPT      |    |
| T1 lurasidone hcl      | LATUDA      |    |
| T1 olanzapine          | ZYPREXA     |    |
| T1 paliperidone        | INVEGA      |    |
| T1 quetiapine fumarate | SEROQUEL    |    |
| T1 quetiapine fumarate | SEROQUEL XR | PA |
| T1 risperidone         | RISPERDAL   |    |
| T1 risperidone         | RISPERIDONE |    |
| T1 ziprasidone hcl     | GEODON      |    |

### Antipsychotics, dopamine Antagonists,

#### Thioxanthenes

|                |             |
|----------------|-------------|
| T1 thiothixene | THIOTHIXENE |
|----------------|-------------|

### Antipsychotics, dopamine

#### Antagonists, butyrophenones

|                        |                     |    |
|------------------------|---------------------|----|
| T1 haloperidol         | HALOPERIDOL         |    |
| T1 haloperidol lactate | HALOPERIDOL LACTATE | PA |

### Anti-psychotics, phenothiazines

|                       |                    |  |
|-----------------------|--------------------|--|
| T1 chlorpromazine hcl | CHLORPROMAZINE HCL |  |
| T1 fluphenazine hcl   | FLUPHENAZINE HCL   |  |
| T1 perphenazine       | PERPHENAZINE       |  |

### Barbiturates

|                  |               |    |
|------------------|---------------|----|
| T1 phenobarbital | PHENOBARBITAL | QL |
|------------------|---------------|----|

### Hypnotics, Melatonin Mt1/mt2 Receptor

#### Agonists

|              |         |        |
|--------------|---------|--------|
| T1 ramelteon | ROZEREM | QL, ST |
|--------------|---------|--------|

### Narcotic Antagonists

|                   |       |
|-------------------|-------|
| T1 naltrexone hcl | REVIA |
|-------------------|-------|

### Sedative-hypnotics, non-barbiturate

|                      |                   |        |
|----------------------|-------------------|--------|
| T1 doxepin hcl       | SILENOR           | QL, ST |
| T1 eszopiclone       | LUNESTA           | QL, ST |
| T1 temazepam         | RESTORIL          |        |
| T1 temazepam         | TEMAZEPAM         |        |
| T1 zaleplon          | SONATA            | QL     |
| T1 zolpidem tartrate | AMBIEN            | QL     |
| T1 zolpidem tartrate | EDLUAR            | QL, ST |
| T1 zolpidem tartrate | INTERMEZZO        | QL, ST |
| T1 zolpidem tartrate | ZOLPIDEM TARTRATE | QL     |
| T1 zolpidem tartrate | ZOLPIMIST         | QL, ST |

### Tx For Attention Deficit-

#### hyperact(adhd)/narcolepsy

|                           |                             |         |
|---------------------------|-----------------------------|---------|
| T1 dexmethylphenidate hcl | DEXMETHYLPHENIDATE HCL      | PA      |
| T1 methylphenidate hcl    | CONCERTA(TAB ER 24H)(18 MG) | AGE, QL |
| T1 methylphenidate hcl    | CONCERTA(TAB ER 24H)(27 MG) | AGE, QL |
| T1 methylphenidate hcl    | CONCERTA(TAB ER 24H)(36 MG) | AGE, QL |
| T1 methylphenidate hcl    | CONCERTA(TAB ER 24H)(54 MG) | AGE, QL |

**CARDIOVASCULAR DISEASE -****ARRHYTHMIA****Antiarrhythmics**

|    |                        |                     |    |
|----|------------------------|---------------------|----|
| T1 | amiodarone hcl         | AMIODARONE HCL      |    |
| T1 | disopyramide phosphate | NORPACE             | QL |
| T1 | disopyramide phosphate | NORPACE CR          | QL |
| T1 | mexiletine hcl         | MEXILETINE HCL      | QL |
| T1 | propafenone hcl        | PROPAFENONE HCL     |    |
| T1 | propafenone hcl        | RYTHMOL             |    |
| T1 | quinidine gluconate    | QUINIDINE GLUCONATE | QL |
| T1 | quinidine sulfate      | QUINIDINE SULFATE   | QL |

**CARDIOVASCULAR DISEASE -****CARDIAC STIMULANT****Digitalis Glycosides**

|    |         |         |    |
|----|---------|---------|----|
| T1 | digoxin | DIGOX   | QL |
| T1 | digoxin | DIGOXIN | QL |

**CARDIOVASCULAR DISEASE -****HYPERTENSION****Ace Inhibitor/calcium Channel Blocker****Combination**

|    |                                |        |  |
|----|--------------------------------|--------|--|
| T1 | amlodipine besylate/benazepril | LOTREL |  |
|----|--------------------------------|--------|--|

**Alpha/beta-adrenergic Blocking Agents**

|    |               |               |    |
|----|---------------|---------------|----|
| T1 | carvedilol    | COREG         | QL |
| T1 | labetalol hcl | LABETALOL HCL | QL |
| T1 | labetalol hcl | TRANDATE      | QL |

**Alpha-adrenergic Blocking Agents**

|    |               |               |    |
|----|---------------|---------------|----|
| T1 | prazosin hcl  | MINIPRESS     | QL |
| T1 | terazosin hcl | TERAZOSIN HCL | QL |

**Angioten.receptr Antag./cal.chanl****Blkr/thiazide Cb**

|    |                                 |           |    |
|----|---------------------------------|-----------|----|
| T1 | olmesartan/amlodipin/hcthiiazid | TRIBENZOR | ST |
|----|---------------------------------|-----------|----|

**Angiotensin Receptor Antag./thiazide****Diuretic Comb**

|    |                                |                                |    |
|----|--------------------------------|--------------------------------|----|
| T1 | azilsartan med/chlorthalidone  | EDARBYCLOR                     | ST |
| T1 | candesartan/hydrochlorothiazid | CANDESARTAN-HYDROCHLOROTHIAZID |    |

|    |                                |                                |    |
|----|--------------------------------|--------------------------------|----|
| T1 | eprosartan/hydrochlorothiazide | TEVETEN HCT                    | ST |
| T1 | irbesartan/hydrochlorothiazide | IRBESARTAN-HYDROCHLOROTHIAZIDE |    |
| T1 | losartan/hydrochlorothiazide   | LOSARTAN-HYDROCHLOROTHIAZIDE   |    |
| T1 | olmesartan/hydrochlorothiazide | BENICAR HCT                    | ST |
| T1 | valsartan/hydrochlorothiazide  | DIOVAN HCT                     |    |

**Angiotensin Receptor Antgnt &****Calc.channel Blockr**

|    |                               |         |    |
|----|-------------------------------|---------|----|
| T1 | amlodipine bes/olmesartan med | AZOR    | ST |
| T1 | amlodipine/valsartan          | EXFORGE | ST |

**Antihypertensives, Ace Inhibitors**

|    |                |                |    |
|----|----------------|----------------|----|
| T1 | benazepril hcl | BENAZEPRIL HCL | QL |
| T1 | benazepril hcl | LOTENSIN       | QL |
| T1 | captopril      | CAPTOPRIL      | QL |
| T1 | lisinopril     | ZESTRIL        | QL |

**Antihypertensives, Angiotensin Receptor****Antagonist**

|    |                       |                       |    |
|----|-----------------------|-----------------------|----|
| T1 | azilsartan medoxomil  | EDARBI                | ST |
| T1 | candesartan cilexetil | CANDESARTAN CILEXETIL |    |
| T1 | eprosartan mesylate   | TEVETEN               |    |
| T1 | irbesartan            | IRBESARTAN            |    |
| T1 | losartan potassium    | LOSARTAN POTASSIUM    |    |
| T1 | olmesartan medoxomil  | BENICAR               | ST |
| T1 | telmisartan           | MICARDIS              |    |
| T1 | valsartan             | DIOVAN                |    |

**Antihypertensives, Sympatholytic**

|    |               |                |    |
|----|---------------|----------------|----|
| T1 | clonidine     | CATAPRES-TTS 1 |    |
| T1 | clonidine     | CATAPRES-TTS 2 |    |
| T1 | clonidine     | CATAPRES-TTS 3 |    |
| T1 | clonidine hcl | CATAPRES       | QL |
| T1 | methyldopa    | ALDOMET        |    |
| T1 | methyldopa    | METHYLDOPA     | QL |

**Antihypertensives, Vasodilators**

|    |                 |                 |    |
|----|-----------------|-----------------|----|
| T1 | hydralazine hcl | HYDRALAZINE HCL | QL |
| T1 | minoxidil       | MINOXIDIL       |    |

**Beta-adrenergic Blocking Agents**

|    |                      |                     |    |
|----|----------------------|---------------------|----|
| T1 | atenolol             | TENORMIN            | QL |
| T1 | metoprolol succinate | TOPROL XL           | QL |
| T1 | metoprolol tartrate  | METOPROLOL TARTRATE | QL |
| T1 | propranolol hcl      | INDERAL LA          | QL |
| T1 | propranolol hcl      | PROPRANOLOL HCL     | QL |

**Calcium Channel Blocking Agents**

|    |                     |         |    |
|----|---------------------|---------|----|
| T1 | amlodipine besylate | NORVASC | QL |
|----|---------------------|---------|----|

|    |               |                   |    |
|----|---------------|-------------------|----|
| T1 | diltiazem hcl | CARDIZEM CD       |    |
| T1 | diltiazem hcl | DILTIAZEM 24HR ER | QL |
| T1 | nifedipine    | ADALAT CC         | QL |
| T1 | nifedipine    | PROCARDIA XL      | QL |
| T1 | verapamil hcl | CALAN SR          | QL |
| T1 | verapamil hcl | VERELAN           | QL |

**Loop Diuretics**

|    |            |            |    |
|----|------------|------------|----|
| T1 | bumetanide | BUMETANIDE |    |
| T1 | furosemide | FUROSEMIDE | QL |
| T1 | furosemide | LASIX      | QL |

**Potassium Sparing Diuretics**

|    |                |               |    |
|----|----------------|---------------|----|
| T1 | amiloride hcl  | AMILORIDE HCL |    |
| T1 | spironolactone | ALDACTONE     | QL |

**Potassium Sparing Diuretics In Combination**

|    |                                   |                  |    |
|----|-----------------------------------|------------------|----|
| T1 | triamterene/hydrochl<br>orthiazid | DYAZIDE          | QL |
| T1 | triamterene/hydrochl<br>orthiazid | MAXZIDE-25 MG    | QL |
| T1 | triamterene/hydrochl<br>orthiazid | TRIAMTERENE-HCTZ | QL |

**Pulm.anti-htn,sel.c-gmp Phosphodiesterase****T5 Inhib**

|    |                    |            |    |
|----|--------------------|------------|----|
| T1 | sildenafil citrate | SILDENAFIL | PA |
|----|--------------------|------------|----|

**Renin Inhib, Direct/calc. Channel****Blkr/thiazide Cb**

|    |                                    |           |    |
|----|------------------------------------|-----------|----|
| T1 | aliskiren/amlodipin/hct<br>hiazide | AMTURNIDE | PA |
|----|------------------------------------|-----------|----|

**Renin Inhibitor, Direct**

|    |                        |          |    |
|----|------------------------|----------|----|
| T1 | aliskiren hemifumarate | TEKTURNA | PA |
|----|------------------------|----------|----|

**Renin Inhibitor, Direct & Calcium Channel****Blocker**

|    |                                  |         |    |
|----|----------------------------------|---------|----|
| T1 | aliskiren/amlodipine<br>besylate | TEKAMLO | PA |
|----|----------------------------------|---------|----|

**Renin Inhibitor, Direct/thiazide Diuretic****Comb**

|    |                                   |              |    |
|----|-----------------------------------|--------------|----|
| T1 | aliskiren/hydrochlorothi<br>azide | TEKTURNA HCT | PA |
|----|-----------------------------------|--------------|----|

**Thiazide And Related Diuretics**

|    |                     |                         |    |
|----|---------------------|-------------------------|----|
| T1 | chlorthalidone      | CHLORTHALIDONE          |    |
| T1 | hydrochlorothiazide | HYDROCHLOROTHIA<br>ZIDE | QL |
| T1 | hydrochlorothiazide | MICROZIDE               | QL |
| T1 | indapamide          | INDAPAMIDE              | QL |

**CARDIOVASCULAR DISEASE - LIPID****IRREGULARITY****Antihyperlip.hmg Coa Reduct****Inhib&cholest.ab.inhib**

|    |                       |         |  |
|----|-----------------------|---------|--|
| T1 | ezetimibe/simvastatin | VYTORIN |  |
|----|-----------------------|---------|--|

**Antihyperlipidemic - Apo B-100 Synthesis****Inhibitor**

|    |                   |         |    |
|----|-------------------|---------|----|
| T1 | mipomersen sodium | KYNAMRO | PA |
|----|-------------------|---------|----|

**Antihyperlipidemic - Hmg Coa Reductase****Inhibitors**

|    |                      |                       |    |
|----|----------------------|-----------------------|----|
| T1 | atorvastatin calcium | LIPITOR               |    |
| T1 | fluvastatin sodium   | FLUVASTATIN<br>SODIUM | ST |
| T1 | pitavastatin calcium | LIVALO                | PA |
| T1 | pravastatin sodium   | PRAVACHOL             |    |
| T1 | pravastatin sodium   | PRAVASTATIN<br>SODIUM |    |
| T1 | simvastatin          | ZOCOR                 | QL |

**Lipotropics**

|    |                                 |             |    |
|----|---------------------------------|-------------|----|
| T1 | ezetimibe                       | ZETIA       | PA |
| T1 | fenofibrate                     | FENOFIBRATE |    |
| T1 | fenofibrate                     | FENOGLIDE   | ST |
| T1 | fenofibrate                     | LIPOFEN     | ST |
| T1 | fenofibrate<br>nanocrystallized | TRICOR      |    |
| T1 | fenofibrate,micronize<br>d      | ANTARA      |    |
| T1 | fenofibric acid<br>(choline)    | TRILIPIX    |    |
| T1 | gemfibrozil                     | LOPID       | QL |
| T1 | niacin                          | NIASPAN     | PA |

**CARDIOVASCULAR DISEASE -****VASODILATION****Vasodilators,coronary**

|    |                           |                                      |    |
|----|---------------------------|--------------------------------------|----|
| T1 | isosorbide dinitrate      | ISOCHRON                             | QL |
| T1 | isosorbide dinitrate      | ISORDIL TITRADOSE                    | QL |
| T1 | isosorbide dinitrate      | ISOSORBIDE<br>DINITRATE(TAB<br>SUBL) |    |
| T1 | isosorbide dinitrate      | ISOSORBIDE<br>DINITRATE(TAB)         | QL |
| T1 | isosorbide<br>mononitrate | IMDUR                                | QL |
| T1 | nitroglycerin             | NITRO-BID                            |    |
| T1 | nitroglycerin             | NITROGLYCERIN                        | QL |
| T1 | nitroglycerin             | NITROSTAT                            |    |

**Vasodilators, peripheral**

T1 ergoloid mesylates ERGOLOID  
MESYLATES

**CONTRACEPTION/OXYTOCICS****Contraceptives, oral**

T1 desogestrel-ethinyl estradiol APRI

T1 drospir/eth estra/levomefol ca SAFYRAL ST

T1 ethynodiol d-ethinyl estradiol ZOVIA 1-50E

T1 levonorgestrel PLAN B ONE-STEP

T1 levonorgestrel-eth estradiol AVIANE

T1 noreth a-et estra/fe fumarate LO LOESTRIN FE ST

T1 norethindrone NOR-Q-D

T1 norethindrone-ethinyl estrad NECON

T1 norethindrone-ethinyl estrad ORTHO-NOVUM

T1 norethindrone-mestranol NORINYL 1+50

T1 norgestimate-ethinyl estradiol ORTHO TRI-CYCLEN

T1 norgestimate-ethinyl estradiol ORTHO TRI-CYCLEN ST LO

**Contraceptives, transdermal**

T1 norelgestromin/ethin.e stradiol ORTHO EVRA

**Oxytocics**

T1 methylergonovine maleate METHYLERGONOVIN E MALEATE

**COUGH AND COLD****Narcotic Antituss-1st Gen. Antihistamine-decongest**

T1 promethazine/phenyl eph/codeine PROMETHAZINE VC-CODEINE

**Narcotic Antitussive-1st Generation****Antihistamine**

T1 promethazine hcl/codeine PROMETHAZINE-CODEINE

**Narcotic Antitussive-expectorant****Combination**

T1 guaifenesin/codeine phosphate CHERATUSSIN AC(OTC)

**DERMATOLOGY - ACNE****Acne Agents, systemic**

T1 isotretinoin ABSORICA PA

T1 isotretinoin CLARAVIS PA

**Rosacea Agents, Topical**

T1 metronidazole METRONIDAZOLE

T1 metronidazole ROSADAN

**DERMATOLOGY - ANTIINFECTIVE****Topical Antibiotics**

T1 clindamycin phosphate CLEOCIN T

T1 erythromycin/benzoyl peroxide BENZAMYCIN

T1 gentamicin sulfate GENTAMICIN SULFATE

T1 mupirocin BACTROBAN PA

**Topical Antifungals**

T1 clotrimazole CLOTRIMAZOLE

T1 econazole nitrate ECONAZOLE NITRATE

T1 ketoconazole KETOCONAZOLE

T1 nystatin NYSTATIN

T1 nystatin/triamcin NYSTATIN-TRIAMCINOLONE

**Topical Antiparasitics**

T1 crotamiton EURAX

T1 permethrin ELIMITE

T1 permethrin PERMETHRIN(OTC)

