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 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	**cyproheptadine hcl**	CYPROHEPTADINE HCL	
T1	**diphenhydramine hcl**	COMPLETE ALLERGY MEDICINE	
T1	**hydroxyzine hcl**	HYDROXYZINE HCL	
T1	**promethazine hcl**	PROMETHAZINE HCL	AGE

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,accesory	EASIVENT	AGE, QL
T1	inhaler,assist device,accesory	LITETOUCH	AGE, QL
T1	inhaler,assist device,accesory	OPTICHAMBER	AGE, QL
T1	inhaler,assist device,accesory	OPTICHAMBER DIAMOND	AGE, QL
T1	inhaler,assist device,accesory	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 ER	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/hcthiazid	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 Antgnst & 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/hydrochlorothiazid**	DYAZIDE	QL
T1	**triamterene/hydrochlorothiazid**	MAXZIDE-25 MG	QL
T1	**triamterene/hydrochlorothiazid**	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 hiazide	AMTURNIDE	PA

Renin Inhibitor, Direct

T1	aliskiren hemifumarate	TEKTURNA	PA

Renin Inhibitor, Direct & Calcium Channel

Blocker

T1	aliskiren/amlodipine besylate	TEKAMLO	PA

Renin Inhibitor, Direct/thiazide Diuretic

Comb

T1	aliskiren/hydrochlorothiazide	TEKTURNA HCT	PA

Thiazide And Related Diuretics

T1	**chlorthalidone**	CHLORTHALIDONE	
T1	**hydrochlorothiazide**	HYDROCHLOROTHIAZIDE	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 SODIUM	ST
T1	pitavastatin calcium	LIVALO	PA
T1	**pravastatin sodium**	PRAVACHOL	
T1	**pravastatin sodium**	PRAVASTATIN SODIUM	
T1	**simvastatin**	ZOCOR	QL

Lipotropics

T1	ezetimibe	ZETIA	PA
T1	**fenofibrate**	FENOFIBRATE	
T1	fenofibrate	FENOGLIDE	ST
T1	fenofibrate	LIPOFEN	ST
T1	**fenofibrate nanocrystallized**	TRICOR	
T1	**fenofibrate,micronized**	ANTARA	
T1	**fenofibric acid (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 DINITRATE(TAB SUBL)	
T1	**isosorbide dinitrate**	ISOSORBIDE DINITRATE(TAB)	QL
T1	**isosorbide 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 LO	ST

Contraceptives,transdermal

T1	norelgestromin/ethin.estradiol	ORTHO EVRA	

Oxytocics

T1	**methylergonovine maleate**	METHYLERGONOVINE MALEATE	

COUGH AND COLD

Narcotic Antituss-1st Gen. Antihistamine-decongest

T1	**promethazine/phenyleph/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**	RID(OTC)	
T1	**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/hecell**	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 glyc**	DIPROLENE	
T1	**betamethasone/propylene glyc**	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

Antihyperglycemc-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 glargine,hum.rec.anlog	LANTUS	
T1	insulin glargine,hum.rec.anlog	LANTUS SOLOSTAR	
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 isophane	HUMULIN N(OTC)	
T1	nph, human insulin isophane	NOVOLIN N INNOLET(OTC)	
T1	nph, human insulin isophane	NOVOLIN N(OTC)	PA

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	RENVELA	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	vardenafil hcl	LEVITRA	PA
T1	vardenafil 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 sod 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 sodium**	SULFACETAMIDE SODIUM	
T1	sulfacetm na/prednisol ac	BLEPHAMIDE	
T1	sulfacetm na/prednisol ac	BLEPHAMIDE S.O.P.	

