

2008

Effective April 1, 2008



Blue Cross and Blue Shield
of New Mexico

Blue Cross and Blue Shield of New Mexico Pharmacy Benefit

THERAPEUTIC CLASS DRUG LIST

Blue Cross and Blue Shield of New Mexico members are requested to talk to their physicians about prescribing medications included on the Drug List.

This document reflects the Blue Cross and Blue Shield of New Mexico Drug Pharmacy Benefit Drug List as of April 1, 2008. The Drug List is updated quarterly. Please visit www.bcbsnm.com for recent updates.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

TABLE OF CONTENTS

Introduction	2
Member Prescription Benefit	2
Pharmacy and Therapeutics (P&T) Committee	2
Guide to BCBSNM Drug List	2
Cost Index	3
Generic Substitution	3
Prior Authorization	4
Dispensing Limits	5
Step Therapy	6
Pharmacologic and Therapeutic Categories	7
Anti-infective Drugs	7
Cancer Drugs	9
Hormones, Diabetes and Related Drugs	9
Heart and Circulatory Drugs	12
Respiratory Drugs	15
Gastrointestinal Drugs	16
Genitourinary Drugs	17
Central Nervous System Drugs	17
Pain Relief Drugs	19
Neuromuscular Drugs	20
Supplements	21
Blood Modifying Drugs	22
Topical Drugs	22
Miscellaneous Categories (includes supplies and devices)	25

KEY

caps	capsules
conc	concentrate
crm	cream
delayed-release	enteric coated
DL	dispensing limit
ext-release	extended-release
inj	injection
lotn	lotion
oint	ointment
OTC	over-the-counter
PA	prior authorization
soln	solution
ST	step therapy
supp	suppositories
susp	suspension
tabs	tablets

CONTACT INFORMATION

If you have any questions regarding the BCBSNM Pharmacy Benefit Drug List, or if you have suggestions that can improve the usefulness of this publication, please direct them to:

Doug Lohkamp, RPh
Manager, Pharmacy Services
Blue Cross and Blue Shield of New Mexico
P.O. Box 27630
Albuquerque, NM 87125-7630

Phone: 505.816.2088
Email: doug_lohkamp@bcbsnm.com

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

INTRODUCTION

Blue Cross and Blue Shield of New Mexico (BCBSNM) is pleased to present the 2008 Blue Cross and Blue Shield of New Mexico Pharmacy Benefit Drug List. The Pharmacy Benefit Drug List includes all Tier 2 brand drugs and a partial listing of Generic drugs. **Physicians are encouraged to prescribe drugs listed in this Pharmacy Benefit Drug List. Members are encouraged to show this List to their physicians and pharmacists.**

MEMBER PRESCRIPTION BENEFIT

The Pharmacy Benefit Drug List is multi-tiered, generally placing prescription drugs into one of three copayment levels; Generic, Brand drugs on this List, and unlisted Brand drugs. Some benefits will include a fourth tier to cover high cost specialty medications. The BCBSNM drug benefit includes most prescription drugs, although some exclusions do apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia for hair growth, are not covered. Coverage and copayment levels vary depending on the plan. Drugs that require Prior Authorization or Step Therapy, or that have Dispensing Limits are listed on pages 4-6.

- Tier 1** – Lowest copayment: Generic drugs – listed and unlisted generic drugs
- Tier 2** – Middle copayment: Brand drugs – all shown on this List
- Tier 3** – Highest copayment: Brand drugs – unlisted Brand drugs

Prescriptions filled at a retail pharmacy are generally limited to a 30-day supply. A 90-day supply is available for prescriptions obtained through the Mail Order pharmacy. For most benefits an additional copay is applied for quantities of more than 120 units per 30 days. Members may be responsible for the first-tier copay plus the difference in cost between the brand and generic product if the reference brand is requested rather than the generic, or the member may pay the third-tier copay, depending upon the plan benefit. A copay is also applied per each packaged item such as inhalers, insulin, and blood glucose test strips.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Prime Therapeutics P&T Committee includes physicians and pharmacists from throughout the country, and includes a voting member from Blue Cross and Blue Shield of New Mexico. Prime Therapeutics does not have voting privileges on this Committee. Drugs are recommended for addition to

the PrimeNational Formulary after considering safety, efficacy, uniqueness and cost.

BCBSNM also participates in the HCSC Preferred Drug Committee. This Committee, which includes representatives of BCBSNM considers the recommendations of the P&T Committee before making the final determination regarding drug changes to the Pharmacy Benefit Drug List. Members and physicians can view the most up-to-date version of the Pharmacy Benefit Drug List or Specialty Drug List at www.bcbsnm.com.

GUIDE TO BCBSNM DRUG LIST

The Pharmacy Benefit Drug List is organized into broad therapeutic categories, e.g., Anti-Infective Drugs. Within most categories, drugs are sub-grouped based upon drug class, e.g., Macrolides, or use for a specific medical condition, e.g., Diabetes. All drugs listed, whether Generic or Brand, are recommended drugs.

Generic drugs are shown in lowercase boldface type. Most generic drugs are followed by a reference brand drug (in parentheses) to assist in product recognition. Some generic products have no reference brand.

Example: **ibuprofen** (Motrin)

Generic drugs are noted in lower case letters, followed by the reference brand name in parentheses.

Example: ERY-TAB – erythromycin delayed-release tabs

Brand drugs are noted in capital letters followed by the generic name.

- **Generic versions of immediate-release dosage forms and strengths of reference brand drugs (shown in parentheses) and all strengths and dosage forms of Brand drugs (shown in capital letters) apply to the entry in the List. Exceptions are typically noted.**

Example: **atenolol** (Tenormin)

Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. Generic atenolol is Tier 1. Tenormin is available at higher copayment, and is noted for reference only.

Example: **ciprofloxacin tabs** (Cipro)

Cipro is marketed as 250 mg, 500 mg, and 750 mg tablets and 250 mg/5 mL and 500 mg/5 mL oral suspension. The tablets have generic versions available; the oral suspension is only available as brand Cipro. The List entry includes generic tablets. Cipro suspension would require a separate entry to be Tier 2. Because the suspension is not listed, it is the highest copayment (Tier 3).

- **Individual entries in the List are required for many different dosage forms or routes of administration including oral immediate-release, extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating tablets, transdermal, and topical.**

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

Oral immediate-release and transdermal (patch) formulations of estradiol require separate entries in the List.

- **The brand reference drug (shown in parentheses) defines the extended-release or combination product on the List.**

Example: **verapamil ext-release** (Verelan)

The generic version of Verelan is Tier 1; brand Verelan is available at a higher copayment. Other extended-release verapamil products such as Verelan PM or Calan SR are also available at a higher copayment, and would require separate entries on this List to be Tier 2.

COST INDEX

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

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

GENERIC SUBSTITUTION

Blue Cross and Blue Shield of New Mexico encourages generic utilization as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict standards of FDA's Good Manufacturing Practice regulations that are required for brand products including batch requirements for identity, strength, purity, and quality.

An FDA-approved generic drug may be substituted for the brand counterpart because it:

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

To encourage use of generic drugs, Tier 2 brand drugs typically move to Tier 3 after a generic version becomes available. Members may be responsible for the first-tier copay plus the difference in cost between the brand and generic product if the reference brand is requested rather than the generic. BCBSNM also encourages generics by having the lowest copayment apply.

In determining the brand or generic classification for covered prescription drugs, BCBSNM utilizes the generic/brand status as assigned by a nationally recognized provider of drug product information. The generic/brand classification of a specific drug from a specific marketer might change over time because of new entries into the market, which usually results in a change in the copayment level.