T1 pip butox/pyrethrins/permeth pip butox/pyrethrins/resmeth LICE TREATMENT(OTC)

T1 piperonyl butoxide/pyrethrins LICE KILLING(OTC)

T1 piperonyl butoxide/pyrethrins TRIPLE X(OTC)

T1 potass hyd/glyco/pq10/he-cell LICE EGG REMOVER(OTC)

**Topical Antivirals**

T1 acyclovir ZOVIRAX PA

T1 penciclovir DENAVIR PA

**Topical Sulfonamides**

T1 silver sulfadiazine SILVER SULFADIAZINE

T1 sulfacetamide sodium/sulfur SODIUM SULFACETAMIDE-SULFUR

**DERMATOLOGY -****ANTIINFLAMMATORY****Topical Anti-inflammatory Steroidal**

|                                   |                            |
|-----------------------------------|----------------------------|
| T1 betamethasone dipropionate     | BETAMETHASONE DIPROPIONATE |
| T1 betamethasone dipropionate     | DEL-BETA                   |
| T1 betamethasone/propylene glycol | DIPROLENE                  |
| T1 betamethasone/propylene glycol | DIPROLENE AF               |
| T1 clobetasol propionate          | CLOBETASOL PROPIONATE      |
| T1 clobetasol propionate          | TEMOVATE                   |
| T1 desonide                       | DESONIDE                   |
| T1 desonide                       | TRIDESILON                 |
| T1 fluocinolone acetonide         | SYNALAR                    |
| T1 fluocinonide                   | FLUOCINONIDE               |
| T1 hydrocortisone valerate        | WESTCORT                   |
| T1 mometasone furoate             | ELOCON                     |
| T1 triamcinolone acetonide        | TRIAMCINOLONE ACETONIDE    |
| T1 triamcinolone acetonide        | TRIDERM                    |

**DERMATOLOGY - MISCELLANEOUS****Antiseptics, general**

|                            |                                   |
|----------------------------|-----------------------------------|
| T1 alcohol antiseptic pads | ALCOHOL PADS(OTC)                 |
| T1 alcohol antiseptic pads | ALCOHOL PREP PADS(OTC)            |
| T1 alcohol antiseptic pads | ALCOHOL PREP SWABS(OTC)           |
| T1 alcohol antiseptic pads | ALCOHOL SWAB(OTC)                 |
| T1 alcohol antiseptic pads | ALCOHOL SWABS(OTC)                |
| T1 alcohol antiseptic pads | ALCOHOL WIPES(OTC)                |
| T1 alcohol antiseptic pads | B-D SINGLE USE ALCOHOL SWAB(OTC)  |
| T1 alcohol antiseptic pads | CURITY ALCOHOL PREPS(OTC)         |
| T1 alcohol antiseptic pads | EASY TOUCH ALCOHOL PREP PADS(OTC) |
| T1 alcohol antiseptic pads | IV ANTISEPTIC WIPES(OTC)          |
| T1 alcohol antiseptic pads | IV PREP WIPES(OTC)                |
| T1 alcohol antiseptic pads | SINGLE USE SWAB(OTC)              |
| T1 alcohol antiseptic pads | SURE COMFORT ALCOHOL(OTC)         |

|                            |                                  |
|----------------------------|----------------------------------|
| T1 alcohol antiseptic pads | SURE-PREP ALCOHOL PREP PADS(OTC) |
| T1 alcohol antiseptic pads | ULTILET ALCOHOL SWAB(OTC)        |
| T1 alcohol antiseptic pads | WEBCOL ALCOHOL PREPS MEDIUM(OTC) |
| T1 alcohol antiseptic pads | WEBCOL(OTC)                      |

**Emollients**

|                     |            |
|---------------------|------------|
| T1 ammonium lactate | LAC-HYDRIN |
|---------------------|------------|

**Irrigants**

|                                   |                 |
|-----------------------------------|-----------------|
| T1 acetic acid                    | ACETIC ACID     |
| T1 sodium chloride irrig solution | SODIUM CHLORIDE |

**Keratolytics**

|              |          |
|--------------|----------|
| T1 podofilox | CONDYLOX |
|--------------|----------|

**Topical Antineoplastic & Premalignant****Lesion Agnts**

|                     |              |    |
|---------------------|--------------|----|
| T1 fluorouracil     | EFUDEX       |    |
| T1 fluorouracil     | FLUOROPLEX   |    |
| T1 fluorouracil     | FLUOROURACIL |    |
| T1 ingenol mebutate | PICATO       | PA |

**Topical Local Anesthetics**

|              |          |    |
|--------------|----------|----|
| T1 lidocaine | LIDODERM | PA |
|--------------|----------|----|

**DERMATOLOGY -****PSORIASIS/ECZEMA****Antipsoriatic Agents, systemic**

|              |           |    |
|--------------|-----------|----|
| T1 acitretin | SORIATANE | PA |
|--------------|-----------|----|

**Antipsoriatics Agents**

|               |         |    |
|---------------|---------|----|
| T1 tazarotene | TAZORAC | PA |
|---------------|---------|----|

**Topical Immunosuppressive Agents**

|                 |          |    |
|-----------------|----------|----|
| T1 pimecrolimus | ELIDEL   | PA |
| T1 tacrolimus   | PROTOPIC | PA |

**DIABETES****Antihypergly, (dpp-4) Inhibitor & Biguanide****Comb.**

|                                   |               |        |
|-----------------------------------|---------------|--------|
| T1 linagliptin/metformin hcl      | JENTADUETO    | QL, ST |
| T1 saxagliptin hcl/metformin hcl  | KOMBIGLYZE XR | PA     |
| T1 sitagliptin phos/metformin hcl | JANUMET       | QL, ST |
| T1 sitagliptin phos/metformin hcl | JANUMET XR    | QL, ST |

**Antihyperglycemic-sod/gluc****Cotransport2(sglT2)inhib**

|    |               |          |    |
|----|---------------|----------|----|
| T1 | canagliflozin | INVOKANA | PA |
|----|---------------|----------|----|

**Antihyperglycemic, Dpp-4 Inhibitors**

|    |                       |           |        |
|----|-----------------------|-----------|--------|
| T1 | linagliptin           | TRADJENTA | QL, ST |
| T1 | saxagliptin hcl       | ONGLYZA   | PA     |
| T1 | sitagliptin phosphate | JANUVIA   | ST     |

**Antihyperglycemic, Insulin-release Stimulant****Type**

|    |                      |                |    |
|----|----------------------|----------------|----|
| T1 | chlorpropamide       | CHLORPROPAMIDE |    |
| T1 | glimepiride          | AMARYL         | QL |
| T1 | glipizide            | GLUCOTROL      | QL |
| T1 | glyburide            | DIABETA        | QL |
| T1 | glyburide            | GLYBURIDE      | QL |
| T1 | glyburide,micronized | GLYNASE        | QL |
| T1 | tolazamide           | TOLAZAMIDE     | QL |
| T1 | tolbutamide          | TOLBUTAMIDE    | QL |

**Antihyperglycemic, Insulin-response****Enhancer**

|    |                  |                  |    |
|----|------------------|------------------|----|
| T1 | pioglitazone hcl | PIOGLITAZONE HCL | ST |
|----|------------------|------------------|----|

**Antihyperglycemic,biguanide Type**

|    |               |                           |    |
|----|---------------|---------------------------|----|
| T1 | metformin hcl | GLUCOPHAGE(TAB) (1000 MG) | QL |
| T1 | metformin hcl | GLUCOPHAGE(TAB) (500 MG)  | QL |
| T1 | metformin hcl | GLUCOPHAGE(TAB) (850 MG)  | QL |

**Antihyperglycemic,insulin-rel Stim.&****Biguanide Cmb**

|    |                         |                         |  |
|----|-------------------------|-------------------------|--|
| T1 | glipizide/metformin hcl | GLIPIZIDE-METFORMIN     |  |
| T1 | glyburide/metformin hcl | GLUCOVANCE              |  |
| T1 | glyburide/metformin hcl | GLYBURIDE-METFORMIN HCL |  |

**Antihyperglycemic-glucocorticoid Receptor****Blocker**

|    |              |        |    |
|----|--------------|--------|----|
| T1 | mifepristone | KORLYM | PA |
|----|--------------|--------|----|

**Antihyperglycm,insul-resp.enhancer &****Biguanide Cmb**

|    |                                |                        |    |
|----|--------------------------------|------------------------|----|
| T1 | pioglitazone hcl/metformin hcl | ACTOPLUS MET XR        | ST |
| T1 | pioglitazone hcl/metformin hcl | PIOGLITAZONE-METFORMIN | ST |

**Blood Sugar Diagnostics**

|    |                        |                         |    |
|----|------------------------|-------------------------|----|
| T1 | blood sugar diagnostic | FREESTYLE INSULINX(OTC) | QL |
|----|------------------------|-------------------------|----|

|    |                        |                     |    |
|----|------------------------|---------------------|----|
| T1 | blood sugar diagnostic | FREESTYLE LITE(OTC) | QL |
|----|------------------------|---------------------|----|

|    |                        |                |    |
|----|------------------------|----------------|----|
| T1 | blood sugar diagnostic | FREESTYLE(OTC) | QL |
|----|------------------------|----------------|----|

|    |                        |                |    |
|----|------------------------|----------------|----|
| T1 | blood sugar diagnostic | OPTIUM EZ(OTC) | QL |
|----|------------------------|----------------|----|

|    |                        |             |    |
|----|------------------------|-------------|----|
| T1 | blood sugar diagnostic | OPTIUM(OTC) | QL |
|----|------------------------|-------------|----|

|    |                        |                         |    |
|----|------------------------|-------------------------|----|
| T1 | blood sugar diagnostic | PRECISION PCX PLUS(OTC) | QL |
|----|------------------------|-------------------------|----|

|    |                        |                    |    |
|----|------------------------|--------------------|----|
| T1 | blood sugar diagnostic | PRECISION PCX(OTC) | QL |
|----|------------------------|--------------------|----|

|    |                        |                              |    |
|----|------------------------|------------------------------|----|
| T1 | blood sugar diagnostic | PRECISION POINT OF CARE(OTC) | QL |
|----|------------------------|------------------------------|----|

|    |                        |                      |    |
|----|------------------------|----------------------|----|
| T1 | blood sugar diagnostic | PRECISION Q-I-D(OTC) | QL |
|----|------------------------|----------------------|----|

|    |                        |                     |    |
|----|------------------------|---------------------|----|
| T1 | blood sugar diagnostic | PRECISION XTRA(OTC) | QL |
|----|------------------------|---------------------|----|

|    |                        |             |    |
|----|------------------------|-------------|----|
| T1 | blood sugar diagnostic | ULTIMA(OTC) | QL |
|----|------------------------|-------------|----|

**Diabetic Supplies**

|    |                     |                             |    |
|----|---------------------|-----------------------------|----|
| T1 | blood-glucose meter | FREESTYLE FLASH SYSTEM(OTC) | QL |
|----|---------------------|-----------------------------|----|

|    |                     |                             |    |
|----|---------------------|-----------------------------|----|
| T1 | blood-glucose meter | FREESTYLE FREEDOM LITE(OTC) | QL |
|----|---------------------|-----------------------------|----|

|    |                     |                        |    |
|----|---------------------|------------------------|----|
| T1 | blood-glucose meter | FREESTYLE FREEDOM(OTC) | QL |
|----|---------------------|------------------------|----|

|    |                     |                         |    |
|----|---------------------|-------------------------|----|
| T1 | blood-glucose meter | FREESTYLE INSULINX(OTC) | QL |
|----|---------------------|-------------------------|----|

|    |                     |                           |    |
|----|---------------------|---------------------------|----|
| T1 | blood-glucose meter | FREESTYLE LITE METER(OTC) | QL |
|----|---------------------|---------------------------|----|

|    |                     |                            |    |
|----|---------------------|----------------------------|----|
| T1 | blood-glucose meter | FREESTYLE SIDEKICK II(OTC) | QL |
|----|---------------------|----------------------------|----|

|    |                     |                       |    |
|----|---------------------|-----------------------|----|
| T1 | blood-glucose meter | FREESTYLE SYSTEM(OTC) | QL |
|----|---------------------|-----------------------|----|

|    |                     |                     |    |
|----|---------------------|---------------------|----|
| T1 | blood-glucose meter | PRECISION XTRA(OTC) | QL |
|----|---------------------|---------------------|----|

|    |                     |                |    |
|----|---------------------|----------------|----|
| T1 | blood-glucose meter | PRECISION(OTC) | QL |
|----|---------------------|----------------|----|

|    |                        |                         |    |
|----|------------------------|-------------------------|----|
| T1 | lancing device/lancets | ONE TOUCH SURESOFT(OTC) | QL |
|----|------------------------|-------------------------|----|

**Insulins**

|    |                                |                            |  |
|----|--------------------------------|----------------------------|--|
| T1 | hum insulin nph/reg insulin hm | HUMULIN 70/30 KWIKPEN(OTC) |  |
|----|--------------------------------|----------------------------|--|

|    |                                |                    |  |
|----|--------------------------------|--------------------|--|
| T1 | hum insulin nph/reg insulin hm | HUMULIN 70-30(OTC) |  |
|----|--------------------------------|--------------------|--|

|    |                                |                    |    |
|----|--------------------------------|--------------------|----|
| T1 | hum insulin nph/reg insulin hm | NOVOLIN 70-30(OTC) | PA |
|----|--------------------------------|--------------------|----|

|    |         |        |  |
|----|---------|--------|--|
| T1 | insulin | LANTUS |  |
|----|---------|--------|--|

|  |                        |  |  |
|--|------------------------|--|--|
|  | glargine,hum.rec.anlog |  |  |
|--|------------------------|--|--|

|    |         |                 |  |
|----|---------|-----------------|--|
| T1 | insulin | LANTUS SOLOSTAR |  |
|----|---------|-----------------|--|

|  |                        |  |  |
|--|------------------------|--|--|
|  | glargine,hum.rec.anlog |  |  |
|--|------------------------|--|--|

|    |                |         |  |
|----|----------------|---------|--|
| T1 | insulin lispro | HUMALOG |  |
|----|----------------|---------|--|

|    |                            |                   |  |
|----|----------------------------|-------------------|--|
| T1 | insulin npl/insulin lispro | HUMALOG MIX 50-50 |  |
|----|----------------------------|-------------------|--|

|    |                        |                |  |
|----|------------------------|----------------|--|
| T1 | insulin regular, human | HUMULIN R(OTC) |  |
|----|------------------------|----------------|--|

|    |                        |                |    |
|----|------------------------|----------------|----|
| T1 | insulin regular, human | NOVOLIN R(OTC) | PA |
|----|------------------------|----------------|----|

|    |                    |                |  |
|----|--------------------|----------------|--|
| T1 | nph, human insulin | HUMULIN N(OTC) |  |
|----|--------------------|----------------|--|

|  |          |  |  |
|--|----------|--|--|
|  | isophane |  |  |
|--|----------|--|--|

|    |                    |           |  |
|----|--------------------|-----------|--|
| T1 | nph, human insulin | NOVOLIN N |  |
|----|--------------------|-----------|--|

|  |          |              |  |
|--|----------|--------------|--|
|  | isophane | INNOLET(OTC) |  |
|--|----------|--------------|--|

|    |                    |                |    |
|----|--------------------|----------------|----|
| T1 | nph, human insulin | NOVOLIN N(OTC) | PA |
|----|--------------------|----------------|----|

|  |          |  |  |
|--|----------|--|--|
|  | isophane |  |  |
|--|----------|--|--|

**EAR - GENERAL DISORDERS****Ear Preparations, Misc. Anti-infectives**

|    |                              |                            |  |
|----|------------------------------|----------------------------|--|
| T1 | acetic acid/aluminum acetate | DOMEBORO                   |  |
| T1 | acetic acid/hydrocortisone   | HYDROCORTISONE-ACETIC ACID |  |

**Ear Preparations, antibiotics**

|    |           |           |  |
|----|-----------|-----------|--|
| T1 | ofloxacin | OFLOXACIN |  |
|----|-----------|-----------|--|

**Ear Preparations, local Anesthetics**

|    |                                |                       |  |
|----|--------------------------------|-----------------------|--|
| T1 | antipyrine/benzocaine/glycerin | ANTIPYRINE-BENZOCAINE |  |
|----|--------------------------------|-----------------------|--|

**Otic Preparations, anti-inflammatory-antibiotics**

|    |                            |          |  |
|----|----------------------------|----------|--|
| T1 | ciprofloxacin hcl/dexameth | CIPRODEX |  |
|----|----------------------------|----------|--|

**ELECTROLYTE REGULATION****Electrolyte Depleters**

|    |                     |                     |    |
|----|---------------------|---------------------|----|
| T1 | calcium acetate     | CALCIUM ACETATE     | QL |
| T1 | calcium acetate     | PHOSLO              | QL |
| T1 | lanthanum carbonate | FOSRENOL            | PA |
| T1 | sevelamer carbonate | REVELA              | PA |
| T1 | sevelamer carbonate | SEVELAMER CARBONATE | PA |
| T1 | sevelamer hcl       | RENAGEL             | PA |

