



Blue Cross
Blue Shield
of Michigan

Clinical Drug List (Formulary)

Please note that this listing of medications contained in this Blue Cross Blue Shield of Michigan Clinical Drug List (Formulary) is current at the time that the list is posted to this website, and is subject to change.

Introduction

Blue Cross Blue Shield of Michigan is pleased to provide the Clinical Drug List as a useful reference and educational tool to assist providers in selecting cost-effective therapies. Please familiarize yourself with this information. To provide effective high-quality care, this Clinical Drug List requires the continuing support of physicians and pharmacists. Your questions and suggestions are welcome.

Preface

The Blue Cross Blue Shield of Michigan Clinical Drug List is a list of FDA-approved prescription drug medications reviewed by the BCBSM/BCN Pharmacy and Therapeutics (P&T) Committee. The Clinical Drug List will assist in maintaining the quality of patient care and containing cost for the member's drug benefit plan. Providers, physicians, and pharmacists are encouraged to refer to the Clinical Drug List when selecting prescription drug therapy for eligible plan members.

Physicians are encouraged to prescribe medications included in the Clinical Drug List whenever possible. If a prescription is written for a nonpreferred drug or for a drug or dose not appropriate for the member, pharmacists are encouraged to contact the physician. The benefit plan administrator will monitor provider specific drug list prescribing and communicate with providers to optimize compliance.

The Clinical Drug List is divided into major therapeutic categories (chapters) for easy use. Products that are approved for more than one therapeutic indication may be included in more than one chapter. Drugs are listed by generics and brands. Generic drugs will have the trade name listed for reference purposes. Most dosage forms and strengths of a drug are included in the drug list.

Drug list medication coverage

All drugs included in the Clinical Drug List are not necessarily covered by each patient's prescription drug benefit plan. Patients should consult their prescription drug benefit packet or contact a Customer Service representative to determine specific coverage.

Approved medications

Only FDA-approved prescription medications are eligible for coverage under the member's policy.

Dose optimization

BCBSM dose optimization program encourages appropriate prescribing of medications intended for once-daily administration. For certain medications, physicians are encouraged to prescribe prescription drugs in once-daily dosage regimens, as opposed to using lower multiple doses of the same drug to help increase a members adherence to their medication.

Quantity limits

BCBSM sets quantity limits based on clinical appropriateness and manufacturer recommended dosing for particular drugs.

The [Dose Optimization Program \(PDF\)](#) and [Quantity Limit Program \(PDF\)](#) documents provide a list of medications that are targeted through these initiatives.

Experimental indications

Medications used for only experimental indications are *not* eligible for coverage.

Over-the-counter (OTC) medications

When a drug is available in the identical strength and dosage form as both a prescription and nonprescription drug, the prescription drug is usually *not* covered by BCBSM. In these cases, providers should refer the patient to the equivalent OTC product. Certain OTC products, such as omeprazole (Prilosec OTC), are covered for certain BCBSM members with a prescription. Coverage is dependant on the members specific prescription drug benefit. Other exceptions are identified in the Clinical Drug List.

Preventive drug coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health plans must cover certain preventive services and drugs with no cost-sharing. For a complete list of preventive drugs refer to [Preventive drug coverage](#) or go to: bcbsm.com/pharmacy. Members must meet plan requirements, and a prescription is required for coverage.

Prior authorization

The [Blue Cross Prior Authorization and Step Therapy Guidelines](#) provide a list of drugs that require approval or step-therapy prior to coverage. To view the current version, visit bcbsm.com/pharmacy.

Members should consult their prescription drug benefit packet for information on how to obtain prior approval, or call the Customer Service number on the back of their Blue Cross member ID card for additional information. Physicians can access the medication request forms on the web at bcbsm.com, Provider Secured Services - Login. Select the button titled Medication Prior Authorization. The prescribing physician can complete a form online and submit it to us electronically. Prescribers can also look up the status of an electronically submitted request for prior approval of a drug.

Call the number below if you have questions about prior approval, prefer to conduct a review over the phone or want hard-copy medication request forms.

Web - Provider Secured Services - Login	bcbsm.com/index.html Select Medication Prior Authorization
Call	1-800-437-3803
Fax	1-866-601-4425
Write	Blue Cross Blue Shield of Michigan Pharmacy Services P.O. BOX 2320 Detroit, MI 48231-2320

Generic drug substitution

Generic drug substitution is the process by which a generic equivalent is dispensed rather than the brand-name product.

The Maximum Allowable Cost (MAC) list sets a ceiling price for the reimbursement of certain generic prescription drugs. The drugs selected for inclusion on the MAC list are products that are commonly prescribed and dispensed and have generally gone through the FDA's review and approval process. This process ensures that the following conditions are met:

1. The generic drug must contain the same active ingredient(s), be the same strength, and be the same dosage form as the brand-name counterpart.
2. The FDA has given the generic an "A" rating compared to the brand-name counterpart and has determined it to be therapeutically equivalent, *and/or* the BCBSM/BCN P&T Committee has reviewed the product and finds that it is acceptable for generic substitution.

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and have the same safety profile as the prescribed product.

Copayments

The member's prescription drug benefit plan design determines the applicable copayment for the covered prescriptions.

Symbols used throughout the document

KEY:

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

Editor's note

Your comments and suggestions regarding this Clinical Drug List are encouraged. Your input is vital to this Clinical Drug List' continued success. All responses will be reviewed and considered. Please send your comments to:

Blue Cross Blue Shield of MI
Pharmacy Services MC 512C
Attn: Drug Information Services
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد به حاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

يَا أَيُّهَا الْمَوْجُودُ عَلَى ظَهْرِ بَطَائِقَتِكَ، إِذَا كُنْتَ أَنْتَ أَوْ شَخْصٌ آخَرٌ تَسَاعِدُهُ بِحَاجَةٍ لِمُسَاعَدَةٍ، فَلَدَيْكَ الْحَقُّ فِي الْحُصُولِ عَلَى الْمُسَاعَدَةِ وَالْمَعْلُومَاتِ الضَّرُورِيَّةِ بِلُغَتِكَ دُونَ أَيَّةِ تَكْلِفَةٍ. لِتَتَحَدَّثَ إِلَى مُتَرَجِّمٍ، اتَّصِلْ بِرَقْمِ خِدْمَةِ الْعُمَّالَةِ الْمَوْجُودِ عَلَى ظَهْرِ بَطَائِقَتِكَ.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomazete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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1. ANTI-INFECTIVES

1.1 Penicillins

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Amoxicillin (Amoxil)
Amoxicillin/Potassium Clavulanate (Augmentin)
Amoxicillin Trihydrate/Potassium Clavulanate (Augmentin)
Amoxicillin Trihydrate/Potassium Clavulanate (Augmentin ES)
Amoxicillin Trihydrate/Potassium Clavulanate (Augmentin XR)
Ampicillin Trihydrate (Principen)
Dicloxacillin Sodium (Dynapen)
Penicillin V Potassium (Pen-Vee K)

BRANDS

Augmentin Suspension, Reconstituted 125-31.25mg/5ml
 (*Amoxicillin/Potassium Clavulanate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

Moxatag

1.2 Tetracyclines

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Doxycycline Hyclate (Periostat)
Doxycycline Hyclate Capsule (Hard, Soft, Etc.) (Vibramycin)
Doxycycline Hyclate Tablet (Vibra-Tabs)
 [PA] *Doxycycline Hyclate Tablet, Enteric Coated* (Doryx)
 [PA] *Doxycycline Monohydrate* (Adoxa)
Doxycycline Monohydrate (Monodox)
Doxycycline Monohydrate Suspension, Reconstituted, Oral (ml) (Vibramycin)
Minocycline HCl (Dynacin)
Minocycline HCl (Minocin)
 [PA] *Minocycline HCl, Extended Release* (Solodyn 45mg, 90mg, 135mg)
Tetracycline HCl (Achromycin V)

BRANDS

Vibramycin (*Doxycycline Calcium Syrup*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA] [QL] Acticlate tablet
 [PA] Doryx MPC
 [PA] Doxycycline Ir-Dr
 [PA] Oracea
 [PA] Solodyn

1.3 Cephalosporins

DRUG NAME	FORMULARY PRODUCTS
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1.3.1 FIRST GENERATION CEPHALOSPORINS

GENERICS

Cephalexin Monohydrate (Keflex)
Cefadroxil Hydrate (Duricef)

DRUG NAME	FORMULARY PRODUCTS
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1.3.2 SECOND GENERATION CEPHALOSPORINS

GENERICS

Cefaclor (Ceclor)
Cefpodoxime Proxetil Tablet (Vantin)
Cefprozil (Cefzil)
Cefprozil Suspension, Reconstituted, Oral (Cefzil)
Cefuroxime Axetil (Ceftin)

BRANDS

Ceftin Suspension, Reconstituted, Oral (*Cefuroxime*)

DRUG NAME	FORMULARY PRODUCTS
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1.3.3 THIRD GENERATION CEPHALOSPORINS

GENERICS

Cefdinir (Omnicef)
Cefditoren (Spectracef)
Cefixime Suspension (Suprax)
Ceftibuten (Cedax)
Ceftibuten Suspension, Reconstituted, Oral (Cedax)

BRANDS

Suprax (*Cefixime*)
 Suprax 500mg/5mL Suspension

1.4 Erythromycins & Other Macrolides

DRUG NAME	FORMULARY PRODUCTS
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1.4.1 ERYTHROMYCINS & OTHER MACROLIDES

GENERICS

Azithromycin Tablet (Zithromax)
Azithromycin Suspension, Reconstituted, Oral (ml) (Zithromax)
Clarithromycin (Biaxin)
Clarithromycin (Biaxin XL)
Erythromycin Base (Eryc)
Erythromycin Ethylsuccinate (E.E.S.)
Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl (Pediazole)
Erythromycin Stearate (Erythrocin Stearate)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[QL] Difucid
 EryPed Suspension, Reconstituted, Oral (ml) 400mg/5ml
 Ery-Tab 500mg
 PCE
 Zmax

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

1. ANTI-INFECTIVES (CONTINUED)

1.5 Quinolones

FORMULARY PRODUCTS	
DRUG NAME	
1.5.1 FLUOROQUINOLONES	
GENERICS	
<i>Ciprofloxacin HCl - Betaine Combination Tablet, Sustained Release 24hr</i> (Cipro XR)	
<i>Ciprofloxacin HCl Tablet</i> (Cipro)	
<i>Ciprofloxacin Suspension</i> (Cipro)	
<i>Levofloxacin</i> (Levaquin)	
<i>Levofloxacin Solution, Oral</i> (Levaquin)	
<i>Moxifloxacin HCl</i> (Avelox)	
<i>Ofloxacin</i> (Floxin)	
BRANDS	
Avelox ABC Pack	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Factive	

1.6 Sulfas & Related Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i> (Pediazole)	
<i>Sulfadiazine</i> (Sulfadiazine)	
<i>Sulfamethoxazole/Trimethoprim</i> (Bactrim DS)	
<i>Sulfamethoxazole/Trimethoprim</i> (Septra DS)	

1.7 Urinary Tract Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Methenamine Hippurate</i> (Hiprex)	
<i>Nitrofurantoin Macrocrystal</i> (Macrochantin)	
<i>Trimethoprim</i> (Proloprim)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Monurol	
Primsol	

1.8 Antivirals

FORMULARY PRODUCTS	
DRUG NAME	
1.8.1 MISCELLANEOUS ANTIVIRALS	
GENERICS	
<i>Acyclovir</i> (Zovirax)	
<i>Adefovir Dipivoxil</i> (Hepsera)	
<i>Amantadine HCl</i> (Symmetrel)	
<i>Entecavir</i> (Baraclude)	
<i>Famciclovir</i> (Famvir)	
<i>Lamivudine</i> (Epivir-HBV)	
[QL]	<i>Oseltamivir Phosphate</i> (Tamiflu)
<i>Ribavirin</i> (Copegus)	
<i>Ribavirin</i> (Rebetol)	
<i>Rimantadine HCl</i> (Flumadine)	
<i>Valacyclovir HCl</i> (Valtrex)	
<i>Valganciclovir Hydrochloride</i> (Valcyte)	
BRANDS	
[PA] [QL]	Baraclude Oral Solution (<i>Entecavir</i>)
[PA] [QL]	Epclusa (<i>Sofosbuvir/Velpatasvir</i>)
	Rebetol Solution (<i>Ribavirin</i>)
[QL]	Relenza (<i>Zanamivir</i>)
[QL]	Tamiflu Oral Suspension (<i>Oseltamivir Phosphate</i>)
[PA] [QL]	Zepatier (<i>Elbasvir/Grazoprevir</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Daklinza
[PA] [QL]	Harvoni
[PA] [QL]	Olysio
[ST] [QL]	Sitavig
[PA] [QL]	Sovaldi
[PA] [QL]	Technivie
	Tyzeka

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

1. ANTI-INFECTIVES (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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1.8.2 HIV/AIDS THERAPY

GENERICS

Abacavir Sulfate/Lamivudine (Epzicom)
 Abacavir Sulfate/Lamivudine/Zidovudine (Trizivir)
 Abacavir Sulfate Tablet (Ziagen)
 Didanosine Capsule, Delayed Release (Enteric Coated) (Videx EC)
 Lamivudine (EpiVir)
 Lamivudine/Zidovudine (Combivir)
 Lamivudine Solution (EpiVir Solution)
 Nevirapine (Viramune Tablet)
 Ritonavir/Lopinavir (Kaletra Solution)
 Stavudine Capsule (Zerit)
 Tenofovir Disoproxil Fumarate (Viramune XR)
 Zidovudine Capsule (Hard, Soft, Etc.) (Retrovir)
 Zidovudine Syrup (Retrovir)

BRANDS

Aptivus (Tipranavir)
 Aptivus Oral Solution (Tipranavir/Vitamin)
 Atripla (Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate)
 [QL] Complera (Emtricitabine/Rilpivirine/Tenofovir)
 Crixivan (Indinavir Sulfate)
 [QL] Descovy (Emtricitabine/Tenofovir Alafenamide)
 [QL] Edurant (Rilpivirine)
 Emtriva (Emtricitabine)
 EpiVir-HBV Solution (Lamivudine)
 [QL] Evotaz (Atazanavir/Cobicistat)
 Fuzeon (Enfuvirtide)
 [QL] Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)
 Intelence (Etravirine)
 Invirase (Saquinavir Mesylate)
 Isentress (Raltegravir Potassium)
 Isentress (Raltegravir Potassium Tablet, Chewable)
 Kaletra tablet (Ritonavir/Lopinavir)
 Lexiva (Fosamprenavir Calcium Tablet)
 Norvir (Ritonavir)
 [QL] Odefsey (Emtricitabine/Rilpivirine/Tenofovir)
 [QL] Prezobix (Darunavir/Cobicistat)
 Prezista (Darunavir Ethanolate)
 Rescriptor (Delavirdine Mesylate)
 Reyataz (Atazanavir Sulfate)
 Selzentry (Maraviroc)
 [QL] Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate)
 Sustiva (Efavirenz)
 Tivicay (Dolutegravir)
 [QL] Triumeq (Abacavir/Dolutegravir/Lamivudine)
 Truvada (Emtricitabine/Tenofovir Disoproxil Fumarate)
 [QL] Tybost (Cobicistat)
 Videx (Didanosine Solution, Reconstituted, Oral)
 Viracept (Nelfinavir Mesylate)
 Viramune Suspension (Nevirapine)
 Viread (Tenofovir Disoproxil Fumarate)
 Ziagen Solution (Abacavir Sulfate)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

1.9 Antifungal Agents

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Clotrimazole Troche (Mycelex)
 Fluconazole Tablet (Diflucan)
 Flucytosine (Ancobon)
 Griseofulvin, Microsize Suspension, Oral (Final Dose Form) (Grifulvin V)
 Griseofulvin, Microsize Tablet (Grifulvin V)
 Griseofulvin Ultramicrosize Tablet (Gris-Peg)
 Itraconazole (Sporanox)
 Ketoconazole (Nizoral)
 Nystatin (Mycostatin)
 Terbinafine HCl Tablet (Lamisil)
 Voriconazole (Vfend Suspension, Reconstituted, Oral (mL))
 Voriconazole Suspension (Vfend)
 Voriconazole Tablet (Vfend)

BRANDS

[QL] Cresemba
 [QL] Noxafil (Posaconazole)
 Sporanox Solution (Itraconazole)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[QL] Oravig

1.10 Vancomycin

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Vancomycin HCl Capsule (Vancocin)

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

1. ANTI-INFECTIVES (CONTINUED)

1.11 Miscellaneous Anti-infectives

FORMULARY PRODUCTS	
DRUG NAME	

1.11.1 MISCELLANEOUS ANTI-INFECTIVES

GENERICS

Clindamycin HCl (Cleocin HCl)

Dapsone (Dapsone)

Linezolid (Zyvox)

Neomycin Sulfate (Neomycin Sulfate)

[QL] *Tobramycin/0.25 Normal Saline Ampul for Nebulization (mL)* (Tobi)

BRANDS

[QL] Sivextro Tablet (*Rifaximin*)

Xifaxan 200mg (*Rifaximin*)

[PA] [QL] Xifaxan 550mg (*Rifaximin*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[PA] [QL] Bethkis

[PA] [QL] Cayston

[PA] [QL] Tobi Podhaler

FORMULARY PRODUCTS	
DRUG NAME	

1.11.2 ANTIPARASITICS

GENERICS

Atovaquone (Mepron)

Ivermectin Tablet (Stromectol)

Metronidazole (Flagyl)

Paromomycin Sulfate (Humatin)

Tinidazole (Tindamax)

BRANDS

[QL] Albenza (*albendazole*)

Alinia (*Nitazoxanide*)

Alinia (*Nitazoxanide Suspension, Reconstituted, Oral (ml)*)

Biltricide (*Praziquantel*)

Flagyl ER (*Metronidazole*)

[PA] [QL] Impavido (*Miltefosine*)

NebuPent (*Pentamidine Isethionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Emverm

FORMULARY PRODUCTS	
DRUG NAME	

1.11.3 ANTIMALARIALS

GENERICS

Atovaquone/Proguanil HCl (Malarone)

Chloroquine Phosphate (Aralen)

Hydroxychloroquine Sulfate (Plaquenil)

Mefloquine HCl (Lariam)

Quinine Sulfate (Qualaquin)

BRANDS

Coartem (*Artemether/Lumefantrine*)

Daraprim (*Pyrimethamine*)

Primaquine (*Primaquine Phosphate*)

FORMULARY PRODUCTS	
DRUG NAME	

1.11.4 ANTIMYCOBACTERIALS

GENERICS

Ethambutol HCl (Ethambutol)

Isoniazid (Isoniazid)

Pyrazinamide (Pyrazinamide)

Rifabutin (Mycobutin)

Rifampin (Rifadin)

BRANDS

Cycloserine (*Cycloserine*)

[PA] Sirturo (*Bedaquiline*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

Paser

Priftin

Rifater

Trecator

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

2.1 Antineoplastic & Immunosuppressant Drugs

FORMULARY PRODUCTS

2.1.1 ALKYLATING AGENTS

GENERICS

Temozolomide (Temodar)

BRANDS

Alkeran (*Melphalan*)

Cyclophosphamide Capsule

Emcyt (*Estramustine Phosphate Sodium*)

Gleostine (*Lomustine*)

Leukeran (*Chlorambucil*)

Lomustine

Matulane (*Procarbazine HCl*)

Myleran (*Busulfan*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] Valchlor

FORMULARY PRODUCTS

2.1.2 ANTIMETABOLITES

GENERICS

Capecitabine (Xeloda)

Mercaptopurine (Purinethol)

Methotrexate Sodium (Rheumatrex)

BRANDS

[PA] [QL] Lonsurf (*Trifluridine/Tipiracil*)

Tabloid (*Thioguanine*)

Trexall (*Methotrexate Sodium*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] Purixan

FORMULARY PRODUCTS

2.1.3 HORMONAL AGENTS

GENERICS

[PA] *Anastrozole (Arimidex)*

Bicalutamide (Casodex)

[PA] *Exemestane (Aromasin)*

Flutamide (Eulexin)

[PA] *Letrozole (Femara)*

Leuprolide Acetate (Lupron)

Megestrol Acetate (Megace, Megace ES)

Nilutamide (Nilandron)

[PA] [QL] *Raloxifene (Evista)* [PREVENT]

[PA] [QL] *Tamoxifen Citrate (Nolvadex)* [PREVENT]

BRANDS

Depo-Provera 400mg (*Medroxyprogesterone Acetate*)

Fareston (*Toremifene Citrate*)

Lupron Depot (*Leuprolide Acetate*)

Lupron Depot-3 Month (*Leuprolide Acetate*)

Lupron Depot-Ped (*Leuprolide Acetate*)

Trelstar (*Triptorelin Pamoate*)

[PA] [QL] Xtandi (*Enzalutamide*)

[QL] Zoladex (*Goserelin Acetate*)

[QL] Zytiga (*Abiraterone Acetate*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

Eligard

Faslodex

Lupaneta Pack

FORMULARY PRODUCTS

2.1.4 KINASE INHIBITORS AND MOLECULAR TARGET INHIBITORS

GENERICS

Imatinib Mesylate (*Gleevec*)

BRANDS

[QL] Afinitor (*Everolimus*)

[QL] Afinitor Disperz (*Everolimus Tablet for Oral Suspension*)

[PA] [QL] Alecensa (*Alectinib*)

[PA] [QL] Bosulif (*Bosutinib*)

[PA] [QL] Cabometyx (*Cabozantinib*)

[QL] Caprelsa (*Vandetanib*)

[PA] [QL] Cometriq (*Cabozantinib*)

[PA] [QL] Cotellic (*Cobimetinib*)

[PA] [QL] Gilotrif (*Afatinib*)

[PA] [QL] Ibrance (*Palbociclib*)

[PA] [QL] Iclusig (*Ponatinib*)

[PA] [QL] Imbruvica (*Ibrutinib*)

[PA] [QL] Inlyta (*Axitinib*)

[PA] [QL] Iressa 250mg (*Gefitinib Tablet*)

[PA] [QL] Jakafi (*Ruxolitinib*)

[PA] [QL] Lenvima (*Lenvatinib*)

[PA] [QL] Lynparza (*Olaparib*)

[PA] [QL] Mekinist (*Trametinib*)

[QL] Nexavar (*Sorafenib Tosylate*)

[PA] [QL] Ninlaro (*Ixazomib*)

[QL] Sprycel (*Dasatinib*)

[PA] [QL] Stivarga (*Regorafenib*)

[QL] Sutent (*Sunitinib Malate*)

[PA] [QL] Tafinlar (*Dabrafenib*)

[PA] [QL] Tagrisso (*Osimertinib*)

[QL] Tarceva (*Erlotinib HCl*)

Tasigna (*Nilotinib Hydrochloride*)

Tykerb (*Lapatinib Ditosylate*)

[PA] [QL] Venclexta (*Venetoclax*)