PRIOR AUTHORIZATION (PA)

A number of drugs and injectables, including vaccines, are subject to Prior Authorization. Changes to drugs requiring PA are communicated quarterly in the Blue Cross and Blue Shield of New Mexico provider newsletter, Blue Review, and at www.bcbsnm.com. To request Prior Authorization, call BCBSNM at 1.800.325.8334, option 5.

Please have the following information available when you request a Prior Authorization:

- Patient name and member number
- Prescribing physician's name and phone number
- Drug, dosage form, strength, directions and indication for use

The criteria for use for each drug follows labeled indications and the off-label use policy of the plan. The criteria can change based on newly approved indications and/or at least two peer-reviewed studies showing effectiveness for unapproved indications. As of April 1, 2008, the following brand drugs and generic versions, if available, require Prior Authorization (PA). The following is not a complete list of drugs that require PA.

Brand Name (generic name)	Drug List Status	Brand Name (generic name)	Drug List Status
Actiq (fentanyl citrate) transmucosal	Third Tier	Neulasta (pegfilgrastin)	Third Tier*
Androgel (testosterone)	Second Tier	Neupogen (filgrastim)	Third Tier*
Aranesp (darbepoetin alfa)	Third Tier*	Noxafil (posaconazole)	Third Tier
Avonex (interferon beta-1a)	Third Tier*	Pegasys (peginterferon alfa-2a)	Third Tier*
Betaseron (interferon beta-1b)	Third Tier*	Peg-Intron (peginterferon alfa-2b)	Third Tier*
Byetta (exenatide)	Third Tier	Procrit (epoetin alfa)	Third Tier*
Chantix (varenicline)	Second Tier	Pulmozyme (dornase alfa)	Second Tier
Copaxone (glatiramer acetate)	Third Tier*	Raptiva (efalizumab)	Third Tier*
Differin (adapalene); for members 41 years of age or older	Second Tier	Rebif (interferon beta-1a)	Third Tier*
Enbrel (etanercept)	Third Tier*	Retin-A (tretinoin); for members 41 years of age or older	Generic = First Tier
Epogen (epoetin alfa)	Third Tier*	Retin-A Micro (tretinoin); for members 41 years of age or older	Third Tier
Exjade (deferasirox)	Third Tier*	Revatio (sildenafil)	Third Tier*
Fentora (fentanyl citrate) buccal tabs	Third Tier	Revlimid (lenalidomide)	Third Tier
Forteo (teriparatide)	Third Tier*	Sporanox (itraconazole) caps	Generic = First Tier
Gleevec (imatinib mesylate)	Third Tier*	Sporanox (itraconazole) soln	Third Tier
Growth Hormone – all products	Third Tier*	Tazorac (tazarotene)	Second Tier
Humira (adalimumab)	Third Tier*	Testim (testosterone) gel	Second Tier
Increlex (mecasermin)	Third Tier*	testosterone - all other products	Third Tier
Infergen (interferon alfacon-1)	Third Tier*	Thalomid (thalidomide)	Third Tier*
Intron A (interferon alfa-2b)	Third Tier*	Tracleer (bosentan)	Third Tier*
Iplex (mecasermin)	Third Tier*	Vfend (voriconazole)	Third Tier
Kineret (anakinra)	Third Tier*	Xolair (omalizumab)	Third Tier*
Lamisil (terbinafine) tabs	Generic = First Tier	Zavesca (miglustat)	Third Tier*
Lotronex (alosetron)	Third Tier		

* Depending upon member benefit, drugs listed with an asterisk may be in a fourth tier specialty pharmacy benefit

DISPENSING LIMITS (DL)

Dispensing Limits identify gender or age restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

The following brand drugs, and generic versions if available, have dispensing limits as of April 1, 2008.

This list is subject to change.

Brand Name (generic name)	Drug List Status	Dispensing Limit
Abilify (aripiprazole)	Third Tier	30 tabs/30 days
Aldara (imiquimod)	Second Tier*	48 units/365 days; 12/Rx max
Alinia (nitazoxanide)	Third Tier*	60 mL/30 days
Ambien (zolpidem)	Generic = First Tier	30 tabs/30 days
Ambien CR (zolpidem ext-release)	Third Tier	30 tabs/30 days
Amerge (naratriptan) 1 mg, 2.5 mg	Third Tier	9 tabs/30 days
Anzemet (dolasetron)	Third Tier	6 tabs/30 days
Axert (almotriptan) 6.25 mg, 12.5 mg	Third Tier	12 tabs/30 days
Boniva (ibandronate) 150 mg	Third Tier	1 tab/30 days
butorphanol nasal spray	Generic = First Tier	5 mL (2 bottles)/30 days
Celebrex (celecoxib)	Second Tier	60 caps/30 days
Cipro XR (ciprofloxacin ext-release) 500 mg	Generic = First Tier	3 tabs/30 days
Cipro XR (ciprofloxacin ext-release) 1 g	Generic = First Tier	14 tabs/30 days
Crestor (rosuvastatin)	Second Tier	30 tabs/30 days
D.H.E.-45 (dihydroergotamine)	Generic = First Tier	10 mL/30 days
Diflucan (fluconazole)	Generic = First Tier	14 tabs or 35 mL/30 days
Duragesic (fentanyl)	Generic = First Tier	10 patches/30 days
Emend (aprepitant) 80 mg, 125 mg	Second Tier*	12 caps/30 days
Emla (lidocaine/prilocaine) crm	Generic = First Tier*	30 g tube/60 days
Exubera (Reg Human Insulin)	Third Tier	270 units/30 days
Fragmin (dalteparin sodium)	Third Tier*	30 units/90 days
Frova (frovatriptan)	Third Tier	18 tabs/30 days
Imitrex inj kits (sumatriptan)	Third Tier	3 kits/30 days
Imitrex inj vials (sumatriptan)	Third Tier	6 vials/30 days
Imitrex (sumatriptan) nasal spray 5 mg	Third Tier	6 spray devices/30 days
Imitrex (sumatriptan) nasal spray 20 mg	Third Tier	6 spray devices/30 days
Imitrex tabs (sumatriptan)	Third Tier	18 tabs/30 days
Januvia (sitagliptin)	Third Tier	30 units/30 days
ketorolac 10 mg	Generic = First Tier*	20 tabs/30 days
Kytril tabs (granisetron)	Generic = First Tier*	15 tabs/30 days
Lovenox (enoxaparin sodium)	Second Tier*	30 units/90 days
Lunesta (eszopiclone)	Third Tier	30 tabs/30 days
Maxalt/Maxalt-MLT (rizatriptan)	Second Tier	12 tabs/30 days
Migranal (dihydroergotamine) nasal spray	Second Tier	8 ampules/30 days
Namenda (memantine) 5 mg	Third Tier	30 tabs/30 days
Namenda (memantine) 10 mg	Third Tier	60 tabs/30 days
Namenda (memantine) Titration Pak	Third Tier*	49 (1 Pak)/365 days
Plan B (levonorgestrel)	Second Tier*	4 tabs (2 kits)/365 days