**Potassium Replacement**

|    |                    |                    |    |
|----|--------------------|--------------------|----|
| T1 | potassium chloride | KAOCHLOR           | QL |
| T1 | potassium chloride | K-TAB ER           | QL |
| T1 | potassium chloride | POTASSIUM CHLORIDE | QL |

**ENDOCRINE DISORDER - FERTILITY****Drugs To Treat Impotency**

|    |                            |           |    |
|----|----------------------------|-----------|----|
| T1 | alprostadil                | CAVERJECT | PA |
| T1 | alprostadil                | EDEX      | PA |
| T1 | alprostadil                | MUSE      | PA |
| T1 | avanafil                   | STENDRA   | PA |
| T1 | sildenafil citrate         | VIAGRA    | PA |
| T1 | tadalafil                  | CIALIS    | PA |
| T1 | varafenafil hcl            | LEVITRA   | PA |
| T1 | varafenafil hcl            | STAXYN    | PA |
| T1 | yohimbine hcl              | YOHIMEX   | PA |
| T1 | yohimbine hcl/zinc sulfate | YOHIMAR   | PA |

**ENDOCRINE DISORDER - OTHER****Antidiuretic And Vasopressor Hormones**

|    |                                |       |  |
|----|--------------------------------|-------|--|
| T1 | desmopressin (nonrefrigerated) | DDAVP |  |
| T1 | desmopressin acetate           | DDAVP |  |

|    |                      |                      |  |
|----|----------------------|----------------------|--|
| T1 | desmopressin acetate | DESMOPRESSIN ACETATE |  |
|----|----------------------|----------------------|--|

**Bone Resorption Inhibitors**

|    |                    |                    |    |
|----|--------------------|--------------------|----|
| T1 | alendronate sodium | ALENDRONATE SODIUM |    |
| T1 | alendronate sodium | FOSAMAX            |    |
| T1 | ibandronate sodium | IBANDRONATE SODIUM | ST |
| T1 | raloxifene hcl     | EVISTA             | QL |

**Growth Hormones**

|    |            |           |    |
|----|------------|-----------|----|
| T1 | somatropin | OMNITROPE | PA |
| T1 | somatropin | SAIZEN    | PA |

**Hyperparathyroid Tx Agents - Vitamin D****Analog-type**

|    |                 |          |    |
|----|-----------------|----------|----|
| T1 | doxercalciferol | HECTOROL | PA |
| T1 | paricalcitol    | ZEMPLAR  | PA |

**Pituitary Suppressive Agents**

|    |             |             |  |
|----|-------------|-------------|--|
| T1 | cabergoline | CABERGOLINE |  |
|----|-------------|-------------|--|

**ENDOCRINE DISORDER - THYROID****Antithyroid Preparations**

|    |                  |                  |  |
|----|------------------|------------------|--|
| T1 | methimazole      | TAPAZOLE         |  |
| T1 | propylthiouracil | PROPYLTHIOURACIL |  |

**Iodine Containing Agents**

|    |                  |      |  |
|----|------------------|------|--|
| T1 | potassium iodide | SSKI |  |
|----|------------------|------|--|

**Thyroid Hormones**

|    |                      |                |    |
|----|----------------------|----------------|----|
| T1 | levothyroxine sodium | SYNTHROID      | QL |
| T1 | levothyroxine sodium | UNITHROID      | QL |
| T1 | thyroid, pork        | ARMOUR THYROID | QL |
| T1 | thyroid, pork        | NP THYROID     | QL |

**EYE - GENERAL DISORDERS****Eye Antibiotic-corticoid Combinations**

|    |                              |                       |  |
|----|------------------------------|-----------------------|--|
| T1 | neo/polymyx b sulf/dexameth  | MAXITROL              |  |
| T1 | neomycin/polymyxin b sulf/hc | NEOMYCIN-POLYMYXIN-HC |  |

**Eye Antiinflammatory Agents**

|    |                                |                                |  |
|----|--------------------------------|--------------------------------|--|
| T1 | dexamethasone sodium phosphate | DEXAMETHASONE SODIUM PHOSPHATE |  |
| T1 | fluorometholone                | FML                            |  |
| T1 | ketorolac tromethamine         | ACULAR                         |  |
| T1 | prednisolone acetate           | OMNIPRED                       |  |

**Eye Antivirals**

|    |              |          |  |
|----|--------------|----------|--|
| T1 | trifluridine | VIROPTIC |  |
|----|--------------|----------|--|

**Eye Local Anesthetics**

T1 proparacaine hcl PROPARACAINE HCL

**Eye Sulfonamides**

T1 sulfacetamide Sulfacetamide  
sodium SODIUM

T1 sulfacetm na/prednisol BLEPHAMIDE  
ac

T1 sulfacetm na/prednisol BLEPHAMIDE S.O.P.  
ac

**Eye Vasoconstrictors**

T1 naphazoline hcl NAPHAZOLINE HCL

T1 phenylephrine hcl MYDRIN

T1 phenylephrine hcl PHENYLEPHRINE  
HCL

**Ophthalmic Antibiotics**

T1 bacitracin BACITRACIN

T1 bacitracin/polymyxin BACITRACIN-  
b sulfate POLYMYXIN

T1 ciprofloxacin hcl CILOXAN

T1 erythromycin base ILOTICIN

T1 gentamicin sulfate GARAMYCIN

T1 neomy NEO-POLYICIN  
sulf/bacitra/polymyxin  
n b

T1 neomycin/polymyxin NEOSPORIN  
b/gramicidin

T1 polymyxin b POLYTRIM  
sulf/trimethoprim

**EYE - GLAUCOMA****Carbonic Anhydrase Inhibitors**

T1 acetazolamide ACETAZOLAMIDE

T1 acetazolamide DIAMOX SEQUELS

T1 methazolamide NEPTAZANE

**Miotics/other Intraoc. Pressure Reducers**

T1 bimatoprost LUMIGAN PA

T1 brimonidine tartrate ALPHAGAN P

T1 brimonidine tartrate BRIMONIDINE  
TARTRATE

T1 brimonidine COMBIGAN ST  
tartrate/timolol

T1 brinzolamide/brimonid SIMBRINZA ST  
tart

T1 dorzolamide hcl TRUSOPT

T1 dorzolamide COSOPT

T1 hcl/timolol maleat

T1 latanoprost XALATAN

T1 levobunolol hcl BETAGAN

T1 pilocarpine hcl ISOPTO CARPINE

T1 pilocarpine hcl PILOCARPINE HCL

T1 timolol BETIMOL

T1 travoprost TRAVATAN Z PA

T1 unoprostone isopropyl RESCULA PA

**Mydriatics**

T1 atropine sulfate ISOPTO ATROPINE

T1 cyclopentolate hcl CYCLOGYL

T1 homatropine hbr HOMATROPAIRE

**EYE - MISCELLANEOUS****Ophth Vasc. Endothelial Growth Factor****Antagonists**

T1 aflibercept EYLEA PA

**Ophthalmic Cystine Depleting Agents**

T1 cysteamine hcl CYSTARAN PA

**GOUT AND RELATED DISEASES****Colchicine**

T1 colchicine COLCRYS

**Hyperuricemia Tx - Purine Inhibitors**

T1 allopurinol ZYLOPRIM QL

**Uricosuric Agents**

T1 probenecid PROBENECID QL

**HEMATOLOGICAL DISORDERS****Anticoagulants, coumarin Type**

T1 warfarin sodium COUMADIN QL

**Hematinics, other**

T1 epoetin alfa EPOGEN PA

T1 epoetin alfa PROCRIT PA

**Hemorrhologic Agents**

T1 pentoxifylline PENTOXIFYLLINE QL

**Heparin And Related Preparations**

T1 enoxaparin sodium ENOXAPARIN  
SODIUM

**Platelet Aggregation Inhibitors**

T1 aspirin/dipyridamole AGGRENOX PA

T1 cilostazol PLETAL

T1 clopidogrel bisulfate CLOPIDOGREL

T1 dipyridamole DIPYRIDAMOLE QL

T1 dipyridamole PERSANTINE QL

**Platelet Reducing Agents**

T1 anagrelide hcl AGRYLIN

T1 anagrelide hcl ANAGRELIDE HCL

**Vitamin K Preparations**

T1 phytonadione MEPHYTON

**HORMONAL DEFICIENCY****Androgenic Agents**

T1 fluoxymesterone ANDROXY QL

T1 testosterone ANDRODERM QL

T1 testosterone ANDROGEL(GEL MD QL  
PMP)(1.25G (1%))

|                 |                                           |  |
|-----------------|-------------------------------------------|--|
| T1 testosterone | ANDROGEL(GEL MD QL<br>PMP)(20.25/1.25)    |  |
| T1 testosterone | ANDROGEL(GEL QL<br>PACKET)(25MG(1%))      |  |
| T1 testosterone | ANDROGEL(GEL QL<br>PACKET)(50 MG<br>(1%)) |  |
| T1 testosterone | AXIRON QL                                 |  |
| T1 testosterone | FORTESTA QL                               |  |
| T1 testosterone | STRIANT QL                                |  |
| T1 testosterone | TESTIM QL                                 |  |

**Estrogenic Agents**

|                            |                                |  |
|----------------------------|--------------------------------|--|
| T1 estradiol               | CLIMARA QL                     |  |
| T1 estradiol               | DIVIGEL QL                     |  |
| T1 estradiol               | ELESTRIN QL                    |  |
| T1 estradiol               | ESTRACE QL                     |  |
| T1 estradiol               | ESTRASORB QL                   |  |
| T1 estradiol               | ESTROGEL QL                    |  |
| T1 estradiol               | EVAMIST QL                     |  |
| T1 estradiol               | MENOSTAR QL                    |  |
| T1 estradiol/levonorgestre | CLIMARA PRO QL                 |  |
| T1 estradiol/norethindrone | COMBIPATCH QL                  |  |
| T1 estradiol/norgestimate  | PREFEST QL                     |  |
| T1 estrogen,con/m-         | PREMPRO QL                     |  |
| T1 estrogens, conjugated   | PREMARIN(TAB)(0.3 QL<br>MG)    |  |
| T1 estrogens, conjugated   | PREMARIN(TAB) QL<br>(0.45MG)   |  |
| T1 estrogens, conjugated   | PREMARIN(TAB) QL<br>(0.625 MG) |  |
| T1 estrogens, conjugated   | PREMARIN(TAB)(0.9 QL<br>MG)    |  |
| T1 estrogens, conjugated   | PREMARIN(TAB)(1.25 QL<br>MG)   |  |
| T1 estrogens,conj.,synthet | CENESTIN QL                    |  |
| T1 estrogens,conj.,synthet | ENJUVIA QL                     |  |
| T1 norethind ac/ethinyl    | FEMHRT QL                      |  |
| T1 estradiol               |                                |  |

**Progestational Agents**

|                         |                   |  |
|-------------------------|-------------------|--|
| T1 medroxyprogesteron   | MEDROXYPROGEST QL |  |
| T1 e acet               | ERONE ACETATE     |  |
| T1 medroxyprogesteron   | PROVERA QL        |  |
| T1 e acetate            |                   |  |
| T1 norethindrone        | AYGESTIN          |  |
| T1 acetate              |                   |  |
| T1 progesterone,microni | PROGESTERONE      |  |
| T1 zed                  |                   |  |

**IMMUNOSUPPRESSION/MODULATION****Immunosuppressives**

|                  |              |  |
|------------------|--------------|--|
| T1 azathioprine  | IMURAN       |  |
| T1 cyclosporine, | CYCLOSPORINE |  |
| T1 modified      | MODIFIED     |  |

|                  |             |    |
|------------------|-------------|----|
| T1 mycophenolate | CELLCEPT    |    |
| T1 mofetil       |             |    |
| T1 sirolimus     | RAPAMUNE    |    |
| T1 tacrolimus    | ASTAGRAF XL | PA |
| T1 tacrolimus    | HECORIA     | PA |

**INFECTIOUS DISEASE - BACTERIAL****Absorbable Sulfonamides**

|                         |                 |  |
|-------------------------|-----------------|--|
| T1 sulfamethoxazole/tri | BACTRIM         |  |
| T1 methoprim            |                 |  |
| T1 sulfamethoxazole/tri | SULFAMETHOXAZOL |  |
| T1 methoprim            | E-TRIMETHOPRIM  |  |

**Betalactams**

|                     |         |    |
|---------------------|---------|----|
| T1 aztreonam lysine | CAYSTON | PA |
|---------------------|---------|----|

**Cephalosporins**

|                |            |  |
|----------------|------------|--|
| T1 cephalixin  | CEPHALEXIN |  |
| T1 monohydrate |            |  |

**Cephalosporins - 1st Generation**

|               |            |  |
|---------------|------------|--|
| T1 cephalixin | CEPHALEXIN |  |
| T1 cephalixin | KEFLEX     |  |

**Cephalosporins - 2nd Generation**

|                      |        |  |
|----------------------|--------|--|
| T1 cefuroxime axetil | CEFTIN |  |
|----------------------|--------|--|

**Cephalosporins - 3rd Generation**

|             |          |  |
|-------------|----------|--|
| T1 cefdinir | CEFDINIR |  |
| T1 cefixime | SUPRAX   |  |

**Chemotherapeutics, Antibacterial, Misc.**

|                |             |  |
|----------------|-------------|--|
| T1 methenamine | HIPREX      |  |
| T1 hippurate   |             |  |
| T1 methenamine | METHENAMINE |  |
| T1 mandelate   | MANDELATE   |  |

**Macrolides**

|                       |                   |  |
|-----------------------|-------------------|--|
| T1 azithromycin       | ZITHROMAX         |  |
| T1 azithromycin       | ZITHROMAX TRI-PAK |  |
| T1 clarithromycin     | BIAXIN            |  |
| T1 ery e-             | ERYTHROMYCIN-     |  |
| T1 succ/sulfisoxazole | SULFISOXAZOLE     |  |
| T1 erythromycin base  | ERY-TAB           |  |
| T1 erythromycin base  | ERYTHROMYCIN      |  |

**Nitrofurantoin Derivatives**

|                   |             |  |
|-------------------|-------------|--|
| T1 nitrofurantoin | MACRODANTIN |  |
| T1 macrocrystal   |             |  |

**Penicillins**

|                           |                  |  |
|---------------------------|------------------|--|
| T1 amoxicillin            | AMOXICILLIN      |  |
| T1 amoxicillin            | AMOXIL           |  |
| T1 amoxicillin trihydrate | AMOXICILLIN      |  |
| T1 amoxicillin/potassiu   | AMOX TR-         |  |
| T1 m clav                 | POTASSIUM        |  |
|                           | CLAVULANATE      |  |
| T1 amoxicillin/potassiu   | AUGMENTIN        |  |
| T1 m clav                 |                  |  |
| T1 amoxicillin/potassiu   | AUGMENTIN ES-600 |  |
| T1 m clav                 |                  |  |

|    |                                   |                           |  |
|----|-----------------------------------|---------------------------|--|
| T1 | <b>ampicillin trihydrate</b>      | AMPICILLIN<br>TRIHYDRATE  |  |
| T1 | <b>dicloxacillin sodium</b>       | DICLOXACILLIN<br>SODIUM   |  |
| T1 | <b>penicillin v<br/>potassium</b> | PENICILLIN V<br>POTASSIUM |  |

**Quinolones**

|    |                          |                           |  |
|----|--------------------------|---------------------------|--|
| T1 | <b>ciprofloxacin</b>     | CIPRO                     |  |
| T1 | <b>ciprofloxacin hcl</b> | CIPRO                     |  |
| T1 | <b>levofloxacin</b>      | LEVAQUIN(SOLUTIO QL<br>N) |  |
| T1 | <b>levofloxacin</b>      | LEVAQUIN(TAB)             |  |
| T1 | <b>levofloxacin</b>      | LEVOFLOXACIN              |  |

**Tetracyclines**

|    |                            |                  |  |
|----|----------------------------|------------------|--|
| T1 | <b>doxycycline hyclate</b> | MORGIDOX         |  |
| T1 | <b>minocycline hcl</b>     | MINOCIN          |  |
| T1 | <b>tetracycline hcl</b>    | ALA-TET          |  |
| T1 | <b>tetracycline hcl</b>    | TETRACYCLINE HCL |  |

**INFECTIOUS DISEASE - FUNGAL****Antifungal Agents**

|    |                        |              |    |
|----|------------------------|--------------|----|
| T1 | <b>clotrimazole</b>    | CLOTRIMAZOLE |    |
| T1 | <b>fluconazole</b>     | DIFLUCAN     |    |
| T1 | <b>flucytosine</b>     | ANCOBON      |    |
| T1 | <b>itraconazole</b>    | ONMEL        | PA |
| T1 | <b>itraconazole</b>    | SPORANOX     | PA |
| T1 | <b>ketoconazole</b>    | KETOCONAZOLE |    |
| T1 | <b>posaconazole</b>    | NOXAFIL      | PA |
| T1 | <b>terbinafine hcl</b> | LAMISIL      |    |
| T1 | <b>voriconazole</b>    | VFEND        | PA |

**Antifungal Antibiotics**

|    |                                        |              |  |
|----|----------------------------------------|--------------|--|
| T1 | <b>griseofulvin<br/>ultramicrosize</b> | GRIS-PEG     |  |
| T1 | <b>griseofulvin,<br/>microsize</b>     | GRISEOFULVIN |  |
| T1 | <b>nystatin</b>                        | NYSTATIN     |  |