[QL] Votrient (*Pazopanib*)

[PA] [QL] Xalkori (*Crizotinib*)

[PA] [QL] Zelboraf (*Vemurafenib*)

[PA] [QL] Zydelig (*Idelalisib*)

[PA] [QL] Zykadia (*Ceritinib*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

Zortress

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS (CONTINUED)

FORMULARY PRODUCTS

DRUG NAME

2.1.5 IMMUNOSUPPRESSANT DRUGS

GENERICS

Azathioprine (Imuran)
Cyclosporine Capsule (Sandimmune)
Cyclosporine, Modified (Neoral)
Mycophenolate (CellCept)
Mycophenolic Acid (Myfortic)
Mycophenolate Mofetil Oral Suspension (CellCept)
Sirolimus (Rapamune)
Tacrolimus (Prograf)

BRANDS

Azasan (*Azathioprine*)
 Rapamune Oral Solution (*Sirolimus*)
 Sandimmune Oral Solution (*Cyclosporine*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

Astagraf XL
 Envarsus XR

FORMULARY PRODUCTS

DRUG NAME

2.1.6 IMMUNOMODULATORS

GENERICS

Thalomid (Thalidomide)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] [QL] Pomalyst

FORMULARY PRODUCTS

DRUG NAME

2.1.7 MISCELLANEOUS ANTINEOPLASTIC DRUGS

GENERICS

[PA] *Bexarotene capsules* (Targretin)
Etoposide (VePesid)
Hydroxyurea (Hydrea)
 [PA] *Octreotide Acetate Vial (SDV,MDV or Additive) (ml)* (Sandostatin)
Tretinoin (Vesanoid)

BRANDS

Droxia (*Hydroxyurea*)
 [PA] [QL] *Erivedge* (*Vismodegib*)
 [PA] [QL] *Farydak* (*Panobinostat*)
 Hexalen (*Altretamine*)
 Hycamtin (*Topotecan HCl*)
 Lysodren (*Mitotane*)
 [PA] [QL] *Ódomzo* (*Sonidegib*)
 [PA] *Sandostatin LAR* (*Octreotide Acetate Kit*)
 Zolanza (*Vorinostat*)

2.2 Adjunctive Agents

FORMULARY PRODUCTS

DRUG NAME

2.2.1 ADJUNCTIVE AGENTS

GENERICS

Leucovorin Calcium (Leucovorin Calcium)
Medroxyprogesterone Acetate (Provera)

BRANDS

[PA] *Aranesp* (*Darbepoetin Alfa in Albumin Sol*)
 Depo-Provera 400mg (*Medroxyprogesterone Acetate*)
 Granix (*Filgrastim*)
 Leukine (*Sargramostim*)
 Mesnex (*Mesna Tablet*)
 [QL] *Neulasta* (*Pegfilgrastim*)
 Neupogen (*Filgrastim*)
 [PA] *Procrit* (*Epoetin Alfa Vial (mL)*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] Epogen
 [PA] [QL] Mircera
 Zarxio

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

3.1 Narcotic Analgesics

DRUG NAME	FORMULARY PRODUCTS
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3.1.1 NARCOTICS

GENERICS

- Codeine Sulfate* (Codeine Sulfate)
- Hydromorphone HCl* (Dilaudid)
- Fentanyl* (Duragesic)
- [PA] [QL] *Fentanyl Citrate* (Actiq)
- [QL] *Hydromorphone ER* (Exalgo)
- Meperidine HCl* (Demerol)
- Methadone HCl* (Dolophine HCl)
- Morphine Sulfate* (Kadian)
- Morphine Sulfate* (MSIR)
- Morphine Sulfate* (Rms-Suppository)
- Morphine Sulfate Capsule, Multiphasic Release* (Avinza)
- Morphine Sulfate Solution, Oral* (Morphine Sulfate)
- Morphine Sulfate Tablet, Sustained Action* (MS Contin)
- [QL] *Oxycodone HCl* (Roxicodone)
- [QL] *Oxymorphone* (Opana)
- [PA] [QL] *Oxymorphone HCl, Extended Release* (Opana ER)

BRANDS

- [PA] [QL] OxyContin (*Oxycodone HCl*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] [QL] Abstral
- [PA] [QL] Butrans
- [PA] [QL] Embeda
- Fentanyl (37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr)
- [PA] [QL] Fentora
- [PA] [QL] Hysingla ER
- Kadian (40mg, 200mg)
- [PA] [QL] Lazanda
- [PA] [QL] Onsolis
- [PA] [QL] Opana ER
- [PA] [QL] Oxaydo
- [PA] [QL] Subsys
- [PA] [QL] Xartemis XR
- [PA] [QL] Zohydro ER

DRUG NAME	FORMULARY PRODUCTS
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3.1.2 COMBINATION NARCOTIC/ANALGESICS

GENERICS

- Acetaminophen/Butalbital* (Phrenilin)
- Acetaminophen/Caffeine/Butalbital* (Fioricet)
- Aspirin/Caffeine/Butalbital* (Fiorinal)
- Butalbital/Acetaminophen/Caffeine* (Esgic)
- Butalbital/Acetaminophen/Caffeine* (Esgic-Plus)
- [QL] *Codeine Phosphate/Acetaminophen* (Tylenol w/Codeine)
- [QL] *Codeine Phosphate/Acetaminophen/Caffeine/Butalbital* (Fioricet w/Codeine)
- Codeine Phosphate/Aspirin/Caffeine/Butalbital* (Fiorinal w/Codeine)
- Dihydrocodeine-Apap-Caffeine* (Trexiz)
- [QL] *Hydrocodone Bit/Acetaminophen* (Anexsia)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lorcet Plus)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lorcet 10/650)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lortab)
- [QL] *Hydrocodone Bit/Acetaminophen* (Vicodin)
- [QL] *Hydrocodone Bit/Acetaminophen* (Vicodin ES)
- Hydrocodone Bit/Ibuprofen* (Vicoprofen)
- [QL] *Ibuprofen/Oxycodone HCl* (Combunox)
- Oxycodone/Aspirin* (Percodan)
- [QL] *Oxycodone HCl/Acetaminophen* (Percocet)
- [QL] *Oxycodone HCl/Acetaminophen* (Tylox)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- Synalgos-DC

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

3.3 Non-narcotic Analgesics

DRUG NAME	FORMULARY PRODUCTS
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3.3.1 NSAIDS/COX II INHIBITORS

3.3.1.1 NSAIDS

GENERICS

- [PA] [QL] *Diclofenac 1%* (Voltaren Gel)
- Diclofenac Potassium* (Cataflam)
- Diclofenac Sodium* (Voltaren)
- [QL] *Diclofenac Sodium 1.5%* (Pennsaid)
- Diclofenac Sodium Tablet, Sustained Release 24hr* (Voltaren-XR)
- Diclofenac Sodium-Misoprostol* (Arthrotec)
- Etodolac* (Lodine)
- Etodolac Tablet, Sustained Release 24hr* (Lodine XL)
- Flurbiprofen* (Ansaid)
- Ibuprofen* (Motrin Rx)
- Indomethacin* (Indocin)
- Indomethacin Capsule, Sustained Action* (Indocin SR)
- Ketoprofen* (Orudis)
- Ketoprofen Capsule, 24hr Sustained Release Pellets* (Oruvail)
- [QL] *Ketorolac Tromethamine* (Toradol)
- Meclofenamate Sodium* (Meclofenamate Sodium)
- Mefenamic Acid* (Ponstel)
- Meloxicam* (Mobic)
- Nabumetone* (Relafen)
- Naproxen* (Naprosyn Rx)
- Naproxen Sodium* (Anaprox)
- Naproxen Sodium* (Anaprox DS)
- Naproxen Sodium Tablet, Sustained Action* (Naprelan 375mg, 500mg)
- Naproxen, Sustained Release* (EC-Naprosyn)
- Oxaprozin* (Daypro)
- Piroxicam* (Feldene)
- Sulindac* (Clinoril)
- Tolmetin Sodium* (Tolectin)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

- [ST] [QL] Cambia
- [PA] [QL] Duexis
- [PA] [QL] Flector Patch
- Nalfon
- Naprelan 750mg
- [PA] [QL] Pennsaid 2%
- [QL] Sprix
- [PA] [QL] Tivorbex
- [PA] [QL] Vimovo
- [PA] [QL] Vivlodex
- [ST] [QL] Zipsor
- [PA] [QL] Zorvolex

DRUG NAME	FORMULARY PRODUCTS
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3.3.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS

GENERICS

- Celecoxib* (Celebrex)

DRUG NAME	FORMULARY PRODUCTS
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3.3.2 SALICYLATES

GENERICS

- Choline Salicylate/Magnesium Salicylate* (Choline Mag Trisalicylate)
- Diffunisal* (Dolobid)
- Salsalate* (Salflex)

DRUG NAME	FORMULARY PRODUCTS
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3.3.3 MISCELLANEOUS ANALGESICS

GENERICS

- Pentazocine HCl/Acetaminophen* (Talacen)
- Pentazocine HCl/Naloxone HCl* (Talwin NX)
- Tramadol ER* (Ultram ER)
- Tramadol HCl* (Ryzolt)
- Tramadol HCl* (Ultram)
- Tramadol HCl/Acetaminophen* (Ultracet)

BRANDS

- [PA] [QL] Nucynta (*Tapentadol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

- [PA] [QL] Nucynta ER

DRUG NAME	FORMULARY PRODUCTS
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3.3.4 NARCOTIC ANTAGONISTS

GENERICS

- Naltrexone HCl* (ReVia)

BRANDS

- [QL] Evzio (*Naloxone HCl*)
- [QL] Narcan Nasal Spray (*Naloxone*)

DRUG NAME	FORMULARY PRODUCTS
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3.3.5 NARCOTIC MIXED AGONIST/ANTAGONIST

GENERICS

- [QL] *Buprenorphine HCl/Naloxone HCl* (Suboxone SL Tab)
- [PA] [QL] *Buprenorphine* (Subutex)

BRANDS

- [QL] Suboxone Film (*Buprenorphine HCl/Naloxone HCl*)
- [QL] Zubsolv (*Buprenorphine/Naloxone*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

- [PA] [QL] Belbuca
- [QL] Bunavail
- [PA] [QL] Butrans

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)**3.4 Migraine & Cluster Headache Therapy**

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Acetaminophen/Butalbital</i> (Phrenilin)
	<i>Acetaminophen/Caffeine/Butalbital</i> (Fioricet)
	<i>Acetaminophen With Codeine</i> (Cocet)
[ST] [QL]	<i>Almotriptan Malate</i> (Axert)
	<i>Aspirin/Caffeine/Butalbital</i> (Fiorinal)
	<i>Dihydroergotamine Mesylate</i> (D.H.E.45)
[QL]	<i>Dihydroergotamine Mesylate</i> (Migranal)
	<i>Ergotamine Tartrate/Caffeine Suppository, Rectal</i> (Migergot)
	<i>Ergotamine Tartrate/Caffeine Tablet</i> (Cafergot)
[ST] [QL]	<i>Frovatriptan Succinate</i> (Frova)
	<i>Isometheptene Mucate/Acetaminophen/Caffeine</i> (Prodrin)
	<i>Isometheptene Mucate/Acetaminophen/Dichloralphenazone</i> (Midrin)
[QL]	<i>Naratriptan</i> (Amerge)
[QL]	<i>Rizatriptan Benzoate Tablet</i> (Maxalt)
[QL]	<i>Rizatriptan Benzoate Tablet, Rapid Dissolve</i> (Maxalt MLT)
[QL]	<i>Sumatriptan Intranasal Solution</i> (Imitrex Nasal Spray)
[QL]	<i>Sumatriptan Succinate</i> (Alsuma)
[QL]	<i>Sumatriptan Succinate Kit</i> (Imitrex)
[QL]	<i>Sumatriptan Succinate Tablet</i> (Imitrex)
[ST] [QL]	<i>Zolmitriptan Tablet</i> (Zomig)
[ST] [QL]	<i>Zolmitriptan Tablet, Orally Disintegrating</i> (Zomig ZMT)
BRANDS	
	Ergomar (<i>Ergotamine Tartrate Tablet, Sublingual</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Allzital
[ST] [QL]	Onzetra Xsail
[ST] [QL]	Relpax
[ST] [QL]	Sumavel Dose Pro
[PA] [QL]	Treximet
[ST] [QL]	Zembrace Symtouch
[ST] [QL]	Zomig Spray

3.5 Antiparkinsonism Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Amanadine HCl Tablet</i> (Symmetrel)
	<i>Benzotropine Mesylate</i> (Cogentin)
	<i>Bromocriptine Mesylate</i> (Parlodel)
	<i>Carbidopa</i> (Lodosyn)
	<i>Carbidopa/Levodopa</i> (Parcopa)
	<i>Carbidopa/Levodopa</i> (Sinemet)
	<i>Carbidopa/Levodopa/Entacapone</i> (Stalevo)
	<i>Carbidopa/Levodopa Tablet, Sustained Action</i> (Sinemet CR)
	<i>Diphenhydramine HCl</i> (Benadryl)
	<i>Entacapone</i> (Comtan)
	<i>Pramipexol</i> (Mirapex)
[PA] [QL]	<i>Pramipexol ER</i> (Mirapex ER)
	<i>Rasagiline Mesylate</i> (Azilect)
	<i>Ropinirole HCl</i> (Requip)
	<i>Ropinirole HCl Sustained Release</i> (Requip XL)
	<i>Selegiline HCl</i> (Eldepryl)
	<i>Tolcapone</i> (Tasmar)
	<i>Tribexyphenidyl HCl</i> (Artane)
BRANDS	
	Apokyn (<i>Apomorphine HCl Cartridge (ml)</i>)
[PA] [QL]	Duopa Enteral Suspension (<i>levodopa/carbidopa</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Neupro
[ST] [QL]	Rytary

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

3.6 Anticonvulsants

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Acetazolamide</i> (Diamox)
	<i>Carbamazepine</i> (Carbatrol)
	<i>Carbamazepine</i> (Tegretol)
	<i>Carbamazepine Tablet, Sustained Release 12hr</i> (Tegretol XR)
	<i>Clonazepam</i> (Klonopin)
	<i>Clonazepam Tablet, Rapid Dissolve</i> (Klonopin)
	<i>Diazepam</i> (Diastat Acudial)
	<i>Divalproex Sodium</i> (Depakote)
	<i>Divalproex Sodium Sprinkle Capsules</i> (Depakote Sprinkle)
	<i>Divalproex Sodium Tablets, Delayed Release</i> (Depakote ER)
	<i>Ethosuximide</i> (Zarontin)
	<i>Felbamate</i> (Felbatol)
	<i>Gabapentin</i> (Neurontin)
	<i>Lamotrigine</i> (Lamictal)
	<i>Lamotrigine Orally Disintegrating</i> (Lamictal ODT)
	<i>Lamotrigine Sustained Release</i> (Lamictal XR)
	<i>Lamotrigine Tablet, Dispersible</i> (Lamictal)
	<i>Levetiracetam</i> (Keppra)
	<i>Oxcarbazepine</i> (Trileptal)
	<i>Phenobarbital</i> (Phenobarbital)
	<i>Phenytoin Sodium Extended</i> (Dilantin)
	<i>Phenytoin Sodium Extended Capsule</i> (Phenytek)
	<i>Phenytoin Suspension, Oral</i> (Final Dose Form) (<i>Dilantin</i>)
	<i>Primidone Tablet</i> (Mysoline)
	<i>Tiagabine HCl</i> (Gabitril 2mg, 4mg)
	<i>Topiramate</i> (Topamax Tablets)
	<i>Topiramate Sprinkle Capsules</i> (Topamax)
	<i>Valproate Sodium Syrup</i> (Depakene)
	<i>Valproic Acid Capsule</i> (<i>Hard, Soft, Etc.</i>) (Depakene)
	<i>Zonisamide</i> (Zonegran)
BRANDS	
	Banzel (<i>Rufinamide</i>)
	Diastat (<i>Diazepam</i>)
	Dilantin 30mg (<i>Phenytoin Sodium Extended</i>)
	Gabitril 12mg, 16mg (<i>Tiagabine HCl</i>)
	Lamictal (<i>Lamotrigine Tablet, Dose Pack</i>)
	Peganone (<i>Ethotoin</i>)
	Potiga (<i>Ezogabine</i>)
	Sabril (<i>Vigabatrin</i>)
	Vimpat (<i>Lacosamide</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Aptiom
[PA] [QL]	Briviact
	Equetro
[PA] [QL]	Fycompa
[PA]	Lyrica
[PA] [QL]	Onfi
[PA] [QL]	Oxtellar XR
[PA] [QL]	Qudexy XR
[PA] [QL]	Spritam
[PA] [QL]	Topiramate ER
[PA] [QL]	Trokendi XR

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

3.7 Miscellaneous Neurological Therapy

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Donepezil HCl</i> (Aricept)
[QL]	<i>Donepezil HCl</i> (Aricept 23mg)
	<i>Donepezil HCl Tablet, Rapid Dissolve</i> (Aricept ODT)
	<i>Galantamine Hydrobromide</i> (Razadyne)
	<i>Galantamine Hydrobromide Extended-Release Capsules</i> (Razadyne ER)
	<i>Memantine HCl, Memantine HCl solution, Oral</i> (Namenda)
	<i>Rivastigmine</i> (Exelon)
	<i>Rivastigmine Transdermal System</i> (Exelon Patch)
[PA] [QL]	<i>Tetrabenazine</i> (Xenazine)
BRANDS	
	Copaxone (<i>Glatiramer Acetate Kit</i>)
[PA] [QL]	Gilenya (<i>Fingolimod</i>)
[PA] [QL]	Nuedexta (<i>Dextromethorphan HBR/Quinidine</i>)
[PA] [QL]	Tecfidera (<i>Dimethyl Fumarate</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Ampyra
[PA] [QL]	Aubagio
[ST] [QL]	Gralise
[ST] [QL]	Horizant
[ST] [QL]	Namenda XR
[PA] [QL]	Namzaric
[QL]	Revlimid
[PA] [QL]	Savella
[PA] [QL]	Xyrem

3.8 Muscle Relaxants & Antispasmodic Therapy

FORMULARY PRODUCTS	
DRUG NAME	
3.8.1 MUSCLE RELAXANTS & ANTISPASMODIC AGENTS	
GENERICS	
	<i>Baclofen Tablet</i> (Lioresal)
	<i>Carisoprodol Tablet</i> (Soma)
	<i>Carisoprodol/Aspirin</i> (Soma Compound)
	<i>Chlorzoxazone</i> (Parafon Forte DSC)
	<i>Cyclobenzaprine HCl</i> (Flexeril)
	<i>Dantrolene Sodium</i> (Dantrium)
	<i>Diazepam</i> (Valium)
	<i>Metaxalone</i> (Skelaxin)
	<i>Methocarbamol</i> (Robaxin)
	<i>Tizanidine HCl</i> (Zanaflex)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST]	Amrix

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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3.8.2 MYASTHENIA GRAVIS
GENERICS
Pyridostigmine Bromide Tablet (Mestinon)
Pyridostigmine Bromide Tablet, Sustained Action (Mestinon)
BRANDS
Mestinon (*Pyridostigmine Bromide Syrup*)

3.9 Psychotherapeutic Drugs

DRUG NAME	FORMULARY PRODUCTS
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3.9.1 HYPNOTIC AGENTS
GENERICS
Chloral Hydrate (Chloral Hydrate)
[QL] *Estazolam* (ProSom)
[QL] *Eszopiclone* (Lunesta)
[QL] *Flurazepam HCl* (Dalmane)
Seconal Sodium (Seconal)
[QL] *Temazepam* (Restoril)
[QL] *Triazolam* (Halcion)
[QL] *Zaleplon* (Sonata)
[QL] *Zolpidem Tartrate* (Ambien)
[QL] *Zolpidem Tartrate Controlled Release* (Ambien CR)
[ST][QL] *Zolpidem Tartrate* (Intermezzo)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[ST][QL] Belsomra
Butisol Sodium
[QL] Doral
[ST][QL] Edluar
[PA][QL] Hetlioz
[QL] Rozerem
[ST][QL] Silenor
[ST] Zolpimist

DRUG NAME	FORMULARY PRODUCTS
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3.9.2 ANTIDEPRESSANT AGENTS
3.9.2.1 TRICYCLICS
GENERICS
Amitriptyline HCl (Elavil)
Amoxapine (Asendin)
Clomipramine HCl (Anafranil)
Desipramine HCl (Norpramin)
Doxepin HCl (Sinequan)
Imipramine HCl (Tofranil)
Imipramine Pamoate (Tofranil-PM)
Nortriptyline HCl (Pamelor)
Protriptyline HCl (Vivactil)
Trimipramine Maleate (Surmontil)

3.9.2.2 MISCELLANEOUS ANTIDEPRESSANTS
GENERICS
Bupropion HCl Tablet (Wellbutrin)
Bupropion HCl Tablet, Sustained Action (Wellbutrin SR)
Bupropion HCl Tablet, Sustained Release 24 hr (Wellbutrin XL)
Desvenlafaxine (Pristiq)
Duloxetine (Cymbalta, Irenka)
Fluvoxamine Maleate (Luvox CR)
Maprotiline HCl (Ludiomil)
Mirtazapine Tablet (Remeron)
Mirtazapine Tablet, Rapid Dissolve (Remeron)
Trazodone HCl (Desyrel)
Venlafaxine HCl (Effexor)
Venlafaxine XR (Effexor XR)
Venlafaxine XR Tablet (Venlafaxine HCl ER)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[ST] Aplenzin
[ST][QL] Desvenlafaxine ER
[ST][QL] Desvenlafaxine Fumarate
[ST][QL] Fetzima
[ST][QL] Forfivo XL
[ST][QL] Khedezla
[PA] Oleptro ER
[ST] Pexeva
[ST][QL] Trintellix
[ST][QL] Viibryd

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.
[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.
[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

FORMULARY PRODUCTS
DRUG NAME

3.9.2.3 MAO INHIBITORS

GENERICS

- Phenelzine Sulfate* (Nardil)
- Tranylcypromine Sulfate* (Parnate)

3.9.2.4 SELECTIVE SEROTONIN REUPTAKE INHIBITORS

GENERICS

- Citalopram Hydrobromide* (Celexa)
- Escitalopram Oxalate* (Lexapro)
- Fluoxetine* (Sarafem)
- Fluoxetine HCl* (Prozac)
- [QL] *Fluoxetine HCl* (Prozac Weekly)
- Fluvoxamine Maleate* (Luvox)
- Paroxetine HCl Tablet* (Paxil)
- Paroxetine HCl Tablet* (Paxil CR)
- Sertraline HCl* (Zoloft)