Prilosec (omeprazole) 10 mg	Generic = First Tier	30 caps/30 days
Provigil (modafinil)	Third Tier	30 tabs/30 days
Regranex (becaplermin)	Second Tier*	60 g/365 days
Relenza (zanamivir)	Third Tier*	2 treatments (40 disks)/365 days
Relpax (eletriptan)	Third Tier	12 tabs/30 days
Revia (naltrexone)	Generic = First Tier	180 tabs/365 days
Rozerem (ramelteon)	Third Tier	30 tabs/30 days
Sonata (zaleplon)	Third Tier	30 caps/30 days
Tamiflu (oseltamivir) caps	Third Tier*	2 treatments (20 caps)/365 days
Tamiflu (oseltamivir) susp	Third Tier*	100 mL/180 days
Ultram (tramadol)	Generic = First Tier	240 tabs/30 days
Ultram ER (tramadol ext-release)	Third Tier	30 tabs/30 days
Wellbutrin XL (bupropion ext-release)	Third Tier	30 tabs/30 days
Xanax XR (alprazolam ext-release)	Generic = First Tier	60 tabs/30 days
Xopenex HFA (levalbuterol)	Second Tier	30 g/30 days
Zithromax (azithromycin)	Generic = First Tier*	12 units/30 days
Zofran, Zofran ODT tabs (ondansetron)	Generic = First Tier*	15 tabs/30 days
Zomig (zolmitriptan) nasal spray	Second Tier	6 units (1 pack)/30 days
Zomig/Zomig-ZMT (zolmitriptan) tabs, 2.5 mg	Second Tier	12 tabs/30 days
Zomig/Zomig-ZMT (zolmitriptan) tabs, 5 mg	Second Tier	6 tabs/30 days
Zyvox (linezolid) susp	Second Tier*	150 mL/180 days
Zyvox (linezolid) tabs	Second Tier*	20 tabs/180 days

* Not available through mail order

STEP THERAPY (ST)

Step Therapy programs help manage the cost of expensive drugs by redirecting patients, when appropriate, to equally effective, less expensive alternatives. This is accomplished by an automated review of member claims and a practitioner-initiated clinical review process. As of April 1, 2008, the following drugs are in the Step Therapy Program:

<u>Brand Name (generic name)</u>	<u>Drug List Status</u>	<u>Brand Name (generic name)</u>	<u>Drug List Status</u>
Advicor (lovastatin/niacin ext-release)	Third Tier	Paxil (paroxetine hcl)	Generic = First Tier
Altoprev (lovastatin ext-release)	Third Tier	Paxil CR (paroxetine hcl ext-release)	Third Tier
Celebrex (celecoxib)	Second Tier	Pexeva (paroxetine mesylate)	Third Tier
Celexa (citalopram)	Generic = First Tier	Pravachol (pravastatin)	Generic = First Tier
Crestor (rosuvastatin)	Second Tier	Prozac (fluoxetine)	Generic = First Tier
Cymbalta (duloxetine hcl)	Third Tier	Vytorin (ezetimibe/simvastatin)	Third Tier
Effexor (venlafaxine)	Generic = First Tier	Wellbutrin (bupropion)	Generic = First Tier
Effexor XR (venlafaxine ext-release)	Second Tier	Wellbutrin SR (bupropion ext-release)	Generic = First Tier
Lescol (fluvastatin)	Third Tier	Wellbutrin XL 150 mg (bupropion ext-release)	Third Tier
Lescol XL (fluvastatin ext-release)	Third Tier	Wellbutrin XL 300 mg (bupropion ext-release)	Generic = First Tier
Lexapro (escitalopram)	Second Tier	Zocor (simvastatin)	Generic = First Tier
Lipitor (atorvastatin)	Third Tier	Zoloft (sertraline)	Generic = First Tier
Mevacor (lovastatin)	Generic = First Tier		

Therapeutic Class Drug List

ANTI-INFECTIVE AGENTS	
PENICILLINS	
\$	amoxicillin
\$	AMOXIL drops – amoxicillin
\$	ampicillin caps
\$	AMPICILLIN susp
\$	penicillin v potassium
\$\$	amoxicillin/potassium clavulanate (Augmentin)
\$\$	dicloxacillin
CEPHALOSPORINS	
\$	cefadroxil (Duricef)
\$	ceftriaxone (Rocephin)
\$	cefuroxime susp, tabs (Ceftin)
\$	cephalexin (Keflex)
\$\$	cefdinir (Omnicef)
MACROLIDES	
\$	ERY-TAB – erythromycin delayed-release tabs
\$	erythromycin ethylsuccinate
\$	ERYTHROMYCIN FILMTABS – erythromycin base
\$	erythromycin stearate
\$\$	azithromycin (Zithromax) – DL
\$\$	ZITHROMAX packet, 1 g – azithromycin
TETRACYCLINES	
\$	doxycycline hyclate
\$	minocycline caps, tabs (Minocin, Dynacin)
\$	tetracycline
\$\$\$\$	demeclocycline (Declomycin)
FLUOROQUINOLONES	
\$	ciprofloxacin tabs (Cipro)
\$\$\$\$	LEVAQUIN – levofloxacin
AMINOGLYCOSIDES	
\$	neomycin sulfate
TUBERCULOSIS	
\$	isoniazid tabs
\$\$	ISONIAZID syrup
\$\$\$	rifampin (Rifadin)
\$\$\$\$	pyrazinamide
\$\$\$\$	ethambutol (Myambutol)
\$\$\$\$	MYCOBUTIN – rifabutin
FUNGAL INFECTIONS	
\$	fluconazole (Diflucan) – DL
\$	ketoconazole (Nizoral)
\$\$	terbinafine tabs (Lamisil) – PA
\$\$\$	griseofulvin microsize susp (Grifulvin V)
\$\$\$	GRIS-PEG – griseofulvin ultramicrosize

\$\$\$\$ GRIFULVIN V tabs – griseofulvin microsize

\$\$\$\$ itraconazole caps (Sporanox) – PA

VIRAL INFECTIONS

• Cytomegalovirus

\$\$\$\$ GANCICLOVIR

\$\$\$\$ VALCYTE – valganciclovir

• Hepatitis

\$\$\$\$ BARACLUDE – entecavir

\$\$\$\$ EPIVIR-HBV – lamivudine

\$\$\$\$ HEPSERA – adefovir

\$\$\$\$ ribavirin caps (Rebetol)

\$\$\$\$ ribavirin tabs (Copegus)

• Herpes

\$ acyclovir (Zovirax)

\$\$\$\$ famciclovir (Famvir)

\$\$\$\$ VALTREX – valacyclovir

• HIV/AIDS

\$\$\$\$ VIDEX EC 125 mg – didanosine delayed-release

\$\$\$\$ zidovudine (Retrovir)

\$\$\$\$ APTIVUS – tipranavir

\$\$\$\$ ATRIPLA – efavirenz/emtricitabine/tenofovir

\$\$\$\$ COMBIVIR – lamivudine/zidovudine

\$\$\$\$ CRIXIVAN – indinavir

\$\$\$\$ didanosine delayed-release (Videx EC)

\$\$\$\$ EMTRIVA – emtricitabine

\$\$\$\$ EPIVIR – lamivudine

\$\$\$\$ EPZICOM – abacavir/lamivudine

\$\$\$\$ INTELENCE – etravirine

\$\$\$\$ INVIRASE – saquinavir

\$\$\$\$ ISENTRESS – raltegravir

\$\$\$\$ KALETRA – lopinavir/ritonavir

\$\$\$\$ LEXIVA – fosamprenavir

\$\$\$\$ NORVIR – ritonavir

\$\$\$\$ PREZISTA – darunavir

\$\$\$\$ RESCRIPTOR – delavirdine

\$\$\$\$ REYATAZ – atazanavir

\$\$\$\$ SELZENTRY – mariviroc

\$\$\$\$ SUSTIVA – efavirenz

\$\$\$\$ TRIZIVIR – abacavir/lamivudine/zidovudine

\$\$\$\$ TRUVADA – emtricitabine/tenofovir

\$\$\$\$ VIDEX – didanosine

\$\$\$\$ VIRACEPT – nelfinavir

\$\$\$\$ VIRAMUNE – nevirapine

\$\$\$\$ VIREAD – tenofovir

\$\$\$\$ ZERIT – stavudine

\$\$\$\$ ZIAGEN – abacavir

MALARIA

\$ chloroquine phosphate (Aralen)