**INFECTIOUS DISEASE -****MISCELLANEOUS****Aminoglycosides**

|    |                                      |               |    |
|----|--------------------------------------|---------------|----|
| T1 | <b>tobramycin</b>                    | TOBI PODHALER | PA |
| T1 | <b>tobramycin in 0.225%<br/>nacl</b> | TOBI          | PA |

**Antileprotics**

|    |                    |          |    |
|----|--------------------|----------|----|
| T1 | <b>thalidomide</b> | THALOMID | PA |
|----|--------------------|----------|----|

**Anti-mycobacterium Agents**

|    |                       |                |    |
|----|-----------------------|----------------|----|
| T1 | <b>ethambutol hcl</b> | ETHAMBUTOL HCL |    |
| T1 | <b>ethambutol hcl</b> | MYAMBUTOL      |    |
| T1 | <b>isoniazid</b>      | ISONIAZID      | QL |
| T1 | <b>rifabutin</b>      | MYCOBUTIN      | PA |

**Antitubercular Antibiotics**

|    |                                           |          |  |
|----|-------------------------------------------|----------|--|
| T1 | <b>rifamp/isoniazid/pyrazi<br/>namide</b> | RIFATER  |  |
| T1 | <b>rifampin</b>                           | RIFADIN  |  |
| T1 | <b>rifampin/isoniazid</b>                 | RIFAMATE |  |

**Lincosamides**

|    |                        |             |  |
|----|------------------------|-------------|--|
| T1 | <b>clindamycin hcl</b> | CLEOCIN HCL |  |
|----|------------------------|-------------|--|

**Vancomycin And Derivatives**

|    |                       |                |    |
|----|-----------------------|----------------|----|
| T1 | <b>vancomycin hcl</b> | VANCOMYCIN HCL | PA |
|----|-----------------------|----------------|----|

**INFECTIOUS DISEASE - PARASITIC****2nd Gen. Anaerobic Antiprotozoal-****antibacterial**

|    |                   |          |    |
|----|-------------------|----------|----|
| T1 | <b>tinidazole</b> | TINDAMAX | PA |
|----|-------------------|----------|----|

**Amebicides**

|    |                            |                        |  |
|----|----------------------------|------------------------|--|
| T1 | <b>paromomycin sulfate</b> | PAROMOMYCIN<br>SULFATE |  |
|----|----------------------------|------------------------|--|

**Anaerobic Antiprotozoal-antibacterial****Agents**

|    |                      |               |  |
|----|----------------------|---------------|--|
| T1 | <b>metronidazole</b> | METRONIDAZOLE |  |
|----|----------------------|---------------|--|

**Antimalarial Drugs**

|    |                                       |                          |  |
|----|---------------------------------------|--------------------------|--|
| T1 | <b>chloroquine<br/>phosphate</b>      | ARALEN<br>PHOSPHATE      |  |
| T1 | <b>chloroquine<br/>phosphate</b>      | CHLOROQUINE<br>PHOSPHATE |  |
| T1 | <b>hydroxychloroquine<br/>sulfate</b> | PLAQUENIL                |  |
| T1 | <b>primaquine phosphate</b>           | PRIMAQUINE               |  |
| T1 | <b>pyrimethamine</b>                  | DARAPRIM                 |  |

**INFECTIOUS DISEASE - VIRAL****Antivirals, General**

|    |                              |                        |            |
|----|------------------------------|------------------------|------------|
| T1 | <b>acyclovir</b>             | ZOVIRAX                |            |
| T1 | <b>oseltamivir phosphate</b> | TAMIFLU(CAP)           |            |
| T1 | <b>oseltamivir phosphate</b> | TAMIFLU(SUSP<br>RECON) | AGE,<br>QL |
| T1 | <b>valganciclovir hcl</b>    | VALCYTE                | PA         |

**Antivirals, Hiv-spec, Non-peptidic Protease****Inhib**

|    |                             |                          |    |
|----|-----------------------------|--------------------------|----|
| T1 | <b>darunavir ethanolate</b> | PREZISTA(ORAL<br>SUSP)   | QL |
| T1 | <b>darunavir ethanolate</b> | PREZISTA(TAB)(150<br>MG) | QL |
| T1 | <b>darunavir ethanolate</b> | PREZISTA(TAB)(400<br>MG) |    |
| T1 | <b>darunavir ethanolate</b> | PREZISTA(TAB)(600<br>MG) | QL |
| T1 | <b>darunavir ethanolate</b> | PREZISTA(TAB)(75<br>MG)  | QL |

T1 darunavir ethanolate PREZISTA(TAB)(800 MG) QL

**Antivirals, Hiv-spec, Nucleoside-nucleotide Analog**

T1 emtricitabine/tenofovir TRUVADA QL

**Antivirals, Hiv-spec., Nucleoside Analog, Rti**

**Comb**

T1 abacavir sulfate/EPZICOM QL

T1 abacavir/lamivudine/ TRIZIVIR QL

T1 abacavir/zidovudine COMBIVIR QL

T1 lamivudine/zidovudine e

**Antivirals, Hiv-specific, Ccr5 Co-receptor**

**Antag.**

T1 maraviroc SELZENTRY(TAB) (150 MG) QL

T1 maraviroc SELZENTRY(TAB) (300 MG) QL

**Antivirals, Hiv-specific, Non-nucleoside, Rti**

T1 efavirenz SUSTIVA(CAP)(200 MG) QL

T1 efavirenz SUSTIVA(CAP)(50 MG) QL

T1 efavirenz SUSTIVA(TAB) QL

T1 etravirine INTELENCE(TAB)(100 MG) QL

T1 etravirine INTELENCE(TAB)(200 MG) QL

T1 etravirine INTELENCE(TAB)(25 MG) QL

T1 nevirapine VIRAMUNE XR QL

T1 nevirapine VIRAMUNE(ORAL SUSP) QL

T1 nevirapine VIRAMUNE(TAB) QL

T1 rilpivirine hcl EDURANT QL

**Antivirals, Hiv-specific, Nucleoside Analog,**

**Rti**

T1 abacavir sulfate ZIAGEN(SOLUTION) QL

T1 abacavir sulfate ZIAGEN(TAB) QL

T1 didanosine DIDANOSINE(CAP DR)(125 MG) QL

T1 didanosine DIDANOSINE(CAP DR)(200 MG) QL

T1 didanosine DIDANOSINE(CAP DR)(250 MG) QL

T1 didanosine DIDANOSINE(CAP DR)(400 MG) QL

T1 didanosine VIDEX QL

T1 lamivudine EPIVIR(SOLUTION) QL

T1 lamivudine EPIVIR(TAB)(150 MG) QL

T1 lamivudine EPIVIR(TAB)(300 MG) QL

T1 zidovudine RETROVIR(CAP) QL

T1 zidovudine RETROVIR(SYRUP) QL

T1 zidovudine ZIDOVUDINE QL

**Antivirals, Hiv-specific, Nucleotide Analog,**

**Rti**

T1 tenofovir disoproxil fumarate VIREAD

**Antivirals, Hiv-specific, Protease Inhibitor**

**Comb**

T1 lopinavir/ritonavir KALETRA(SOLUTION) QL

T1 lopinavir/ritonavir KALETRA(TAB) (100MG-25MG) QL

T1 lopinavir/ritonavir KALETRA(TAB) (200MG-50MG) QL

**Antivirals, Hiv-specific, Protease Inhibitors**

T1 atazanavir sulfate REYATAZ(CAP)(150 MG) QL

T1 atazanavir sulfate REYATAZ(CAP)(200 MG) QL

T1 atazanavir sulfate REYATAZ(CAP)(300 MG) QL

T1 fosamprenavir calcium LEXIVA(ORAL SUSP) QL

T1 fosamprenavir calcium LEXIVA(TAB) QL

T1 nelfinavir mesylate VIRACEPT QL

T1 ritonavir NORVIR(CAP) QL

T1 ritonavir NORVIR(SOLUTION) QL

T1 ritonavir NORVIR(TAB) QL

**Antivirals,hiv-1 Integrase Strand Transfer**

**Inhibtr**

T1 raltegravir potassium ISENTRESS(TAB CHEW)(100 MG) QL

T1 raltegravir potassium ISENTRESS(TAB CHEW)(25 MG) QL

T1 raltegravir potassium ISENTRESS(TAB) QL

**Artv Cmb Nucleoside,nucleotide,&non-**

**nucleoside Rti**

T1 efavirenz/emtricitab/tenofovir ATRIPLA QL

T1 emtricitab/rilpivirine/tenofovir COMPLERA QL

**Arv Cmb-nrti,n(t)rti, Integrase Inhibitor**

T1 elvitegravir/cobicistat/emtricitabine/tenofovir STRIBILD QL

**Hep C Virus,nucleotide Analog Ns5b**

**Polymerase Inh**

T1 sofosbuvir SOVALDI PA

**Hepatitis C Treatment Agents**

T1 peginterferon alfa-2b PEGINTRON PA

T1 peginterferon alfa-2b PEGINTRON PA  
REDIPEN

### ***Hepatitis C Virus Ns3/4a Serine Protease***

#### ***Inhib.***

T1 telaprevir INCIVEK PA

## **INFLAMMATORY DISEASE**

### ***Anti-arthritic And Chelating Agents***

T1 penicillamine CUPRIMINE

T1 penicillamine DEPEN

### ***Anti-arthritic, Folate Antagonist Agents***

T1 methotrexate sodium METHOTREXATE

### ***Anti-inflammatory, Pyrimidine Synthesis***

#### ***Inhibitor***

T1 leflunomide ARAVA

### ***Glucocorticoids***

T1 budesonide UCERIS PA

T1 dexamethasone DEXAMETHASONE

T1 hydrocortisone CORTEF

T1 prednisolone MILLIPRED

T1 prednisolone MILLIPRED DP

T1 prednisolone PREDNISOLONE

T1 prednisone PREDNISONE QL

T1 prednisone PREDNISONE QL  
INTENSOL

### ***Gold Salts***

T1 auranofin RIDAURA

### ***Janus Kinase (jak) Inhibitors***

T1 tofacitinib citrate XELJANZ PA

### ***Monoclonal Antibody-human Interleukin***

#### ***12/23 Inhib***

T1 ustekinumab STELARA

### ***Nsaids (cox Non-specific Inhib)&***

#### ***Prostaglandin Cmb***

T1 diclofenac DICLOFENAC  
sodium/misoprostol SODIUM-  
MISOPROSTOL

### ***Nsaids, Cyclooxygenase Inhibitor-type***

T1 diclofenac potassium CATAFLAM

T1 diclofenac sodium DICLOFENAC  
SODIUM

T1 diclofenac sodium VOLTAREN-XR

T1 ibuprofen IBUPROFEN QL

T1 indomethacin INDOCIN

T1 indomethacin INDOMETHACIN

T1 naproxen EC-NAPROSYN QL

T1 naproxen NAPROSYN QL

T1 naproxen NAPROXEN QL

T1 naproxen sodium ANAPROX DS

T1 piroxicam FELDENE

T1 piroxicam PIROXICAM

T1 sulindac SULINDAC

## **LOCAL ANESTHESIA**

### ***Local Anesthetics***

T1 lidocaine hcl LIDOCAINE HCL

## **LOWER GASTROINTESTINAL**

## **DISORDERS - BOWEL INFLAMMAT**

### ***Bowel Antiinflammatory Agents***

T1 sulfamethoxazole/tri SULFATRIM  
methoprim

T1 sulfasalazine SULFASALAZINE

### ***Chronic Inflam. Colon Dx, 5-a-salicylat,rectal***

#### ***Tx***

T1 mesalamine SFROWASA

### ***Drug Tx-chronic Inflam. Colon Dx,5-***

#### ***aminosalicylat***

T1 balsalazide disodium COLAZAL

T1 mesalamine APRISO ST

T1 mesalamine DELZICOL ST

### ***Hemorrhoidal Prep, Anti-infam Steroid/local***

#### ***Anesth***

T1 hydrocortisone/pramox ANALPRAM HC  
ine

### ***Irritable Bowel Agents,guanylate Cylase-c***

#### ***Agonist***

T1 linaclotide LINZESS PA

### ***Rectal Preparations***

T1 hydrocortisone PROCTOZONE-HC

### ***Rectal/lower Bowel Prep.,glucocort.***

T1 hydrocortisone CORTENEMA

## **LOWER GASTROINTESTINAL**

## **DISORDERS - OTHER**

### ***Ammonia Inhibitors***

T1 glycerol phenylbutyrate RAVICTI PA

### ***Antidiarrheal - G.i. Chloride Channel***

#### ***Inhibitors***

T1 crofelemer FULYZAQ PA

**Antidiarrheals**

|                               |                        |  |
|-------------------------------|------------------------|--|
| T1 diphenoxylate hcl/atropine | DIPHENOXYLATE-ATROPINE |  |
| T1 diphenoxylate hcl/atropine | LOMOTIL                |  |

**Bile Salts**

|             |          |  |
|-------------|----------|--|
| T1 ursodiol | ACTIGALL |  |
|-------------|----------|--|

**MISCELLANEOUS AGENTS****Anaphylaxis Therapy Agents**

|                |                 |    |
|----------------|-----------------|----|
| T1 epinephrine | ADRENAClick     | QL |
| T1 epinephrine | AUVI-Q          | ST |
| T1 epinephrine | EPIPEN 2-PAK    | QL |
| T1 epinephrine | EPIPEN JR 2-PAK | QL |

**Parasympathetic Agents**

|                         |                |  |
|-------------------------|----------------|--|
| T1 bethanechol chloride | URECHOLINE     |  |
| T1 cevimeline hcl       | CEVIMELINE HCL |  |

**NEOPLASTIC DISEASE****Alkylating Agents**

|                     |                   |    |
|---------------------|-------------------|----|
| T1 busulfan         | MYLERAN           |    |
| T1 chlorambucil     | LEUKERAN          |    |
| T1 cyclophosphamide | CYCLOPHOSPHAMID E |    |
| T1 hydroxyurea      | HYDREA            |    |
| T1 lomustine        | LOMUSTINE         |    |
| T1 melphalan        | ALKERAN           |    |
| T1 temozolomide     | TEMODAR           | PA |

**Antiandrogenic Agents**

|                 |              |  |
|-----------------|--------------|--|
| T1 bicalutamide | BICALUTAMIDE |  |
| T1 bicalutamide | CASODEX      |  |
| T1 enzalutamide | XTANDI       |  |
| T1 flutamide    | FLUTAMIDE    |  |

**Antimetabolites**

|                   |            |    |
|-------------------|------------|----|
| T1 capecitabine   | XELODA     | QL |
| T1 mercaptopurine | PURINETHOL |    |
| T1 thioguanine    | TABLOID    |    |

**Antineoplast EGF Receptor Blocker Recomb Mc****Antibody**

|                |          |    |
|----------------|----------|----|
| T1 cetuximab   | ERBITUX  | PA |
| T1 panitumumab | VECTIBIX | PA |

**Antineoplast Hum Vegf Inhibitor Recomb Mc****Antibody**

|                |         |    |
|----------------|---------|----|
| T1 bevacizumab | AVASTIN | PA |
|----------------|---------|----|

**Antineoplastic Aromatase Inhibitors**

|                |          |    |
|----------------|----------|----|
| T1 anastrozole | ARIMIDEX | QL |
| T1 exemestane  | AROMASIN | QL |

**Antineoplastic - Hedgehog Pathway Inhibitor**

|               |          |    |
|---------------|----------|----|
| T1 vismodegib | ERIVEDGE | PA |
|---------------|----------|----|

**Antineoplastic - Mtor Kinase Inhibitors**

|               |          |    |
|---------------|----------|----|
| T1 everolimus | AFINITOR | PA |
|---------------|----------|----|

**Antineoplastic - Topoisomerase I Inhibitors**

|                  |          |    |
|------------------|----------|----|
| T1 topotecan hcl | HYCAMTIN | PA |
|------------------|----------|----|

**Antineoplastic - Vegf-a,b & P1gf Inhibitor**

|                    |         |    |
|--------------------|---------|----|
| T1 ziv-aflibercept | ZALTRAP | PA |
|--------------------|---------|----|

**Antineoplastic Immunomodulator Agents**

|                 |          |    |
|-----------------|----------|----|
| T1 lenalidomide | REVLIMID |    |
| T1 pomalidomide | POMALYST | PA |

**Antineoplastic Systemic Enzyme Inhibitors**

|                         |                      |        |
|-------------------------|----------------------|--------|
| T1 afatinib dimaleate   | GILOTRIF             | PA, QL |
| T1 axitinib             | INLYTA               | PA     |
| T1 bosutinib            | BOSULIF(TAB)(100 MG) | PA, QL |
| T1 bosutinib            | BOSULIF(TAB)(500 MG) | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(100 MG) | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(140 MG) | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(20 MG)  | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(50 MG)  | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(70 MG)  | PA, QL |
| T1 dasatinib            | SPRYCEL(TAB)(80 MG)  | PA, QL |
| T1 erlotinib hcl        | TARCEVA(TAB)(100 MG) | PA, QL |
| T1 erlotinib hcl        | TARCEVA(TAB)(150 MG) | PA, QL |
| T1 erlotinib hcl        | TARCEVA(TAB)(25 MG)  | PA, QL |
| T1 ibrutinib            | IMBRUVICA            | PA     |
| T1 imatinib mesylate    | GLEEVEC              | PA, QL |
| T1 lapatinib ditosylate | TYKERB               | PA     |
| T1 nilotinib hcl        | TASIGNA              | PA, QL |
| T1 ponatinib hcl        | ICLUSIG(TAB)(15 MG)  | PA, QL |
| T1 ponatinib hcl        | ICLUSIG(TAB)(45 MG)  | PA, QL |
| T1 regorafenib          | STIVARGA             | PA     |
| T1 sunitinib malate     | SUTENT               |        |