BRANDS

- [QL] Fluoxetine 60mg

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

- [ST] [QL] Brisdelle
- [ST] Pexeva
- [ST] [QL] Viibryd

FORMULARY PRODUCTS
DRUG NAME

3.9.3 ANTIPSYCHOTICS

3.9.3.1 PHENOTHIAZINES

GENERICS

- Chlorpromazine HCl* (Thorazine)
- Fluphenazine HCl* (Prolixin)
- Perphenazine* (Trilafon)
- [QL] *Thioridazine HCl* (Mellaril)
- Trifluoperazine HCl* (Stelazine)

3.9.3.2 BUTYROPHENONES

GENERICS

- Haloperidol* (Haldol)
- Haloperidol Lactate Concentrate, Oral* (Haldol)

3.9.3.3 MISCELLANEOUS ANTIPSYCHOTICS

GENERICS

- Aripiprazole* (Abilify)
- Aripiprazole* (Abilify Discmelt)
- Clozapine* (Clozaril)
- Clozapine ODT* (Fazaclo)
- Loxapine Succinate* (Loxitane)
- Molindone* (Moban)
- Olanzapine Orally Disintegrating Tablets* (Zyprexa Zydis)
- Olanzapine Tablets* (Zyprexa)
- [QL] *Paliperidone Er* (Invega)
- Pimozide* (Orap)
- Quetiapine Fumarate* (Seroquel)
- [ST] [QL] *Quetiapine Fumarate ER* (Seroquel XR)
- Risperidone Tablets* (Risperdal)
- Risperidone Tablets, Oral Disintegrating* (Risperdal M-tab)
- Thiothixene* (Navane)
- Ziprasidone HCl* (Geodon)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

- Aristada
- [ST] Fanapt
- Fazaclo (150mg, 200mg)
- [ST] Latuda
- [PA] [QL] Nuplazid
- [PA] [QL] Rexulti
- [ST] [QL] Saphris
- [ST] Versacloz
- [ST] [QL] Vraylar

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

3.10 ANTIVERTIGO & ANTIEMETIC DRUGS

FORMULARY PRODUCTS	
DRUG NAME	

3.9.4 MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS

GENERICS

- [QL] *Armodafinil* (Nuvigil)
- [QL] *Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine* (Adderall)
- [QL] *Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Capsules, Sustained Release* (Adderall XR)
- [QL] *Clonidine HCl Extended-Release* (Kapvay)
- D-Amphetamine Sulfate* (Dexedrine)
- D-Amphetamine Sulfate Capsule, Sustained Action* (Dexedrine)
- Dexmethylphenidate HCl* (Focalin)
- Dexmethylphenidate HCl Extended-Release* (Focalin XR)
- Lithium Carbonate* (Eskalith)
- Lithium Carbonate Tablet, Sustained Action* (Eskalith CR)
- Lithium Carbonate Tablet, Sustained Action* (Lithobid)
- Lithium Citrate* (Lithium Citrate)
- Methamphetamine HCl* (Desoxyn)
- Methylphenidate HCl* (Concerta)
- Methylphenidate HCl* (Metadate CD)
- Methylphenidate HCl* (Metadate ER 20mg)
- Methylphenidate HCl* (Ritalin)
- Methylphenidate HCl* (Ritalin LA 20mg, 30mg, 40mg)
- Methylphenidate HCl Tablet* (Methylin)
- Methylphenidate HCl Tablet, Sustained Action* (Ritalin-SR)
- Methylphenidate Solution* (Methylin Solution, Oral)
- [QL] *Modafinil* (Provigil)

BRANDS

- Daytrana (*Methylphenidate, Patch, Transdermal 24 hr*)
- Strattera (*Atomoxetine HCl Capsule (Hard, Soft, Etc.)*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[ST] [QL] <i>Adzenys XR ODT</i>	
[ST] [QL] <i>Aptensio XR</i>	
[PA] [QL] <i>Dyanavel XR</i>	
[PA] [QL] <i>Evekeo</i>	
[PA] [QL] <i>Quillichew ER</i>	
[PA] [QL] <i>Quillivant XR</i>	
<i>Ritalin LA (10mg, 60mg)</i>	
[PA] [QL] <i>Vyvanse capsule</i>	
<i>Zenzedi</i>	

FORMULARY PRODUCTS

DRUG NAME	
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3.9.5 ANXIOLYTICS

GENERICS

- Alprazolam* (Xanax)
- Alprazolam, Sustained Release 24hr* (Xanax XR)
- Alprazolam Tablets, Oral Disintegrating* (Niravam)
- Bupirone HCl* (Buspar)
- Chlordiazepoxide HCl* (Librium)
- Clorazepate Dipotassium Tablet* (Tranxene T-Tab)
- Diazepam* (Valium)
- Lorazepam* (Ativan)
- Midazolam HCl* (Versed)
- Midazolam HCl Syrup* (Versed)
- Oxazepam* (Serax)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	

GENERICS

- Aprepitant* (Emend capsule)
- Dronabinol* (Marinol)
- Granisetron HCl* (Kytril)
- Meclizine HCl* (Antivert)
- Ondansetron* (Zofran ODT)
- Ondansetron HCl* (Zofran)
- Prochlorperazine Maleate* (Compazine)
- Prochlorperazine Maleate Suppository, Rectal* (Compazine)
- Promethazine HCl Suppository, Rectal* (Phenergan)
- Promethazine HCl Tablet* (Phenergan)
- Trimethobenzamide HCl* (Tigan)
- Trimethobenzamide HCl/Benzocaine Suppository, Rectal* (Tigan)

BRANDS

- Anzemet (*Dolasetron Mesylate Tablet*)
- [PA] [QL] *Emend (Aprepitant) Suspension*
- Transderm-Scop (Scopolamine Hydrobromide Patch, Transdermal 72 Hours)*

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[PA] [QL] <i>Akynzeo</i>	
[PA] [QL] <i>Diclegis</i>	
[PA] [QL] <i>Sancuso</i>	
[PA] [QL] <i>Varubi</i>	
[PA] <i>Zuplenz</i>	

3.11 ANTIALCOHOLIC AGENTS

FORMULARY PRODUCTS	
DRUG NAME	

GENERICS

- Acamprosate Calcium* (Campral)
- Disulfiram* (Antabuse)

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS

4.1 Antiarrhythmic Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Amiodarone HCl Tablet</i> (Cordarone)	
<i>Disopyramide Phosphate</i> (Norpace)	
<i>Disopyramide Phosphate Capsule, Sustained Action</i> (Norpace CR)	
<i>Dofetilide</i> (Tikosyn)	
<i>Flecainide Acetate</i> (Tambacor)	
<i>Mexiletine HCl Capsule (Hard, Soft, Etc.)</i> (Mexitil)	
<i>Propafenone HCl</i> (Rythmol SR)	
<i>Propafenone HCl Tablet</i> (Rythmol)	
<i>Quinidine Gluconate Tablet, Sustained Action</i> (Quinaglute)	
<i>Quinidine Sulfate Tablet</i> (Quinidine Sulfate)	
<i>Quinidine Sulfate Tablet, Sustained Action</i> (Quinidex)	
<i>Sotalol HCl</i> (Betapace AF)	
<i>Sotalol HCl Tablet</i> (Betapace)	
BRANDS	
[QL]	Multaq (<i>Dronedaron HCl</i>)

4.2 Cardiac Glycosides

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Digoxin Solution</i> (Lanoxin)	
<i>Digoxin Tablet</i> (Lanoxin)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Lanoxin 62.5mcg & 187.5mcg

4.3 Nitrates

FORMULARY PRODUCTS	
DRUG NAME	
4.3.1 RAPID ACTING NITRATES	
GENERICS	
<i>Nitroglycerin</i> (Nitromist Lingual Spray)	
<i>Nitroglycerin Sublingual Tablet</i> (Nitrostat)	
BRANDS	
Nitrolingual (<i>Nitroglycerin</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	GoNitro

FORMULARY PRODUCTS	
DRUG NAME	
4.3.2 LONG ACTING NITRATES	
GENERICS	
<i>Isosorbide Dinitrate</i> (Isordil)	
<i>Isosorbide Mononitrate Tablet, Sustained Release 24hr</i> (Imdur)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitroglycerin)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitro-Time)	
<i>Nitroglycerin Ointment(gm)</i> (Nitro-Bid)	
<i>Nitroglycerin Patch, Transdermal 24 Hours</i> (Nitroglycerin)	
BRANDS	
Dilatrate-SR (<i>Isosorbide Dinitrate Capsule, Sustained Action</i>)	
Nitro-Dur (<i>Nitroglycerin Patch, Transdermal 24 Hours</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Minitran Patch, Transdermal 24 Hours

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

4.4 Coagulation Therapy

FORMULARY PRODUCTS	
DRUG NAME	
4.4.1 ANTICOAGULANTS	
GENERICS	
<i>Warfarin Sodium</i> (Coumadin)	
BRANDS	
[QL]	Eliquis (<i>Apixaban</i>)
[QL]	Pradaxa (<i>Dabigatran</i>)
[QL]	Xarelto (<i>Rivaroxaban</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Savaysa

FORMULARY PRODUCTS	
DRUG NAME	

4.4.2 ANTIPLATELET DRUGS	
GENERICS	
<i>Anagrelide HCl</i> (Agrylin)	
<i>Aspirin 81mg, 325mg</i> [PREVENT]	
<i>Aspirin/Dipyridamole Capsule, Multiphasic Release</i> (Aggrenox)	
<i>Aspirin Enteric Coated 81mg, 325mg</i> (Ecotrin) [PREVENT]	
<i>Cilostazol Tablet</i> (Pletal)	
<i>Clopidogrel Bisulfate</i> (Plavix)	
<i>Dipyridamole Tablet</i> (Persantine)	
<i>Ticlopidine HCl Tablet</i> (Ticlid)	
BRANDS	
Brilinta (<i>Ticagrelor</i>)	
Effient (<i>Prasugrel HCl</i>)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Durlaza
[PA] [QL]	Zontivity

FORMULARY PRODUCTS	
DRUG NAME	

4.4.3 HEPARIN	
GENERICS	
<i>Enoxaparin</i> (Lovenox)	
<i>Fondaparinux Sodium</i> (Arixtra)	
<i>Heparin Sodium, Porcine</i> (Heparin Lock Flush)	
BRANDS	
Fragmin (<i>Dalteparin Sodium, Porcine</i>)	

FORMULARY PRODUCTS	
DRUG NAME	

4.4.4 VITAMIN K	
BRANDS	
Mephyton (<i>Phytonadione Tablet</i>)	

FORMULARY PRODUCTS	
DRUG NAME	

4.4.5 HEMOSTATICS	
BRANDS	
Amicar (<i>Aminocaproic acid</i>)	
[PA]	Promacta (<i>Eltrombopag Olamine</i>)

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
4.4.6 MISCELLANEOUS COAGULATION AGENTS	
GENERIC	
<i>Pentoxifylline Tablet, Sustained Action (Trental)</i>	

4.5 Antihypertensive Therapy

FORMULARY PRODUCTS	
DRUG NAME	
4.5.1 THIAZIDE & RELATED DIURETICS	
GENERIC	
<i>Amiloride HCl/Hydrochlorothiazide (Moduretic)</i>	
<i>Amiloride HCl Tablet (Midamor)</i>	
<i>Bumetanide (Bumex)</i>	
<i>Chlorothiazide (Diuril)</i>	
<i>Chlorthalidone (Hygroton)</i>	
<i>Eplerenone (Inspra)</i>	
<i>Ethacrynic Acid (Edecrin)</i>	
<i>Furosemide (Lasix)</i>	
<i>Hydrochlorothiazide (HydroDIURIL)</i>	
<i>Indapamide (Lozol)</i>	
<i>Metolazone (Zaroxolyn)</i>	
<i>Spironolactone/Hydrochlorothiazide (Aldactazide)</i>	
<i>Spironolactone Tablet (Aldactone)</i>	
<i>Torsemide (Demadex)</i>	
<i>Triamterene/Hydrochlorothiazide (Dyazide)</i>	
<i>Triamterene/Hydrochlorothiazide (Maxzide)</i>	
BRANDS	
<i>Dyrenium (Triamterene Capsule (Hard, Soft, Etc.))</i>	

FORMULARY PRODUCTS	
DRUG NAME	
4.5.2 BETA-BLOCKERS	
GENERIC	
<i>Acebutolol HCl (Sectral)</i>	
<i>Atenolol (Tenormin)</i>	
<i>Betaxolol HCl (Kerlone)</i>	
<i>Bisoprolol Fumarate (Zebeta)</i>	
<i>Carvedilol (Coreg)</i>	
<i>Labetalol HCl (Normodyne)</i>	
<i>Labetalol HCl (Trandate)</i>	
<i>Metoprolol Succinate Tablet, Sustained Release 24hr (Toprol XL)</i>	
<i>Metoprolol Tartrate (Lopressor)</i>	
<i>Nadolol (Corgard)</i>	
<i>Pindolol (Visken)</i>	
<i>Propranolol HCl (Inderal)</i>	
<i>Propranolol HCl Capsule, Sustained Action 24 hr (Inderal LA)</i>	
<i>Timolol Maleate (Blocadren)</i>	
BRANDS	
<i>Bystolic</i>	
<i>Coreg CR (Carvedilol)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] <i>Hemangeol</i>	
<i>Innopran XL</i>	
[PA] <i>Sotylize</i>	

FORMULARY PRODUCTS	
DRUG NAME	
4.5.3 CALCIUM CHANNEL BLOCKERS	
4.5.3.1 CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES	
GENERIC	
[QL] <i>Amlodipine/Atorvastatin (Caduet)</i>	
<i>Diltiazem Extended Release (excluding 120mg) (Cardizem LA)</i>	
<i>Diltiazem HCl (Cardizem)</i>	
<i>Diltiazem HCl Capsule, Sustained Action (Tiazac)</i>	
<i>Diltiazem HCl Capsule, Sustained Release 24 hr (Cardizem CD)</i>	
<i>Nimodipine (Nimotop)</i>	
<i>Verapamil HCl (Calan)</i>	
<i>Verapamil HCl Capsule, 24hr Sustained Release Pellets (Verelan)</i>	
<i>Verapamil HCl Capsule, 24hr Sustained Release Pellets (Verelan PM)</i>	
<i>Verapamil HCl Tablet, Sustained Action (Calan SR)</i>	
<i>Verapamil HCl Tablet, Sustained Action (Isoptin S.R.)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL] <i>Nymalize</i>	

FORMULARY PRODUCTS	
DRUG NAME	
4.5.3.2 CALCIUM CHANNEL BLOCKERS/DIHYDROPYRIDINES	
GENERIC	
<i>Amlodipine Besylate (Norvasc)</i>	
<i>Felodipine ER (Plendil)</i>	
<i>Isradipine (DynaCirc)</i>	
<i>Nifedipine Capsule (Hard, Soft, Etc.) (Procardia)</i>	
<i>Nifedipine Tablet, Sustained Action (Adalat CC)</i>	
<i>Nifedipine Tablet, Sustained Release Osmotic Push (Procardia XL)</i>	
<i>Nisoldipine Tablet (Sular)</i>	

FORMULARY PRODUCTS	
DRUG NAME	
4.5.4 ACE INHIBITORS	
GENERIC	
<i>Benazepril HCl (Lotensin)</i>	
<i>Captopril (Capoten)</i>	
<i>Enalapril Maleate (Vasotec)</i>	
<i>Fosinopril Sodium Tablet (Monopril)</i>	
<i>Lisinopril (Prinivil)</i>	
<i>Lisinopril (Zestril)</i>	
<i>Moexipril HCl (Univasc)</i>	
<i>Perindopril Erbumine (Aceon)</i>	
<i>Quinapril HCl Tablet (Accupril)</i>	
<i>Ramipril (Altace)</i>	
<i>Trandolapril (Mavik)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
<i>Epaned</i>	
[QL] <i>Qbrelis</i>	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
4.5.5 ADRENERGIC ANTAGONISTS & RELATED DRUGS	
GENERICS	
	<i>Clonidine HCl</i> (Catapres)
	<i>Clonidine HCl Patch, Transdermal Weekly</i> (Catapres-TTS)
	<i>Doxazosin Mesylate</i> (Cardura)
[QL]	<i>Guanfacine Extended Release</i> (Intuniv)
	<i>Guanfacine HCl</i> (Tenex)
	<i>Methyldopa</i> (Aldomet)
	<i>Prazosin HCl</i> (Minipress)
	<i>Terazosin HCl</i> (Hytrin)

FORMULARY PRODUCTS	
DRUG NAME	
4.5.6 AGENTS FOR PHEOCHROMOCYTOMA	
GENERICS	
[PA] [QL]	<i>Phenoxylbenzamine HCl</i> (Dibenzyline)

FORMULARY PRODUCTS	
DRUG NAME	
4.5.7 VASODILATORS	
GENERICS	
	<i>Hydralazine HCl</i> (Apresoline)
	<i>Minoxidil</i> (Loniten)
BRANDS	
	BiDil (<i>Hydralazine HCl/Isosorbide Dinitrate</i>)

FORMULARY PRODUCTS	
DRUG NAME	
4.5.8 OTHER ANTIHYPERTENSIVE COMBINATIONS	
GENERICS	
	<i>Amlodipine Besylate/Benazepril HCl</i> (Lotrel)
	<i>Amlodipine Besylate/Olmesartan Medoxomil</i> (Azor)
	<i>Amlodipine/Valsartan</i> (Exforge)
	<i>Amlodipine/Valsartan HCTZ</i> (Exforge HCT)
	<i>Atenolol/Chlorthalidone</i> (Tenoretic)
	<i>Benazepril HCl/Hydrochlorothiazide</i> (Lotensin HCT)
	<i>Bisoprolol Fumarate/Hydrochlorothiazide</i> (Ziac)
	<i>Captopril/Hydrochlorothiazide</i> (Capozide)
	<i>Enalapril Maleate/Hydrochlorothiazide</i> (Vaseretic)
	<i>Fosinopril Sodium/Hydrochlorothiazide</i> (Monopril HCT)
	<i>Lisinopril/Hydrochlorothiazide</i> (Prinzide, Zestoretic)
	<i>Methyldopa/Hydrochlorothiazide</i> (Aldoril)
	<i>Metoprolol Tartrate/Hydrochlorothiazide</i> (Lopressor HCT)
	<i>Moexipril HCl/Hydrochlorothiazide</i> (Uniretic)
[QL]	<i>Olmesartan/Amlodipine/HCTZ</i> (Tribenzor)
	<i>Propranolol HCl/Hydrochlorothiazide</i> (Inderide)
	<i>Quinapril HCl/Hydrochlorothiazide Tablet</i> (Accuretic)
	<i>Telmisartan/Amlodipine</i> (Twyinsta)
	<i>Trandolapril/Verapamil</i> (Tarka)
BRANDS	
	Clorpres (<i>Clonidine HCl/Chlorthalidone Tablet</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Edarbyclor
[ST] [QL]	Prestalia
	Tarka

FORMULARY PRODUCTS	
DRUG NAME	
4.5.9 ANGIOTENSIN II RECEPTOR BLOCKERS	
GENERICS	
	<i>Candesartan Cilexetil</i> (Atacand)
	<i>Candesartan Cilexetil/Hydrochlorothiazide</i> (Atacand HCT)
	<i>Eprosartan</i> (Teveten 600mg)
	<i>Irbesartan</i> (Avapro)
	<i>Irbesartan/Hydrochlorothiazide</i> (Avalide)
	<i>Losartan Potassium</i> (Cozaar)
	<i>Losartan Potassium/Hydrochlorothiazide</i> (Hyzaar)
	<i>Olmesartan Medoxomil</i> (Benicar)
	<i>Olmesartan Medoxomil/HCTZ</i> (Benicar HCT)
	<i>Telmisartan</i> (Micardis)
	<i>Telmisartan/Hydrochlorothiazide</i> (Micardis HCT)
	<i>Valsartan</i> (Diovan)
	<i>Valsartan/Hydrochlorothiazide</i> (Diovan HCT)
BRANDS	
	Benicar (<i>Olmesartan Medoxomil</i>)
	Benicar HCT (<i>Olmesartan Medoxomil/Hydrochlorothiazide</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Byvalson
[QL]	Edarbi
[PA]	Tekturna

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

4.6 Lipid/Cholesterol Lowering Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
[QL]	<i>Amlodipine/Atorvastatin</i> (Caduet)
[QL]	<i>Atorvastatin Calcium</i> (Lipitor)
	<i>Colestipol</i> (Colestid)
[QL]	<i>Ezetimibe</i> (Zetia)
	<i>Fenofibrate</i> (Antara)
	<i>Fenofibrate</i> (Fenoglide)
	<i>Fenofibrate</i> (Tricor)
	<i>Fenofibrate, Micronized</i> (Fenofibrate)
	<i>Fenofibric Acid</i> (Fibricor)
[QL]	<i>Fenofibric Acid Delayed Release</i> (Trilipix)
[QL]	<i>Fluvastatin ER</i> (Lescol XL)
[QL]	<i>Fluvastatin Sodium</i> (Lescol)
[QL]	<i>Lovastatin</i> (Mevacor)
	<i>Niacin Tablet, Sustained Action Sequential</i> (Niaspan)
	<i>Omega-3 Acid Ethyl Est</i> (Lovaza)
[QL]	<i>Pravastatin Sodium</i> (Pravachol)
[QL]	<i>Rosuvastatin Calcium</i> (Crestor)
[QL]	<i>Simvastatin</i> (Zocor)
BRANDS	
[QL]	Altoprev (<i>Lovastatin</i>)
[PA] [QL]	Kynamro (<i>Mipomersen Subcutaneous Injection</i>)
	Lipofen (<i>Fenofibrate</i>)
	Triglide (<i>Fenofibrate</i>)
[QL]	Vytorin (<i>Ezetimibe/Simvastatin</i>)
	Welchol (<i>Colesevelam HCl</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Juxtapid
[PA] [QL]	Liptruzet
[QL]	Livalo
[PA] [QL]	Praluent
[PA] [QL]	Repatha
[PA] [QL]	Repatha Pushtronex
[PA] [QL]	Vascepa

4.7 Miscellaneous Cardiovascular Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Midodrine HCl</i> (ProAmantine)
	<i>Sodium Polystyrene Sulfonate</i> (Kayexalate)
	<i>Sodium Polystyrene Sulfonate Enema (ml)</i> (Sodium Polystyrene Sulfonate)
BRANDS	
[PA] [QL]	Corlanor (<i>Ivabradine</i>)
	Ranexa (<i>Ranolazine</i>)
[PA] [QL]	Tyvaso (<i>Treprostinil</i>)
[PA] [QL]	Veltassa (<i>Patiromer</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Entresto
[PA] [QL]	Northera
[PA] [QL]	Vecamyl

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

5. DERMATOLOGICALS/TOPICAL THERAPY

5.1 Topical Corticosteroids

DRUG NAME	FORMULARY PRODUCTS
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5.1.1 TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY

GENERIC

- Betamethasone Dipropionate* (Diprolene)
- Calcipotriene* (Dovonex)
- Calcipotriene/Betamethasone Dipropionate Ointment* (Taclonex)
- Clobetasol Propionate* (OLUX Foam)
- Clobetasol Propionate* (Temovate)
- Clobetasol Propionate/Emollient* (OLUX-E Foam)
- Clobetasol Propionate/Emollient* (Temovate)
- Clobetasol Propionate Lotion (ml)* (Clobex)
- Clobetasol Propionate Shampoo* (Clobex)
- Clobetasol Propionate Spray* (Clobex)
- Diflorasone Diacetate Ointment(gm)* (Psorcon)
- Halobetasol Propionate Cream* (Ultravate)
- Halobetasol Propionate Ointment* (Ultravate)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Enstilar

DRUG NAME	FORMULARY PRODUCTS
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5.1.2 TOPICAL CORTICOSTEROIDS HIGH POTENCY

GENERIC

- Amcinonide* (Cyclocort)
- Betamethasone Dipropionate* (Diprosone)
- Betamethasone Dipropionate Ointment* (Diprolene 0.05%)
- Betamethasone Dipropionate/Propylene Glycol Cream (Grams)* (Diprolene AF 0.05%)
- Betamethasone Valerate Ointment(gm)* (Betatrex 0.10%)
- Desoximetasone Cream (Grams)* (Topicort 0.25%)
- Desoximetasone Gel (gm)* (Topicort 0.05%)
- Desoximetasone Ointment(gm)* (Topicort 0.25%)
- Diflorasone Diacetate Cream (Grams)* (Psorcon)
- Diflorasone Diacetate/Emollient Cream (Grams)* (Psorcon E)
- Fluocinonide* (Lidex)
- Fluocinonide* (Vanos)
- Fluocinonide/Emollient Cream (Grams)* (Lidex-E 0.05%)
- Triamcinolone Acetonide Cream (Grams)* (Kenalog 0.50%)

DRUG NAME	FORMULARY PRODUCTS
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5.1.3 TOPICAL CORTICOSTEROIDS MEDIUM POTENCY

GENERIC

- Betamethasone* (Luxiq Foam)
- Betamethasone Valerate* (Betatrex)
- Desoximetasone Cream (Grams)* (Topicort Lp 0.05%)
- Fluocinolone Acetonide Cream (Grams)* (Synalar 0.03%)
- Fluocinolone Acetonide Ointment(gm)* (Synalar 0.03%)
- Flurandrenolide* (Cordran Cream)
- Fluticasone Propionate* (Cutivate)
- Hydrocortisone Butyrate Cream* (Locoid)
- Hydrocortisone Butyrate Ointment* (Locoid)
- Hydrocortisone Butyrate Solution* (Locoid)
- Hydrocortisone Butyrate/Emollient* (Locoid Lipocream 0.1%)
- Hydrocortisone Valerate* (Westcort)
- Mometasone Furoate* (Elocon)
- Triamcinolone Acetonide* (Kenalog)

BRANDS

- Clocortolone Pivalate Cream
- Cloderm 0.10% (*Clocortolone Pivalate Cream (Grams)*)
- Cordran 4mcg/sq cm (*Flurandrenolide Tape, Medicated*)
- Cordran Ointment (*Flurandrenolide*)

DRUG NAME	FORMULARY PRODUCTS
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5.1.4 TOPICAL CORTICOSTEROIDS LOW POTENCY

GENERIC

- Alclometasone Dipropionate Ointment(gm)* (Aclovate)
- Desonide Cream (Grams)* (DesOwen)
- Desonide Lotion (ml)* (DesOwen)
- Desonide Ointment(gm)* (DesOwen)
- Fluocinolone Acetonide Cream (Grams)* (Fluocinolone Acetonide 0.01%)
- Fluocinolone Acetonide Solution, Non-Oral* (Synalar 0.01%)
- Hydrocortisone Lotion Rx (ml)* (Hydrocortisone)
- Hydrocortisone Rx* (Hytone)

BRANDS

- Capex Shampoo 0.01% (*Fluocinolone Acetonide*)

5.2 Topical Anesthetics

DRUG NAME	FORMULARY PRODUCTS
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GENERIC

- Lidocaine Adhesive Patch* (Lidoderm)
- Lidocaine HCl Cream (Grams)* (Lida Mantle)
- Lidocaine HCl Jel (ml)* (Xylocaine)
- Lidocaine HCl Ointment(gm)* (Xylocaine)
- Lidocaine HCl Solution, Non-Oral* (Xylocaine)
- Lidocaine/Prilocaine* (Emla)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

5.3 Therapy For Acne

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Adapalene</i> (Differin 0.1% cream, gel)	
<i>Adapalene 0.3% gel</i> (Differin)	
<i>Benzoyl Peroxide Rx</i> (Benzoyl Peroxide)	
<i>Clindamycin 1%</i> (Evoclin)	
<i>Clindamycin Phosphate</i> (Cleocin T)	
<i>Clindamycin Phosphate/Benzoyl Peroxide</i> (Benzacilin)	
<i>Clindamycin Phosphate/Benzoyl Peroxide</i> (Duac)	
<i>Erythromycin Base Solution, Non-Oral</i> (Del-Mycin)	
<i>Erythromycin Base/Benzoyl Peroxide Gel (gm)</i> (Benzamycin)	
<i>Erythromycin Base/Ethyl Alcohol Gel (gm)</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Solution, Non-Oral</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Swab, Medicated</i> (Erycette)	
<i>Metronidazole</i> (Metrocream)	
<i>Metronidazole</i> (Metro lotion)	
<i>Metronidazole, Topical</i> (Metrogel)	
<i>Sulfacetamide Sodium/Sulfur</i> (Sulfacet-R)	
<i>Tretinoin</i> (Atralin Gel)	
<i>Tretinoin</i> (Retin-A)	
<i>Tretinoin Microsphere</i> (Retin-A Micro)	
BRANDS	
[ST]	Absorica (<i>Isotretinoin</i>)
	Acanya (<i>Benzoyl Peroxide/Clindamycin</i>)
	Aczone 5% Gel (<i>Dapsone</i>)
	Epiduo (<i>Benzoyl Peroxide/Adapalene</i>)
	Finacea (<i>Azelaic Acid Gel</i>)
	Tazorac (<i>Tazarotene</i>)
	Veltin (<i>Clindamycin/Tretinoin</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Azelex
	Differin Lotion 0.1%
[PA] [QL]	Epiduo Forte
[ST] [QL]	Fabior
[ST] [QL]	Onexton
	Retin-A Micro 0.08%

5.4 Topical Antibacterials

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Gentamicin Sulfate</i> (Garamycin)	
<i>Mupirocin Calcium (gm)</i> (Bactroban)	
BRANDS	
Bactroban Nasal (<i>Mupirocin Calcium</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Centany

5.5 Topical Antifungals

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Ciclopirox</i> (Loprox, Penlac)	
<i>Clotrimazole/Betamethasone Dipropionate Cream (Grams) or Lotion (ml)</i> (Lotrisone)	
<i>Econazole Nitrate</i> (Spectazole)	
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i> (Nizoral)	
[PA] [QL]	<i>Naftifine HCl Cream</i> (Naftin)
[PA] [QL]	<i>Oxiconazole Nitrate Cream</i> (Oxistat)
<i>Nystatin Cream (Grams)</i> (Mycostatin)	
<i>Nystatin/Triamcinolone Acetonide</i> (Mycolog II)	
BRANDS	
Mentax (<i>Butenafine HCl</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Ecoza
	Exelderm
[PA] [QL]	Luzu
[PA] [QL]	Naftin Gel
[PA] [QL]	Oxistat Lotion
[PA] [QL]	Xolegel

5.6 Topical Antivirals

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Acyclovir Ointment</i> (Zovirax)	
BRANDS	
Zovirax (<i>Acyclovir Cream</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Denavir

5.7 Burn Therapy

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Silver Sulfadiazine</i> (Silvadene)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Sulfamylon

5.8 Topical Enzymes

FORMULARY PRODUCTS	
DRUG NAME	
BRANDS	
Santyl (<i>Collagenase</i>)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

5.10 Antipsoriatic/Antiseborrheic

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Acitretin</i> (Soriatane)
	<i>Calcitriol</i> (Vectical, Topical)
	<i>Calcipotriene</i> (Dovonex)
	<i>Calcipotriene/Betamethasone</i> (Taclonex Ointment)
	<i>Selenium Sulfide</i> (Selsun Rx)
	<i>Sulfacetamide Sodium</i> (Ovace)
	<i>Sulfacetamide Sodium/Urea</i> (Scalp Treatment)
BRANDS	
[PA] [QL]	Cosentyx (<i>Secukinumab</i>)
[PA] [QL]	Humira (<i>Adalimumab</i>)
	Pramosone (<i>Hydrocortisone Acetate/Pramoxine HCl</i>)
[PA] [QL]	Stelara (<i>Ustekinumab</i>)
	Tazorac (<i>Tazarotene</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Otrexup
[PA] [QL]	Rasuvo
	Taclonex Topical Suspension
[PA] [QL]	Taltz

5.11 Topical Scabicides/Pediculicides

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Lindane</i> (Lindane)
	<i>Malathion</i> (Ovide)
	<i>Permethrin</i> (Elimite)
BRANDS	
	Eurax Cream (<i>Crotamiton</i>)
	Eurax Lotion (<i>Crotamiton</i>)
	Ulesfia (<i>Benzyl Alcohol</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Sklice

5.12 Miscellaneous Dermatologicals

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Aluminum Chloride</i> (Drysol)
[PA] [QL]	<i>Diclofenac Sodium 3% Gel</i> (Solaraze)
	<i>Fluorouracil Cream</i> (Efudex)
	<i>Fluorouracil Solution, Non-Oral</i> (Efudex)
	<i>Imiquimod</i> (Aldara)
	<i>Methoxsalen</i> (Oxsoralen-Ultra)
	<i>Sulfacetamide Sodium/Urea Lotion (gm)</i> (Carmol 10%)
	<i>Tacrolimus Ointment</i> (Protopic)
	<i>Urea</i> (Carmol 40)
BRANDS	
[PA] [QL]	Carac Cream (<i>Fluorouracil</i>)
	Condylox (<i>Podoflox Solution, Non-Oral</i>)
	Elidel (<i>Pimecrolimus Cream (Grams)</i>)
[PA] [QL]	Fluorouracil 0.5% cream
	Panretin (<i>Alitretinoin</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Finacea Foam
[PA] [QL]	Picato
[ST] [QL]	Soolantra 1% cream
[QL]	Tolak Cream
[PA] [QL]	Zyclara

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

6. EAR, NOSE & THROAT MEDICATIONS

6.1 Intranasal Steroids

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
[ST] [QL]	<i>Budesonide</i> (Rhinocort Aqua)
[QL]	<i>Flunisolide</i> (Nasalide)
[QL]	<i>Fluticasone Propionate</i> (Flonase)
[ST][QL]	<i>Mometasone Furoate</i> (Nasonex)
BRANDS	
[ST] [QL]	Qnasl (<i>Beclomethasone Dipropionate</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Beconase AQ
[PA] [QL]	Dymista
[ST] [QL]	Omnaris
[ST] [QL]	Veramyst
[ST] [QL]	Zetonna

6.2 Miscellaneous Otic Preparations

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Acetic Acid/Hydrocortisone</i> (VoSol HC)
	<i>Antipyrine/Benzocaine/Glycerin</i> (Auralgan)
	<i>Ofloxacin</i> (Floxin)

6.3 Otic Steroid/Antibiotic

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone</i> (Cortisporin)
BRANDS	
	Cetraxal (<i>Ciprofloxacin HCl Drops</i>)
	Ciprodex (<i>Ciprofloxacin HCl/Dexamethasone Suspension, Drops (Final Dosage Form)(ml)</i>)
	Cipro HC (<i>Ciprofloxacin HCl/Hydrocortisone</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Coly-Mycin S
	Otovel

6.4 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
[QL]	<i>Azelastine</i> (Astelin, Astepro)
	<i>Cevimeline HCl</i> (Evoxac)
[QL]	<i>Ipratropium Bromide Aerosol, Spray (ml)</i> (Atrovent)
	<i>Lidocaine HCl, Viscous</i>
[QL]	<i>Olopatadine</i> (Patanase)
	<i>Pilocarpine HCl</i> (Salagen)
	<i>Triamcinolone Acetonide Paste (gm)</i> (Kenalog in Orabase)
BRANDS	
	Numoisyn (<i>Calcium Phosphate/Saliva Stimulant Agents Combin/Malic Acid/Sorbitol Lozenge</i>)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

7. ENDOCRINE/DIABETES

7.1 Antithyroid Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Methimazole Tablet</i> (Tapazole)
	<i>Propylthiouracil Tablet</i> (Propylthiouracil)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	SSKI

7.2 Thyroid Hormones

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Levothyroxine Sodium</i> (Levoxytl)
	<i>Levothyroxine Sodium</i> (Synthroid)
	<i>Liothyronine</i> (Cytomel)
BRANDS	
	Thyrolar (<i>Liotrix</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Armour Thyroid

7.3 Adrenal Hormones

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Cortisone Acetate</i> (Cortisone Acetate)
	<i>Dexamethasone Tablet, Dose Pack</i> (Decadron)
	<i>Fludrocortisone Acetate</i> (Florinef Acetate)
	<i>Hydrocortisone</i> (Cortef)
	<i>Methylprednisolone</i> (Medrol)
	<i>Prednisolone Sodium Phosphate Solution, Oral</i> (Pediapred)
	<i>Prednisolone Syrup</i> (Prelone)
	<i>Prednisolone Tablet</i> (Prednisolone)
	<i>Prednisone</i> (Prednisone)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	[PA] [QL] Rayos

7.4 Miscellaneous Hormones

FORMULARY PRODUCTS	
DRUG NAME	
7.4.1 ANDROGENS	
GENERICS	
	<i>Danazol</i> (Danocrine)
	[PA] [QL] <i>Fluoxymesterone</i> (Androxy)
	<i>Methyltestosterone</i> (Android, Testred)
	[PA] <i>Oxandrolone</i> (Oxandrin)
	<i>Testosterone Cypionate Vial (ml)</i> (Depo-Testosterone)
	<i>Testosterone Enanthate Disposable Syringe (ml)</i> (Delatestryl)
	[PA] [QL] <i>Testosterone Gel 1% in Packet (gm)</i> (Androgel)
	[PA] [QL] <i>Testosterone Gel 1% in Pump (gm)</i> (Androgel)
BRANDS	
	[PA] [QL] Androderm (<i>Testosterone Patch, Transdermal 24 Hours</i>)
	[PA] [QL] Androgel 1.62% (<i>Testosterone Gel in Metered-Dose Pump (gm)</i>)
	[PA] [QL] Testim (<i>Testosterone</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	[PA] Anadrol-50
	[PA] [QL] Axiron
	[PA] [QL] Fortesta (<i>Testosterone</i>)
	Methitest
	[PA] Nandrolone
	[PA] [QL] Natesto
	[PA] [QL] Striant
	[PA] [QL] Vogelxo

FORMULARY PRODUCTS	
DRUG NAME	
7.4.2 OVULATORY STIMULANTS	
GENERICS	
	<i>Clomiphene Citrate</i> (Clomid)
BRANDS	
	Bravelle (<i>Urofollitropin (FSH)</i>)
	Gonal-F, Gonal-F RFF (<i>Follitropin Alpha, Recombinant</i>)
	Menopur (<i>Menotropin</i>)
	Ovidrel (<i>HCG Alpha, Recombinant</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	[PA] Follistim AQ

FORMULARY PRODUCTS	
DRUG NAME	
7.4.3 VITAMIN D ANALOGS	
GENERICS	
	<i>Calcitriol Capsule (Hard, Soft, Etc.)</i> (Rocaltrol)
	<i>Calcitriol Solution, Oral</i> (Rocaltrol)
	<i>Doxercalciferol Capsule</i> (Hectorol)
	<i>Paricalcitol</i> (Zemplar)

FORMULARY PRODUCTS	
DRUG NAME	
7.4.4 GONADOTROPIN & RELATED AGENTS	
BRANDS	
	Cetrotide (<i>Cetrorelix Acetate</i>)
	[PA] Chorionic Gonadotropin, Human
	Ganirelix (<i>Ganirelix Acetate</i>)
	[PA] Novarel (<i>Chorionic Gonadotropin, Human</i>)
	[PA] Pregnyl (<i>Chorionic Gonadotropin</i>)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

7. ENDOCRINE/DIABETES (CONTINUED)

7.5 Diabetes Therapy

FORMULARY PRODUCTS	
DRUG NAME	

7.5.1 INSULIN THERAPY

BRANDS

- Basaglar (*Insulin Glargine*)
- Humalog (*Insulin Lispro, Human Rec. Analog*)
- Humalog Mix 75/25 (*Insulin Lispro (NPL)/Insulin Lispro, Human Rec. Analog*)
- Humulin 50/50
(*Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec*)
- Humulin 70/30
(*Insulin NPH Human Recombinant/Insulin Regular Human Rec*)
- Humulin N (*Insulin NPH Human Recombinant*)
- Humulin R (*Insulin Regular Human Rec*)
- Lantus (*Insulin Glargine, Human Recombinant Analog*)
- Lantus Solostar (*Insulin Glargine, Human Recombinant Analog*)
- Levemir (*Insulin Detemir*)
- Levemir Flextouch (*Insulin Detemir*)
- Novolin 70/30 (*Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)*)
- Novolin N
(*Insulin NPH Human Recombinant Vial (SDV,MDV or Additive) (ml)*)
- Novolin R (*Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)*)
- NovoLog (*Insulin Aspart Cartridge (ml)*)
- NovoLog (*Insulin Aspart Vial (SDV,MDV or Additive) (ml)*)
- NovoLog FlexPen (*Insulin Aspart Prefilled Syringe (ml)*)
- Novolog Mix 70/30 (*Insulin Aspart Protamine Human/Insulin Aspart Vial (SDV,MDV or Additive) (ml)*)
- Novolog Mix 70/30 FlexPen (*Insulin Aspart Protamine Human/Insulin Aspart Prefilled Syringe (ml)*)
- Toujeo Solostar (*insulin glargine*)
- Tresiba (*Insulin Degludec*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[PA] Afrezza	
Apidra	

FORMULARY PRODUCTS

DRUG NAME	
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7.5.2 NON-INSULIN HYPOGLYCEMIC AGENTS

GENERICS

- Acarbose (*Precose*)
- Chlorpropamide (*Diabinese*)
- Glimepiride (*Amaryl*)
- Glipizide (*Glucotrol*)
- Glipizide/Metformin HCl (*Metaglip*)
- Glipizide Tablet, Sustained Release Osmotic Push (*Glucotrol XL*)
- Glyburide (*DiaBeta*)
- Glyburide/Metformin HCl (*Glucovance*)
- Glyburide, Micronized (*Glynase*)
- Metformin HCl (*Glucophage*)
- Metformin HCl Tablet, Extended Release (*Fortamet*)
- Metformin HCl Tablet, Sustained Release 24hr (*Glucophage XR*)
- Nateglinide (*Starlix*)
- Pioglitazone/Glimepiride (*Duetact*)
- Pioglitazone HCl (*Actos*)
- Pioglitazone HCl/Metformin (*Actoplus Met*)
- Repaglinide/Metformin HCl (*Prandimet*)
- Repaglinide (*Prandin*)
- Tolazamide (*Tolinase*)
- Tolbutamide (*Orinase*)

BRANDS

- Actoplus Met XR (*Pioglitazone HCl/Metformin Extended Release*)
- [PA] [QL] Bydureon (*Exenatide*)
- [PA] [QL] Byetta (*Exenatide*)
- [ST] [QL] Farxiga (*Dapagliflozin*)
- [ST] [QL] Invokana (*Canagliflozin*)
- [ST] [QL] Invokamet (*Canagliflozin/Metformin HCl*)
- [ST] [QL] Invokamet XR (*Canagliflozin/Metformin HCl Extended Release*)
- Janumet (*Sitagliptin/Metformin HCl*)
- [QL] Janumet XR (*Sitagliptin Phosphate/Metformin HCl*)
- [QL] Januvia (*Sitagliptin Phosphate*)
- Kombiglyze XR (*Saxagliptin/Metformin*)
- [QL] Onglyza (*Saxagliptin*)
- SymlinPen (*Pramlintide Acetate*)
- [PA] [QL] Victoza (*Liraglutide*)
- [ST] [QL] Xigduo (*Dapagliflozin/Metformin HCl Extended-Release*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[PA] [QL] Adlyxin	
[ST] [QL] Alogliptin	
[ST] [QL] Alogliptin-Metformin	
[ST] [QL] Alogliptin-Pioglitazone	
Avandamet	
Avandia	
[PA] [QL] Cycloset	
[PA] [QL] Glyxambi	
[PA] [QL] Jardiance	
[ST] [QL] Jentadueto	
[ST] [QL] Jentadueto XR	
[ST] [QL] Kazano	
[ST] [QL] Nesina	
[ST] [QL] Oseni	
Riomet	
[PA] [QL] Synjardy	
[PA] [QL] Tanzeum	
[ST] [QL] Tradjenta	
[PA] [QL] Trulicity	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

7. ENDOCRINE/DIABETES (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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7.5.3 GLUCOSE ELEVATING AGENTS

BRANDS

Glucagon (*Glucagon, Human Recombinant*)

DRUG NAME	FORMULARY PRODUCTS
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7.5.4 INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

BRANDS

*Accu-Chek Active (*test strips*)

*Accu-Chek Arriva (*test strips*)

*Accu-Chek Arriva Plus (*test strips*)

*Accu-Chek Comfort Curve (*test strips*)

*Accu-Chek Smart View (*test strips*)

*One Touch Ultra (*test strips*)

*One Touch Verio (*test strips*)

DRUG NAME	FORMULARY PRODUCTS
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7.6 MISCELLANEOUS ENDOCRINE

GENERICS

Cabergoline (Dostinex)

Calcitonin, Salmon, Synthetic (Miacalcin)

Desmopressin Acetate Solution, Non-Oral (DDAVP)

Desmopressin Acetate Tablet (DDAVP)

[PA] *Octreotide Acetate Vial (SDV, MDV or Additive) (ml)* (Sandostatin)

Sodium Phenylbutyrate (Buphenyl Oral Powder)

BRANDS

[PA] [QL] Buphenyl Tablets (*Sodium Phenylbutyrate*)

[PA] Carbaglu (*Carglumic Acid*)

[PA] [QL] Cholbam (*Cholic Acid*)

Kuvan (*Sapropterin Dihydrochloride*)

[PA] [QL] Natpara (*Parathyroid Hormone*)

[QL] Samsca (*Tolvaptan*)

[PA] Sandostatin LAR Depot (*Octreotide Acetate*)

[PA] Sandostatin LAR (*Octreotide Acetate Kit*)

Sensipar (*Cinacalcet HCl*)

[PA] [QL] Signifor (*Pasireotide Diaspartate*)

[PA] [QL] Somatuline Depot (*Lanreotide*)

[PA] Somavert (*Pegvisomant*)

[PA] [QL] Strensiq (*Asfotase Alfa*)

Synarel (*Nafarelin Acetate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[PA] [QL] Cerdelga

Cetylev

[PA] [QL] Egrifta

[PA] Increlex

[PA] [QL] Korlym

[PA] [QL] Myalept

[PA] [QL] Ravicti

[PA] [QL] Signifor LAR

[PA] [QL] Syprine

[PA] [QL] Zavesca

*Diabetic test strip coverage depends on your plan.