\$ **hydroxychloroquine** (Plaquenil)
 \$ PRIMAQUINE PHOSPHATE
 \$\$ **mefloquine** (Lariam)
 \$\$\$\$ MALARONE – atovaquone/proguanil

WORM INFECTIONS

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

OTHER ANTI-INFECTIVES

\$ **clindamycin** (Cleocin)
 \$ DAPSONE
 \$ **erythromycin/sulfisoxazole** (Pediazole)
 \$ **metronidazole tabs** (Flagyl)
 \$ **sulfamethoxazole/trimethoprim** (Bactrim, Septra)
 \$ **trimethoprim**
 \$\$\$\$ ZYVOX – linezolid – DL

CANCER DRUGS

ALKERAN – melphalan
 ARIMIDEX – anastrozole
 AROMASIN – exemestane
 CASODEX – bicalutamide
 CEENU – lomustine
cyclophosphamide tabs (Cytoxan)
 EMCYT – estramustine
etoposide caps (Vepesid)
 FARESTON – toremifene
 FEMARA – letrozole
flutamide
hydroxyurea (Hydrea)
 IRESSA – gefitinib
leucovorin calcium tabs 5 mg, 25 mg
 LEUCOVORIN CALCIUM tabs 10 mg, 15 mg
 LEUKERAN – chlorambucil
megestrol (Megace)
mercaptopurine (Purinethol)
 MESNEX tabs – mesna
methotrexate tabs
 MYLERAN – busulfan
 NILANDRON – nilutamide
 TABLOID – thioguanine
tamoxifen
 TESLAC – testolactone
tretinoin caps (Vesanoid)
 TREXALL – methotrexate

HORMONES, DIABETES AND RELATED DRUGS

CORTICOSTEROIDS

\$ **cortisone acetate**
 \$ **dexamethasone tabs, 1.5 mg, 4 mg, 6 mg**

\$	DEXAMETHASONE soln, 0.5 mg/5 mL; tabs, 0.5 mg
\$	fludrocortisone
\$	hydrocortisone (Cortef)
\$	methylprednisolone (Medrol)
\$	prednisolone sodium phosphate soln (Orapred, Pediapred)
\$	prednisolone syrup (Prelone)
\$	prednisone
\$\$	PREDNISON soln, 5 mg/5 mL; tabs, 50 mg
\$\$\$	PREDNISON INTENSOL
\$\$\$\$	ENTOCORT EC – budesonide ext-release

MALE HORMONES

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

ESTROGENS

\$	estradiol tabs (Estrace)
\$	estropipate (Ogen)
\$\$	estradiol patches (Climara)
\$\$	VIVELLE-DOT – estradiol
\$\$\$	ACTIVELLA – estradiol/norethindrone acetate
\$\$\$	CENESTIN – conjugated estrogens, synthetic A
\$\$\$	DIVIGEL – estradiol
\$\$\$	ENJUVIA – conjugated estrogens, synthetic B
\$\$\$	ESTRADERM – estradiol
\$\$\$	PREMARIN – conjugated estrogens
\$\$\$	PREMPHASE – conjugated estrogens/medroxyprogesterone
\$\$\$	PREMPRO – conjugated estrogens/medroxyprogesterone

PROGESTINS

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

BIRTH CONTROL

\$	medroxyprogesterone acetate inj, 150 mg/mL (Depo-Provera)
\$\$	desogestrel/ethinyl estradiol (Cyclessa)
\$\$	desogestrel/ethinyl estradiol (Ortho-Cept)
\$\$	ethynodiol/ethinyl estradiol (Demulen)
\$\$	levonorgestrel/ethinyl estradiol (Alesse)
\$\$	levonorgestrel/ethinyl estradiol (Levlite)
\$\$	levonorgestrel/ethinyl estradiol (Nordette)
\$\$	levonorgestrel/ethinyl estradiol (Seasonale)
\$\$	levonorgestrel/ethinyl estradiol (Triphasil)
\$\$	norethindrone (Nor-QD)
\$\$	norethindrone (Ortho Micronor)
\$\$	norethindrone acetate/ethinyl estradiol (Loestrin)
\$\$	norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)
\$\$	norethindrone/ethinyl estradiol (Modicon)
\$\$	norethindrone/ethinyl estradiol (Ortho-Novum 1/35)

\$\$	norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)
\$\$	norethindrone/ethinyl estradiol (Ovcon 35)
\$\$	norethindrone/ethinyl estradiol (Tri-Norinyl)
\$\$	norethindrone/mestranol (Ortho-Novum 1/50)
\$\$	norgestimate/ethinyl estradiol (Ortho-Cyclen)
\$\$	norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)
\$\$	norgestrel/ethinyl estradiol (Lo/Ovral)
\$\$	PLAN B – levonorgestrel – DL
\$\$\$	desogestrel/ethinyl estradiol (Mircette)
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol
\$\$\$	ORTHO EVRA – norelgestromin/ethinyl estradiol
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol
\$\$\$	YASMIN – drospirenone/ethinyl estradiol
\$\$\$	YAZ – drospirenone/ethinyl estradiol

DIABETES

\$	glimepiride (Amaryl)
\$	glipizide (Glucotrol)
\$	glipizide ext-release (Glucotrol XL)
\$	glyburide (Micronase)
\$	metformin (Glucophage)
\$	metformin ext-release (Glucophage XR)
\$\$	glyburide/metformin (Glucovance)
\$\$\$\$	GLUCAGON EMERGENCY KIT
\$\$\$\$	PRANDIN – repaglinide
\$\$\$\$	PRECOSE – acarbose
\$\$\$\$\$	ACTOPLUS MET – pioglitazone/metformin
\$\$\$\$\$	ACTOS – pioglitazone
\$\$\$\$\$	AVANDAMET – rosiglitazone/metformin
\$\$\$\$\$	AVANDIA – rosiglitazone
\$\$\$\$\$	DUETACT – pioglitazone/glimepiride

DIABETES – INSULINS

Rapid-Acting Insulins

\$\$\$\$	HUMALOG – insulin lispro
\$\$\$\$	NOVOLOG – insulin aspart

Short-Acting Insulins

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

Intermediate-Acting Insulins

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

Basal Insulins

\$\$\$\$	LANTUS – insulin glargine
----------	---------------------------

\$\$\$\$ LEVEMIR – insulin detemir

THYROID REGULATION

\$ **levothyroxine – includes Levoxyl** (Synthroid)

\$ **propylthiouracil**

\$\$ CYTOMEL – liothyronine

\$\$ **methimazole** (Tapazole)

OTHER HORMONES AND RELATED DRUGS

\$ METHERGINE – methylergonovine

\$\$\$\$ ACTONEL – risedronate

\$\$\$\$ **alendronate tabs** (Fosamax)

\$\$\$\$ **calcitonin-salmon nasal – Fortical**

\$\$\$\$ **desmopressin nasal** (DDAVP)

\$\$\$\$ EVISTA – raloxifene

\$\$\$\$ FOSAMAX – alendronate

\$\$\$\$\$ **cabergoline**

\$\$\$\$\$ **desmopressin tabs** (DDAVP)

\$\$\$\$\$ HECTOROL – doxercalciferol

\$\$\$\$\$ SENSIPAR – cinacalcet

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$ **benazepril** (Lotensin)

\$ **benazepril/hydrochlorothiazide** (Lotensin HCT)

\$ **captopril** (Capoten)

\$ **captopril/hydrochlorothiazide** (Capozide)

\$ **enalapril** (Vasotec)

\$ **enalapril/hydrochlorothiazide** (Vaseretic)

\$ **fosinopril** (Monopril)

\$ **lisinopril** (Prinivil)

\$ **lisinopril/hydrochlorothiazide** (Prinzide)