**Antineoplastics Antibody/antibody-drug****Complexes**

|                              |         |    |
|------------------------------|---------|----|
| T1 ado-trastuzumab emtansine | KADCYLA | PA |
|------------------------------|---------|----|

**Antineoplastics, miscellaneous**

|                     |           |  |
|---------------------|-----------|--|
| T1 procarbazine hcl | MATULANE  |  |
| T1 tretinoin        | TRETINOIN |  |

**Chemotherapy Rescue/antidote Agents**

|                       |                    |  |
|-----------------------|--------------------|--|
| T1 leucovorin calcium | LEUCOVORIN CALCIUM |  |
|-----------------------|--------------------|--|

**Selective Estrogen Receptor Modulators**

|    |                          |                   |    |
|----|--------------------------|-------------------|----|
| T1 | <b>tamoxifen citrate</b> | TAMOXIFEN CITRATE |    |
| T1 | toremifene citrate       | FARESTON          | PA |

**Steroid Antineoplastics**

|    |                               |                   |  |
|----|-------------------------------|-------------------|--|
| T1 | estramustine phosphate sodium | EMCYT             |  |
| T1 | <b>megestrol acetate</b>      | MEGESTROL ACETATE |  |

**NEUROLOGICAL DISEASE -****MISCELLANEOUS****Agents To Treat Multiple Sclerosis**

|    |                            |          |    |
|----|----------------------------|----------|----|
| T1 | fingolimod hcl             | GILENYA  | PA |
| T1 | glatiramer acetate         | COPAXONE | PA |
| T1 | interferon beta-1a/albumin | REBIF    | PA |
| T1 | teriflunomide              | AUBAGIO  | PA |

**Amyotrophic Lateral Sclerosis Agents**

|    |                 |         |  |
|----|-----------------|---------|--|
| T1 | <b>riluzole</b> | RILUTEK |  |
|----|-----------------|---------|--|

**Leukocyte Adhesion Inhib, alpha4-medi****Igg4k Mc Ab**

|    |             |         |    |
|----|-------------|---------|----|
| T1 | natalizumab | TYSABRI | PA |
|----|-------------|---------|----|

**ORAL/PHARYNGEAL DISORDERS****Nose Preparations, Miscellaneous**

|    |                     |          |  |
|----|---------------------|----------|--|
| T1 | ipratropium bromide | ATROVENT |  |
|----|---------------------|----------|--|

**OTHER RESPIRATORY DISORDERS****Cystic Fib.transmemb****Conduct.reg.(cftr)potentiator**

|    |           |          |    |
|----|-----------|----------|----|
| T1 | ivacaftor | KALYDECO | PA |
|----|-----------|----------|----|

**Mucolytics**

|    |              |           |    |
|----|--------------|-----------|----|
| T1 | dornase alfa | PULMOZYME | PA |
|----|--------------|-----------|----|

**PAIN MANAGEMENT - ANALGESICS****Analgesic, Salicylate, Barbiturate, & Xanthine****Cmb**

|    |                                   |                             |  |
|----|-----------------------------------|-----------------------------|--|
| T1 | <b>butalbital/aspirin/cafeine</b> | BUTALBITAL-ASPIRIN-CAFFEINE |  |
|----|-----------------------------------|-----------------------------|--|

**Analgesic, non-****salicylate, barbiturate, & xanthine Cmb**

|    |                                     |          |  |
|----|-------------------------------------|----------|--|
| T1 | <b>acetaminophen/cafeine/butalb</b> | AMERICET |  |
| T1 | <b>butalb/acetaminophen/cafeine</b> | FIORICET |  |

**Analgesic/antipyretics, Salicylates**

|    |                  |           |    |
|----|------------------|-----------|----|
| T1 | <b>salsalate</b> | SALSALATE | QL |
|----|------------------|-----------|----|

**Analgesics, narcotics**

|    |                                  |                                            |        |
|----|----------------------------------|--------------------------------------------|--------|
| T1 | <b>codeine sulfate</b>           | CODEINE SULFATE                            |        |
| T1 | <b>fentanyl</b>                  | DURAGESIC                                  | PA     |
| T1 | fentanyl                         | SUBSYS                                     | PA     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYCET                                      | PA     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYDROCODONE-ACETAMINOPHEN(TAB)(10MG-300MG) | QL     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYDROCODONE-ACETAMINOPHEN(TAB)(10MG-325MG) | QL     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYDROCODONE-ACETAMINOPHEN(TAB)(5MG-300MG)  | QL     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYDROCODONE-ACETAMINOPHEN(TAB)(7.5-300MG)  | QL     |
| T1 | <b>hydrocodone/acetaminophen</b> | HYDROCODONE-ACETAMINOPHEN(TAB)(7.5-750MG)  |        |
| T1 | <b>hydrocodone/acetaminophen</b> | LORTAB                                     |        |
| T1 | <b>hydromorphone hcl</b>         | DILAUDID                                   | QL     |
| T1 | <b>hydromorphone hcl</b>         | HYDROMORPHONE HCL                          |        |
| T1 | <b>methadone hcl</b>             | DOLOPHINE HCL(TAB)(10 MG)                  | QL     |
| T1 | <b>methadone hcl</b>             | DOLOPHINE HCL(TAB)(5 MG)                   | QL     |
| T1 | <b>methadone hcl</b>             | METHADONE HCL                              | QL     |
| T1 | morphine sulfate                 | KADIAN(CAP ER PEL)(10 MG)                  | PA     |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(100 MG)                 | PA, QL |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(20 MG)                  | PA, QL |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(30 MG)                  | QL     |
| T1 | morphine sulfate                 | KADIAN(CAP ER PEL)(40 MG)                  |        |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(50 MG)                  | PA, QL |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(60 MG)                  | PA, QL |
| T1 | <b>morphine sulfate</b>          | KADIAN(CAP ER PEL)(80 MG)                  | PA, QL |
| T1 | <b>morphine sulfate</b>          | MORPHINE SULFATE ER                        | PA     |
| T1 | morphine sulfate                 | MORPHINE SULFATE(TAB)(15 MG)               | QL     |
| T1 | morphine sulfate                 | MORPHINE SULFATE(TAB)(30 MG)               | QL     |
| T1 | <b>morphine sulfate</b>          | MS CONTIN(TAB ER)(100 MG)                  | QL     |

|    |                                    |                           |    |
|----|------------------------------------|---------------------------|----|
| T1 | <b>morphine sulfate</b>            | MS CONTIN(TAB ER)(15 MG)  | QL |
| T1 | <b>morphine sulfate</b>            | MS CONTIN(TAB ER)(200 MG) |    |
| T1 | <b>morphine sulfate</b>            | MS CONTIN(TAB ER)(30 MG)  | QL |
| T1 | <b>morphine sulfate</b>            | MS CONTIN(TAB ER)(60 MG)  | QL |
| T1 | <b>oxycodone hcl</b>               | OXYCONTIN                 |    |
| T1 | <b>oxycodone hcl</b>               | ROXICODONE                | QL |
| T1 | <b>oxycodone hcl/acetaminophen</b> | PERCOCET                  | QL |
| T1 | <b>oxycodone hcl/aspirin</b>       | PERCODAN                  | QL |
| T1 | <b>oxymorphone hcl</b>             | NUMORPHAN                 | PA |
| T1 | <b>oxymorphone hcl</b>             | OPANA                     | PA |
| T1 | <b>oxymorphone hcl</b>             | OPANA ER                  | PA |
| T1 | <b>tapentadol hcl</b>              | NUCYNTA                   | PA |
| T1 | <b>tapentadol hcl</b>              | NUCYNTA ER                | PA |
| T1 | <b>tramadol hcl</b>                | ULTRAM                    | QL |

### Antimigraine Preparations

|    |                                       |                                |        |
|----|---------------------------------------|--------------------------------|--------|
| T1 | <b>almotriptan malate</b>             | AXERT                          | PA, QL |
| T1 | <b>ergotamine tartrate</b>            | ERGOMAR                        | QL, ST |
| T1 | <b>ergotamine tartrate/caffeine</b>   | CAFERGOT                       | QL     |
| T1 | <b>ergotamine tartrate/caffeine</b>   | MIGERGOT                       | QL     |
| T1 | <b>isomethept/dichlphn/acetaminop</b> | ISOMETHEPT-DICHLORALP-ACETAMIN |        |
| T1 | <b>naratriptan hcl</b>                | NARATRIPTAN HCL                | QL     |
| T1 | <b>rizatriptan benzoate</b>           | MAXALT                         | QL     |
| T1 | <b>rizatriptan benzoate</b>           | MAXALT MLT                     | QL     |
| T1 | <b>sumatriptan succinate</b>          | TREXIMET                       | PA, QL |
| T1 | <b>sumatriptan succinate</b>          | ALSUMA                         | QL, ST |
| T1 | <b>sumatriptan succinate</b>          | IMITREX(CARTRIDGE)             |        |
| T1 | <b>sumatriptan succinate</b>          | IMITREX(PEN INJCTR)            |        |
| T1 | <b>sumatriptan succinate</b>          | IMITREX(TAB)                   | QL     |
| T1 | <b>sumatriptan succinate</b>          | SUMAVEL DOSEPRO                | QL, ST |
| T1 | <b>zolmitriptan</b>                   | ZOMIG(SPRAY)(2.5 MG)           | QL, ST |
| T1 | <b>zolmitriptan</b>                   | ZOMIG(SPRAY)(5 MG)             | QL, ST |
| T1 | <b>zolmitriptan</b>                   | ZOMIG(TAB)                     | QL, ST |

### Narcotic Analgesic & Non-salicylate

#### Analgesic Comb

|    |                                   |                                 |    |
|----|-----------------------------------|---------------------------------|----|
| T1 | <b>acetaminophen with codeine</b> | ACETAMINOPHEN-CODEINE(SOLUTION) | QL |
| T1 | <b>acetaminophen with codeine</b> | ACETAMINOPHEN-CODEINE(TAB)      | QL |
| T1 | <b>acetaminophen with codeine</b> | TYLENOL-CODEINE NO.3            | QL |
| T1 | <b>acetaminophen with codeine</b> | TYLENOL-CODEINE NO.4            |    |

|    |                                   |                                 |    |
|----|-----------------------------------|---------------------------------|----|
| T1 | <b>codeine phos/acetaminophen</b> | ACETAMINOPHEN W/CODEINE(ELIXIR) | QL |
| T1 | <b>codeine phos/acetaminophen</b> | ACETAMINOPHEN W/CODEINE(TAB)    | QL |

## PARKINSONS DISEASE

### Antiparkinsonism Drugs, anticholinergic

|    |                             |                      |  |
|----|-----------------------------|----------------------|--|
| T1 | <b>benztropine mesylate</b> | BENZTROPINE MESYLATE |  |
| T1 | <b>trihexyphenidyl hcl</b>  | TRIHEXYPHENIDYL HCL  |  |

### Antiparkinsonism Drugs, other

|    |                               |                |        |
|----|-------------------------------|----------------|--------|
| T1 | <b>amantadine hcl</b>         | AMANTADINE     |        |
| T1 | <b>bromocriptine mesylate</b> | PARLODEL       |        |
| T1 | <b>carbidopa/levodopa</b>     | PARCOPA        | QL     |
| T1 | <b>carbidopa/levodopa</b>     | SINEMET 10-100 | QL     |
| T1 | <b>carbidopa/levodopa</b>     | SINEMET 25-100 | QL     |
| T1 | <b>carbidopa/levodopa</b>     | SINEMET 25-250 | QL     |
| T1 | <b>entacapone</b>             | COMTAN         |        |
| T1 | <b>pramipexole di-hcl</b>     | MIRAPEX        |        |
| T1 | <b>pramipexole di-hcl</b>     | MIRAPEX ER     | QL, ST |
| T1 | <b>ropinirole hcl</b>         | REQUIP         |        |
| T1 | <b>ropinirole hcl</b>         | REQUIP XL      | QL, ST |
| T1 | <b>rotigotine</b>             | NEUPRO         | QL     |
| T1 | <b>selegiline hcl</b>         | SELEGILINE HCL |        |

## SEIZURE DISORDER

### Anticonvulsants

|    |                                  |                 |    |
|----|----------------------------------|-----------------|----|
| T1 | <b>carbamazepine</b>             | CARBAMAZEPINE   | QL |
| T1 | <b>carbamazepine</b>             | CARBATROL       | QL |
| T1 | <b>carbamazepine</b>             | TEGRETOL        | QL |
| T1 | <b>clobazam</b>                  | ONFI            |    |
| T1 | <b>clonazepam</b>                | KLONOPIN        |    |
| T1 | <b>diazepam</b>                  | DIASTAT         |    |
| T1 | <b>diazepam</b>                  | DIASTAT ACUDIAL |    |
| T1 | <b>divalproex sodium</b>         | DEPAKOTE ER     | QL |
| T1 | <b>ethosuximide</b>              | ZARONTIN        | QL |
| T1 | <b>ezogabine</b>                 | POTIGA          | PA |
| T1 | <b>felbamate</b>                 | FELBATOL        |    |
| T1 | <b>gabapentin</b>                | NEURONTIN       | QL |
| T1 | <b>lacosamide</b>                | VIMPAT          | PA |
| T1 | <b>lamotrigine</b>               | LAMICTAL        |    |
| T1 | <b>levetiracetam</b>             | KEPPRA          |    |
| T1 | <b>levetiracetam</b>             | LEVETIRACETAM   |    |
| T1 | <b>oxcarbazepine</b>             | OXCARBAZEPINE   |    |
| T1 | <b>oxcarbazepine</b>             | OXTELLAR XR     | ST |
| T1 | <b>oxcarbazepine</b>             | TRILEPTAL       |    |
| T1 | <b>phenytoin</b>                 | DILANTIN        |    |
| T1 | <b>phenytoin</b>                 | DILANTIN-125    | QL |
| T1 | <b>phenytoin</b>                 | PHENYTOIN       | QL |
| T1 | <b>phenytoin sodium extended</b> | DILANTIN        |    |
| T1 | <b>primidone</b>                 | MYSOLINE        |    |
| T1 | <b>tiagabine hcl</b>             | GABITRIL        |    |
| T1 | <b>topiramate</b>                | TOPAMAX         |    |
| T1 | <b>valproic acid</b>             | DEPAKENE        | QL |
| T1 | <b>valproic acid</b>             | VALPROIC ACID   | QL |

|    |                                |            |    |
|----|--------------------------------|------------|----|
| T1 | valproic acid (as sodium salt) | DEPAKENE   | QL |
| T1 | vigabatrin                     | SABRIL     | PA |
| T1 | zonisamide                     | ZONEGRAN   |    |
| T1 | zonisamide                     | ZONISAMIDE |    |

## SKELETAL MUSCLE DISORDER

### *Skeletal Muscle Relaxants*

|    |                     |                     |  |
|----|---------------------|---------------------|--|
| T1 | baclofen            | BACLOFEN            |  |
| T1 | cyclobenzaprine hcl | CYCLOBENZAPRINE HCL |  |
| T1 | dantrolene sodium   | DANTRIUM            |  |
| T1 | methocarbamol       | ROBAXIN             |  |
| T1 | methocarbamol       | ROBAXIN-750         |  |
| T1 | tizanidine hcl      | ZANAFLEX            |  |

## SMOKING CESSATION

### *Smoking Deterrent Agents*

|    |                     |                     |  |
|----|---------------------|---------------------|--|
| T1 | nicotine            | NICODERM CQ(OTC)    |  |
| T1 | nicotine            | NICOTINE PATCH(OTC) |  |
| T1 | nicotine polacrilex | NICORETTE(OTC)      |  |
| T1 | nicotine polacrilex | NICOTINE GUM(OTC)   |  |

## UPPER GASTROINTESTINAL

## DISORDERS - DIGESTIVE

### *Pancreatic Enzymes*

|    |                         |       |  |
|----|-------------------------|-------|--|
| T1 | lipase/protease/amylase | CREON |  |
|----|-------------------------|-------|--|

## UPPER GASTROINTESTINAL

## DISORDERS - SPASTIC DISEASE

### *Anticholinergics/antispasmodics*

|    |                 |        |  |
|----|-----------------|--------|--|
| T1 | dicyclomine hcl | BENTYL |  |
|----|-----------------|--------|--|

### *Belladonna Alkaloids*

|    |                                |                     |  |
|----|--------------------------------|---------------------|--|
| T1 | belladonna alkaloids/phenobarb | SPASMOLIN           |  |
| T1 | hyoscyamine sulfate            | CYSTOSPAZ-M         |  |
| T1 | hyoscyamine sulfate            | HYOSCYAMINE SULFATE |  |
| T1 | hyoscyamine sulfate            | SYMAX-SR            |  |
| T1 | phenobarb/hyoscy/atropine/scop | ANTISPASMODIC       |  |
| T1 | phenobarb/hyoscy/atropine/scop | DONNATAL            |  |