Eye Vasoconstrictors

T1	**naphazoline hcl**	NAPHAZOLINE HCL	
T1	**phenylephrine hcl**	MYDFRIN	
T1	**phenylephrine hcl**	PHENYLEPHRINE HCL	

Ophthalmic Antibiotics

T1	**bacitracin**	BACITRACIN	
T1	**bacitracin/polymyxin b sulfate**	BACITRACIN-POLYMYXIN	
T1	**ciprofloxacin hcl**	CILOXAN	
T1	**erythromycin base**	ILOTYCIN	
T1	**gentamicin sulfate**	GARAMYCIN	
T1	**neomy sulf/bacitra/polymyxin b**	NEO-POLYCIN	
T1	**neomycin/polymyxn b/gramicidin**	NEOSPORIN	
T1	**polymyxin b sulf/trimethoprim**	POLYTRIM	

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 tartrate/timolol	COMBIGAN	ST
T1	brinzolamide/brimonidtart	SIMBRINZA	ST
T1	**dorzolamide hcl**	TRUSOPT	
T1	**dorzolamide hcl/timolol maleat**	COSOPT	
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

Hemorrheologic 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 PMP)(1.25G (1%))	QL

T1	testosterone	ANDROGEL(GEL MD PMP)(20.25/1.25)	QL
T1	testosterone	ANDROGEL(GEL PACKET)(25MG(1%))	QL
T1	testosterone	ANDROGEL(GEL PACKET)(50 MG (1%))	QL
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/levonorgestrel	CLIMARA PRO	QL
T1	estradiol/norethindrone acet	COMBIPATCH	QL
T1	estradiol/norgestimate	PREFEST	QL
T1	estrogen,con/m-progest acet	PREMPRO	QL
T1	estrogens, conjugated	PREMARIN(TAB)(0.3 MG)	QL
T1	estrogens, conjugated	PREMARIN(TAB) (0.45MG)	QL
T1	estrogens, conjugated	PREMARIN(TAB) (0.625 MG)	QL
T1	estrogens, conjugated	PREMARIN(TAB)(0.9 MG)	
T1	estrogens, conjugated	PREMARIN(TAB)(1.25 MG)	QL
T1	estrogens,conj.,synthetic a	CENESTIN	QL
T1	estrogens,conj.,synthetic b	ENJUVIA	QL
T1	norethind ac/ethinyl estradiol	FEMHRT	QL

Progestational Agents

T1	**medroxyprogesterone acet**	MEDROXYPROGESTERONE ACETATE	QL
T1	**medroxyprogesterone acetate**	PROVERA	QL
T1	**norethindrone acetate**	AYGESTIN	
T1	**progesterone,micronized**	PROGESTERONE	

IMMUNOSUPPRESSION/MODULATION

Immunosuppressives

T1	**azathioprine**	IMURAN	
T1	**cyclosporine, modified**	CYCLOSPORINE MODIFIED	
T1	**mycophenolate mofetil**	CELLCEPT	
T1	sirolimus	RAPAMUNE	
T1	tacrolimus	ASTAGRAF XL	PA
T1	**tacrolimus**	HECORIA	PA

INFECTIOUS DISEASE - BACTERIAL

Absorbable Sulfonamides

T1	**sulfamethoxazole/trimethoprim**	BACTRIM	
T1	**sulfamethoxazole/trimethoprim**	SULFAMETHOXAZOLE-TRIMETHOPRIM	

Betalactams

T1	aztreonam lysine	CAYSTON	PA

Cephalosporins

T1	**cephalexin monohydrate**	CEPHALEXIN	

Cephalosporins - 1st Generation

T1	**cephalexin**	CEPHALEXIN	
T1	**cephalexin**	KEFLEX	

Cephalosporins - 2nd Generation

T1	cefuroxime axetil	CEFTIN	

Cephalosporins - 3rd Generation

T1	**cefdinir**	CEFDINIR	
T1	cefixime	SUPRAX	

Chemotherapeutics, Antibacterial, Misc.