\$ **moexipril/hydrochlorothiazide** (Uniretic)

\$ **trandolapril** (Mavik)

\$ **quinapril** (Accupril)

\$\$ **fosinopril/hydrochlorothiazide** (Monopril HCT)

\$\$ **moexipril** (Univasc)

\$\$ **quinapril/hydrochlorothiazide** (Accuretic)

\$\$\$ ALTACE caps – ramipril

\$\$\$ **ramipril caps** (Altace)

ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$ BENICAR – olmesartan

\$\$\$ BENICAR HCT – olmesartan/hydrochlorothiazide

\$\$\$ DIOVAN – valsartan

\$\$\$\$ DIOVAN HCT – valsartan/hydrochlorothiazide

BETA BLOCKERS AND COMBINATIONS

\$ **acebutolol** (Sectral)

\$ **atenolol** (Tenormin)

\$ **atenolol/chlorthalidone** (Tenoretic)

\$ **bisoprolol/hydrochlorothiazide** (Ziac)

\$ **labetalol** (Trandate)

\$	metoprolol tartrate (Lopressor)
\$	nadolol (Corgard)
\$	propranolol tabs (Inderal)
\$	propranolol/hydrochlorothiazide 40/25 (Inderide)
\$\$	bisoprolol (Zebeta)
\$\$	carvedilol (Coreg)
\$\$	metoprolol succinate ext-release (Toprol XL)
\$\$	PROPRANOLOL soln
\$\$	TIMOLOL
\$\$\$	INNOPRAN XL – propranolol ext-release
\$\$\$	PINDOLOL
\$\$\$	propranolol ext-release (Inderal LA)

CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

\$	amlodipine (Norvasc)
\$	diltiazem (Cardizem)
\$	verapamil (Calan)
\$	verapamil ext-release (Calan SR)
\$\$	diltiazem ext-release (Dilacor XR)
\$\$	nifedipine ext-release (Adalat CC)
\$\$	nifedipine ext-release (Procardia XL)
\$\$	verapamil ext-release (Verelan)
\$\$\$	diltiazem ext-release (Cardizem CD)
\$\$\$	diltiazem ext-release (Tiazac)
\$\$\$	felodipine ext-release (Plendil)
\$\$\$\$	amlodipine/benazepril (Lotrel)
\$\$\$\$	LOTREL 5/40, 10/40 – amlodipine/benazepril

CHEST PAIN

\$	isosorbide dinitrate (Isordil)
\$	isosorbide mononitrate ext-release (Imdur)
\$	NITRO-BID oint – nitroglycerin
\$	nitroglycerin sublingual tabs (Nitrostat)
\$\$	isosorbide mononitrate (Monoket)
\$\$	nitroglycerin patches (Nitro-Dur)

CHOLESTEROL LOWERING

\$	gemfibrozil (Lopid)
\$	lovastatin (Mevacor) – ST
\$	pravastatin (Pravachol) – ST
\$	simvastatin (Zocor) – ST
\$\$\$	cholestyramine (Questran, Questran Light)
\$\$\$\$	CRESTOR – DL, ST
\$\$\$\$	NIASPAN – niacin ext-release
\$\$\$\$	TRICOR – fenofibrate
\$\$\$\$	WELCHOL – colesevelam

FLUID RETENTION

\$	acetazolamide
\$	amiloride/hydrochlorothiazide
\$	bumetanide (Bumex)
\$	chlorothiazide

\$	chlorthalidone 25 mg, 50 mg
\$	furosemide soln, 10 mg/mL; tabs (Lasix)
\$	hydrochlorothiazide caps (Microzide)
\$	hydrochlorothiazide tabs, 25 mg, 50 mg
\$	indapamide
\$	methazolamide
\$	spironolactone (Aldactone)
\$	spironolactone/hydrochlorothiazide 25/25 (Aldactazide)
\$	triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)
\$	triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)
\$	triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)
\$\$	AMILORIDE
\$\$	metolazone (Zaroxolyn)
\$\$	torsemide (Demadex)
\$\$	triamterene/hydrochlorothiazide caps, 50/25

HEART RHYTHM

\$	sotalol (Betapace)
\$\$	amiodarone
\$\$	quinidine sulfate
\$\$\$	disopyramide (Norpance)
\$\$\$	flecainide (Tambocor)
\$\$\$	MEXILETINE
\$\$\$	propafenone (Rythmol)
\$\$\$	quinidine gluconate ext-release
\$\$\$	sotalol (Betapace AF)
\$\$\$\$	disopyramide ext-release 150 mg (Norpance CR)
\$\$\$\$	procainamide caps, 250 mg (Pronestyl)
\$\$\$\$	PRONESTYL caps, 375 mg – procainamide
\$\$\$\$	PRONESTYL SR – procainamide ext-release

OTHER HEART RELATED DRUGS

\$	clonidine (Catapres)
\$	digoxin tabs (Lanoxin)
\$	doxazosin (Cardura)
\$	methyldopa
\$	terazosin (Hytrin)
\$\$	DIGOXIN soln
\$\$	guanfacine (Tenex)
\$\$	hydralazine
\$\$	minoxidil
\$\$	prazosin (Minipress)
\$\$\$\$	CATAPRES-TTS – clonidine
\$\$\$\$	midodrine (Proamatine)
\$\$\$\$	DIBENZYLIN – phenoxybenzamine

BEE STING KITS

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

RESPIRATORY AGENTS

ANTI-HISTAMINES

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

NASAL PRODUCTS

\$\$	ipratropium (Atrovent)
\$\$\$	flunisolide (Nasarel)
\$\$\$	flunisolide 25 mcg/spray
\$\$\$	fluticasone (Flonase)
\$\$\$\$	ASTELIN – azelastine
\$\$\$\$	NASACORT AQ – triamcinolone
\$\$\$\$	NASONEX – mometasone

COUGH/COLD/ALLERGY

\$	brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120
\$	chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL
\$	codeine/guaifenesin soln, 10/100 per 5 mL
\$	codeine/guaifenesin tabs, 10/300 (Brontex)
\$\$\$\$	acetylcysteine

ASTHMA/COPD

\$	albuterol sulfate syrup, tabs
\$\$	albuterol inhaler
\$\$	albuterol sulfate neb soln
\$\$	PROAIR HFA – albuterol sulfate
\$\$	theophylline ext-release tabs – 12 hr dosing – Theochron
\$\$\$	cromolyn sodium neb soln (Intal)
\$\$\$	FLOVENT HFA – fluticasone
\$\$\$	ipratropium neb soln
\$\$\$	METAPROTERENOL tabs
\$\$\$	PULMICORT FLEXHALER – budesonide
\$\$\$	QVAR – beclomethasone
\$\$\$	terbutaline (Brethine)
\$\$\$	XOPENEX HFA – levalbuterol – DL
\$\$\$\$	ATROVENT HFA – ipratropium
\$\$\$\$	COMBIVENT – ipratropium/albuterol sulfate
\$\$\$\$	FORADIL AEROLIZER – formoterol
\$\$\$\$	INTAL INHALER – cromolyn sodium
\$\$\$\$	SEREVENT DISKUS – salmeterol
\$\$\$\$	SINGULAIR – montelukast
\$\$\$\$	SPIRIVIA HANDIHALER – tiotropium
\$\$\$\$\$	ADVAIR DISKUS – fluticasone/salmeterol
\$\$\$\$\$	ADVAIR HFA – fluticasone/salmeterol
\$\$\$\$\$	ipratropium/albuterol sulfate (Duoneb)
\$\$\$\$\$	PULMICORT RESPULES – budesonide
\$\$\$\$\$	SYMBICORT – budesonide/formoterol
\$\$\$\$\$	TILADE – nedocromil