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

8. GASTROENTEROLOGY

8.1 Ulcer Therapy

DRUG NAME	FORMULARY PRODUCTS
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8.1.1 H2 ANTAGONISTS

GENERICS

Cimetidine HCl Liquid (ml) (Tagamet)
Cimetidine Tablet Rx (Tagamet)
Famotidine Rx (Pepcid)
Nizatidine Rx (Axid)
Ranitidine HCl Rx (Zantac)

DRUG NAME	FORMULARY PRODUCTS
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8.1.2 PROSTAGLANDINS

GENERICS

Misoprostol (Cytotec)

DRUG NAME	FORMULARY PRODUCTS
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8.1.3 OTHER ULCER THERAPY

GENERICS

Lansoprazole/Amoxicillin Trihydrate/Clarithromycin (Prevpac)
Sucralfate Tablet (Carafate)

BRANDS

Carafate (Sucralfate Suspension, Oral (Final Dose Form))
Pylera (Bismuth/Metronidazole/Tetracycline)

DRUG NAME	FORMULARY PRODUCTS
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8.1.4 PROTON PUMP INHIBITORS

GENERICS

[ST] *Esomeprazole Magnesium Capsule* (Nexium)
Lansoprazole (Prevacid)
 [ST] [QL] *Omeprazole/Bicarb* (Zegerid Rx)
Omeprazole OTC (Prilosec OTC)
Omeprazole Rx (Prilosec)
Pantoprazole Sodium (Protonix)
Rabeprazole (Aciphex)

BRANDS

Prevacid Solutab (Lansoprazole Delayed-Release Orally Disintegrating)
Prilosec OTC (Omeprazole)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[ST] [QL] *Aciphex Sprinkle*
 [ST] *Dexilant*
 [ST] *Nexium suspension*

8.2 Antidiarrheals & Antispasmodics

DRUG NAME	FORMULARY PRODUCTS
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8.2.1 ANTIDIARRHEALS

GENERICS

Diphenoxylate HCl/Atropine Sulfate (Lomotil)
Loperamide HCl Capsule (Hard, Soft, Etc.) (Imodium 2mg)

BRANDS

Motofen (Difenoxin HCl/Atropine Sulfate)
 [PA] [QL] *Mytesi (Crofelemer Delayed Release Capsule)*
 [PA] [QL] *Viberzi (Eluxadoline)*

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Opium Tincture

DRUG NAME	FORMULARY PRODUCTS
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8.2.2 ANTISPASMODICS

GENERICS

Dicyclomine HCl (Bentyl)
Hyoscyamine Sulfate Tablet, Rapid Dissolve (Nulev)
Hyoscyamine Sulfate Tablet, Sublingual (Levsin/SL)
Hyoscyamine Sulfate Tablet, Sustained Release 12hr (Levbid)
Glycopyrrolate (Robinul)
Propantheline Bromide (Propantheline Bromide)

DRUG NAME	FORMULARY PRODUCTS
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8.2.3 COMBINATION ANTICHOLINERGICS

GENERICS

Clidinium Bromide/Chlordiazepoxide (Librax)

8.3 Miscellaneous Gastrointestinal Agents

DRUG NAME	FORMULARY PRODUCTS
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8.3.1 BILE ACIDS

GENERICS

Ursodiol (Actigall)
Ursodiol (Urso)
Ursodiol (Urso Forte)

BRANDS

[PA] [QL] *Ocaliva* (Obeticholic Acid)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] *Chenodal*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

8. GASTROENTEROLOGY (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
8.3.2 DIGESTIVE ENZYMES	
BRANDS	
Creon (<i>Amylase/Lipase/Protease</i>)	
Pancreaze (<i>Pancrelipase</i>)	
Viokace (<i>Amylase/Lipase/Protease</i>)	
Zenpep (<i>Pancrelipase</i>)	

FORMULARY PRODUCTS	
DRUG NAME	
8.3.3 MISCELLANEOUS GASTROINTESTINAL AGENTS	
GENERICS	
<i>Alosetron HCl</i> (Lotronex)	
<i>Balsalazide Disodium</i> (Colazal)	
<i>Budesonide Capsule, Sustained Release 24 hr</i> (Entocort EC)	
<i>Cromolyn Sodium</i> (Gastrocrom)	
<i>Hydrocortisone</i> (Cortenema)	
<i>Hydrocortisone</i> (proctoCream-HC 2.50%)	
<i>Hydrocortisone Acetate Suppository, Rectal</i> (Anusol-HC)	
<i>Hydrocortisone Acetate/Pramoxine HCl 2.5%-1%</i> (Analpram-HC)	
<i>Hydrocortisone Acetate/Pramoxine HCl Cream, Rectal</i> (Pramosone)	
<i>Hydrocortisone Cream (Grams)</i> (Anusol-HC)	
<i>Lactulose</i> (Cephulac)	
<i>Mesalamine Enema (ml)</i> (Rowasa)	
<i>Metoclopramide HCl</i> (Reglan)	
<i>Metoclopramide HCl ODT</i> (Metozolv ODT)	
<i>Sulfasalazine</i> (Azulfidine)	
<i>Sulfasalazine Tablet, Enteric Coated</i> (Azulfidine)	

BRANDS	
<i>Analpram-HC 1%-1%</i> (<i>Hydrocortisone Acetate/Pramoxine HCl</i>)	
<i>Apriso</i> (<i>Mesalamine</i>)	
<i>Asacol HD</i> (<i>Mesalamine Delayed-Release</i>)	
<i>Canasa</i> (<i>Mesalamine Suppository, Rectal</i>)	
<i>Cortifoam</i> (<i>Hydrocortisone Acetate Foam (gm)</i>)	
<i>Delzicol</i> (<i>Mesalamine</i>)	
[PA] [QL] <i>Gattex</i> (<i>Teduglutide Subcutaneous Injection</i>)	
[PA] [QL] <i>Humira</i> (<i>Adalimumab</i>)	
<i>Kristalose</i> (<i>Lactulose</i>)	
<i>Lialda</i> (<i>Mesalamine</i>)	
<i>Pentasa</i> (<i>Mesalamine Capsule, Sustained Action</i>)	
<i>Proctofoam-HC</i> (<i>Hydrocortisone/Pramoxine</i>)	
[PA] [QL] <i>Relistor Syringe</i> (<i>Methylnatrexone Bromide</i>)	
[PA] <i>Relistor Vial</i> (<i>Methylnatrexone Bromide</i>)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] <i>Amitiza</i>	
[ST] [QL] <i>Giazo</i>	
[PA] [QL] <i>Linzess</i>	
[PA] [QL] <i>Movantik</i>	
[QL] <i>Rectiv</i>	
[PA] [QL] <i>Relistor Tablet</i>	
[PA] [QL] <i>Uceris</i>	
[ST] <i>Uceris Rectal Foam</i>	
[PA] <i>Zorbitive</i>	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	
8.3.4 ANTIVERTIGO & ANTIEMETIC AGENTS	
GENERICS	
<i>Aprepitant</i> (Emend capsule)	
<i>Dronabinol</i> (Marinol)	
<i>Granisetron HCl</i> (Kytril)	
<i>Meclozine HCl</i> (Antivert)	
<i>Ondansetron</i> (Zofran ODT)	
<i>Ondansetron HCl</i> (Zofran)	
<i>Prochlorperazine Maleate Suppository, Rectal</i> (Compazine)	
<i>Prochlorperazine Maleate Tablet</i> (Compazine)	
<i>Promethazine HCl</i> (Phenergan)	
<i>Promethazine HCl Suppository, Rectal</i> (Phenergan)	
<i>Trimethobenzamide HCl</i> (Tigan)	
<i>Trimethobenzamide HCl/Benzocaine Suppository, Rectal</i> (Tigan)	
BRANDS	
<i>Anzemet</i> (<i>Dolasetron Mesylate Tablet</i>)	
[PA] [QL] <i>Emend</i> (<i>Aprepitant</i>) <i>Suspension</i>	
<i>Transderm-Scop</i> (<i>Scopolamine Hydrobromide Patch, Transdermal 72 Hours</i>)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] <i>Akynzeo</i>	
[PA] [QL] <i>Diclegis</i>	
[PA] [QL] <i>Sancuso</i>	
[PA] [QL] <i>Varubi</i>	
[PA] <i>Zuplenz</i>	

FORMULARY PRODUCTS	
DRUG NAME	
8.3.5 BOWEL EVACUANTS	
GENERICS	
<i>Bisacodyl/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycol 3350</i> (Halflytely) [PREVENT]	
<i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (Colyte) [PREVENT]	
<i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (GoLYTELY Solution) [PREVENT]	
<i>Trilyte With Flavor Packs</i> (Nulytely with Flavor Packs) [PREVENT]	
BRANDS	
<i>GoLYTELY</i> (<i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i>)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
<i>Moviprep</i>	
<i>NuLytlely</i>	
<i>Osmoprep</i>	
<i>Prepopik</i>	

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

9. IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

9.1 Biotechnology Drugs

DRUG NAME	FORMULARY PRODUCTS
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9.1.1 ERYTHROID STIMULANTS BRANDS

[PA] Aranesp (*Darbepoetin Alfa in Albumin Sol*)
 [PA] Procrit (*Epoetin Alfa*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Epogen
 [PA] [QL] Mircerca

DRUG NAME	FORMULARY PRODUCTS
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9.1.2 MYELOID STIMULANTS BRANDS

Granix (*Filgrastin*)
 Leukine (*Sargramostim*)
 [QL] Neulasta (*Pegfilgrastim Disposable Syringe (ml)*)
 Neupogen (*Filgrastim*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Zarxio

DRUG NAME	FORMULARY PRODUCTS
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9.1.3 IMMUNOMODULATORS BRANDS

[PA] [QL] Actemra syringe (*Tocilizumab*)
 [PA] Arcalyst (*Rilonacept*)
 [PA] [QL] Cosentyx (*Secukinumab*)
 [PA] [QL] Gilenya (*Fingolimod*)
 [PA] [QL] Otezla (*Apremilast*)
 [PA] [QL] Stelara (*Ustekinumab*)
 [PA] [QL] Tecfidera (*Dimethyl Fumarate*)
 Thalomid (*Thalidomide*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] [QL] Aubagio
 [PA] [QL] Kineret
 [PA] [QL] Orenzia (syringe)
 [PA] [QL] Pomalyst
 [QL] Revlimid
 [PA] [QL] Taltz
 [PA] [QL] Zinbryta

DRUG NAME	FORMULARY PRODUCTS
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9.1.3.1 INTERFERONS GENERICS

Glatiramer 20mg (Copaxone)

BRANDS

Actimmune (*Interferon Gamma-1b, Recombinant*)
 Avonex (*Interferon Beta-1A/Albumin Human*)
 Avonex Pen (*Interferon Beta-1A/Albumin Human*)
 Copaxone 40mg (*Glatiramer Acetate*)
 Intron A (*Interferon Alfa-2b, Recombinant*)
 [QL] Pegasys (*Peginterferon Alfa-2A*)
 [QL] Pegasys Proclick (*Peginterferon Alfa-2A*)
 [QL] Peg-Intron (*Peginterferon Alfa-2b*)
 [QL] Peg-Intron Redipen (*Peginterferon Alfa-2b*)
 Rebif (*Interferon Beta-1A/Albumin Human Disposable Syringe (ml)*)
 Rebif Rebidose (*Interferon Beta-1A*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Betaseron
 Extavia
 [PA] [QL] Plegridy
 [QL] Sylatron

DRUG NAME	FORMULARY PRODUCTS
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9.1.3.2 TUMOR NECROSIS FACTOR (TNF) - ALPHA BLOCKERS BRANDS

[PA] [QL] Enbrel (*Etanercept*)
 [PA] [QL] Humira (*Adalimumab*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] [QL] Cimzia (syringe)
 [PA] [QL] Simponi

DRUG NAME	FORMULARY PRODUCTS
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9.1.4 GROWTH HORMONES BRANDS

[PA] Genotropin (*Somatropin*)
 [PA] Nutropin AQ (*Somatropin*)
 [PA] Nutropin AQ Nuspin (*Somatropin*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Humatrope
 [PA] Norditropin Flexpro
 [PA] Omnitrope
 [PA] Saizen
 [PA] Serostim
 [PA] Zomacton

9.2 Immune Globulin

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Gammagard
 [PA] Gammaked
 [PA] Gamunex-C
 [PA] Hizentra
 [PA] HyQvia

9.3 Vaccines

DRUG NAME	FORMULARY PRODUCTS
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BRANDS

Adacel
 Afluria
 Afluria Quad
 Boostrix
 Cervarix [AGE 9 TO 27 YEARS]
 Ez Flu (Afluria)
 Ez Flu (Fluvirin)
 Ez Flu (Fluzone)
 Fluad
 Fluarix Quad
 Flublok
 Flucelvax Quad 2016-2017
 Flulaval Quad
 Fluvirin
 Fluzone (all)
 Fluzone Intraderm Quad
 Fluzone Quad (all)
 Gardasil [AGE 9 TO 27 YEARS]
 Gardasil 9 [AGE 9 TO 27 YEARS]
 Menactra
 Menomune- A/C/Y/W-135
 Menveo
 Pneumovax 23
 Prevnar 13 [AGE 65 AND OVER]
 Zostavax [AGE 60 AND OVER]

10. MUSCULOSKELETAL & RHEUMATOLOGY

10.1 NSAID Agents

FORMULARY PRODUCTS	
DRUG NAME	
10.1.1 NSAIDS/COX II INHIBITORS	
10.1.1.1 NSAIDS	
GENERICS	
[PA] [QL]	<i>Diclofenac 1% (Voltaren Gel)</i>
	<i>Diclofenac Potassium (Cataflam)</i>
	<i>Diclofenac Sodium (Voltaren)</i>
	<i>Diclofenac Sodium-Misoprostol (Arthrotec)</i>
[QL]	<i>Diclofenac Sodium 1.5% (Pennsaid)</i>
	<i>Diclofenac Sodium Tablet, Sustained Release 24hr (Voltaren-XR)</i>
	<i>Etodolac (Lodine)</i>
	<i>Etodolac Tablet, Sustained Release 24hr (Lodine XL)</i>
	<i>Flurbiprofen (Ansaid)</i>
	<i>Ibuprofen (Motrin Rx)</i>
	<i>Indomethacin (Indocin)</i>
	<i>Indomethacin Capsule, Sustained Action (Indocin SR)</i>
	<i>Ketoprofen (Orudis)</i>
	<i>Ketoprofen Capsule, 24hr Sustained Release Pellets (Oruvail)</i>
[QL]	<i>Ketorolac Tromethamine (Toradol)</i>
	<i>Meclofenamate Sodium (Meclofenamate Sodium)</i>
	<i>Mefenamic Acid (Ponstel)</i>
	<i>Meloxicam (Mobic)</i>
	<i>Nabumetone (Relafen)</i>
	<i>Naproxen (Naprosyn Rx)</i>
	<i>Naproxen Sodium (Anaprox)</i>
	<i>Naproxen Sodium (Anaprox DS)</i>
	<i>Naproxen Sodium Tablet, Sustained Action (Naprelan 375mg, 500mg)</i>
	<i>Naproxen, Sustained Release (EC-Naprosyn)</i>
	<i>Oxaprozin (Daypro)</i>
	<i>Piroxicam (Feldene)</i>
	<i>Sulindac (Clinoril)</i>
	<i>Tolmetin Sodium (Tolectin)</i>
BRANDS	
	Indocin Suppository (<i>Indomethacine Suppository</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Cambia
[PA] [QL]	Duexis
[PA] [QL]	Flector Patch
	Nalfon
	Naprelan 750mg
[PA] [QL]	Pennsaid 2%
[QL]	Sprix
[PA] [QL]	Tivorbex
[PA] [QL]	Vimovo
[PA] [QL]	Vivlodex
[ST] [QL]	Zipsor
[PA] [QL]	Zorvolex

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	
10.1.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS	
GENERICS	
	<i>Celecoxib (Celebrex)</i>

FORMULARY PRODUCTS	
DRUG NAME	
10.1.2 SALICYLATES	
GENERICS	
	<i>Choline Salicylate/Magnesium Salicylate Tablet (Choline Mag Trisalicylate)</i>
	<i>Diflunisal (Dolobid)</i>
	<i>Salsalate (Salflex)</i>

10.2 Gout Therapy

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
	<i>Allopurinol (Zyloprim)</i>
	<i>Colchicine/Probenecid (Probenecid w/Colchicine)</i>
	<i>Probenecid (Probenecid)</i>
BRANDS	
	Colchicine Tablet
	Colcrys (<i>Colchicine</i>)
[ST] [QL]	Uloric (<i>Febuxostat</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Colchicine Capsule
	Mitigare
[PA] [QL]	Zurampic

10.3 Other Rheumatologicals

FORMULARY PRODUCTS	
DRUG NAME	
10.3.1 CORTICOSTEROIDS	
GENERICS	
	<i>Cortisone Acetate (Cortisone Acetate)</i>
	<i>Dexamethasone (Decadron)</i>
	<i>Dexamethasone Tablet, Dose Pack (Decadron)</i>
	<i>Hydrocortisone (Cortef)</i>
	<i>Methylprednisolone (Medrol)</i>
	<i>Prednisolone Sodium Phosphate Solution, Oral (Pediapred)</i>
	<i>Prednisolone Syrup (Prelone)</i>
	<i>Prednisolone Tablet (Prednisolone)</i>
	<i>Prednisone (Prednisone)</i>

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Rayos

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

10. MUSCULOSKELETAL & RHEUMATOLOGY (CONTINUED)

FORMULARY PRODUCTS

10.3.2 MISCELLANEOUS RHEUMATOLOGICAL AGENTS

GENERICS

Azathioprine (Imuran)
Sulfasalazine (Azulfidine)
Hydroxychloroquine Sulfate (Plaquenil)
Methotrexate Sodium (Rheumatrex)
Sulfasalazine Tablet, Enteric Coated (Azulfidine EN-tabs)
Leflunomide (Arava)

BRANDS

[PA] [QL] *Actemra syringe* (*Tocilizumab*)
 [PA] [QL] *Cosentyx* (*Secukinumab*)
 Depen (*Penicillamine*)
 [PA] [QL] *Enbrel* (*Etanercept*)
 [PA] [QL] *Humira* (*Adalimumab*)
 [PA] [QL] *Otezla* (*Apremilast*)
 Ridaura (*Auranofin*)
 [PA] [QL] *Stelara* (*Ustekinumab*)
 Trexall (*Methotrexate Sodium*)
 [PA] [QL] *Xeljanz* (*Tofacitinib citrate*)
 [PA] [QL] *Xeljanz XR* (*Tofacitinib citrate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA] [QL] *Cimzia* (syringe)
 Cuprimine
 [PA] [QL] *Kineret*
 [PA] [QL] *Orencia* (syringe)
 [PA] [QL] *Otrexup*
 [PA] [QL] *Rasuvo*
 [PA] [QL] *Simponi*

FORMULARY PRODUCTS

10.3.3 MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

GENERICS

Baclofen (Lioresal)
Carisoprodol (Soma)
Carisoprodol/Aspirin (Soma Compound)
Chlorzoxazone (Parafon Forte DSC)
Cyclobenzaprine HCl (Flexeril)
Dantrolene Sodium (Dantrium)
Diazepam (Valium)
Diazepam Tablet (Diazepam)
Methocarbamol (Robaxin)
Metaxalone (Skelaxin)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[ST] *Amrix*

10.4 Osteoporosis Therapy

FORMULARY PRODUCTS

GENERICS

[QL] *Alendronate Sodium* (Fosamax)
 [QL] *Alendronate Sodium* (Fosamax Weekly)
Calcitonin, Salmon, Synthetic (Miacalcin)
 [QL] *Estradiol/Norethindrone Acetate 1.0-0.5mg* (Activella)
 [QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle)
 [QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle-Dot)
 [QL] *Estradiol Patch, Transdermal Weekly* (Climara)
Estradiol Patch, Transdermal Weekly (Estradiol)
Estropipate Tablet (Ogen)
Ethinyl Estradiol/Norethindrone Acetate (Femhrt)
 [QL] *Etidronate Sodium* (Didronel)
 [QL] *Ibandronate Sodium 150mg Tablet* (Boniva)
 [PA] [QL] *Raloxifene* (Evista)
 [ST] [QL] *Risedronate Sodium* (Actonel)
 [ST] [QL] *Risedronate Sodium Delayed Release* (Atelvia)

BRANDS

[QL] *Alora* (*Estradiol*)
 [QL] *Climara Pro* (*Estradiol/Levonogestrel*)
 [PA] [QL] *Forteo* (*Teriparatide*)
Premarin (*Estrogens, Conjugated Tablet*)
Premphase (*Estrogens, Conjugated/Medroxyprogesterone Acet*)
Prempro (*Estrogens, Conjugated/Medroxyprogesterone Acet*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[ST] [QL] *Binosto*
 Duavee
 [ST] [QL] *Fosamax Plus D*
 [QL] *Minivelle*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

11. OBSTETRICS & GYNECOLOGY

11.1 Oral Contraceptives & Related Agents

FORMULARY PRODUCTS	
DRUG NAME	

11.1.1 MONOPHASIC/BIPHASIC/TRIPHASIC/4-PHASIC AGENTS

GENERICS

Desogestrel-Ethinyl Estradiol (Cyclessa) [PREVENT]
Desogestrel-Ethinyl Estradiol (Desogen) [PREVENT]
Desogestrel-Ethinyl Estradiol (Ortho-Cept) [PREVENT]
Desogestrel-Ethinyl Estradiol/Ethinyl Estradiol (Mircette) [PREVENT]

Drospirone/Ethinyl Estradiol (Beyaz) [PREVENT]
Ethinyl Estradiol/Drospirenone (Yasmin) [PREVENT]
Ethinyl Estradiol/Drospirenone (YAZ) [PREVENT]
Ethinodiol D-Ethinyl Estradiol (Demulen) [PREVENT]
 [QL] *Levonorgestrel* (Plan B One Step) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Alesse) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Levlen) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Levlite) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Lybrel) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Nordette) [PREVENT]
 [QL] *Levonorgestrel-Ethinyl Estradiol* (Seasonale) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Tri-Levlen) [PREVENT]
Levonorgestrel-Ethinyl Estradiol (Triphasil) [PREVENT]
 [QL] *Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol* (Loseasonique) [PREVENT]
 [QL] *Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol* (Seasonique) [PREVENT]