T1	**methenamine hippurate**	HIPREX	
T1	**methenamine mandelate**	METHENAMINE MANDELATE	

Macrolides

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

Nitrofuran Derivatives

T1	**nitrofurantoin macrocrystal**	MACRODANTIN	

Penicillins

T1	**amoxicillin**	AMOXICILLIN	
T1	**amoxicillin**	AMOXIL	
T1	**amoxicillin trihydrate**	AMOXICILLIN	
T1	**amoxicillin/potassium clav**	AMOX TR-POTASSIUM CLAVULANATE	
T1	**amoxicillin/potassium clav**	AUGMENTIN	
T1	**amoxicillin/potassium clav**	AUGMENTIN ES-600	

T1	**ampicillin trihydrate**	AMPICILLIN TRIHYDRATE	
T1	**dicloxacillin sodium**	DICLOXACILLIN SODIUM	
T1	**penicillin v potassium**	PENICILLIN V POTASSIUM	

Quinolones

T1	ciprofloxacin	CIPRO	
T1	**ciprofloxacin hcl**	CIPRO	
T1	**levofloxacin**	LEVAQUIN(SOLUTION)	QL
T1	**levofloxacin**	LEVAQUIN(TAB)	
T1	**levofloxacin**	LEVOFLOXACIN	

Tetracyclines

T1	**doxycycline hyclate**	MORGIDOX	
T1	**minocycline hcl**	MINOCIN	
T1	**tetracycline hcl**	ALA-TET	
T1	**tetracycline hcl**	TETRACYCLINE HCL	

INFECTIOUS DISEASE - FUNGAL

Antifungal Agents

T1	**clotrimazole**	CLOTRIMAZOLE	
T1	**fluconazole**	DIFLUCAN	
T1	**flucytosine**	ANCOBON	
T1	itraconazole	ONMEL	PA
T1	**itraconazole**	SPORANOX	PA
T1	**ketoconazole**	KETOCONAZOLE	
T1	posaconazole	NOXAFIL	PA
T1	**terbinafine hcl**	LAMISIL	
T1	**voriconazole**	VFEND	PA

Antifungal Antibiotics

T1	**griseofulvin ultramicrosize**	GRIS-PEG	
T1	**griseofulvin, microsize**	GRISEOFULVIN	
T1	**nystatin**	NYSTATIN	

INFECTIOUS DISEASE - MISCELLANEOUS

Aminoglycosides

T1	tobramycin	TOBI PODHALER	PA
T1	**tobramycin in 0.225% nacl**	TOBI	PA

Antileprotics

T1	thalidomide	THALOMID	PA

Anti-mycobacterium Agents

T1	**ethambutol hcl**	ETHAMBUTOL HCL	
T1	**ethambutol hcl**	MYAMBUTOL	
T1	**isoniazid**	ISONIAZID	QL
T1	**rifabutin**	MYCOBUTIN	PA

Antitubercular Antibiotics

T1	rifamp/isoniazid/pyrazinamide	RIFATER	
T1	**rifampin**	RIFADIN	
T1	rifampin/isoniazid	RIFAMATE	

Lincosamides

T1	**clindamycin hcl**	CLEOCIN HCL	

Vancomycin And Derivatives

T1	**vancomycin hcl**	VANCOMYCIN HCL	PA

INFECTIOUS DISEASE - PARASITIC

2nd Gen. Anaerobic Antiprotozoal-antibacterial

T1	**tinidazole**	TINDAMAX	PA

Amebacides

T1	**paromomycin sulfate**	PAROMOMYCIN SULFATE	

Anaerobic Antiprotozoal-antibacterial Agents

T1	**metronidazole**	METRONIDAZOLE	

Antimalarial Drugs

T1	**chloroquine phosphate**	ARALEN PHOSPHATE	
T1	**chloroquine phosphate**	CHLOROQUINE PHOSPHATE	
T1	**hydroxychloroquine sulfate**	PLAQUENIL	
T1	primaquine phosphate	PRIMAQUINE	
T1	pyrimethamine	DARAPRIM	

INFECTIOUS DISEASE - VIRAL

Antivirals, General

T1	**acyclovir**	ZOVIRAX	
T1	oseltamivir phosphate	TAMIFLU(CAP)	
T1	oseltamivir phosphate	TAMIFLU(SUSP RECON)	AGE, QL
T1	valganciclovir hcl	VALCYTE	PA