OTHER RESPIRATORY DRUGS

\$\$\$\$\$ PULMOZYME – dornase alfa – PA

GASTROINTESTINAL DRUGS

LAXATIVES

\$ lactulose

\$ PEG – electrolytes for soln (Colyte)

\$ PEG – electrolytes for soln (Nulytely)

ULCER/GERD

\$ cimetidine

\$ dicyclomine (Bentyl)

\$ famotidine (Pepcid)

\$ hyoscyamine (Levsin)

\$ hyoscyamine ext-release caps (Levsinex)

\$ hyoscyamine ext-release tabs (Levbid)

\$ ranitidine (Zantac)

\$\$\$ CARAFATE susp – sucralfate

\$\$\$ omeprazole delayed-release, 10 mg (Prilosec) – DL

\$\$\$ PROPANTHELINE BROMIDE 15 mg

\$\$\$ sucralfate tabs (Carafate)

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

\$\$\$\$\$ pantoprazole delayed-release tabs (Protonix)

\$\$\$\$\$ PROTONIX tabs – pantoprazole delayed-release

\$\$\$\$\$ NEXIUM – esomeprazole delayed-release

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

NAUSEA AND VOMITING

\$\$ trimethobenzamide caps (Tigan)

\$\$\$ ondansetron inj (Zofran)

\$\$\$ ondansetron oral soln; tabs, 4 mg, 8 mg (Zofran) – DL

\$\$\$ ondansetron orally disintegrating tabs (Zofran ODT) – DL

\$\$\$\$\$ EMEND caps – aprepitant – DL

DIGESTIVE ENZYMES – All prescription pancrelipase products are on the Drug List. Preferred products are listed.

\$\$\$\$\$ CREON – pancrelipase delayed-release caps

\$\$\$\$\$ LIPRAM/PN/UL – pancrelipase delayed-release caps

\$\$\$\$\$ PANCREASE MT – pancrelipase delayed-release caps

\$\$\$\$\$ PANCRELIPASE tabs, 30-8-30 – various tradenames

\$\$\$\$\$ PANOKASE-16 – pancrelipase tabs

\$\$\$\$\$ ULTRASE/MT – pancrelipase delayed-release caps

\$\$\$\$\$ VIOKASE – pancrelipase powder, tabs

OTHER GASTROINTESTINAL DRUGS

\$ lactulose – encephalopathy

\$ metoclopramide (Reglan)

\$ sulfasalazine (Azulfidine)

\$\$\$\$\$ PHOSLO – calcium acetate

\$\$\$\$\$ ursodiol (Actigall)

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

\$\$\$\$\$ CANASA – mesalamine supp

\$\$\$\$\$ DIPENTUM – olsalazine

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

\$\$\$\$\$ **mesalamine enema** (Rowasa)

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

\$\$\$\$\$ RENAGEL – sevelamer

\$\$\$\$\$ URSO – ursodiol

GENITOURINARY DRUGS

URINARY TRACT INFECTIONS

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

\$\$ **nitrofurantoin macrocrystals** (Macrochantin)

URINARY TRACT SPASMS

\$ **oxybutynin** (Ditropan)

\$\$\$\$ DETROL – tolterodine

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

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

\$\$\$\$ VESICARE – solifenacin

VAGINAL PRODUCTS

\$ **amino acid/urea crm** (Amino-Cerv)

\$\$ ACID JELLY – acetic acid

\$\$ ESTRACE crm – estradiol

\$\$ PREMARIN crm – conjugated estrogens

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

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

\$\$\$ VAGIFEM – estradiol vaginal tabs

\$\$\$\$\$ CRINONE 8% – progesterone gel

OTHER GENITOURINARY DRUGS

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

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

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

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

\$\$\$ **tricitrates soln** (Polycitra)

\$\$\$\$ AVODART – dutasteride

\$\$\$\$ FLOMAX – tamsulosin ext-release

\$\$\$\$\$ CYSTAGON – cysteamine

CENTRAL NERVOUS SYSTEM DRUGS

ANXIETY

\$ **alprazolam** (Xanax)

\$ **buspirone** (Buspar)

\$ DIAZEPAM oral soln, 1 mg/mL

\$ **diazepam** (Valium)

\$ **hydroxyzine pamoate** (Vistaril)

\$ **lorazepam** (Ativan)

\$\$ **hydroxyzine hcl**

DEPRESSION

\$ **amitriptyline**

\$ **citalopram** (Celexa) – ST

\$ **doxepin**

\$ **fluoxetine** (Prozac) – ST

\$ **mirtazapine** (Remeron)

\$ **nortriptyline** (Pamelor)

\$	sertraline (Zoloft) – ST
\$	trazodone
\$\$	bupropion (Wellbutrin) – ST
\$\$	clomipramine (Anafranil)
\$\$	desipramine (Norpramin)
\$\$	imipramine hcl (Tofranil)
\$\$	paroxetine hcl (Paxil) – ST
\$\$\$	bupropion ext-release (Wellbutrin SR) – ST
\$\$\$	bupropion ext-release 300 mg (Wellbutrin XL) – ST
\$\$\$\$	EFFEXOR XR – venlafaxine ext-release – ST
\$\$\$\$	LEXAPRO – escitalopram – ST
\$\$\$\$	NARDIL – phenelzine
\$\$\$\$	tranylcypromine (Parnate)
\$\$\$\$	venlafaxine (Effexor) – ST

PSYCHOTIC AND BIPOLAR DISORDERS

\$	fluphenazine decanoate
\$	fluphenazine hcl
\$	haloperidol decanoate (Haldol)
\$	haloperidol lactate oral soln
\$	haloperidol tabs
\$	lithium carbonate caps, 150 mg, 300 mg
\$	prochlorperazine supp
\$	prochlorperazine tabs
\$	thiothixene (Navane)
\$\$	lithium carbonate ext-release 300 mg (Lithobid)
\$\$	lithium carbonate ext-release 450 mg
\$\$	perphenazine
\$\$	trifluoperazine
\$\$\$	chlorpromazine
\$\$\$	clozapine 25 mg, 50 mg, 100 mg (Clozaril)
\$\$\$	lithium citrate
\$\$\$\$	loxapine (Loxitane)
\$\$\$\$\$	GEODON – ziprasidone
\$\$\$\$\$	RISPERDAL – risperidone
\$\$\$\$\$	RISPERDAL M-TAB – risperidone
\$\$\$\$\$	SEROQUEL – quetiapine
\$\$\$\$\$	SEROQUEL XR – quetiapine ext-release

SLEEP AIDS

\$	CHLORAL HYDRATE supp
\$	chloral hydrate syrup
\$	estazolam (Prosom)
\$	phenobarbital
\$	temazepam (Restoril)
\$	zolpidem (Ambien) – DL
\$\$\$\$	RESTORIL 7.5 mg – temazepam

HYPERACTIVITY/NARCOLEPSY

\$\$	dextroamphetamine
\$\$	methylphenidate (Ritalin)

\$\$	methylphenidate ext-release (Metadate ER, Ritalin SR)
\$\$\$	amphetamine/dextroamphetamine mixed salts (Adderall)
\$\$\$	dextroamphetamine ext-release (Dexedrine Spansule)
\$\$\$\$	CONCERTA – methylphenidate ext-release

OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$	ORAP – pimozone
\$\$\$\$	ANTABUSE – disulfiram
\$\$\$\$	CHANTIX – varenicline – PA
\$\$\$\$\$	ARICEPT – donepezil
\$\$\$\$\$	ARICEPT ODT – donepezil
\$\$\$\$\$	EXELON caps, soln – rivastigmine
\$\$\$\$\$	EXELON patches – rivastigmine