Norethindrone A-E Estradiol (Loestrin) [PREVENT]
Norethindrone A-E Estradiol-Iron (Loestrin 24 Fe) [PREVENT]
Norethindrone A-E Estradiol/Ferrous Fumarate (Loestrin Fe) [PREVENT]

Norethindrone-Ethinyl Estradiol (Brevicon) [PREVENT]
Norethindrone-Ethinyl Estradiol (Femcon Fe) [PREVENT]
Norethindrone-Ethinyl Estradiol (Modicon) [PREVENT]
Norethindrone-Ethinyl Estradiol (Norinyl) [PREVENT]
Norethindrone-Ethinyl Estradiol (Ortho-Novum) [PREVENT]
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate

(Generess FE Chewable) [PREVENT]

Norgestimate-Ethinyl Estradiol (Ortho-Cyclen) [PREVENT]
Norgestimate-Ethinyl Estradiol (Ortho Tri-Cyclen) [PREVENT]
Norgestimate-Ethinyl Estradiol (Ortho Tri-Cyclen Lo) [PREVENT]
Norgestrel-Ethinyl Estradiol (Eastrostep Fe) [PREVENT]
Norgestrel-Ethinyl Estradiol (Lo/Ovral) [PREVENT]
Norgestrel-Ethinyl Estradiol (Ovral) [PREVENT]

BRANDS

Lo Loestrin Fe (*Norethindrone A-E Estradiol/Ferrous Fumarate*)
 Natazia (*Ethinyl Estradiol Valerate-Dienogest*)
 Safyral (*Ethinyl Estradiol/Drospirenone*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[QL] Ella [PREVENT]
 [QL] Quartette
 Taytulla

FORMULARY PRODUCTS

DRUG NAME

11.1.2 PROGESTIN ONLY

GENERICS

Norethindrone (Ortho Micronor) [PREVENT]

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

11.3 Estrogens & Progestins

FORMULARY PRODUCTS	
DRUG NAME	

11.3.1 PROGESTINS

GENERICS

Medroxyprogesterone Acetate (Depo-Provera, Provera)
Norethindrone (Ortho Micronor) [PREVENT]
Norethindrone Acetate (Aygestin)
Progesterone, Micronized (Prometrium)

BRANDS

Crinone (*Progesterone, Micronized Gel*)
 Depo-Provera 400mg/ml (*Medroxyprogesterone Acet vial*)
 Depo-Subq Provera (*Medroxyprogesterone Acet Disposable Syringe (ml)*)
 Endometrin (*Progesterone, Micronized*)

FORMULARY PRODUCTS	
DRUG NAME	

11.3.2 ESTROGENS

GENERICS

[QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle-Dot)
 [QL] *Estradiol Patch, Transdermal Weekly* (Climara)
Estradiol Patch, Transdermal Weekly (Estradiol)
Estradiol Tablet (Estrace)
Estropipate (Ogen)
Yuvafem (Vagifem)

BRANDS

[QL] Alora (*Estradiol*)
 Estrace Vaginal Cream (*Estradiol*)
 [QL] Estring (*Estradiol Ring, Vaginal*)
 Premarin (*Estrogens, Conjugated Cream (Grams)*)
 Premarin (*Estrogens, Conjugated Tablet*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[QL] Divigel
 [QL] Elestrin
 [QL] Estrogel
 Evamist
 [QL] Femring
 [QL] Menostar
 [QL] Minivelle

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

11. OBSTETRICS & GYNECOLOGY (CONTINUED)

FORMULARY PRODUCTS

11.3.3 ESTROGEN COMBINATIONS

GENERICS

Estradiol/Norethindrone Acetate 1.0-0.5mg (Activella)
Estrogens, Esterified/Methyltestosterone (Syntest D.S.)
Estrogens, Esterified/Methyltestosterone (Syntest H.S.)
Ethinyl Estradiol/Norethindrone Acetate (Femhrt)

BRANDS

[QL] Combipatch (*Estradiol/Norethindrone Acetate*)
 Premphase (*Estrogens, Conjugated/Medroxyprogesterone Acet*)
 Prempro (*Estrogens, Conjugated/Medroxyprogesterone Acet*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[QL] Angeliq
 Prefest

11.4 Miscellaneous OB/GYN

FORMULARY PRODUCTS

11.4.1 DRUGS TO TREAT INFERTILITY/IVF AGENTS

GENERICS

Clomiphene Citrate (Clomid)
Leuprolide Acetate (Lupron)
Methylergonovine Maleate (Methergine)

BRANDS

Bravelle (*Urofollitropin (FSH)*)
 Cetrotide (*Cetrorelix Acetate*)
 [PA] Chorionic Gonadotropin, Human
 Ganirelix (*Ganirelix Acetate*)
 Gonal-F (*Follitropin Alpha, Recombinant*)
 Gonal-f RFF (*Follitropin Alpha, Recombinant*)
 Lupron Depot (*Leuprolide Acetate*)
 Lupron Depot-Ped (*Leuprolide Acetate*)
 [PA] Novarel (*Gonadotropin, Chorionic, Human*)
 Ovidrel (*HCG Alpha, Recombinant*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA] Follistim AQ

FORMULARY PRODUCTS

11.4.2 VAGINAL ANTI-INFECTIVES

GENERICS

Clindamycin Phosphate Vaginal Cream (Cleocin)
Metronidazole (Vandazole)
Metronidazole Gel with Applicator (gm) (Metrogel)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

AVC 15% Vaginal Cream
 Cleocin Vaginal Ovules
 Clindesse
 Nuversa 1.3% Vaginal Gel

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS

11.4.3 VAGINAL ANTIFUNGALS

GENERICS

Fluconazole (Diflucan)
Nystatin (Nystatin)
Terconazole Cream with Applicator (Terazol)

BRANDS

Gynazole-1 (*Butoconazole Nitrate Cream*)

FORMULARY PRODUCTS

11.4.4 SPECIALIZED OB/GYN DRUGS

GENERICS

[QL] *Terbutaline Sulfate* (Brethine)
 [QL] *Tranexamic Acid* (Lysteda)

BRANDS

Synarel (*Nafarelin Acetate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA][QL] Addyi
 Ospheña

FORMULARY PRODUCTS

11.4.5 DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

GENERICS

[QL] *Gynol II* [PREVENT]
 [QL] *Nonoxynol-9* (VCF Contraceptive Foam) [PREVENT]
 [QL] *Xulane* (Ortho Evra) [PREVENT]

BRANDS

[QL] NuvaRing (*Etonogestrel/Ethinyl Estradiol Ring, Vaginal*) [PREVENT]

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[QL] Conceptrol [PREVENT]
 [QL] FC2 Female Condom [PREVENT]
 [QL] Today Contraceptive Sponge [PREVENT]
 [QL] VCF Contraceptive Film [PREVENT]

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

12. OPHTHALMOLOGY (CONTINUED)

12.1 Beta-blockers

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Betaxolol HCl</i> (Betoptic)	
<i>Carteolol HCl</i> (Ocupress)	
<i>Levobunolol HCl</i> (Betagan)	
<i>Metipranolol</i> (OptiPranolol)	
<i>Timolol Maleate</i> (Timoptic)	
<i>Timolol Maleate Gel-Forming Solution</i> (Timoptic-XE)	
BRANDS	
Betimol Ophthalmic Solution (<i>Timolol</i>)	
Betoptic S (<i>Betaxolol HCl</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Istalol	
Timoptic Ocudose	

12.2 Cholinesterase Inhibitor Miotics

FORMULARY PRODUCTS	
DRUG NAME	
BRANDS	
Phospholine Iodide (<i>Echothiophate Iodide</i>)	

12.3 Direct Acting Miotics

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Pilocarpine HCl</i> (Isopto Carpine)	

12.4 Other Glaucoma Drugs

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Bimatoprost 0.03%</i> (Lumigan)	
<i>Timolol Maleate/Dorzolamide HCl</i> (Cosopt)	
<i>Dorzolamide HCl</i> (Trusopt)	
<i>Latanoprost</i> (Xalatan)	
<i>Travoprost</i> (Travatan)	
BRANDS	
Azopt (<i>Brimonidamide</i>)	
Combigan (<i>brimonidine tartrate/timolol maleate</i>)	
Lumigan 0.01% (<i>Bimatoprost</i>)	
Travatan Z (<i>Travoprost</i>)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Cosopt PF	
Simbrinza	
Zioptan	

12.5 Oral Drugs For Glaucoma

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Acetazolamide</i> (Diamox)	
<i>Acetazolamide Capsules Extended Release</i> (Diamox Sequels)	
<i>Methazolamide</i> (Neptazane)	

12.6 Cycloplegic Mydriatics

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Atropine Sulfate</i> (Isopto Atropine)	
<i>Cyclopentolate HCl Drops</i> (Cyclogyl)	
<i>Homatropine HBr</i> (Isopto Homatropine)	
<i>Tropicamide</i> (Mydracyl)	

12.7 Non-steroidal Anti-inflammatory Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Bromfenac Sodium</i> (Bromday)	
<i>Diclofenac Sodium</i> (Voltaren)	
<i>Flurbiprofen Sodium</i> (Ocufen)	
<i>Ketorolac Tromethamine</i> (Acular, Acular LS)	
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Acuvail	
Ilevro	
Prolensa	

12.8 Vasoconstrictor Decongestants

FORMULARY PRODUCTS	
DRUG NAME	
GENERICS	
<i>Naphazoline HCl</i> (Albalon)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

12. OPHTHALMOLOGY (CONTINUED)

12.9 Antibiotics

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Ciprofloxacin HCl Drops</i> (Ciloxan)
	<i>Erythromycin Base</i> (Ilotycin)
	<i>Gatifloxacin</i> (Zymaxid)
	<i>Gentamicin Sulfate</i> (Garamycin)
	<i>Levofloxacin</i> (Quixin)
	<i>Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)</i> (Neosporin)
	<i>Neomycin Sulfate/Gramicidin D/Polymyxin B Drops</i> (Neosporin)
	<i>Ofloxacin Drops</i> (Ocuflox)
	<i>Polymyxin B Sulfate/Trimethoprim</i> (Polytrim)
	<i>Tobramycin Sulfate</i> (Tobrex)
BRANDS	
	Besivance (<i>Besifloxacin</i>)
	Ciloxan (<i>Ciprofloxacin HCl Ointment(gm)</i>)
	Moxeza (<i>Moxifloxacin HCl</i>)
	Natacyl (<i>Natamycin</i>)
	Vigamox (<i>Moxifloxacin HCl</i>)

12.10 Sulfonamides

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Sulfacetamide Sodium</i> (Bleph-10)
	<i>Sulfacetamide Sodium Ointment(gm)</i> (Sodium Sulamyd)

12.11 Steroids

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Dexamethasone Sodium Phosphate</i> (Decadron)
	<i>Fluorometholone</i> (FML)
	<i>Prednisolone Acetate</i> (Pred Forte)
	<i>Prednisolone Sodium Phosphate</i> (Inflamase Forte)
BRANDS	
	Alrex (<i>Loteprednol Etabonate</i>)
	Durezol (<i>Difluprednate</i>)
	FML Forte (<i>Fluorometholone</i>)
	FML S.O.P. (<i>Fluorometholone</i>)
	Lotemax (<i>Loteprednol Etabonate</i>)
	Pred Mild (<i>Prednisolone Acetate</i>)

12.12 Steroid-antibiotic Combinations

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Neomycin/Polymyxin B Sulfate/Dexamethasone</i> (Maxitrol)
	<i>Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/Hydrocortisone Ointment(gm)</i> (Cortisporin)
	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)</i> (Cortisporin)
	<i>Tobramycin Sulfate/Dexamethasone</i> (TobraDex)
BRANDS	
	Poly-Pred (<i>Neomycin Sulfate/Polymyxin B Sulfate/Prednisolone</i>)
	TobraDex (<i>Tobramycin Sulfate/Dexamethasone Ointment</i>)
	TobraDex-ST (<i>Tobramycin/Dexamethasone</i>)
	Zylet (<i>Tobramycin/Loteprednol Etabonate</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
	Pred-G Suspension, Drops (Final Dosage Form)(ml) 0.3%-1%

12.13 Steroid-sulfonamide Combinations

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Sulfacetamide Sodium/Prednisolone Sodium Phosphate</i> (Vasocidin)
BRANDS	
	Blephamide (<i>Sulfacetamide Sodium/Prednisolone Acetate</i>)
	Blephamide S.O.P. (<i>Sulfacetamide Sodium/Prednisolone Acetate</i>)

12.14 Sympathomimetics

DRUG NAME	FORMULARY PRODUCTS
GENERICS	
	<i>Brimonidine 0.15%</i> (Alphagan P)
	<i>Brimonidine Tartrate</i> (Alphagan)
BRANDS	
	Alphagan P 0.1% (<i>Brimonidine Tartrate</i>)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

12. OPHTHALMOLOGY (CONTINUED)

12.15 Miscellaneous Ophthalmologics

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Azelastine HCl (Optivar)
Cromolyn Sodium (Opticrom)
Olopatadine HCl 0.1% (Patanol)

BRANDS

Alocril (*Nedocromil Sodium*)
 Alomide (*Lodoxamide Tromethamine*)
 [PA] [QL] Cystaran (*Cysteamine HCl*)
 Lacrisert (*Hydroxypropyl Cellulose Insert*)
 Pataday (*Olopatadine HCl 0.2%*)
 Restasis (*Cyclosporine*)
 Zirgan (*Ganciclovir*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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DRUG NAME

Bepreve
 Emadine
 [QL] Pazeo
 [QL] Xiidra

12.16 Antivirals

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Trifluridine (Viroptic)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

13. RESPIRATORY, ALLERGY, COUGH & COLD

13.1 Antihistamine & Antiallergenic Agents

DRUG NAME	FORMULARY PRODUCTS
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13.1.1 ANTIHISTAMINES

GENERICS

- [QL] *Azelastine* (Astellin)
 [QL] *Azelastine* (Astepro)
Cetirizine HCl (Zyrtec OTC)
Clemastine Fumarate (Tavist)
Cyproheptadine HCl (Periactin)
 [QL] *Desloratadine* (Clarinex)
Diphenhydramine HCl (Benadryl)
Hydroxyzine Pamoate (Vistaril)
Hydroxyzine HCl (Atarax)
 [QL] *Levocetirizine* (Xyzal)
Loratadine OTC (Claritin OTC)
Promethazine HCl (Phenergan)

BRANDS

Zyrtec Rx (*Cetirizine Rx*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [PA] [QL] Clarinex Syrup
 [ST] [QL] Karbinal ER

DRUG NAME	FORMULARY PRODUCTS
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13.1.2 ADRENERGICS

BRANDS

- [QL] Epinephrine 0.15mg/0.15ml and 0.3mg/0.3ml Auto Injection

DRUG NAME	FORMULARY PRODUCTS
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13.1.3 CORTICOSTEROIDS

GENERICS

Cortisone Acetate (Cortisone Acetate)
Dexamethasone (Decadron)
Hydrocortisone (Cortef)
Methylprednisolone (Medrol)
Prednisolone Sodium Phosphate Solution, Oral (Pediapred)
Prednisolone Syrup (Prelone)
Prednisolone Tablet (Prednisolone)
Prednisolone Tablet Orally Disintegrating (Orapred ODT)
Prednisone (Prednisone)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [PA] [QL] Rayos

13.2 Cough & Cold Therapy

DRUG NAME	FORMULARY PRODUCTS
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13.2.1 ANTITUSSIVE COMBINATIONS

GENERICS

Codeine/Promethazine HCl (Phenergan w/Codeine)
Dextromethorphan HBr/Pseudoephedrine HCl/Brompheniramine
 (Bromfed-DM)
 [QL] *Hydrocodone/Pseudoephed/CPM* (Zutripzo)

BRANDS

- [QL] Tussicaps (*Hydrocodone Polistrx/Chlorpheniramine Polistirex*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [QL] Flowtuss
 [QL] Hycufenix
 [QL] Obredon
 [QL] Rezira
 [PA] [QL] Tuzistra XR
 [QL] Vituz

DRUG NAME	FORMULARY PRODUCTS
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13.2.2 EXPECTORANT COMBINATIONS

GENERICS

Guaiifenesin/Carbetapentane Citrate/Phenylephrine (Carbatuss)
Guaiifenesin/Pseudoephedrine HCl (Entex PSE)
Potassium Guaiacolsulfonate/Dextromethorphan HBr (Prolex DM)

DRUG NAME	FORMULARY PRODUCTS
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13.2.3 DECONGESTANT/ANTIHISTAMINES

GENERICS

- [QL] *Fexofenadine/Pseudoephedrine* (Allegra-D 12 Hr)
Pseudoephedrine HCl/Cetirizine HCl OTC (Zyrtec-D OTC)
Pseudoephedrine HCl/Loratadine OTC (Claritin-D)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [QL] Clarinex-D
 Semprex-D

DRUG NAME	FORMULARY PRODUCTS
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13.2.4 NON-NARCOTIC ANTITUSSIVES

GENERICS

Benzonatate (Zonatuss)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

13.3 Pulmonary Agents

DRUG NAME	FORMULARY PRODUCTS
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13.3.1 XANTHINES

GENERICS

Theophylline Anhydrous Tablet, Sustained Release 12hr (Theo-Dur)

BRANDS

[QL] Theo-24 (*Theophylline Anhydrous*)

DRUG NAME	FORMULARY PRODUCTS
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13.3.2 BETA AGONISTS ORAL

GENERICS

Albuterol Sulfate (Proventil)

Ephedrine Sulfate (Ephedrine Sulfate)

Metaproterenol Sulfate (Alupent)

Terbutaline Sulfate (Brethine)

DRUG NAME	FORMULARY PRODUCTS
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13.3.3 BETA AGONISTS INHALERS

GENERICS

Albuterol Solution, Non-Oral (Accuneb)

Albuterol Sulfate Solution, Non-Oral (Proventil)

[QL] *Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml* (Xopenex)

BRANDS

[QL] Foradil (*Formoterol Fumarate*)

[QL] Perforomist (*Formoterol Fumarate*)

[QL] ProAir HFA (*Albuterol Aerosol*)

[QL] Proair Respiclick (*albuterol aerosol*)

[QL] Serevent Diskus (*Salmeterol Xinafoate Disk, with Inhalation Device*)

[QL] Striverdi Respimat (*Olodaterol*)

[QL] Ventolin HFA (*Albuterol Aerosol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Arcapta Neohaler

Brovana

[QL] Proventil HFA

[QL] Xopenex HFA

DRUG NAME	FORMULARY PRODUCTS
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13.3.4 INHALED CORTICOSTEROIDS

GENERICS

Budesonide ampul for Nebulization (Pulmicort)

BRANDS

[QL] Alvesco (*Ciclesonide*)

[QL] Arnuity Ellipta (*Fluticasone Furoate*)

[QL] Asmanex (*Mometasone Furoate*)

[QL] Asmanex HFA (*Mometasone Furoate*)

[QL] Flovent Diskus (*Fluticasone Propionate Disk, with Inhalation Device*)

[QL] Flovent HFA (*Fluticasone Propionate*)

[QL] Pulmicort Flexhaler (*Budesonide Aerosol Powder, Breath Activated (ea)*)

[QL] Qvar (*Beclomethasone Dipropionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Aerospan HFA

DRUG NAME	FORMULARY PRODUCTS
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13.3.5 INTRANASAL STEROIDS

GENERICS

[ST] [QL] *Budesonide Spray* (Rhinocort Aqua)

[QL] *Flunisolide* (Nasalide)

[QL] *Flunisolide* (Nasarel)

[QL] *Fluticasone Propionate* (Flonase)

[ST] [QL] *Mometasone Furoate* (Nasonex)

BRANDS

[ST] [QL] Qnasl (*Beclomethasone Dipropionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[ST] [QL] Beconase AQ

[PA] [QL] Dymista

[ST] [QL] Omnaris

[ST] [QL] Veramyst

[ST] [QL] Zetonna

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

FORMULARY PRODUCTS

DRUG NAME

13.3.6 MISCELLANEOUS PULMONARY AGENTS

GENERICIS

- Acetylcysteine Vial (SDV,MDV or Additive) (ml)* (Mucomyst)
Albuterol Sulfate/Ipratropium Bromide (Duoneb)
Cromolyn Sodium Ampul for Nebulization (ml) (Intal)
 [QL] *Ipratropium Bromide Solution, Non-Oral* (Atrovent)
 [QL] *Montelukast Sodium* (Singulair)
 [QL] *Sildenafil Citrate Tablet* (Revatio)
 [QL] *Zafirlukast* (Accolate)

BRANDS

- [PA] [QL] *Adcirca (Tadalafil)*
 [PA] [QL] *Adempas (Riociguat)*
 [QL] *Advair Diskus (Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device)*
 [QL] *Advair HFA (Fluticasone Propionate/Salmeterol Xinafoate)*
 [QL] *Anoro Ellipta (Umeclidinium/Vilanterol)*
 [QL] *Atrovent HFA (Ipratropium Bromide Aerosol w/Adapter (gm))*
 [QL] *Breo Ellipta (Fluticasone Furoate/Vilanterol)*
 [QL] *Combivent Respimat*
 (Albuterol Sulfate/Ipratropium Bromide Aerosol w/Adapter)
 [QL] *Dulera (Mometasone Furoate/Formoterol Fumarate Dihydrate)*
 [PA] [QL] *Esbriet (Pirfenidone)*
 [PA] [QL] *Glassia (Alpha 1- Proteinase Inhibitor (Human))*
 [PA] [QL] *Kalydeco (Ivacaftor)*
 [PA] [QL] *Letairis (Ambrisentan)*
 [PA] [QL] *Opsumit (Macitentan)*
 [PA] [QL] *Orenitram ER (Treprostinil)*
 [PA] [QL] *Orkambi (Lumacaftor/Ivacaftor)*
 Pulmozyme (Dornase Alfa Solution, Non-Oral)
 [PA] [QL] *Revatio (Sildenafil Citrate Suspension, Oral)*
 [QL] *Spiriva (Tiotropium Bromide)*
 [QL] *Spiriva Respimat (Tiotropium Bromide)*
 [QL] *Stiolto Respimat (Tiotropium Bromide Monohydrate/Olodaterol Hydrochloride)*
 [QL] *Symbicort (Budesonide/Formoterol Fumarate Dihydrate)*
 [PA] [QL] *Tracleer (Bosentan)*
 [QL] *Tudorza Pressair (Aclidinium Bromide)*
 [PA] [QL] *Uptravi (Selexipag)*
 [PA] [QL] *Ventavis (Iloprost)*

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

- [QL] *Bevespi Aerosphere*
 [PA] [QL] *Daliresp*
 [QL] *Incruse Ellipta*
 [PA] [QL] *Ofev*
 [QL] *Seebri Neohaler*
 [QL] *Utibron Neohaler*
 [QL] *Zyflo*
 [QL] *Zyflo CR*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