Antivirals, Hiv-spec, Non-peptidic Protease Inhib

T1	darunavir ethanolate	PREZISTA(ORAL SUSP)	QL
T1	darunavir ethanolate	PREZISTA(TAB)(150 MG)	QL
T1	darunavir ethanolate	PREZISTA(TAB)(400 MG)	
T1	darunavir ethanolate	PREZISTA(TAB)(600 MG)	QL
T1	darunavir ethanolate	PREZISTA(TAB)(75 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/lamivudine	EPZICOM	QL
T1	**abacavir/lamivudine/zidovudine**	TRIZIVIR	QL
T1	**lamivudine/zidovudine**	COMBIVIR	QL

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/tenofov	COMPLERA	QL

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

T1	elvitegr/cobicist/emtric/tenof	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 REDIPEN	PA

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 INTENSOL	QL

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 sodium/misoprostol**	DICLOFENAC 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 Antiinflamatory Agents

T1	**sulfamethoxazole/trimethoprim**	SULFATRIM	
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/pramoxine	ANALPRAM HC

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**	CYCLOPHOSPHAMIDE	
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 Rcmb 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	**tamoxifen citrate**	TAMOXIFEN CITRATE	
T1	toremifene citrate	FARESTON	PA

Steroid Antineoplastics

T1	estramustine phosphate sodium	EMCYT	
T1	**megestrol acetate**	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	**riluzole**	RILUTEK	

Leukocyte Adhesion Inhib,alpha4-mediat 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	**butalbital/aspirin/caffeine**	BUTALBITAL-ASPIRIN-CAFFEINE	

Analgesic,non-salicylate,barbiturate,&xanthine Cmb

T1	**acetaminophen/caffeine/butalb**	AMERICET	
T1	**butalb/acetaminophen/caffeine**	FIORICET	

Analgesic/antipyretics, Salicylates

T1	**salsalate**	SALSALATE	QL

Analgesics,narcotics

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

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

Antimigraine Preparations

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

Narcotic Analgesic & Non-salicylate

Analgesic Comb

T1	**acetaminophen with codeine**	ACETAMINOPHEN-CODEINE(SOLUTION)	QL
T1	**acetaminophen with codeine**	ACETAMINOPHEN-CODEINE(TAB)	QL
T1	**acetaminophen with codeine**	TYLENOL-CODEINE NO.3	QL
T1	**acetaminophen with codeine**	TYLENOL-CODEINE NO.4	
T1	**codeine phos/acetaminophen**	ACETAMINOPHEN W/CODEINE(ELIXIR)	QL
T1	**codeine phos/acetaminophen**	ACETAMINOPHEN W/CODEINE(TAB)	QL

PARKINSONS DISEASE

Antiparkinsonism Drugs,anticholinergic

T1	**benztropine mesylate**	BENZTROPINE MESYLATE	
T1	**trihexyphenidyl hcl**	TRIHEXYPHENIDYL HCL	