## UPPER GASTROINTESTINAL

## DISORDERS - ULCER DISEASE

### *Antacids*

|    |                    |                         |  |
|----|--------------------|-------------------------|--|
| T1 | sodium bicarbonate | SODIUM BICARBONATE(OTC) |  |
|----|--------------------|-------------------------|--|

### *Anticholinergics, quaternary Ammonium*

|    |                       |                       |  |
|----|-----------------------|-----------------------|--|
| T1 | glycopyrrolate        | ROBINUL               |  |
| T1 | propantheline bromide | PROPANTHELINE BROMIDE |  |

### *Anti-ulcer Preparations*

|    |             |            |  |
|----|-------------|------------|--|
| T1 | misoprostol | CYTOTEC    |  |
| T1 | sucralfate  | CARAFATE   |  |
| T1 | sucralfate  | SUCRALFATE |  |

### *Histamine H2-receptor Inhibitors*

|    |                |                  |    |
|----|----------------|------------------|----|
| T1 | famotidine     | PEPCID           | QL |
| T1 | ranitidine     | RANITIDINE 150MG | QL |
| T1 | ranitidine hcl | RANITIDINE HCL   | QL |
| T1 | ranitidine hcl | ZANTAC           | QL |

### *Intestinal Motility Stimulants*

|    |                    |                              |    |
|----|--------------------|------------------------------|----|
| T1 | metoclopramide hcl | METOCLOPRAMIDE HCL INTENSOL  | QL |
| T1 | metoclopramide hcl | METOCLOPRAMIDE HCL(SOLUTION) | QL |
| T1 | metoclopramide hcl | METOCLOPRAMIDE HCL(TAB)      | QL |
| T1 | metoclopramide hcl | REGLAN                       | QL |

### *Proton-pump Inhibitors*

|    |                     |                         |    |
|----|---------------------|-------------------------|----|
| T1 | lansoprazole        | FIRST-LANSOPRAZOLE      | PA |
| T1 | lansoprazole        | PREVACID(CAP DR)(15 MG) | ST |
| T1 | lansoprazole        | PREVACID(CAP DR)(30 MG) | QL |
| T1 | lansoprazole        | PREVACID(TAB RAP DR)    |    |
| T1 | omeprazole          | FIRST-OMEPRAZOLE        | PA |
| T1 | omeprazole          | OMEPRAZOLE              |    |
| T1 | omeprazole          | PRILOSEC                |    |
| T1 | pantoprazole sodium | PANTOPRAZOLE SODIUM     |    |

## URINARY TRACT - FUNCTIONAL

## DISORDERS

### *Benign Prostatic Hypertrophy/micturition*

### *Agents*

|    |                |           |  |
|----|----------------|-----------|--|
| T1 | alfuzosin hcl  | UROXATRAL |  |
| T1 | tamsulosin hcl | FLOMAX    |  |

### *Urinary Tract Analgesic Agents*

|    |                             |         |  |
|----|-----------------------------|---------|--|
| T1 | pentosan polysulfate sodium | ELMIRON |  |
|----|-----------------------------|---------|--|

### *Urinary Tract Anesthetic/analgesic Agent*

|    |                     |          |  |
|----|---------------------|----------|--|
| T1 | phenazopyridine hcl | PYRIDIUM |  |
|----|---------------------|----------|--|

**Urinary Tract Antispasmodic, M(3) Selective****Antag.**

|    |                          |         |    |
|----|--------------------------|---------|----|
| T1 | darifenacin hydrobromide | ENABLEX | PA |
|----|--------------------------|---------|----|

**Urinary Tract****Antispasmodic/antiincontinence Agent**

|    |                      |                     |    |
|----|----------------------|---------------------|----|
| T1 | oxybutynin chloride  | OXYBUTYNIN CHLORIDE | QL |
| T1 | tolterodine tartrate | DETROL LA           | PA |
| T1 | tropium chloride     | TROSPIMUM CHLORIDE  | ST |

**VAGINAL DISORDERS****Vaginal Antibiotics**

|    |               |                  |  |
|----|---------------|------------------|--|
| T1 | metronidazole | METROGEL-VAGINAL |  |
| T1 | metronidazole | VANDAZOLE        |  |

**Vaginal Estrogen Preparations**

|    |                       |          |    |
|----|-----------------------|----------|----|
| T1 | estradiol             | ESTRING  | QL |
| T1 | estrogens, conjugated | PREMARIN |    |

**VITAMIN AND/OR MINERAL****DEFICIENCY****Fluoride Preparations**

|    |                 |          |    |
|----|-----------------|----------|----|
| T1 | sodium fluoride | FLUORIDE | QL |
|----|-----------------|----------|----|

**Folic Acid Preparations**

|    |            |            |    |
|----|------------|------------|----|
| T1 | folic acid | FOLIC ACID | QL |
|----|------------|------------|----|

**Prenatal Vitamin Preparations**

|    |                                |               |       |
|----|--------------------------------|---------------|-------|
| T1 | pnv no.118/iron fumarate/fa    | SE-NATAL 19   | G, QL |
| T1 | pnv with ca,no.71/iron/fa      | PRENAPLUS     | G, QL |
| T1 | pnv with ca,no.72/iron,carb/fa | PRENATAL PLUS | G, QL |
| T1 | pnv with ca,no.72/iron/fa      | PRENATAL PLUS | G, QL |
| T1 | pnv/iron,carbonyl/docusate/fa  | MYNATAL       | G, QL |
| T1 | pnv119/iron fumarate/fa/dss    | SE-NATAL 19   | G, QL |
| T1 | prenatal #103/iron fumarate/fa | TRICARE       | G, QL |
| T1 | prenatal vit #76/iron,carb/fa  | PRENATABS RX  | G, QL |
| T1 | prenatal vit 15/iron cb/fa/dss | PRENATAL AD   | G, QL |
| T1 | prenatal vit 16/iron cb/fa/dss | VINATE GT     | G, QL |
| T1 | prenatal vit 18/iron cb/fa/dss | VINATE ULTRA  | G, QL |
| T1 | prenatal vit no.78/iron/fa     | PRENATABS FA  | G, QL |

|    |                                |               |       |
|----|--------------------------------|---------------|-------|
| T1 | prenatal vit27&calcium/iron/fa | TRINATAL RX 1 | G, QL |
|----|--------------------------------|---------------|-------|

**Vitamin D Preparations**

|    |                              |                 |    |
|----|------------------------------|-----------------|----|
| T1 | calcitriol                   | ROCALTROL       | QL |
| T1 | cholecalciferol              | VITAMIN D(OTC)  | QL |
| T1 | cholecalciferol (vitamin d3) | VITAMIN D3(OTC) | QL |
| T1 | ergocalciferol (vitamin d2)  | VITAMIN D(OTC)  | QL |

**WEIGHT REDUCTION****Anorexic Agents**

|    |                        |        |    |
|----|------------------------|--------|----|
| T1 | phentermine/topiramate | QSYMIA | PA |
|----|------------------------|--------|----|

**Fat Absorption Decreasing Agents**

|    |          |           |    |
|----|----------|-----------|----|
| T1 | orlistat | ALLI(OTC) | PA |
| T1 | orlistat | XENICAL   | PA |

## AGE RESTRICTIONS - FORMULARY

|                                            |             |
|--------------------------------------------|-------------|
| • ACE AEROSOL CLOUD<br>ENHANCER            | <= 18 years |
| • ADDERALL                                 | >= 3 years  |
| • ADVAIR DISKUS(BLST<br>W/DEV)(100-50 MCG) | < 12 years  |
| • ADVAIR DISKUS(BLST<br>W/DEV)(250-50 MCG) | < 12 years  |
| • AEROCHAMBER MINI                         | <= 18 years |
| • AEROCHAMBER PLUS FLOW-<br>VU             | <= 18 years |
| • AEROCHAMBER PLUS Z STAT                  | <= 18 years |
| • BREATHERITE                              | <= 18 years |
| • BREATHRITE                               | <= 18 years |
| • CELEXA(TAB)(10 MG)                       | >= 18 years |
| • CELEXA(TAB)(20 MG)                       | >= 18 years |
| • CELEXA(TAB)(40 MG)                       | >= 18 years |
| • CITALOPRAM HBR                           | >= 18 years |
| • CONCERTA(TAB ER 24H)(18 MG)              | >= 6 years  |
| • CONCERTA(TAB ER 24H)(27 MG)              | >= 6 years  |
| • CONCERTA(TAB ER 24H)(36 MG)              | >= 6 years  |
| • CONCERTA(TAB ER 24H)(54 MG)              | >= 6 years  |
| • EASIVENT                                 | <= 18 years |
| • E-Z SPACER                               | <= 18 years |
| • LITEAIRE                                 | <= 18 years |
| • LITETOUCH                                | <= 18 years |
| • MICROCHAMBER                             | <= 18 years |
| • MICROSPACER                              | <= 18 years |
| • MONAGHAN Z STAT                          | <= 18 years |
| • OPTICHAMBER                              | <= 18 years |
| • OPTICHAMBER DIAMOND                      | <= 18 years |
| • PFLEX TRAINER                            | <= 18 years |
| • POCKET CHAMBER                           | <= 18 years |
| • PRIMEAIRE                                | <= 18 years |
| • PROCHAMBER                               | <= 18 years |
| • PROMETHAZINE HCL                         | >= 2 years  |
| • PULMICORT                                | < 8 years   |
| • RITEFLO                                  | <= 18 years |
| • SILICONE MASK                            | <= 18 years |
| • TAMIFLU(SUSP RECON)                      | >= 1 years  |
| • THRESHOLD IMT                            | <= 18 years |
| • THRESHOLD PEP                            | <= 18 years |
| • VORTEX                                   | <= 18 years |
| • VORTEX VHC FROG MASK                     | <= 18 years |
| • VORTEX VHC LADYBUG MASK                  | <= 18 years |
| • WATCHHALER                               | <= 18 years |
| • XYZAL                                    | < 2 years   |

## QUANTITY RESTRICTIONS - FORMULARY

|                                    |                               |                               |                                       |
|------------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| • ACE AEROSOL CLOUD ENHANCER       | 2 units per 365 days          | • CONCERTA(TAB ER 24H)(18 MG) | 1 units per 1 days;2 units per 1 days |
| • ACETAMINOPHEN W/CODEINE(ELIXIR)  | 1800 ml per 23 days           | • CONCERTA(TAB ER 24H)(27 MG) | 1 units per 1 days;2 units per 1 days |
| • ACETAMINOPHEN W/CODEINE(TAB)     | 360 units per 23 days         | • CONCERTA(TAB ER 24H)(36 MG) | 2 units per 1 days                    |
| • ACETAMINOPHEN-CODEINE(SOLUTION)  | 1800 ml per 23 days           | • CONCERTA(TAB ER 24H)(54 MG) | 1 units per 1 days;2 units per 1 days |
| • ACETAMINOPHEN-CODEINE(TAB)       | 13 units per 1 days           | • COREG                       | 93 days                               |
| • ADALAT CC                        | 93 days                       | • COUMADIN                    | 93 days                               |
| • ADDERALL                         | 2 units per 1 days            | • DEPAKENE                    | 93 days                               |
| • ADRENALICK                       | 93 days                       | • DEPAKOTE ER                 | 93 days                               |
| • AEROCHAMBER MINI                 | 2 units per 365 days          | • DIABETA                     | 93 days                               |
| • AEROCHAMBER PLUS FLOW-VU         | 2 units per 365 days          | • DIDANOSINE(CAP DR)(125 MG)  | 100 days;60 units per 30 days         |
| • AEROCHAMBER PLUS Z STAT          | 2 units per 365 days          | • DIDANOSINE(CAP DR)(200 MG)  | 100 days;60 units per 30 days         |
| • ALDACTONE                        | 93 days                       | • DIDANOSINE(CAP DR)(250 MG)  | 100 days;60 units per 30 days         |
| • ALSUMA                           | 4 ml per 21 days              | • DIDANOSINE(CAP DR)(400 MG)  | 100 days;30 units per 30 days         |
| • AMARYL                           | 93 days                       | • DIGOX                       | 93 days                               |
| • AMBIEN                           | 1 units per 1 days            | • DIGOXIN                     | 93 days                               |
| • ANDRODERM                        | 1 units per 1 days            | • DILANTIN-125                | 93 days                               |
| • ANDROGEL(GEL MD PMP)(1.25G (1%)) | 10 gm per 1 days              | • DILAUDID                    | 6 units per 1 days                    |
| • ANDROGEL(GEL MD PMP)(20.25/1.25) | 5 gm per 1 days               | • DILTIAZEM 24HR ER           | 93 days                               |
| • ANDROGEL(GEL PACKET)(25MG(1%))   | 5 gm per 1 days               | • DIPYRIDAMOLE                | 93 days                               |
| • ANDROGEL(GEL PACKET)(50 MG (1%)) | 10 gm per 1 days              | • DIVIGEL                     | 15 units per 14 days                  |
| • ANDROXY                          | 4 units per 1 days            | • DOLOPHINE HCL(TAB)(10 MG)   | 120 units per 30 days                 |
| • ARIMIDEX                         | 1 units per 1 days            | • DOLOPHINE HCL(TAB)(5 MG)    | 240 units per 30 days                 |
| • ARMOUR THYROID                   | 93 days                       | • DYAZIDE                     | 93 days                               |
| • AROMASIN                         | 1 units per 1 days            | • EASIVENT                    | 2 units per 365 days                  |
| • ATRIPLA                          | 100 days;30 units per 30 days | • EC-NAPROSYN                 | 93 days                               |
| • AXERT                            | 12 units per 30 days          | • EDLUAR                      | 1 units per 1 days                    |
| • AXIRON                           | 6 ml per 1 days               | • EDURANT                     | 100 days;30 units per 30 days         |
| • BENAZEPRIL HCL                   | 93 days                       | • ELESTRIN                    | 26 gm per 28 days                     |
| • BOSULIF(TAB)(100 MG)             | 4 units per 1 days            | • ENJUVIA                     | 1 units per 1 days                    |
| • BOSULIF(TAB)(500 MG)             | 1 units per 1 days            | • EPIPEN 2-PAK                | 93 days                               |
| • BREATHERITE                      | 2 units per 365 days          | • EPIPEN JR 2-PAK             | 93 days                               |
| • BREATHRITE                       | 2 units per 365 days          | • EPIVIR(SOLUTION)            | 100 days;30 ml per 30 days            |
| • CAFERGOT                         | 40 units per 28 days          | • EPIVIR(TAB)(150 MG)         | 100 days;90 units per 30 days         |
| • CALAN SR                         | 93 days                       | • EPIVIR(TAB)(300 MG)         | 100 days;60 units per 30 days         |
| • CALCIUM ACETATE                  | 9 units per 1 days            | • EPZICOM                     | 100 days;30 units per 30 days         |
| • CAPTOPRIL                        | 93 days                       | • ERGOMAR                     | 40 units per 28 days                  |
| • CARBAMAZEPINE                    | 93 days                       | • ESKALITH                    | 93 days                               |
| • CARBATROL                        | 93 days                       | • ESTRACE                     | 1 units per 1 days;93 days            |
| • CATAPRES                         | 93 days                       | • ESTRASORB                   | 97.44 gm per 28 days                  |
| • CELEXA(TAB)(10 MG)               | 4 units per 1 days            | • ESTRING                     | 1 units per 90 days                   |
| • CELEXA(TAB)(20 MG)               | 2 units per 1 days            | • ESTROGEL                    | 50 gm per 28 days                     |
| • CELEXA(TAB)(40 MG)               | 1 units per 1 days            | • EVAMIST                     | 16.2 ml per 28 days                   |
| • CENESTIN                         | 1 units per 1 days            | • EVISTA                      | 1 units per 1 days                    |
| • CITALOPRAM HBR                   | 600 ml per 30 days            | • E-Z SPACER                  | 2 units per 365 days                  |
| • CLIMARA                          | 1 units per 7 days            | • FEMHRT                      | 1 units per 1 days                    |
| • CLIMARA PRO                      | 1 units per 7 days            | • FLUORIDE                    | 100 days                              |
| • COMBIPATCH                       | 2 units per 7 days            | • FOLIC ACID                  | 93 days                               |
| • COMBIVIR                         | 100 days;60 units per 30 days | • FORTESTA                    | 4 gm per 1 days                       |
| • COMPLERA                         | 100 days;30 units per 30 days | • FREESTYLE FLASH SYSTEM(OTC) | 1 units per 365 days                  |