14. UROLOGICALS

14.1 Cholinergic Stimulants

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Bethanechol Chloride (Urecholine)

14.2 Anticholinergics & Antispasmodics

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

- [QL] *Darifenacin Hydrobromide* (Enablex)
Dicyclomine HCl (Bentyl)
Dicyclomine HCl Syrup (Bentyl)
Flavoxate HCl (Urispas)
Hyoscyamine (Cystospaz)
Hyoscyamine Sulfate (Levsin)
Hyoscyamine Sulfate Tablet, Rapid Dissolve (Nulev)
Oxybutynin Chloride (Ditropan)
Oxybutynin Chloride (Ditropan XL)
Tolterodine Tartrate Capsule, Sustained Release 24 hr (Detrol LA)
Tolterodine Tartrate Tablet (Detrol)
[QL] *Trospium* (Sanctura)
[QL] *Trospium Chloride* (Sanctura XR)

BRANDS

- [ST] [QL] *Oxytrol* (*Oxybutynin Patch, Transdermal Semiweekly*)
[ST] [QL] *Toviaz* (*Fesoterodine Fumarate*)
[ST] [QL] *Vesicare* (*Boceprevir*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [ST] [QL] *Gelnique*
[ST] [QL] *Myrbetriq*

14.3 Miscellaneous Urologicals

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Potassium Citrate Tablet, Sustained Action (Urocit-K)

BRANDS

- Fosrenol (*Lanthanum Carbonate*)
[QL] *Caverject* (*Alprostadil*)
[PA] [QL] *Cialis* (*Tadalafil*)
Cystagon (*Cysteamine Bitartrate*)
[QL] *Elmiron* (*Pentosan Polysulfate Sodium*)
[QL] *Muse* (*Alprostadil Suppository, Urethral*)
Renacidin
(*Magnesium Carbonate/Citric Acid/Gluconolactone Solution, Irrigation*)
Renavel (*Sevelamer HCl*)
Renvela 800mg Tablet (*Sevelamer Carbonate*)
Renvela powder, oral (*Sevelamer Carbonate*)
[QL] *Viagra* (*Sildenafil Citrate*)
[PA] [QL] *Xuriden* (*Uridine Triacetate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [QL] *Edex*
[QL] *Levitra*
[PA] *Procysbi*
[QL] *Staxyn*
[QL] *Stendra*
[PA] *Thiola*

14.4 Benign Prostatic Hyperplasia (bph) Therapy

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

- Alfuzosin HCl* (Uroxatral)
Doxazosin Mesylate (Cardura)
Dutasteride (Avodart)
[QL] *Dutasteride/Tamsulosin HCl* (Jalyn)
Finasteride (Proscar)
Tamsulosin (Flomax)
Tenazosin HCl (Hytrin)

BRANDS

- [PA] [QL] *Cialis* (*Tadalafil*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [QL] *Rapaflo*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

15. VITAMINS, HEMATINICS & ELECTROLYTES

15.1 Vitamins & Hematinics

DRUG NAME	FORMULARY PRODUCTS
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GENERICS

Ergocalciferol Capsule (Hard, Soft, Etc.) (Vitamin D 50000 Unit)
Ferrous Fumarate/Folic Acid (Hemocyte-F)
Ferrous Fumarate/Folic Acid/Multivitamins (Hemocyte Plus Capsule)
Fluoride Ion/Iron/Vitamins A, C, and D (Tri-Vi-Flor w/Iron)
Fluoride Ion/Multivitamins (Poly-Vi-Flor)
Fluoride Ion/Multivitamins w-Iron (Poly-Vi-Flor w/Iron)
Fluoride Ion/Vitamins A, C, and D (Tri-Vi-Flor)
Folic Acid (Folvite)
Folic Acid/Vitamin B Comp w-C (Nephrocaps)
Nephro-Vite Rx
Prenatal Vitamin w-o Calcium/Fe Carbonyl-Fe Sulfate/Folic Acid (Natafort)
Prenatal Vitamins/Ferrous Fumarate/Docusate/Folic Acid (Strongstart)
Prenatal Vitamins/Ferrous Fumarate/Folic Acid (Nestabs fa)
Sodium Fluoride 0.25MG and 0.5MG chewable tablet [PREVENT]
Sodium Fluoride 0.25MG and 0.5MG drops [PREVENT]

BRANDS

Foltrate (*Cyanocobalamin/Folic Acid*)
 Prenate Elite (*Prenatal Vit #36/Iron/Fa CMB#6*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Nascobal
 Nephron fa
 Vitafol

15.3 Electrolytes

DRUG NAME	FORMULARY PRODUCTS
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15.3.1 POTASSIUM

GENERICS

Potassium Bicarbonate/Citric Acid (K-Lyte)
Potassium Chloride (Micro-K)
Potassium Chloride Capsule, Sustained Action (Micro-K)
Potassium Chloride Liquid (ml) (Kay Ciel)
Potassium Chloride Packet (K-Lor)
Potassium Chloride/Potassium Bicarbonate/Citric Acid Tablet, Effervescent
 (K-Lyte/Cl 25mEq)
Potassium Chloride Tablet, Sustained Action (Slow-K 8mEq)

BRANDS

K-Tab 10mEq (*Potassium Chloride Tablet, Sustained Action*)

DRUG NAME	FORMULARY PRODUCTS
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15.3.2 OTHER ELECTROLYTES

GENERICS

Calcium Acetate (Phoslo)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

16. DIAGNOSTICS & MISCELLANEOUS AGENTS

16.1 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICIS	
	<i>Levocarnitine</i> (Carnitor)
	<i>Riluzole</i> (Rilutek)
BRANDS	
	Chemet (<i>Succimer</i>)
	Kuvan (<i>Sapropterin Dihydrochloride</i>)
	Orfadin (<i>Nitisinone</i>)
[QL]	Vistogard (<i>Uridine Triacetate</i>)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Auryxia
[PA] [QL]	Cerdelga
[PA]	Exjade
[PA] [QL]	Ferriprox
[PA] [QL]	Firazyr
	Fosrenol Oral Powder
[PA] [QL]	Grastek
[PA]	Jadenu
[PA] [QL]	Keveyis
[PA] [QL]	Oralair
[PA] [QL]	Ragwitek
[PA] [QL]	Ruconest
[QL]	Velphoro

16.2 Smoking Deterrents

FORMULARY PRODUCTS	
DRUG NAME	
GENERICIS	
[QL]	<i>Bupropion HCl, Sustained Action</i> (Zyban) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Gum) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Lozenge, OTC) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Patch) [PREVENT]
BRANDS	
[ST] [QL]	Chantix (<i>Varenicline Tartrate</i>) [PREVENT]
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Nicotrol Inhaler [PREVENT]
[ST] [QL]	Nicotrol Nasal Spray [PREVENT]

16.3 Anorexiantis

FORMULARY PRODUCTS	
DRUG NAME	
GENERICIS	
	<i>Benzphetamine HCl</i> (Didrex)
	<i>Diethylpropion HCl Tablet</i> (Tenuate)
	<i>Phendimetrazine Tartrate</i> (Bontril PDM)
	<i>Phendimetrazine Tartrate Capsule, Sustained Action</i> (Prelu-2)
	<i>Phentermine HCl</i> (Fastin)
BRANDS	
	Xenical (<i>Orlistat</i>)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Belviq
[PA] [QL]	Belviq XR
[PA] [QL]	Contrave
[PA] [QL]	Qsymia
[PA] [QL]	Saxenda
[PA] [QL]	Suprenza

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

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Cefzil	5	Clobetasol Propionate/Emollient	22	Crestor	21
Celebrex	12,32	Clobex	22	Crinone	34
Celecoxib	12,32	Clocortolone Pivalate Cream	22	Crixivan	7
Celexa	16	Clocortolone Pivalate Cream (Grams)	22	Crizotinib	9
CellCept	10	Cloderm 0.10%	22	Crofelemer Delayed Release Capsule	29
Centany	23	Clomid	26,35	Cromolyn Sodium	30,38
Cephalixin Monohydrate	5	Clomiphene Citrate	26,35	Cromolyn Sodium Ampul for Nebulization (ml)	41
Cephalosporins	5	Clomipramine HCl	15	Crotamiton	24
Cephulac	30	Clonazepam	14	Cuprimine	33
Cerdelga	28,44	Clonazepam Tablet, Rapid Dissolve	14	Cutivate	22
Ceritinib	9	Clonidine HCl	20	Cyanocobalamin/Folic Acid	43
Cervarix	31	Clonidine HCl Extended-Release	17	Cyclessa	34
Cetirizine HCl	39	Clonidine HCl Patch, Transdermal Weekly	20	Cycloenzaprine HCl	14,33
Cetirizine Rx	39	Clonidine HCl/Chlorthalidone Tablet	20	Cyclocort	22
Cetralax	25	Clopidogrel Bisulfate	18	Cyclogyl	36
Cetrotrelax Acetate	26,35	Clorazepate Dipotassium Tablet	17	Cyclopentolate HCl Drops	36
Cetrotide	26,35	Clorpres	20	Cyclophosphamide Capsule	9
Cetylev	28	Clotrimazole Troche	7	Cycloplegic Mydriatics	36
Cevimeline HCl	25	Clotrimazole/Betamethasone Dipropionate Cream (Grams) or Lotion (ml)	23	Cycloserine	8
Chantix	44	Clozapine	16	Cycloserine	8
Chemet	44	Clozapine ODT	16	Cycloset	27
Chenodal	29	Clozaril	16	Cyclosporine	10,38
Chloral Hydrate	15	Coagulation Therapy	18	Cyclosporine Capsule	10
Chloral Hydrate	15	Coartem	8	Cyclosporine, Modified	10
Chlorambucil	9	Cobicistat	7	Cymbalta	15
Chlordiazepoxide HCl	17	Cobimetinib	9	Cyproheptadine HCl	39
Chloroquine Phosphate	8	Cocet	13	Cystagon	42
Chlorothiazide	19	Codeine Phosphate/Acetaminophen	11	Cystaran	38
Chlorpromazine HCl	16	Codeine Phosphate/Acetaminophen/Caffeine/ Butalbital	11	Cysteamine Bitartrate	42
Chlorpropamide	27	Codeine Phosphate/Aspirin/Caffeine/ Butalbital	11	Cysteamine HCl	38
Chlorthalidone	19	Codeine Sulfate	11	Cystospaz	42
Chlorzoxazone	14,33	Codeine Sulfate	11	Cytomel	26
Cholbam	28	Codeine/Promethazine HCl	39	Cytotec	29
Cholic Acid	28	Cogentin	13		
Choline Mag Trisalicylate	12,32	Colazal	30	D	
Choline Salicylate/Magnesium Salicylate Tablet	12	Colchicine	32	D-Amphetamine Sulfate	17
Choline Salicylate/Magnesium Salicylate Tablet	32	Colchicine Capsule	32	D-Amphetamine Sulfate Capsule, Sustained Action	17
Cholinergic Stimulants	42	Colchicine Tablet	32	D.H.E.45	13
Cholinesterase Inhibitor Miotics	36	Colchicine/Probenecid	32	Dabigatran	18
Chorionic Gonadotropin	26,35	Colcrys	32	Dabrafenib	9
Chorionic Gonadotropin, Human	26,35	Colesevelam HCl	21	Daliresp	41
Cialis	42	Colestid	21	Dalmane	15
Ciclesonide	40	Colestipol	21	Dalteparin Sodium, Porcine	18
Ciclopirox	23	Collagenase	23	Daklinza	6
Clostrazol Tablet	18	Coly-Mycin S	25	Danazol	26
Ciloxan	37	Colyte	30	Danocrine	26
Cimetidine HCl Liquid (ml)	29	Combigan	36	Dantrium	14,33
Cimetidine Tablet Rx	29	Combination Anticholinergics	29	Dantrolene Sodium	14,33
Cimzia (syringe)	31,33	Combination Narcotic/Analgesics	11	Dapsone	8,23
Cinacalcet HCl	28	Combipatch	35	Dapagliflozin	27
Cipro	6	Combivent Respimat	41	Dapagliflozin/Metformin HCl Extended-Release	27
Cipro HC	25	Combivir	7	Daraprim	8
Cipro XR	6	Combunox	11	Darbepeetin Alfa in Albumin Sol	10,31
Ciprodex	25	Cometriq	9	Darifenacin Hydrobromide	42
Ciprofloxacin HCl - Betaine Combination Tablet, Sustained Release 24hr	6	Compazine	17,30	Darunavir Ethanolate	7
Ciprofloxacin HCl Drops	25,37	Complera	7	Darunavir/Cobicistat	7
Ciprofloxacin HCl Ointment(gm)	37	Comtan	13	Dasatinib	9
Ciprofloxacin HCl Tablet	6	Concerta	17	Daypro	12,32
Ciprofloxacin HCl/Dexamethasone Suspension, Drops (Final Dosage Form)(ml)	25	Conceptrol	35	Daytrana	17
Ciprofloxacin HCl/Hydrocortisone	25	Condylox	24	DDAVP	28
Ciprofloxacin Suspension	6	Contrave	44	Decadron	26,32,37,39
Citalopram Hydrobromide	16	Copaxone 40mg	31	Decongestant/Antihistamines	39
Clarinex	39	Copaxone	14,31	Del-Mycin	23
Clarinex Syrup	39	Copegus	6	Delatestryl	26
Clarinex-D	39	Cordarone	18	Delavirdine Mesylate	7
Clarithromycin	5	Cordran 4mcg/sq cm	22	Delzicol	30
Claritin OTC	39	Cordran Cream	22	Demadox	19
Claritin-D	39	Cordran Ointment	22	Demerol	11
Clemastine Fumarate	39	Coreg	19	Demulen	34
Cleocin	35	Coreg CR	19	Denavir	23
Cleocin HCl	8	Corgard	19	Depakene	14

<i>Erythromycin Base</i>	5,37	<i>Ezetimibe/Simvastatin</i>	21	<i>Fluorometholone</i>	37
<i>Erythromycin Base Solution, Non-Oral</i>	23	<i>Ezogabine</i>	14	<i>Fluoroquinolones</i>	6
<i>Erythromycin Base/Benzoyl Peroxide Gel (gm)</i>	23	F		<i>Fluorouracil</i>	24
<i>Erythromycin Base/Ethyl Alcohol Gel (gm)</i>	23	<i>Fabior</i>	23	<i>Fluorouracil Cream</i>	24
<i>Erythromycin Base/Ethyl Alcohol Solution, Non-Oral</i>	23	<i>Factive</i>	6	<i>Fluorouracil 0.5% cream</i>	24
<i>Erythromycin Base/Ethyl Alcohol Swab, Medicated</i>	23	<i>Famciclovir</i>	6	<i>Fluorouracil Solution, Non-Oral</i>	24
<i>Erythromycin Ethylsuccinate</i>	5	<i>Famotidine Rx</i>	29	<i>Fluoxetine</i>	16
<i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i>	5,6	<i>Famvir</i>	6	<i>Fluoxetine 60mg</i>	16
<i>Erythromycin Stearate</i>	5	<i>Fanapt</i>	16	<i>Fluoxetine HCl</i>	16
<i>Erythromycins & Other Macrolides</i>	5	<i>Fareston</i>	9	<i>Fluoxymesterone</i>	26
<i>Esbriet</i>	41	<i>Farxiga</i>	27	<i>Fluphenazine HCl</i>	16
<i>Escitalopram Oxalate</i>	16	<i>Farydak</i>	10	<i>Flurandrenolide</i>	22
<i>Esgic</i>	11	<i>Fastin</i>	44	<i>Flurandrenolide Tape, Medicated</i>	22
<i>Esgic-Plus</i>	11	<i>Fazaclo</i>	16	<i>Flurazepam HCl</i>	15
<i>Eskalith</i>	17	<i>Fazaclo (150mg, 200mg)</i>	16	<i>Flurbiprofen</i>	12,32
<i>Eskalith CR</i>	17	<i>Faslodex</i>	9	<i>Flurbiprofen Sodium</i>	36
<i>Esomeprazole Magnesium Capsule</i>	29	<i>FC2 Female Condom</i>	35	<i>Flutamide</i>	9
<i>Estazolam</i>	15	<i>Febuxostat</i>	32	<i>Fluticasone Furoate</i>	40
<i>Estrace</i>	34	<i>Felbamate</i>	14	<i>Fluticasone Furoate/Vilanterol</i>	41
<i>Estrace Vaginal Cream</i>	34	<i>Felbatol</i>	14	<i>Fluticasone Propionate</i>	22,25,40
<i>Estradiol</i>	33,34	<i>Feldene</i>	12,32	<i>Fluticasone Propionate Disk, with Inhalation Device</i>	40
<i>Estradiol Patch, Transdermal Semiweekly</i>	33,34	<i>Felodipine ER</i>	19	<i>Fluticasone Propionate/Salmeterol Xinafoate</i>	41
<i>Estradiol Patch, Transdermal Weekly</i>	33,34	<i>Femara</i>	9	<i>Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device</i>	41
<i>Estradiol Ring, Vaginal</i>	34	<i>Femcon Fe</i>	34	<i>Fluvastatin ER</i>	21
<i>Estradiol Tablet</i>	34	<i>Femhrt</i>	33,35	<i>Fluvastatin Sodium</i>	21
<i>Estradiol Valerate-Dienogest</i>	34	<i>Femring</i>	34	<i>Fluvirin</i>	31,32
<i>Estradiol/Levonogestrel</i>	33	<i>Fenofibrate</i>	21	<i>Fluvoxamine Maleate</i>	15,16
<i>Estradiol/Norethindrone Acetate</i>	35	<i>Fenofibrate</i>	21	<i>Fluzone</i>	31,32
<i>Estradiol/Norethindrone Acetate 1.0-0.5mg</i>	33,35	<i>Fenofibrate, Micronized</i>	21	<i>Fluzone Intraderm Quad</i>	31
<i>Estramustine Phosphate Sodium</i>	9	<i>Fenofibric Acid</i>	21	<i>Fluzone Quad</i>	31
<i>Estring</i>	34	<i>Fenofibric Acid Delayed Release</i>	21	<i>FML</i>	37
<i>Estrogel</i>	34	<i>Fenoglide</i>	21	<i>FML Forte</i>	37
<i>Estrogen Combinations</i>	35	<i>Fentanyl</i>	11	<i>FML S.O.P.</i>	37
<i>Estrogens</i>	34	<i>Fentanyl (37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr)</i>	11	<i>Focalin</i>	17
<i>Estrogens & Progestins</i>	34	<i>Fentanyl Citrate</i>	11	<i>Focalin XR</i>	17
<i>Estrogens, Conjugated Tablet</i>	33	<i>Fentora</i>	11	<i>Folic Acid</i>	43
<i>Estrogens, Conjugated/Medroxyprogesterone Acet</i>	33,35	<i>Ferriprox</i>	44	<i>Folic Acid/Vitamin B Comp w-C</i>	43
<i>Estrogens, Esterified/Methyltestosterone</i>	35	<i>Ferrous Fumarate/Folic Acid</i>	43	<i>Follistim AQ</i>	26,35
<i>Estrogens, Conjugated Cream (Grams)</i>	34	<i>Ferrous Fumarate/Folic Acid/Multivitamins</i>	43	<i>Follitropin Alpha, Recombinant</i>	26,35
<i>Estrogens, Conjugated Tablet</i>	34	<i>Fesoterodine Fumarate</i>	42	<i>Foltrate</i>	43
<i>Estropipate</i>	34	<i>Fetzima</i>	15	<i>Folvite</i>	43
<i>Estropipate Tablet</i>	33	<i>Fibricor</i>	21	<i>Fondaparinux Sodium</i>	18
<i>Estrostep Fe</i>	34	<i>Filgrastim</i>	10,31	<i>Foradil</i>	40
<i>Eszopiclone</i>	15	<i>Filgrastin</i>	31	<i>Forfivo XL</i>	15
<i>Etanercept</i>	31,33	<i>Finacea</i>	23	<i>Formoterol Fumarate</i>	40
<i>Ethacrynic Acid</i>	19	<i>Finacea Foam</i>	24	<i>Fortamet</i>	27
<i>Ethambutol</i>	8	<i>Finasteride</i>	42	<i>Forteo</i>	33
<i>Ethambutol HCl</i>	8	<i>Fingolimod</i>	14,31	<i>Fortesta</i>	26
<i>Ethinyl Estradiol/Drospirenone</i>	34	<i>Fioricet</i>	11,13	<i>Fosamax</i>	33
<i>Ethinyl Estradiol/Norethindrone Acetate</i>	33,35	<i>Fioricet w/Codeine</i>	11	<i>Fosamax Plus D</i>	33
<i>Ethosuximide</i>	14	<i>Fiorinal</i>	11,13	<i>Fosamax Weekly</i>	33
<i>Ethotoin</i>	14	<i>Fiorinal w/Codeine</i>	11	<i>Fosamprenavir Calcium Tablet</i>	7
<i>Ethinodiol D-Ethinyl Estradiol</i>	34	<i>Firazyr</i>	44	<i>Fosinopril Sodium Tablet</i>	19
<i>Etidronate Sodium</i>	33	<i>First Generation Cephalosporins</i>	5	<i>Fosinopril Sodium/Hydrochlorothiazide</i>	20
<i>Etodolac</i>	12,32	<i>Flagyl</i>	8	<i>Fosrenol</i>	42
<i>Etodolac Tablet, Sustained Release 24hr</i>	12,32	<i>Flagyl ER</i>	8	<i>Fosrenol Oral Powder</i>	44
<i>Etonogestrel/Ethinyl Estradiol Ring, Vaginal</i>	35	<i>Flavoxate HCl</i>	42	<i>Fragmin</i>	18
<i>Etoposide</i>	10	<i>Flecainide Acetate</i>	18	<i>Prova</i>	13
<i>Etravirine</i>	7	<i>Flector Patch</i>	12,32	<i>Frovatriptan Succinate</i>	13
<i>Eulexin</i>	9	<i>Flexeril</i>	14,33	<i>Furosemide</i>	19
<i>Eurax Cream</i>	24	<i>Flomax</i>	42	<i>Fuzeon</i>	7
<i>Eurax Lotion</i>	24	<i>Flonase</i>	25,40	<i>Fycompa</i>	14
<i>Evamist</i>	34	<i>Florinef Acetate</i>	26		
<i>Evekeo</i>	17	<i>Flovent Diskus</i>	40	G	
<i>Everolimus</i>	9	<i>Flovent HFA</i>	40	<i>Gabapentin</i>	14
<i>Everolimus Tablet for Oral Suspension</i>	9	<i>Flowtuss</i>	39	<i>Gabitril 12mg, 16mg</i>	14
<i>Evista</i>	9,33	<i>Floxin</i>	6,25	<i>Gabitril 2mg, 4mg</i>	14
<i>Evoclin</i>	23	<i>Fluad</i>	31	<i>Galantamine Hydrobromide</i>	14
<i>Evotaz</i>	7	<i>Fluarix Quad</i>	32	<i>Galantamine Hydrobromide Extended-Release Capsules</i>	14
<i>Evoxac</i>	25	<i>Flublok</i>	31	<i>Gammagard</i>	31
<i>Evzio</i>	12	<i>Flucelvax Quad 2016-2017</i>	31	<i>Gammaked</i>	31
<i>Exalgo</i>	11	<i>Fluconazole</i>	35	<i>Gamunex-C</i>	31
<i>Exelderm</i>	23	<i>Fluconazole Tablet</i>	7	<i>Ganciclovir</i>	38
<i>Exelon</i>	14	<i>Flucytosine</i>	7	<i>Ganirelix</i>	26,35
<i>Exelon Patch</i>	14	<i>Fludrocortisone Acetate</i>	26	<i>Ganirelix Acetate</i>	26,35
<i>Exemestane</i>	9	<i>Flulaval Quad</i>	31,32	<i>Garamycin</i>	23,37
<i>Exenatide</i>	27	<i>Flumadine</i>	6	<i>Gardasil</i>	31
<i>Exforge</i>	20	<i>Flunisolide</i>	25,40	<i>Gardasil 9</i>	31
<i>Exforge HCT</i>	20	<i>Fluocinolone Acetonide</i>	22	<i>Gastrocrom</i>	30
<i>Exjade</i>	44	<i>Fluocinolone Acetonide 0.01%</i>	22	<i>Gatifloxacin</i>	37
<i>Expectorant Combinations</i>	39	<i>Fluocinolone Acetonide Cream (Grams)</i>	22	<i>Gattex</i>	30
<i>Extavia</i>	31	<i>Fluocinolone Acetonide Ointment (gm)</i>	22	<i>Gefitinib Tablet</i>	9
<i>Ez Flu</i>	32	<i>Fluocinolone Acetonide Solution, Non-Oral</i>	22	<i>Gelnique</i>	42
<i>Ezetimibe</i>	21	<i>Fluocinonide</i>	22	<i>Genotropin</i>	31
		<i>Fluocinonide/Emollient Cream (Grams)</i>	22	<i>Generess FE Chewable</i>	34
		<i>Fluoride Ion/Iron/Vitamins A,C,and D</i>	43	<i>Genamicin Sulfate</i>	23,37
		<i>Fluoride Ion/Multivitamins</i>	43		
		<i>Fluoride Ion/Multivitamins w-Iron</i>	43		
		<i>Fluoride Ion/Vitamins A,C,and D</i>	43		