Antiparkinsonism Drugs,other

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

SEIZURE DISORDER

Anticonvulsants

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

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	**trospium chloride**	TROSPIUM 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 ENHANCER	<= 18 years
• ADDERALL	>= 3 years
• ADVAIR DISKUS(BLST W/DEV)(100-50 MCG)	< 12 years
• ADVAIR DISKUS(BLST W/DEV)(250-50 MCG)	< 12 years
• AEROCHAMBER MINI	<= 18 years
• AEROCHAMBER PLUS FLOW-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
• ACETAMINOPHEN W/CODEINE(ELIXIR)	1800 ml per 23 days
• ACETAMINOPHEN W/CODEINE(TAB)	360 units per 23 days
• ACETAMINOPHEN-CODEINE(SOLUTION)	1800 ml per 23 days
• ACETAMINOPHEN-CODEINE(TAB)	13 units per 1 days
• ADALAT CC	93 days
• ADDERALL	2 units per 1 days
• ADRENACLICK	93 days
• AEROCHAMBER MINI	2 units per 365 days
• AEROCHAMBER PLUS FLOW-VU	2 units per 365 days
• AEROCHAMBER PLUS Z STAT	2 units per 365 days
• ALDACTONE	93 days
• ALSUMA	4 ml per 21 days
• AMARYL	93 days
• AMBIEN	1 units per 1 days
• ANDRODERM	1 units per 1 days
• ANDROGEL(GEL MD PMP)(1.25G (1%))	10 gm per 1 days
• ANDROGEL(GEL MD PMP)(20.25/1.25)	5 gm per 1 days
• ANDROGEL(GEL PACKET)(25MG(1%))	5 gm per 1 days
• ANDROGEL(GEL PACKET)(50 MG (1%))	10 gm per 1 days
• ANDROXY	4 units per 1 days
• ARIMIDEX	1 units per 1 days
• ARMOUR THYROID	93 days
• AROMASIN	1 units per 1 days
• ATRIPLA	100 days;30 units per 30 days
• AXERT	12 units per 30 days
• AXIRON	6 ml per 1 days
• BENAZEPRIL HCL	93 days
• BOSULIF(TAB)(100 MG)	4 units per 1 days
• BOSULIF(TAB)(500 MG)	1 units per 1 days
• BREATHERITE	2 units per 365 days
• BREATHRITE	2 units per 365 days
• CAFERGOT	40 units per 28 days
• CALAN SR	93 days
• CALCIUM ACETATE	9 units per 1 days
• CAPTOPRIL	93 days
• CARBAMAZEPINE	93 days
• CARBATROL	93 days
• CATAPRES	93 days
• CELEXA(TAB)(10 MG)	4 units per 1 days
• CELEXA(TAB)(20 MG)	2 units per 1 days
• CELEXA(TAB)(40 MG)	1 units per 1 days
• CENESTIN	1 units per 1 days
• CITALOPRAM HBR	600 ml per 30 days
• CLIMARA	1 units per 7 days
• CLIMARA PRO	1 units per 7 days
• COMBIPATCH	2 units per 7 days
• COMBIVIR	100 days;60 units per 30 days
• COMPLERA	100 days;30 units per 30 days
• CONCERTA(TAB ER 24H)(18 MG)	1 units per 1 days;2 units per 1 days
• CONCERTA(TAB ER 24H)(27 MG)	1 units per 1 days;2 units per 1 days
• CONCERTA(TAB ER 24H)(36 MG)	2 units per 1 days
• CONCERTA(TAB ER 24H)(54 MG)	1 units per 1 days;2 units per 1 days
• COREG	93 days
• COUMADIN	93 days
• DEPAKENE	93 days
• DEPAKOTE ER	93 days
• DIABETA	93 days
• DIDANOSINE(CAP DR)(125 MG)	100 days;60 units per 30 days
• DIDANOSINE(CAP DR)(200 MG)	100 days;60 units per 30 days
• DIDANOSINE(CAP DR)(250 MG)	100 days;60 units per 30 days
• DIDANOSINE(CAP DR)(400 MG)	100 days;30 units per 30 days
• DIGOX	93 days
• DIGOXIN	93 days
• DILANTIN-125	93 days
• DILAUDID	6 units per 1 days
• DILTIAZEM 24HR ER	93 days
• DIPYRIDAMOLE	93 days
• DIVIGEL	15 units per 14 days
• DOLOPHINE HCL(TAB)(10 MG)	120 units per 30 days
• DOLOPHINE HCL(TAB)(5 MG)	240 units per 30 days
• DYAZIDE	93 days
• EASIVENT	2 units per 365 days
• EC-NAPROSYN	93 days
• EDLUAR	1 units per 1 days
• EDURANT	100 days;30 units per 30 days
• ELESTRIN	26 gm per 28 days
• ENJUVIA	1 units per 1 days
• EPIPEN 2-PAK	93 days
• EPIPEN JR 2-PAK	93 days
• EPIVIR(SOLUTION)	100 days;30 ml per 30 days
• EPIVIR(TAB)(150 MG)	100 days;90 units per 30 days
• EPIVIR(TAB)(300 MG)	100 days;60 units per 30 days
• EPZICOM	100 days;30 units per 30 days
• ERGOMAR	40 units per 28 days
• ESKALITH	93 days
• ESTRACE	1 units per 1 days;93 days
• ESTRASORB	97.44 gm per 28 days
• ESTRING	1 units per 90 days
• ESTROGEL	50 gm per 28 days
• EVAMIST	16.2 ml per 28 days
• EVISTA	1 units per 1 days
• E-Z SPACER	2 units per 365 days
• FEMHRT	1 units per 1 days
• FLUORIDE	100 days
• FOLIC ACID	93 days
• FORTESTA	4 gm per 1 days
• FREESTYLE FLASH SYSTEM(OTC)	1 units per 365 days