PAIN RELIEF DRUGS

NON-NARCOTIC DRUGS

\$	butalbital/acetaminophen tabs, 50/325 (Phrenilin)
\$	butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)
\$	butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)
\$	butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)
\$	butalbital/aspirin/caffeine tabs, 50/325/40
\$	salsalate
\$\$	butalbital/acetaminophen tabs, 50/650 (Sedapap)
\$\$\$	butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)

NARCOTIC DRUGS

\$	acetaminophen/codeine (Tylenol w/Codeine)
\$	aspirin/codeine
\$	CODEINE SULFATE 15 mg
\$	codeine sulfate 30 mg, 60 mg
\$	DILAUDID-5 – hydromorphone
\$	hydrocodone/acetaminophen caps, 5/500
\$	hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)
\$	hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325 (Norco)
\$	hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660 (Vicodin, Vicodin ES, Vicodin HP)
\$	hydrocodone/acetaminophen tabs, 7.5/650, 10/650 (Lorcet, Lorcet Plus)
\$	hydromorphone tabs (Dilaudid)
\$	methadone conc, tabs
\$	morphine sulfate soln, 20 mg/mL; tabs
\$	oxycodone caps (OxyIR)
\$	oxycodone conc, soln, tabs (Roxicodone)
\$	oxycodone/acetaminophen caps, 5/500 (Tylox)
\$	oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)
\$	propoxyphene hcl/acetaminophen tabs, 65/650
\$	propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)
\$	tramadol (Ultram) – DL
\$\$	butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)
\$\$	hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)
\$\$	hydrocodone/acetaminophen tabs, 10/750 (Maxidone)
\$\$	MORPHINE SULFATE oral soln, 20 mg/5 mL
\$\$	morphine sulfate supp, 5 mg, 10 mg, 20 mg

\$\$\$	hydromorphone supp (Dilaudid)
\$\$\$	morphine sulfate ext-release (MS Contin)
\$\$\$	oxycodone/acetaminophen tabs, 10/500 (Alcet)
\$\$\$	oxycodone/aspirin tabs, 5/325 (Percodan)
\$\$\$\$	fentanyl patches (Duragesic) – DL
\$\$\$\$	KADIAN – morphine sulfate ext-release
\$\$\$\$	SUBOXONE – buprenorphine/naloxone
\$\$\$\$	SUBUTEX – buprenorphine

RHEUMATOID AND OSTEOARTHRITIS

\$	diclofenac sodium delayed-release (Voltaren)
\$	etodolac
\$	ibuprofen (Motrin)
\$	ketoprofen
\$	meloxicam (Mobic)
\$	naproxen (Naprosyn)
\$	naproxen sodium (Anaprox)
\$	piroxicam (Feldene)
\$	sulindac (Clinoril)
\$\$	diclofenac sodium ext-release (Voltaren XR)
\$\$	indomethacin
\$\$	leflunomide (Arava)
\$\$\$	nabumetone
\$\$\$\$	CELEBREX – celecoxib – DL, ST
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg

MIGRAINE HEADACHES

\$	acetaminophen/isometheptene/dichloralphenazone (Midrin)
\$\$\$\$	MAXALT – rizatriptan – DL
\$\$\$\$	MAXALT-MLT – rizatriptan – DL
\$\$\$\$	MIGRANAL – dihydroergotamine – DL
\$\$\$\$	ZOMIG nasal – zolmitriptan – DL
\$\$\$\$	ZOMIG tabs – zolmitriptan – DL
\$\$\$\$	ZOMIG ZMT – zolmitriptan – DL

GOUT

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

NEUROMUSCULAR DRUGS

SEIZURES

\$	carbamazepine (Tegretol)
\$	clonazepam (Klonopin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	gabapentin caps, tabs (Neurontin)
\$\$	PHENYTEK – phenytoin sodium extended
\$\$	phenytoin susp (Dilantin)
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	phenytoin sodium extended (Dilantin)
\$\$\$	primidone (Mysoline)

\$\$\$	valproic acid (Depakene)
\$\$\$	zonisamide (Zonegran)
\$\$\$\$	CELONTIN – methsuximide
\$\$\$\$	ethosuximide (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	TEGRETOL-XR – carbamazepine ext-release
\$\$\$\$\$	DEPAKOTE – divalproex delayed-release
\$\$\$\$\$	DEPAKOTE ER – divalproex ext-release
\$\$\$\$\$	DIASTAT – diazepam
\$\$\$\$\$	GABITRIL – tiagabine
\$\$\$\$\$	KEPPRA – levetiracetam
\$\$\$\$\$	LAMICTAL tabs – lamotrigine
\$\$\$\$\$	lamotrigine chew tabs (Lamictal)
\$\$\$\$\$	oxcarbazepine tabs (Trileptal)
\$\$\$\$\$	TOPAMAX – topiramate
\$\$\$\$\$	TRILEPTAL susp – oxcarbazepine

PARKINSON'S DISEASE

\$	benztropine
\$	trihexyphenidyl
\$\$	amantadine caps, syrup
\$\$	selegiline caps (Eldepryl)
\$\$\$	carbidopa/levodopa (Sinemet)
\$\$\$\$	bromocriptine (Parlodel)
\$\$\$\$	carbidopa/levodopa ext-release (Sinemet CR)
\$\$\$\$\$	APOKYN – apomorphine
\$\$\$\$\$	COMTAN – entacapone
\$\$\$\$\$	MIRAPEX – pramipexole
\$\$\$\$\$	PARCOPA – carbidopa/levodopa
\$\$\$\$\$	REQUIP – ropinirole

MUSCLE RELAXANTS

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

OTHER NEUROMUSCULAR DRUGS

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

SUPPLEMENTS

VITAMINS

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

MULTIVITAMINS

- \$ pediatric multivitamins/fluoride
- \$ pediatric multivitamins/fluoride/iron
- \$ pediatric vitamins ADC/fluoride
- \$ pediatric vitamins ADC/fluoride/iron
- \$ prenatal multivitamins/1 mg folic acid

MINERALS AND ELECTROLYTES

- \$ potassium chloride ext-release caps, 10 mEq (Micro-K 10)
- \$ potassium chloride ext-release tabs, 8 mEq
- \$ potassium chloride ext-release tabs, 10 mEq (K-Tabs)
- \$ potassium chloride ext-release tabs, 10 mEq, 20 mEq (K-Dur)
- \$ potassium chloride packets, 20 mEq (K-Lor)
- \$ potassium chloride soln, 10%, 20%
- \$ potassium phosphate/sodium phosphates (K-Phos Neutral)
- \$ sodium fluoride
- \$\$ K-PHOS – potassium phosphate monobasic
- \$\$ potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)

BLOOD MODIFYING DRUGS

- \$ cyanocobalamin inj
- \$ folic acid tabs, 1 mg
- \$ pentoxifylline ext-release (Trental)
- \$ warfarin (Coumadin)
- \$\$\$ anagrelide (Agrylin)
- \$\$\$ cilostazol (Pletal)
- \$\$\$ heparin sodium inj
- \$\$\$ heparin sodium lock flush
- \$\$\$\$ DROXIA – hydroxyurea
- \$\$\$\$ PLAVIX 75 mg – clopidogrel
- \$\$\$\$\$ LOVENOX – enoxaparin – DL

TOPICAL PRODUCTS

EYE

• Anti-infectives

- \$ bacitracin/polymyxin B oint (Polysporin)
- \$ ciprofloxacin soln (Ciloxan)
- \$ erythromycin oint
- \$ gentamicin oint, soln
- \$ neomycin/polymyxin B/bacitracin oint
- \$ neomycin/polymyxin B/gramicidin soln (Neosporin)
- \$ ofloxacin soln (Ocuflox)
- \$ polymyxin B/trimethoprim soln (Polytrim)
- \$ SULFACETAMIDE SODIUM oint
- \$ sulfacetamide sodium soln (Bleph-10)
- \$ tobramycin soln (Tobrex)
- \$\$\$ CILOXAN oint – ciprofloxacin
- \$\$\$ trifluridine soln (Viroptic)
- \$\$\$ VIGAMOX – moxifloxacin
- \$\$\$\$\$ NATACYN – natamycin