## Preferred Drug List Medication Prescribing Limitations

|                                              |                                |                                |                                |
|----------------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| • FREESTYLE FREEDOM LITE(OTC)                | 1 units per 365 days           | • KADIAN(CAP ER PEL)(30 MG)    | 6 units per 1 days             |
| • FREESTYLE FREEDOM(OTC)                     | 1 units per 365 days           | • KADIAN(CAP ER PEL)(50 MG)    | 90 units per 30 days           |
| • FREESTYLE INSULINX(OTC)                    | 1 units per 365 days           | • KADIAN(CAP ER PEL)(60 MG)    | 90 units per 30 days           |
| • FREESTYLE INSULINX(OTC)                    | 150 units per 23 days          | • KADIAN(CAP ER PEL)(80 MG)    | 90 units per 30 days           |
| • FREESTYLE LITE METER(OTC)                  | 1 units per 365 days           | • KALETRA(SOLUTION)            | 100 days;360 ml per 30 days    |
| • FREESTYLE LITE(OTC)                        | 150 units per 23 days          | • KALETRA(TAB)(100MG-25MG)     | 100 days;240 units per 30 days |
| • FREESTYLE SIDEKICK II(OTC)                 | 1 units per 365 days           | • KALETRA(TAB)(200MG-50MG)     | 100 days;120 units per 30 days |
| • FREESTYLE SYSTEM(OTC)                      | 1 units per 365 days           | • KAOCHLOR                     | 93 days                        |
| • FREESTYLE(OTC)                             | 150 units per 23 days          | • K-TAB ER                     | 93 days                        |
| • FUROSEMIDE                                 | 93 days                        | • LABETALOL HCL                | 93 days                        |
| • GILOTRIF                                   | 30 units per 30 days           | • LASIX                        | 93 days                        |
| • GLEEVEC                                    | 2 units per 1 days             | • LEVAQUIN(SOLUTION)           | 30 ml per 1 days               |
| • GLUCOPHAGE(TAB)(1000 MG)                   | 2 units per 1 days;93 days     | • LEXIVA(ORAL SUSP)            | 100 days;1680 ml per 30 days   |
| • GLUCOPHAGE(TAB)(500 MG)                    | 5 units per 1 days;93 days     | • LEXIVA(TAB)                  | 100 days;120 units per 30 days |
| • GLUCOPHAGE(TAB)(850 MG)                    | 93 days                        | • LITEAIRE                     | 2 units per 365 days           |
| • GLUCOTROL                                  | 93 days                        | • LITETOUCH                    | 2 units per 365 days           |
| • GLYBURIDE                                  | 93 days                        | • LITHIUM                      | 93 days                        |
| • GLYNASE                                    | 93 days                        | • LITHIUM CARBONATE            | 93 days                        |
| • GRANISETRON HCL                            | 2 units per 1 days             | • LITHOBID                     | 93 days                        |
| • HYDRALAZINE HCL                            | 93 days                        | • LOPID                        | 93 days                        |
| • HYDROCHLOROTHIAZIDE                        | 93 days                        | • LOTENSIN                     | 93 days                        |
| • HYDROCODONE-ACETAMINOPHEN(TAB)(10MG-300MG) | 390 units per 30 days          | • LUNESTA                      | 1 units per 1 days             |
| • HYDROCODONE-ACETAMINOPHEN(TAB)(10MG-325MG) | 30 units per fill              | • MAXALT                       | 18 units per 30 days           |
| • HYDROCODONE-ACETAMINOPHEN(TAB)(5MG-300MG)  | 390 units per 30 days          | • MAXALT MLT                   | 18 units per 30 days           |
| • HYDROCODONE-ACETAMINOPHEN(TAB)(7.5-300MG)  | 390 units per 30 days          | • MAXZIDE-25 MG                | 93 days                        |
| • IBUPROFEN                                  | 93 days                        | • MEDROXYPROGESTERONE ACETATE  | 93 days                        |
| • ICLUSIG(TAB)(15 MG)                        | 2 units per 1 days             | • MENOSTAR                     | 1 units per 7 days             |
| • ICLUSIG(TAB)(45 MG)                        | 1 units per 1 days             | • METAPROTERENOL SULFATE       | 93 days                        |
| • IMDUR                                      | 93 days                        | • METHADONE HCL                | 120 ml per 30 days             |
| • IMITREX(TAB)                               | 18 units per 30 days           | • METHYLDOPA                   | 93 days                        |
| • INDAPAMIDE                                 | 93 days                        | • METOCLOPRAMIDE HCL           | 1200 ml per 23 days            |
| • INDERAL LA                                 | 93 days                        | • METOCLOPRAMIDE HCL(SOLUTION) | 1200 ml per 23 days            |
| • INTELENCE(TAB)(100 MG)                     | 100 days;120 units per 30 days | • METOCLOPRAMIDE HCL(TAB)      | 4 units per 1 days             |
| • INTELENCE(TAB)(200 MG)                     | 100 days;60 units per 30 days  | • METOPROLOL TARTRATE          | 93 days                        |
| • INTELENCE(TAB)(25 MG)                      | 100 days;480 units per 30 days | • MEXILETINE HCL               | 93 days                        |
| • INTERMEZZO                                 | 1 units per 1 days             | • MICROCHAMBER                 | 2 units per 365 days           |
| • ISENTRESS(TAB CHEW)(100 MG)                | 100 days;240 units per 30 days | • MICROSPACER                  | 2 units per 365 days           |
| • ISENTRESS(TAB CHEW)(25 MG)                 | 100 days;720 units per 30 days | • MICROZIDE                    | 93 days                        |
| • ISENTRESS(TAB)                             | 100 days;60 units per 30 days  | • MIGERGOT                     | 20 units per 28 days           |
| • ISOCHRON                                   | 93 days                        | • MINIPRESS                    | 93 days                        |
| • ISONIAZID                                  | 93 days                        | • MIRAPEX ER                   | 1 units per 1 days             |
| • ISORDIL TITRADOSE                          | 93 days                        | • MONAGHAN Z STAT              | 2 units per 365 days           |
| • ISOSORBIDE DINITRATE(TAB)                  | 93 days                        | • MORPHINE SULFATE(TAB)(15 MG) | 12 units per 1 days            |
| • JANUMET                                    | 2 units per 1 days             | • MORPHINE SULFATE(TAB)(30 MG) | 120 units per 30 days          |
| • JANUMET XR                                 | 1 units per 1 days             | • MS CONTIN(TAB ER)(100 MG)    | 90 units per 30 days           |
| • JENTADUETO                                 | 2 units per 1 days             | • MS CONTIN(TAB ER)(15 MG)     | 90 units per 30 days           |
| • KADIAN(CAP ER PEL)(100 MG)                 | 90 units per 30 days           | • MS CONTIN(TAB ER)(30 MG)     | 6 units per 1 days             |
| • KADIAN(CAP ER PEL)(20 MG)                  | 90 units per 30 days           | • MS CONTIN(TAB ER)(60 MG)     | 90 units per 30 days           |
|                                              |                                | • MYNATAL                      | 100 days                       |
|                                              |                                | • NAPROSYN                     | 93 days                        |
|                                              |                                | • NAPROXEN                     | 93 days                        |
|                                              |                                | • NARATRIPTAN HCL              | 18 units per 30 days           |
|                                              |                                | • NEUPRO                       | 1 units per 1 days             |
|                                              |                                | • NEURONTIN                    | 93 days                        |
|                                              |                                | • NITROGLYCERIN                | 93 days                        |

## Preferred Drug List Medication Prescribing Limitations

|                                |                                |                          |                                |
|--------------------------------|--------------------------------|--------------------------|--------------------------------|
| • NORPACE                      | 93 days                        | • PROVERA                | 93 days                        |
| • NORPACE CR                   | 93 days                        | • QUINIDINE GLUCONATE    | 93 days                        |
| • NORVASC                      | 93 days                        | • QUINIDINE SULFATE      | 93 days                        |
| • NORVIR(CAP)                  | 100 days;360 units per 30 days | • RANITIDINE 150MG       | 93 days                        |
| • NORVIR(SOLUTION)             | 100 days;480 ml per 30 days    | • RANITIDINE HCL         | 93 days                        |
| • NORVIR(TAB)                  | 100 days;360 units per 30 days | • REGLAN                 | 4 units per 1 days             |
| • NP THYROID                   | 93 days                        | • REQUIP XL              | 1 units per 1 days             |
| • ONE TOUCH SURESOFT(OTC)      | 200 units per 30 days          | • RETROVIR(CAP)          | 100 days;180 units per 30 days |
| • OPTICHAMBER                  | 2 units per 365 days           | • RETROVIR(SYRUP)        | 100 days;1800 ml per 30 days   |
| • OPTICHAMBER DIAMOND          | 2 units per 365 days           | • REYATAZ(CAP)(150 MG)   | 100 days;60 units per 30 days  |
| • OPTIUM EZ(OTC)               | 150 units per 23 days          | • REYATAZ(CAP)(200 MG)   | 100 days;60 units per 30 days  |
| • OPTIUM(OTC)                  | 150 units per 23 days          | • REYATAZ(CAP)(300 MG)   | 100 days;30 units per 30 days  |
| • OXYBUTYNIN CHLORIDE          | 93 days                        | • RITEFLO                | 2 units per 365 days           |
| • PARCOPA                      | 93 days                        | • ROCALTROL              | 100 days                       |
| • PENTOXIFYLLINE               | 93 days                        | • ROXICODONE             | 12 units per 1 days            |
| • PEPCID                       | 93 days                        | • ROZEREM                | 1 units per 1 days             |
| • PERCOCET                     | 360 units per 23 days          | • SALSALATE              | 93 days                        |
| • PERCODAN                     | 360 units per 23 days          | • SELZENTRY(TAB)(150 MG) | 100 days;60 units per 30 days  |
| • PERSANTINE                   | 93 days                        | • SELZENTRY(TAB)(300 MG) | 100 days;120 units per 30 days |
| • PFLEX TRAINER                | 2 units per 365 days           | • SE-NATAL 19            | 100 days                       |
| • PHENOBARBITAL                | 93 days                        | • SILENOR                | 1 units per 1 days             |
| • PHENYTOIN                    | 93 days                        | • SILICONE MASK          | 2 units per 365 days           |
| • PHOSLO                       | 9 units per 1 days             | • SINEMET 10-100         | 93 days                        |
| • POCKET CHAMBER               | 2 units per 365 days           | • SINEMET 25-100         | 93 days                        |
| • POTASSIUM CHLORIDE           | 93 days                        | • SINEMET 25-250         | 93 days                        |
| • PRECISION PCX PLUS(OTC)      | 150 units per 23 days          | • SONATA                 | 1 units per 1 days             |
| • PRECISION PCX(OTC)           | 150 units per 23 days          | • SPRYCEL(TAB)(100 MG)   | 1 units per 1 days             |
| • PRECISION POINT OF CARE(OTC) | 150 units per 23 days          | • SPRYCEL(TAB)(140 MG)   | 1 units per 1 days             |
| • PRECISION Q-I-D(OTC)         | 150 units per 23 days          | • SPRYCEL(TAB)(20 MG)    | 2 units per 1 days             |
| • PRECISION XTRA(OTC)          | 1 units per 365 days           | • SPRYCEL(TAB)(50 MG)    | 1 units per 1 days             |
| • PRECISION XTRA(OTC)          | 150 units per 23 days          | • SPRYCEL(TAB)(70 MG)    | 1 units per 1 days             |
| • PRECISION(OTC)               | 1 units per 365 days           | • SPRYCEL(TAB)(80 MG)    | 1 units per 1 days             |
| • PREDNISONE                   | 93 days                        | • STRIANT                | 2 units per 1 days             |
| • PREDNISONE INTENSOL          | 93 days                        | • STRIBILD               | 100 days;30 units per 30 days  |
| • PREFEST                      | 1 units per 1 days             | • SUMAVEL DOSEPRO        | 4 ml per 21 days               |
| • PREMARIN(TAB)(0.3 MG)        | 1 units per 1 days             | • SUSTIVA(CAP)(200 MG)   | 100 days;90 units per 30 days  |
| • PREMARIN(TAB)(0.45MG)        | 1 units per 1 days             | • SUSTIVA(CAP)(50 MG)    | 100 days;360 units per 30 days |
| • PREMARIN(TAB)(0.625 MG)      | 1 units per 1 days             | • SUSTIVA(TAB)           | 100 days;30 units per 30 days  |
| • PREMARIN(TAB)(1.25 MG)       | 1 units per 1 days             | • SYNTHROID              | 93 days                        |
| • PREMPRO                      | 1 units per 1 days             | • TAMIFLU(SUSP RECON)    | 10 days                        |
| • PRENAPLUS                    | 100 days                       | • TARCEVA(TAB)(100 MG)   | 60 units per 30 days           |
| • PRENATABS FA                 | 100 days                       | • TARCEVA(TAB)(150 MG)   | 90 units per 30 days           |
| • PRENATABS RX                 | 100 days                       | • TARCEVA(TAB)(25 MG)    | 60 units per 30 days           |
| • PRENATAL AD                  | 100 days                       | • TASIGNA                | 4 units per 1 days             |
| • PRENATAL PLUS                | 100 days                       | • TEGRETOL               | 93 days                        |
| • PREVACID(CAP DR)(30 MG)      | 1 units per 1 days             | • TENORMIN               | 93 days                        |
| • PREZISTA(ORAL SUSP)          | 100 days;200 ml per 30 days    | • TERAZOSIN HCL          | 93 days                        |
| • PREZISTA(TAB)(150 MG)        | 100 days;240 units per 30 days | • TESTIM                 | 10 gm per 1 days               |
| • PREZISTA(TAB)(600 MG)        | 100 days;60 units per 30 days  | • THEOPHYLLINE ANHYDROUS | 93 days                        |
| • PREZISTA(TAB)(75 MG)         | 100 days;480 units per 30 days | • THRESHOLD IMT          | 2 units per 365 days           |
| • PREZISTA(TAB)(800 MG)        | 100 days;30 units per 30 days  | • THRESHOLD PEP          | 2 units per 365 days           |
| • PRIMEAIRE                    | 2 units per 365 days           | • TOLAZAMIDE             | 93 days                        |
| • PROBENECID                   | 93 days                        | • TOLBUTAMIDE            | 93 days                        |
| • PROCARDIA XL                 | 93 days                        | • TOPROL XL              | 93 days                        |
| • PROCHAMBER                   | 2 units per 365 days           |                          |                                |
| • PROPRANOLOL HCL              | 93 days                        |                          |                                |

## Preferred Drug List Medication Prescribing Limitations

|                                 |                                |
|---------------------------------|--------------------------------|
| • TRADJENTA                     | 2 units per 1 days             |
| • TRANDATE                      | 93 days                        |
| • TREXIMET                      | 9 units per 30 days            |
| • TRIAMTERENE-HCTZ              | 93 days                        |
| • TRICARE                       | 100 days                       |
| • TRINATAL RX 1                 | 100 days                       |
| • TRIZIVIR                      | 100 days;60 units per 30 days  |
| • TRUVADA                       | 100 days;30 units per 30 days  |
| • TYLENOL-CODEINE NO.3          | 360 units per 23 days          |
| • ULTIMA(OTC)                   | 150 units per 23 days          |
| • ULTRAM                        | 8 units per 1 days             |
| • UNITHROID                     | 93 days                        |
| • VALPROIC ACID                 | 93 days                        |
| • VENTOLIN HFA                  | 36 gm per 23 days < 18 years   |
| • VERELAN                       | 93 days                        |
| • VIDEX                         | 100 days;600 ml per 30 days    |
| • VINATE GT                     | 100 days                       |
| • VINATE ULTRA                  | 100 days                       |
| • VIRACEPT                      | 100 days;360 units per 30 days |
| • VIRAMUNE XR                   | 100 days;180 units per 30 days |
| • VIRAMUNE(ORAL SUSP)           | 100 days;1200 ml per 30 days   |
| • VIRAMUNE(TAB)                 | 100 days;60 units per 30 days  |
| • VITAMIN D(OTC)                | 100 days                       |
| • VITAMIN D3(OTC)               | 100 days                       |
| • VORTEX                        | 2 units per 365 days           |
| • VORTEX VHC FROG MASK          | 2 units per 365 days           |
| • VORTEX VHC LADYBUG MASK       | 2 units per 365 days           |
| • WATCHHALER                    | 2 units per 365 days           |
| • XELODA                        | 1 units per 1 days             |
| • ZANTAC                        | 93 days                        |
| • ZARONTIN                      | 93 days                        |
| • ZESTRIL                       | 93 days                        |
| • ZIAGEN(SOLUTION)              | 100 days;960 ml per 30 days    |
| • ZIAGEN(TAB)                   | 100 days;60 units per 30 days  |
| • ZIDOVUDINE                    | 100 days;60 units per 30 days  |
| • ZOCOR                         | 93 days                        |
| • ZOFRAN ODT(TAB RDP DIS)(4 MG) | 6 units per 1 days             |
| • ZOFRAN ODT(TAB RDP DIS)(8 MG) | 3 units per 1 days             |
| • ZOLPIDEM TARTRATE             | 1 units per 1 days             |
| • ZOLPIMIST                     | 7.7 ml per 23 days             |
| • ZOMIG(SPRAY)(2.5 MG)          | 12 units per 30 days           |
| • ZOMIG(SPRAY)(5 MG)            | 12 units per 30 days           |
| • ZOMIG(TAB)                    | 12 units per 30 days           |
| • ZYLOPRIM                      | 93 days                        |