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

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

• 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

• 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

• 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
• TROSPIUM 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

- ABILIFY
- ABILIFY DISCMELT
- ABILIFY MAINTENA
- ABSORICA
- ADVAIR DISKUS(BLST W/DEV)(100-50 MCG)
- ADVAIR DISKUS(BLST W/DEV)(250-50 MCG)
- ADVAIR DISKUS(BLST W/DEV)(500-50 MCG)
- ADVAIR HFA
- AFINITOR
- AGGRENOX
- ALLI(OTC)
- AMTURNIDE
- ASTAGRAF XL
- AUBAGIO
- AVASTIN
- AXERT
- BACTROBAN
- BOSULIF(TAB)(100 MG)
- BOSULIF(TAB)(500 MG)
- BREO ELLIPTA
- CAVERJECT
- CAYSTON
- CESAMET
- CIALIS
- CLARAVIS
- COPAXONE
- CYSTARAN
- DENAVIR
- DETROL LA
- DEXMETHYLPHENIDATE HCL ER
- DICLEGIS
- DULOXETINE HCL
- DURAGESIC
- EDEX
- ELIDEL
- ENABLEX
- EPOGEN
- ERBITUX
- ERIVEDGE
- EYLEA
- FARESTON
- FAZACLO
- FETZIMA
- FIRST-LANSOPRAZOLE
- FIRST-OMEPRAZOLE
- FOSRENOL
- FULYZAQ
- GILENYA
- GILOTRIF
- GLEEVEC
- HALOPERIDOL LACTATE
- HECORIA
- HECTOROL
- HYCAMTIN
- HYCET
- ICLUSIG(TAB)(15 MG)
- ICLUSIG(TAB)(45 MG)
- IMBRUVICA
- INCIVEK
- INLYTA
- INVOKANA
- KADCYLA
- KADIAN(CAP ER PEL)(10 MG)
- KADIAN(CAP ER PEL)(100 MG)
- KADIAN(CAP ER PEL)(20 MG)
- KADIAN(CAP ER PEL)(50 MG)
- KADIAN(CAP ER PEL)(60 MG)
- KADIAN(CAP ER PEL)(80 MG)
- KALYDECO
- KOMBIGLYZE XR
- KORLYM
- KYNAMRO
- LEVITRA
- LIDODERM
- LINZESS
- LIVALO
- LUMIGAN
- MARINOL
- MORPHINE SULFATE ER
- MUSE
- MYCOBUTIN
- NASONEX
- NIASPAN
- NOVOLIN 70-30(OTC)
- NOVOLIN N(OTC)
- NOVOLIN R(OTC)
- NOXAFIL
- NUCYNTA
- NUCYNTA ER
- NUMORPHAN
- OMNITROPE
- ONGLYZA
- ONMEL
- OPANA
- OPANA ER
- PEGINTRON
- PEGINTRON REDIPEN
- PICATO
- POMALYST
- POTIGA
- PROCRIT
- PROTOPIC
- PULMOZYME
- QSYMIA
- RAVICTI
- REBIF
- RENAGEL
- RENVELA
- RESCULA
- SABRIL
- SAIZEN
- SEROQUEL XR
- SEVELAMER CARBONATE
- SILDENAFIL
- SORIATANE
- SOVALDI
- SPORANOX
- SPRYCEL(TAB)(100 MG)
- SPRYCEL(TAB)(140 MG)
- SPRYCEL(TAB)(20 MG)
- SPRYCEL(TAB)(50 MG)
- SPRYCEL(TAB)(70 MG)
- SPRYCEL(TAB)(80 MG)
- STAXYN
- STENDRA
- STIVARGA

- SUBSYS
- SYMBICORT
- TARCEVA(TAB)(100 MG)
- 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