• **Steroid and Combination Products**

\$	dexamethasone sodium phosphate soln
\$	fluorometholone susp (FML)
\$	neomycin/polymyxin B/bacitracin/hydrocortisone oint
\$	neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)
\$	prednisolone acetate susp (Pred Forte)
\$	PREDNISOLONE SODIUM PHOSPHATE soln, 1%
\$	sulfacetamide sodium/prednisolone soln
\$\$\$	LOTEMAX – loteprednol
\$\$\$	ZYLET – loteprednol/tobramycin
\$\$\$\$	TOBRADEX – tobramycin/dexamethasone

• **Glaucoma**

\$	carteolol soln
\$	levobunolol soln (Betagan)
\$	metipranolol soln (Optipranolol)
\$	pilocarpine soln (Isopto Carpine)
\$	timolol maleate gel-forming soln (Timoptic-XE)
\$	timolol maleate soln (Timoptic)
\$\$	BETAXOLOL soln, 0.5%
\$\$	brimonidine soln, 0.2%
\$\$	TRUSOPT – dorzolamide
\$\$\$	ALPHAGAN P – brimonidine
\$\$\$	AZOPT – brinzolamide
\$\$\$	BETOPTIC-S – betaxolol
\$\$\$	TRAVATAN – travoprost
\$\$\$	TRAVATAN Z – travoprost
\$\$\$	XALATAN – latanoprost

• **Other Eye Products**

\$	atropine sulfate oint, soln (Isopto Atropine)
\$	cyclopentolate soln (Cyclogyl)
\$	flurbiprofen soln (Ocufer)
\$	homatropine soln (Isopto Homatropine)
\$\$	cromolyn sodium soln (Crolom)
\$\$\$	ACULAR PF – ketorolac
\$\$\$	diclofenac soln (Voltaren)
\$\$\$\$	ACULAR – ketorolac
\$\$\$\$	ACULAR LS – ketorolac
\$\$\$\$	OPTIVAR – azelastine
\$\$\$\$	PATANOL – olopatadine

EAR

\$	benzocaine/antipyrine
\$	hydrocortisone/acetic acid
\$	neomycin/polymyxin B/hydrocortisone (Cortisporin)
\$\$	acetic acid
\$\$\$	ofloxacin (Floxin Otic)
\$\$\$\$	CIPRO HC – ciprofloxacin/hydrocortisone
\$\$\$\$	CIPRODEX – ciprofloxacin/dexamethasone

MOUTH AND THROAT (local)

\$	chlorhexidine oral rinse (Peridex)
\$	lidocaine viscous (Xylocaine)
\$	sodium fluoride dental crm, gel (Prevident)
\$	triamcinolone dental paste
\$\$	nystatin susp
\$\$\$\$	EVOXAC – cevimeline caps
\$\$\$\$	pilocarpine tabs (Salagen)

ANORECTAL AGENTS

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

SKIN CONDITIONS/PRODUCTS**• Acne**

\$	clindamycin (Cleocin T)
\$	erythromycin (Erygel)
\$	erythromycin pads, soln, 2%
\$\$	erythromycin/benzoyl peroxide (Benzamycin)
\$\$	sulfacetamide sodium/sulfur crm, emulsion, susp (Plexion)
\$\$	tretinoin (Retin-A) – PA
\$\$\$	metronidazole (Metro lotion)
\$\$\$	metronidazole gel, 0.75%
\$\$\$	metronidazole 0.75% (Metrocream)
\$\$\$	sulfacetamide sodium/sulfur lotn (Sulfacet-R)
\$\$\$\$	DIFFERIN – adapalene – PA
\$\$\$\$	FINACEA – azelaic acid
\$\$\$\$	TAZORAC – tazarotene – PA
\$\$\$\$	isotretinoin caps (Accutane)

• Anti-infectives

\$	econazole
\$	gentamicin
\$	ketoconazole shampoo, 2% (Nizoral)
\$	nystatin (Mycostatin)
\$	nystatin/triamcinolone
\$	silver sulfadiazine (Silvadene)
\$\$	ciclopirox crm, lotn (Loprox)
\$\$	ketoconazole crm
\$\$\$	LOPROX gel – ciclopirox
\$\$\$	LOPROX shampoo – ciclopirox
\$\$\$	mupirocin oint (Bactroban)
\$\$\$	ZOVIRAX – acyclovir
\$\$\$\$	podofilox soln (Condylox)

• Corticosteroids

\$	betamethasone dipropionate
\$	betamethasone dipropionate, augmented (Diprolene)
\$	betamethasone valerate
\$	clobetasol (Temovate)

\$	desonide (Desowen)
\$	fluocinolone crm, 0.01%
\$	fluocinonide (Lidex)
\$	hydrocortisone 2.5% (Hytone)
\$	hydrocortisone valerate (Westcort)
\$	triamcinolone (Kenalog)
\$	TRIAMCINOLONE oint, 0.05%
\$\$	diflorasone
\$\$	mometasone (Elocon)
\$\$\$	desoximetasone (Topicort)

• **Other Skin Products**

\$	aluminum chloride soln (Drysol)
\$	lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)
\$	selenium sulfide 2.5% (Selsun)
\$	XERAC AC – aluminum chloride
\$\$	lidocaine crm, 3%; lotn, 3% (LidaMantle)
\$\$	lidocaine/prilocaine crm (Emla) – DL
\$\$	permethrin crm, 5% (Elimite)
\$\$\$	doxepin crm (Zonalon)
\$\$\$	ELIDEL – pimecrolimus
\$\$\$\$	anthralin (Dritho-Crème HP)
\$\$\$\$	CARAC – fluorouracil
\$\$\$\$	FLUOROPLEX – fluorouracil
\$\$\$\$	fluorouracil (Efudex)
\$\$\$\$	lindane
\$\$\$\$	PROTOPIC – tacrolimus
\$\$\$\$\$	ALDARA – imiquimod – DL
\$\$\$\$\$	DOVONEX – calcipotriene
\$\$\$\$\$	REGRANEX – bescaplermin – DL
\$\$\$\$\$	SOLARAZE – diclofenac
\$\$\$\$\$	SORIATANE CK Kit – acitretin

MISCELLANEOUS CATEGORIES

DIABETIC SUPPLIES

• **Blood Glucose Test Strips**

ACCU-CHEK ACTIVE
ACCU-CHEK ADVANTAGE
ACCU-CHEK AVIVA
ACCU-CHEK COMFORT CURVE
ACCU-CHEK COMPACT
ACCU-CHEK INSTANT
FREESTYLE
FREESTYLE LITE
PRECISION QID
PRECISION XTRA

• **Other Diabetic Supplies**

ACCU-CHEK, FREESTYLE, and PRECISION glucose control solutions
CHEMSTRIP urine test strips
BD INSULIN SYRINGES

BD ULTRAFINE PEN NEEDLES

LANCETS

MEDICAL DEVICES

BREATHERITE

MISCELLANEOUS DRUGS

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

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

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

\$\$\$\$\$ CHEMET – succimer

\$\$\$\$\$ CUPRIMINE – penicillamine

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

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

\$\$\$\$\$ MYFORTIC – mycophenolate delayed-release

\$\$\$\$\$ PROGRAF – tacrolimus

\$\$\$\$\$ RAPAMUNE – sirolimus