## STEP THERAPY EDITS - FORMULARY

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| • ACTOPLUS MET XR    | Prior prescription for Tolbutamide in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • ALSUMA             | Atleast 2 of Prior prescription for Sumatriptan Succinate in 180 days or Zolmitriptan in 180 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • APRISO             | Atleast 3 of Prior prescription for Colazal in 90 days or Delzicol in 90 days or Sulfazine in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • AUVI-Q             | Prior prescription for Auvi-q in 120 days or Twinject in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • AZOR               | Atleast 4 of Prior prescription for Candesartan/hydrochlorothiazid in 365 days or Exforge in 365 days or Irbesartan/hydrochlorothiazide in 365 days or Losartan Potassium in 365 days                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • BENICAR            | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                              |
| • BENICAR HCT        | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                              |
| • COMBIGAN           | Atleast 2 of Prior prescription for Dorzolamide-timolol in 120 days or Trusopt in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • DELZICOL           | Atleast 2 of Prior prescription for Colazal in 90 days or Sulfazine in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • EDARBI             | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                              |
| • EDARBYCLOR         | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                              |
| • EDLUAR             | Atleast 5 of Prior prescription for Edluar in 120 days or Flurazepam Hcl in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • ERGOMAR            | Atleast 2 of Prior prescription for Ergotrate in 180 days or Zolmitriptan in 180 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • EXFORGE            | Atleast 3 of Prior prescription for Candesartan/hydrochlorothiazid in 365 days or Irbesartan/hydrochlorothiazide in 365 days or Losartan Potassium in 365 days                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • FENOGLIDE          | Atleast 2 of Prior prescription for Lopid in 120 days or Triglide in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • FLUVASTATIN SODIUM | Prior prescription for Fluvastatin Sodium in 90 days and Pravastatin Sodium in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • FORADIL            | Atleast 2 of Prior prescription for Flovent Hfa in 120 days or Serevent Diskus in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • IBANDRONATE SODIUM | Prior prescription for Alendronate Sodium in 365 days or Alendronate Sodium/vitamin D3 in 365 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • INTERMEZZO         | Atleast 5 of Prior prescription for Flurazepam Hcl in 120 days or Intermezzo in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • JANUMET            | Prior prescription for Riomet in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • JANUMET XR         | Prior prescription for Riomet in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • JANUVIA            | Prior prescription for Riomet in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • JENTADUETO         | Prior prescription for Riomet in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • LIPOFEN            | Atleast 2 of Prior prescription for Lopid in 120 days or Triglide in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • LO LOESTRIN FE     | Atleast 3 of Prior prescription for Generess Fe in 365 days or Loseasonique in 365 days or Lybrel in 365 days or Microgestin Fe in 365 days or Microgestin in 365 days or Necon in 365 days or Ortho Micronor in 365 days or Ortho-novum in 365 days or Pirmella in 365 days or Portia in 365 days or Seasonale in 365 days or Seasonique in 365 days or Sprintec in 365 days or Sronyx in 365 days or Tri-legest Fe in 365 days or Tri-norinyl in 365 days or Trinessa in 365 days or Trivora-28 in 365 days or Wera in 365 days or Yaz in 365 days or Zarah in 365 days or Zenchent in 365 days or Zeosa in 365 days |
| • LUNESTA            | Atleast 5 of Prior prescription for Flurazepam Hcl in 120 days or Lunesta in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • LUVOX CR           | Prior prescription for Citalopram Hbr in 120 days or Lexapro in 120 days or Luvox Cr in 120 days or Paxil Cr in 120 days or Remeron in 120 days or Selfemra in 120 days or Zoloft in 120 days or Zyban in 120 days                                                                                                                                                                                                                                                                                                                                                                                                     |

## Preferred Drug List Medication Prescribing Limitations

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| • MIRAPEX ER              | Prior prescription for Pramipexole Dihydrochloride in 120 days or Ropinirole Hcl in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • NAMENDA                 | Prior prescription for Donepezil Hcl Odt in 120 days or Exelon in 90 days or Razadyne Er in 90 days or Rivastigmine in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • NAMENDA XR              | Prior prescription for Donepezil Hcl Odt in 120 days or Exelon in 90 days or Razadyne Er in 90 days or Rivastigmine in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • ORTHO TRI-CYCLEN LO     | Atleast 3 of Prior prescription for Generess Fe in 365 days or Loseasonique in 365 days or Lybrel in 365 days or Microgestin Fe in 365 days or Microgestin in 365 days or Necon in 365 days or Ortho Micronor in 365 days or Ortho-novum in 365 days or Pirmella in 365 days or Portia in 365 days or Seasonale in 365 days or Seasonique in 365 days or Sprintec in 365 days or Sronyx in 365 days or Tri-legest Fe in 365 days or Tri-norinyl in 365 days or Trinessa in 365 days or Trivora-28 in 365 days or Wera in 365 days or Yaz in 365 days or Zarah in 365 days or Zenchent in 365 days or Zeosa in 365 days                                                                                                                                                                                                                    |
| • OXTELLAR XR             | Prior prescription for Trileptal in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • PIOGLITAZONE HCL        | Prior prescription for Tolbutamide in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • PIOGLITAZONE-METFORMIN  | Prior prescription for Tolbutamide in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • PREVACID(CAP DR)(15 MG) | Prior prescription for Zantac-ppi in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • REQUIP XL               | Prior prescription for Pramipexole Dihydrochloride in 120 days or Ropinirole Hcl in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • ROZEREM                 | Atleast 5 of Prior prescription for Flurazepam Hcl in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • SAFYRAL                 | Atleast 3 of Prior prescription for Generess Fe in 365 days or Lo Loestrin Fe in 365 days or Lomedia 24 Fe in 365 days or Loseasonique in 365 days or Lybrel in 365 days or Microgestin Fe in 365 days or Microgestin in 365 days or Necon in 365 days or Ortho Micronor in 365 days or Ortho-novum in 365 days or Ovcon-50 in 365 days or Ovral-28 in 365 days or Pirmella in 365 days or Portia in 365 days or Seasonale in 365 days or Seasonique in 365 days or Sprintec in 365 days or Sronyx in 365 days or Tri-legest Fe in 365 days or Tri-lo-sprintec in 365 days or Tri-norinyl in 365 days or Trinessa in 365 days or Trivora-28 in 365 days or Velivet in 365 days or Viorele in 365 days or Wera in 365 days or Yaz in 365 days or Zarah in 365 days or Zenchent in 365 days or Zeosa in 365 days or Zovia 1-50e in 365 days |
| • SEREVENT DISKUS         | Atleast 2 of Prior prescription for Flovent Hfa in 120 days or Foradil in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • SILENOR                 | Atleast 5 of Prior prescription for Flurazepam Hcl in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • SIMBRINZA               | Atleast 2 of Prior prescription for Dorzolamide-timolol in 120 days or Trusopt in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • SUMAVEL DOSEPRO         | Prior prescription for Sumatriptan Succinate in 180 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • TEVETEN HCT             | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • TRADJENTA               | Prior prescription for Riomet in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • TRIBENZOR               | Atleast 3 of Prior prescription for Candesartan Cilexetil in 120 days or Candesartan-hydrochlorothiazid in 120 days or Irbesartan in 120 days or Irbesartan-hydrochlorothiazide in 120 days or Losartan Potassium in 120 days or Losartan-hydrochlorothiazide in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • TROSPIMUM CHLORIDE      | Prior prescription for Oxybutynin Chloride Er in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • XOPENEX                 | Prior prescription for Albuterol Sulfate in 90 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • ZOLPIMIST               | Atleast 5 of Prior prescription for Flurazepam Hcl in 120 days or Prosom in 120 days or Temazepam in 120 days or Zaleplon in 120 days or Zolpimist in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • ZOMIG(SPRAY)(2.5 MG)    | Atleast 4 of Prior prescription for Naratriptan Hcl in 365 days or Rizatriptan in 365 days or Sumatriptan Succinate in 365 days or Zomig Zmt in 365 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • ZOMIG(SPRAY)(5 MG)      | Prior prescription for Zomig Zmt in 180 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • ZOMIG(TAB)              | Atleast 2 of Prior prescription for Rizatriptan in 120 days or Sumatriptan in 120 days or Sumavel Dosepro in 120 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## PRIOR AUTHORIZATION RESRICTION - FORMULARY

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| <ul style="list-style-type: none"> <li>• ABILIFY</li> <li>• ABILIFY DISCMELT</li> <li>• ABILIFY MAINTENA</li> <li>• ABSORICA</li> <li>• ADVAIR DISKUS(BLST W/DEV)(100-50 MCG)</li> <li>• ADVAIR DISKUS(BLST W/DEV)(250-50 MCG)</li> <li>• ADVAIR DISKUS(BLST W/DEV)(500-50 MCG)</li> <li>• ADVAIR HFA</li> <li>• AFINITOR</li> <li>• AGGRENOX</li> <li>• ALLI(OTC)</li> <li>• AMTURNIDE</li> <li>• ASTAGRAF XL</li> <li>• AUBAGIO</li> <li>• AVASTIN</li> <li>• AXERT</li> <li>• BACTROBAN</li> <li>• BOSULIF(TAB)(100 MG)</li> <li>• BOSULIF(TAB)(500 MG)</li> <li>• BREO ELLIPTA</li> <li>• CAVERJECT</li> <li>• CAYSTON</li> <li>• CESAMET</li> <li>• CIALIS</li> <li>• CLARAVIS</li> <li>• COPAXONE</li> <li>• CYSTARAN</li> <li>• DENAVIR</li> <li>• DETROL LA</li> <li>• DEXMETHYLPHENIDATE HCL ER</li> <li>• DICLEGIS</li> <li>• DULOXETINE HCL</li> <li>• DURAGESIC</li> <li>• EDEX</li> <li>• ELIDEL</li> <li>• ENABLEX</li> <li>• EPOGEN</li> <li>• ERBITUX</li> <li>• ERIVEDGE</li> <li>• EYLEA</li> <li>• FARESTON</li> <li>• FAZACLO</li> <li>• FETZIMA</li> <li>• FIRST-LANSOPRAZOLE</li> <li>• FIRST-OMEPRAZOLE</li> <li>• FOSRENOL</li> <li>• FULYZAQ</li> <li>• GILENYA</li> <li>• GILOTRIF</li> <li>• GLEEVEC</li> <li>• HALOPERIDOL LACTATE</li> <li>• HECORIA</li> <li>• HECTOROL</li> <li>• HYCAMTIN</li> <li>• HYCET</li> <li>• ICLUSIG(TAB)(15 MG)</li> <li>• ICLUSIG(TAB)(45 MG)</li> <li>• IMBRUVICA</li> <li>• INCIVEK</li> <li>• INLYTA</li> <li>• INVOKANA</li> <li>• KADCYLA</li> <li>• KADIAN(CAP ER PEL)(10 MG)</li> </ul> | <ul style="list-style-type: none"> <li>• KADIAN(CAP ER PEL)(100 MG)</li> <li>• KADIAN(CAP ER PEL)(20 MG)</li> <li>• KADIAN(CAP ER PEL)(50 MG)</li> <li>• KADIAN(CAP ER PEL)(60 MG)</li> <li>• KADIAN(CAP ER PEL)(80 MG)</li> <li>• KALYDECO</li> <li>• KOMBIGLYZE XR</li> <li>• KORLYM</li> <li>• KYNAMRO</li> <li>• LEVITRA</li> <li>• LIDODERM</li> <li>• LINZESS</li> <li>• LIVALO</li> <li>• LUMIGAN</li> <li>• MARINOL</li> <li>• MORPHINE SULFATE ER</li> <li>• MUSE</li> <li>• MYCOBUTIN</li> <li>• NASONEX</li> <li>• NIASPAN</li> <li>• NOVOLIN 70-30(OTC)</li> <li>• NOVOLIN N(OTC)</li> <li>• NOVOLIN R(OTC)</li> <li>• NOXAFIL</li> <li>• NUCYNTA</li> <li>• NUCYNTA ER</li> <li>• NUMORPHAN</li> <li>• OMNITROPE</li> <li>• ONGLYZA</li> <li>• ONMEL</li> <li>• OPANA</li> <li>• OPANA ER</li> <li>• PEGINTRON</li> <li>• PEGINTRON REDIPEN</li> <li>• PICATO</li> <li>• POMALYST</li> <li>• POTIGA</li> <li>• PROCRIT</li> <li>• PROTOPIC</li> <li>• PULMOZYME</li> <li>• QSYMIA</li> <li>• RAVICTI</li> <li>• REBIF</li> <li>• RENAGEL</li> <li>• RENVELA</li> <li>• RESCULA</li> <li>• SABRIL</li> <li>• SAIZEN</li> <li>• SEROQUEL XR</li> <li>• SEVELAMER CARBONATE</li> <li>• SILDENAFIL</li> <li>• SORIATANE</li> <li>• SOVALDI</li> <li>• SPORANOX</li> <li>• SPRYCEL(TAB)(100 MG)</li> <li>• SPRYCEL(TAB)(140 MG)</li> <li>• SPRYCEL(TAB)(20 MG)</li> <li>• SPRYCEL(TAB)(50 MG)</li> <li>• SPRYCEL(TAB)(70 MG)</li> <li>• SPRYCEL(TAB)(80 MG)</li> <li>• STAXYN</li> <li>• STENDRA</li> <li>• STIVARGA</li> </ul> |
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- SYMBICORT
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- TARCEVA(TAB)(150 MG)
- TARCEVA(TAB)(25 MG)
- TASIGNA
- TAZORAC
- TEKAMLO
- TEKTURNA
- TEKTURNA HCT
- TEMODAR
- THALOMID
- TINDAMAX
- TOBI
- TOBI PODHALER
- TRAVATAN Z
- TREXIMET
- TYKERB
- TYSABRI
- UCERIS
- VALCYTE
- VANCOMYCIN HCL
- VECTIBIX
- VERAMYST
- VFEND
- VIAGRA
- VIMPAT
- XELJANZ
- XENICAL
- YOHIMAR
- YOHIMEX
- ZALTRAP
- ZEMPLAR
- ZETIA
- ZOVIRAX

## GENDER LIMITS - FORMULARY

|                 |             |
|-----------------|-------------|
| • MYNATAL       | Female Only |
| • PRENAPLUS     | Female Only |
| • PRENATABS FA  | Female Only |
| • PRENATABS RX  | Female Only |
| • PRENATAL AD   | Female Only |
| • PRENATAL PLUS | Female Only |
| • SE-NATAL 19   | Female Only |
| • TRICARE       | Female Only |
| • TRINATAL RX 1 | Female Only |
| • VINATE GT     | Female Only |
| • VINATE ULTRA  | Female Only |

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| ULTILET ALCOHOL SWAB(OTC).....        | 11         | ZOFRAN ODT(TAB RDP DIS)(4 MG)..... | 5, 28      |
| ULTIMA(OTC).....                      | 12, 28     | ZOFRAN ODT(TAB RDP DIS)(8 MG)..... | 5, 28      |
| ULTRAM.....                           | 21, 28     | ZOLMITRIPTAN.....                  | 21         |
| UNITHROID.....                        | 13, 28     | ZOLOFT.....                        | 6          |
| UNOPROSTONE ISOPROPYL.....            | 14         | ZOLPIDEM TARTRATE.....             | 7, 28      |
| URECHOLINE.....                       | 19         | ZOLPIMIST.....                     | 7, 28, 30  |
| UROXATRAL.....                        | 22         | ZOMIG(SPRAY)(2.5 MG).....          | 21, 28, 30 |
| URSODIOL.....                         | 19         | ZOMIG(SPRAY)(5 MG).....            | 21, 28, 30 |
| USTEKINUMAB.....                      | 18         | ZOMIG(TAB).....                    | 21, 28, 30 |
| - V -                                 |            | ZONEGRAN.....                      | 22         |
| VALCYTE.....                          | 16, 32     | ZONISAMIDE.....                    | 22         |
| VALGANCICLOVIR HCL.....               | 16         | ZOVIA 1-50E.....                   | 10         |
| VALIUM.....                           | 7          | ZOVIRAX.....                       | 10, 16, 32 |
| VALPROIC ACID.....                    | 21, 28     | ZYLOPRIM.....                      | 14, 28     |
| VALPROIC ACID (AS SODIUM SALT).....   | 22         | ZYPREXA.....                       | 7          |
| VALSARTAN.....                        | 8          |                                    |            |
| VALSARTAN/HYDROCHLOROTHIAZIDE.....    | 8          |                                    |            |
| VANCOMYCIN HCL.....                   | 16, 32     |                                    |            |
| VANDAZOLE.....                        | 23         |                                    |            |
| VARDENAFIL HCL.....                   | 13         |                                    |            |
| VECTIBIX.....                         | 19, 32     |                                    |            |
| VENLAFAXINE HCL.....                  | 6          |                                    |            |
| VENLAFAXINE HCL ER.....               | 6          |                                    |            |
| VENTOLIN HFA.....                     | 5, 28      |                                    |            |
| VERAMYST.....                         | 5, 32      |                                    |            |
| VERAPAMIL HCL.....                    | 9          |                                    |            |
| VERELAN.....                          | 9, 28      |                                    |            |
| VFEND.....                            | 16, 32     |                                    |            |
| VIAGRA.....                           | 13, 32     |                                    |            |
| VIDEX.....                            | 17, 28     |                                    |            |
| VIGABATRIN.....                       | 22         |                                    |            |
| VIMPAT.....                           | 21, 32     |                                    |            |
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| VINATE ULTRA.....                     | 23, 28, 33 |                                    |            |
| VIRACEPT.....                         | 17, 28     |                                    |            |
| VIRAMUNE XR.....                      | 17, 28     |                                    |            |
| VIRAMUNE(ORAL SUSP).....              | 17, 28     |                                    |            |
| VIRAMUNE(TAB).....                    | 17, 28     |                                    |            |
| VIREAD.....                           | 17         |                                    |            |
| VIROPTIC.....                         | 13         |                                    |            |
| VISMODEGIB.....                       | 19         |                                    |            |
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| VORICONAZOLE.....                     | 16         |                                    |            |
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| VORTEX VHC LADYBUG MASK.....          | 6, 24, 28  |                                    |            |
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| VYTORIN.....                          | 9          |                                    |            |
| - W -                                 |            |                                    |            |
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| WEBCOL(OTC).....                      | 11         |                                    |            |