Genvoya	7	Humatrope	31	Indocin Suppository	32
Geodon	16	Humira	24,30,31,33	Indomethacin	12,32
Giazo	30	Humulin 50/50	27	Indomethacin Capsule, Sustained Action	12,32
Gilenya	14,31	Humulin 70/30	27	Indomethacin Suppository	32
Gilotrif	9	Humulin N	27	Inflamase Forte	37
Giltuss	39	Humulin R	27	Inhaled Corticosteroids	40
Glassia	41	Hycamtin	10	Inlyta	9
Glatiramer 20mg	31	Hycufenix	39	Innopran XL	19
Glatiramer Acetate	31	Hydralazine HCl	20	Inspra	19
Glatiramer Acetate Kit	14	Hydralazine HCl/Isosorbide Dinitrate	20	Insulin Aspart Cartridge (ml)	27
Gleevec	9	Hydrea	10	Insulin Aspart Prefilled Syringe	27
Gleostine	9	Hydrochlorothiazide	19	Insulin Aspart Protamine Human/Insulin Aspart Prefilled Syringe (ml)	27
Glimepiride	27	Hydrocodone Bit/Acetaminophen	11	Insulin Aspart Protamine Human/Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide	27	Hydrocodone Bit/Ibuprofen	11	Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide Tablet, Sustained Release Osmotic Push	27	Hydrocodone Polistix/Chlorpheniramine Polistix	39	Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide/Metformin HCl	27	Hydrocodone/Pseudoephed/CPM	39	Insulin Degludec	27
Glucagon	28	Hydrocortisone	22	Insulin Detemir	27
Glucagon, Human Recombinant	28	Hydrocortisone	26,30,33,39	Insulin Gargine	27
Glucophage	27	Hydrocortisone Acetate Foam (gm)	30	Insulin Gargine, Human Recombinant Analog	27
Glucophage XR	27	Hydrocortisone Acetate Suppository, Rectal	30	Insulin Lispro (NPL)/Insulin Lispro, Human Rec.Analog	27
Glucose Elevating Agents	28	Hydrocortisone Acetate/Pramoxine HCl	24	Insulin Lispro, Human Rec.Analog	27
Glucotrol	27	Hydrocortisone Acetate/Pramoxine HCl 2.5%-1%	30	Insulin NPH Human Recombinant	27
Glucotrol XL	27	Hydrocortisone Acetate/Pramoxine HCl Cream, Rectal	30	Insulin NPH Human Recombinant Vial (SDV, MDV or Additive) (ml)	27
Glucovance	27	Hydrocortisone Butyrate Cream	22	Insulin NPH Human Recombinant/Insulin Regular Human Rec	27
Glyburide	27	Hydrocortisone Butyrate Ointment	22	Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)	27
Glyburide, Micronized	27	Hydrocortisone Butyrate Solution	22	Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec	27
Glyburide/Metformin HCl	27	Hydrocortisone Butyrate/Emollient	22	Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)	27
Glycopyrrolate	29	Hydrocortisone Cream (Grams)	30	Insulin NPH Human Recombinant/Insulin Regular Human Rec	27
Glynase	27	Hydrocortisone Lotion Rx (ml)	22	Insulin Regular Human Rec Vial (SDV, MDV or Additive) (ml)	27
Glyxambi	27	Hydrocortisone Rx	22	Insulin Syringes/Miscellaneous Durable Medical Equipment	28
GoLYTELY	30	Hydrocortisone Valerate	22	Insulin Therapy	27
GoLYTELY Solution	30	Hydrocortisone/Pramoxine	30	Intal	41
Gonadotropin & Related Agents	27	HydroDIURIL	19	Intelence	7
Gonal-F	35	Hydromorphone ER	11	Interferon Alfa-2b, Recombinant	31
Gonal-F RFF	35	Hydromorphone HCl	11	Interferon Beta-1A	31
Gonal-F, Gonal-F RFF	26	Hydroxychloroquine Sulfate	8,33	Interferon Beta-1A/Albumin Human	31
GoNitro	18	Hydroxypropyl Cellulose Insert	38	Interferon Beta-1A/Albumin Human Disposable Syringe (ml)	31
Goserelin Acetate	9	Hydroxyurea	10	Interferon Gamma-1b, Recombinant	31
Gout Therapy	32	Hydroxyzine HCl	39	Interferons	31
Gralise	14	Hydroxyzine Pamoate	39	Intermezzo	15
Granisetron HCl	17,30	Hygrotin	19	Intranasal Steroids	25,40
Granix	10,31	Hyosciamine	42	Intron A	31
Grastek	44	Hyosciamine Sulfate	42	Intuniv	20
Grifulvin V	7	Hyosciamine Sulfate Tablet, Rapid Dissolve	29,42	Invega	16
Gris-Peg	7	Hyosciamine Sulfate Tablet, Sublingual	29	Invirase	7
Griseofulvin Ultramicrosize Tablet	7	Hyosciamine Sulfate Tablet, Sustained Release 12hr	29	Invokamet	27
Griseofulvin, Microsize Suspension, Oral (Final Dose Form)	7	Hypnotic Agents	15	Invokamet XR	27
Griseofulvin, Microsize Tablet	7	HyQvia	31	Invokana	27
Growth Hormones	31	Hysingla ER	11	Ipratropium Bromide Aerosol w/Adapter (gm)	41
Guaifenesin/Carbetapentane Citrate/Phenylephrine	39	Hytone	22	Ipratropium Bromide Aerosol, Spray (ml)	25
Guaifenesin/Pseudoephedrine HCl	39	Hytrin	20,42	Ipratropium Bromide Solution, Non-Oral	41
Guanfacine Extended Release	20	Hyzaar	20	Irbesartan	20
Guanfacine HCl	20	Ibandronate Sodium 150mg Tablet	33	Irbesartan/Hydrochlorothiazide	20
Gynazole-1	35	Ibrance	9	Irenka	15
Gynol II	35	Ibrutinib	9	Iressa 250mg	9
H		Ibuprofen	12,32	Isentress	7
H2 Antagonists	29	Ibuprofen/Oxycodone HCl	11	Isometheptene Mucate/Acetaminophen/Caffeine	13
Halcion	15	Iclusig	9	Isometheptene Mucate/Acetaminophen/Dichlorophenazone	13
Haldol	16	Idelalisib	9	Isoniazid	8
Halflytely	30	Ilevo	36	Isoniazid	8
Halobetasol Propionate Cream	22	Iloprost	41	Isoptin S.R.	19
Halobetasol Propionate Ointment	22	Ilotycin	37	Isopto Atropine	36
Haloperidol	16	Imatinib Mesylate	9	Isopto Carpine	36
Haloperidol Lactate Concentrate, Oral	16	Imbruvica	9	Isopto Homatropine	36
Harvoni	6	Imdur	18	Isordil	18
HCG Alpha, Recombinant	26,35	Imipramine HCl	15	Isosorbide Dinitrate	18
Headache Therapy	13	Imipramine Pamoate	15	Isosorbide Dinitrate Capsule, Sustained Action	18
Hectorol	26	Imiquimod	24	Isosorbide Mononitrate Tablet, Sustained Release 24hr	18
Hemangeol	19	Imitrex	13	Isotretinoin	23
Hemocyte Plus Capsule	43	Imitrex Nasal Spray	13	Isradipine	19
Hemocyte-F	43	Immune Globulin	31	Istalol	36
Hemostatics	18,43	Immunomodulators	10,31	Ivabradine	21
Heparin	18,43	Immunosuppressant Drugs	9	Itraconazole	7
Heparin Lock Flush	18	Imodium 2mg	29	Ivacaftor	41
Heparin Sodium, Porcine	18	Impavido	8	Ivermectin Tablet	8
Hepsera	6	Imuran	10,33	Isaxozimib	9
Hetlioz	15	Increlex	28		
Hexalen	10	Increase Ellipta	41		
Hiprex	6	Indapamide	19		
HIV/AIDS Therapy	7	Inderal	19		
Hizentra	31	Inderal LA	19		
Homatropine HBr	36	Inderide	20		
Horizant	14	Indinavir Sulfate	7		
Hormonal Agents	9	Indocin	12,32		
Humalog	27	Indocin SR	12,32		
Humalog Mix 75/25	27				
Humatin	8				

J	
Jadenu	44
Jakafi	9
Jalyn	42
Janumet	27
Janumet XR	27
Januvia	27
Jardiance	27
Jentadueto	27
Jentadueto XR	27
Juxtapid	21

K	
K-Lor	43
K-Lyte	43
K-Lyte/Cl 25mEq	43
K-Tab 10mEq	43
Kadian	11
Kadian (40mg, 200mg)	11
Kaletra tablet	7
Kaletra Solution	7
Kalydeco	41
Kapvay	17
Karbinal ER	39
Kay Ciel	43
Kayexalate	21
Kazano	27
Keflex	5
Kenalog	22
Kenalog 0.50%	22
Kenalog in Orabase	25
Keppra	14
Kerione	19
<i>Ketoconazole</i>	7
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i>	23
<i>Ketoprofen</i>	12,32
<i>Ketoprofen Capsule, 24hr Sustained Release Pellets</i>	12,32
<i>Ketorolac Tromethamine</i>	12,32,36
Keveyis	44
Khedeza	15
Kinase Inhibitors And Molecular Target Inhibitors	9
Kineret	31,33
Klonopin	14
Kombiglyze XR	27
Korlym	28
Kristalose	30
Kuvan	28,44
Kynamro	21
Kytril	17,30

L	
<i>Labetalol HCl</i>	19
<i>Lacosamide</i>	14
Lacrisert	38
Lactulose	30
Lamictal	14
Lamictal ODT	14
Lamictal XR	14
Lamisil	7
<i>Lamivudine</i>	6,7
<i>Lamivudine Solution</i>	7
<i>Lamivudine/Raltegravir</i>	7
<i>Lamivudine/Zidovudine</i>	7
<i>Lamotrigine</i>	14
<i>Lamotrigine Orally Disintegrating</i>	14
<i>Lamotrigine Sustained Release</i>	14
<i>Lamotrigine Tablet, Dispersible</i>	14
<i>Lamotrigine Tablet, Dose Pack</i>	14
Lanoxin	18
Lanoxin 62.5mcg & 187.5mcg	18
<i>Lanreotide</i>	28
<i>Lansoprazole</i>	29
<i>Lansoprazole Delayed-Release Orally Disintegrating</i>	29
<i>Lansoprazole/Amoxicillin Trihydrate/Clarithromycin</i>	29
<i>Lanthanum Carbonate</i>	42
Lantus	27
Lantus Solostar	27
<i>Lapatinib Ditosylate</i>	9
Lariam	8
Lasix	19
<i>Latanoprost</i>	36
Latuda	16
Lazanda	11
<i>Leftunomide</i>	33

<i>Levamisole</i>	9
<i>Levatinib</i>	9
Lescol	21
Lescol XL	21
Letairis	41
<i>Letrozole</i>	9
Leucovorin Calcium	10
<i>Leucovorin Calcium</i>	10
Leukeran	9
Leukine	10,31
<i>Leuprolide Acetate</i>	9,35
<i>Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml</i>	40
Levaquin	6
Levbid	29
Levemir	27
Levemir Flextouch	27
<i>Levetiracetam</i>	14
Levitra	42
Levlen	34
Levlike	34
<i>Levobunolol HCl</i>	36
<i>Levocarnitine</i>	44
<i>Levocetirizine</i>	39
<i>levodopa/carbidopa</i>	13
<i>Levofloxacin</i>	6,37
<i>Levofloxacin Solution, Oral</i>	6
<i>Levonorgestrel</i>	34
<i>Levonorgestrel-Ethinyl Estradiol</i>	34
<i>Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol</i>	34
<i>Levothyroxine Sodium</i>	26
Levoxyl	26
Levsin	42
Levsin/SL	29
Lexapro	16
Lexiva	7
Lialda	30
Librax	29
Librium	17
Lida Mantle	22
Lidex	22
Lidex-E 0.05%	22
<i>Lidocaine Adhesive Patch</i>	22
<i>Lidocaine HCl Cream (Grams)</i>	22
<i>Lidocaine HCl Jel (ml)</i>	22
<i>Lidocaine HCl Ointment(gm)</i>	22
<i>Lidocaine HCl Solution, Non-Oral</i>	22
<i>Lidocaine HCl, Viscous</i>	25
<i>Lidocaine/Prilocaine</i>	22
Lidoderm	22
Lindane	24
<i>Lindane</i>	24
<i>Linezolid</i>	8
Linzess	30
Lioresal	14,33
<i>Liothyronine</i>	26
<i>Liotrix</i>	26
Lipid/Cholesterol Lowering Agents	21
Lipitor	21
Lipofen	21
<i>Liraglutide</i>	27
<i>Lisinopril</i>	19
<i>Lisinopril/Hydrochlorothiazide</i>	20
<i>Lithium Carbonate</i>	17
<i>Lithium Carbonate Tablet, Sustained Action</i>	17
<i>Lithium Citrate</i>	17
<i>Lithium Citrate</i>	17
Lithobid	17
Livalo	21
Lo Loestrin Fe	34
Lo/Ovral	34
Locoid	22
Locoid Lipocream 0.1%	22
Lodine	12,32
Lodine XL	12,32
Lodosyn	13
<i>Lodoxamide Tromethamine</i>	38
Loestrin	34
Loestrin Fe	34
Loestrin 24 Fe	34
Lomofil	29
<i>Lomustine</i>	9
Long Acting Nitrates	18
Loniten	20
Lonsurf	9
<i>Loperamide HCl Capsule (Hard, Soft, Etc.)</i>	29
Lopressor	19
Lopressor HCT	20
Loprox	23
<i>Loratadine OTC</i>	39
Lorazepam	17
Lorcet 10/650	11

Lorcet Plus	11
Lortab	11
<i>Losartan Potassium</i>	20
<i>Losartan Potassium/Hydrochlorothiazide</i>	20
Loseasonique	34
Lotemax	37
Lotensin	19
Lotensin HCT	20
<i>Loteprednol Etabonate</i>	37
Lotrel	20
Lotrisone	23
Lotronex	30
<i>Lovastatin</i>	21
Lovaza	21
Lovenox	18
<i>Loxapine Succinate</i>	16
Loxitane	16
Lozol	19
Ludiomil	15
<i>Lumacaftor/Ivacaftor</i>	41
Lumigan 0.01%	36
Lumigan	36
Lunesta	15
Lupaneta Pack	9
Lupron	9,35
Lupron Depot	9,35
Lupron Depot-3 Month	9
Lupron Depot-Ped	9,35
Luvox	16
Luvox CR	15
Luxiq Foam	22
Luzu	23
Lybrel	34
Lynparza	9
Lyrica	14
Lysodren	10
Lysteda	35

M	
<i>Macitentan</i>	41
Macrodantin	6
<i>Magnesium Carbonate/Citric Acid/Gluconolactone Solution, Irrigation</i>	42
Malarone	8
Malathion	24
Mao Inhibitors	16
<i>Maprotiline HCl</i>	15
Marinol	17,30
Matulane	9
Mavik	19
Maxalt	13
Maxalt MLT	13
Maxitrol	37
Maxzide	19
<i>Meclizine HCl</i>	17,30
Meclofenamate Sodium	12,32
<i>Meclofenamate Sodium</i>	12,32
Medrol	26,32,39
<i>Medroxyprogesterone Acet</i>	34
<i>Medroxyprogesterone Acetate</i>	10,34
<i>Mefenamic Acid</i>	12,32
<i>Mefloquine HCl</i>	8
Megace, Megace ES	9
<i>Megestrol Acetate</i>	9
Mekinist	9
Mellaril	16
<i>Meloxicam</i>	12,32
<i>Melphalan</i>	9
<i>Memantine HCl, Memantine HCl Solution, Oral</i>	14
Menactra	31
Menomune- A/C/Y/W-135	31
Menopur	26
Menostar	34
<i>Menotropins</i>	26
Mentax	23
Menveo	31
<i>Meperidine HCl</i>	11
Mephyton	18
Mepron	8
<i>Mercaptopurine</i>	9
<i>Mesalamine</i>	30
<i>Mesalamine Capsule, Sustained Action</i>	30
<i>Mesalamine Delayed-Release</i>	30
<i>Mesalamine Enema (ml)</i>	30
<i>Mesalamine Suppository, Rectal</i>	30
<i>Mesna Tablet</i>	10
Mesnex	10
Mestinon	15
Metadate CD	17
Metadate ER 20mg	17

Metaglip	27	Miscellaneous Rheumatological Agents	33	Nardil	16
Metaproterenol Sulfate	40	Miscellaneous Urologicals	42	Nasalide	25,40
Metaxalone	14,33	Misoprostol	29	Nasarel	40
Metformin HCl	27	Mitigare	32	Nascobal	43
Metformin HCl Tablet, Extended Release	27	Mitotane	10	Nasonex	25,40
Metformin HCl Tablet, Sustained Release 24hr	27	Moban	16	Natacyn	37
Methadone HCl	11	Mobic	12,32	Natafort	43
Methamphetamine HCl	17	Modafinil	17	Natamycin	37
Methazolamide	36	Modicon	34	Natazia	34
Methenamine Hippurate	6	Moduretic	19	Nateglinide	27
Methergine	35	Moexipril HCl	19	Natesto	26
Methimazole Tablet	26	Moexipril HCl/Hydrochlorothiazide	20	Natpara	26,28
Methitest	26	Molindone	16	Navane	16
Methocarbamol	14,33	Mometasone Furoate	22,25,40	NebuPent	8
Methotrexate Sodium	9,33	Mometasone Furoate/Formoterol Fumarate Dihydrate	41	Nedocromil Sodium	38
Methylidopa	20	Monodox	5	Nelfinavir Mesylate	7
Methyldopa/Hydrochlorothiazide	20	Monophasic/Biphasic/Triphasic/4-Phasic Agents	34	Neomycin Sulfate	8
Methylergonovine Maleate	35	Monopril	19	Neomycin Sulfate	8
Methylin	17	Monopril HCT	20	Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/ Hydrocortisone Ointment(gm)	37
Methylin Solution, Oral	17	Montelukast Sodium	41	Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)	37
Methylnatrexone Bromide	30	Monuril	6	Neomycin Sulfate/Gramicidin D/Polymyxin B Drops	37
Methylphenidate HCl	17	Morphine Sulfate	11	Neomycin Sulfate/Polymyxin B Sulfate/ Hydrocortisone	25
Methylphenidate HCl Tablet	17	Morphine Sulfate	11	Neomycin Sulfate/Polymyxin B Sulfate/ Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)	37
Methylphenidate HCl Tablet, Sustained Action	17	Morphine Sulfate Capsule, Multiphasic Release	11	Neomycin Sulfate/Polymyxin B Sulfate/ Prednisolone	37
Methylphenidate Solution	17	Morphine Sulfate Solution, Oral	11	Neomycin/Polymyxin B Sulfate/Dexamethasone	10
Methylphenidate, Patch, Transdermal 24 hr.	17	Morphine Sulfate Tablet, Sustained Action	11	Neoral	10
Methylprednisolone	26,32,39	Motofen	29	Neosporin	37
Methyltestosterone	26	Motrin Rx	12,32	Nephro-Vite Rx	43
Metipranolol	36	Movantik	30	Nephrocaps	43
Metoclopramide HCl	30	Moviprep	30	Nephron fa.	43
Metoclopramide HCl ODT	30	Moxatag	5	Neptazane	36
Metolazone	19	Moxeza	37	Nesina	27
Metoprolol Succinate Tablet, Sustained Release 24hr	19	Moxifloxacin HCl	6,37	Nestabs fa.	43
Metoprolol Tartrate	19	MS Contin	11	Neulasta	10,31
Metoprolol Tartrate/Hydrochlorothiazide	20	MSR	11	Neupogen	10,31
Metozolv ODT	30	Mucomyst	41	Neupro	13
Metrocream	23	Multaq	18	Neurontin	14
Metrogel	23,35	Mupirocin Calcium	23	Nevirapine	7
Metro lotion	23	Mupirocin Calcium (gm)	23	Nexavar	9
Metronidazole	8,23,35	Muscle Relaxants & Antispasmodic Agents	14	Nexium	29
Metronidazole Gel with Applicator (gm)	35	Muscle Relaxants & Antispasmodic Therapy	14,33	Nexium suspension	29
Metronidazole, Topical	23	Muse	42	Niacin Tablet, Sustained Action Sequential	21
Mevacor	21	Myalept	28	Niaspan	21
Mexiletine HCl Capsule (Hard, Soft, Etc.)	18	Myasthenia Gravis	15	Nicotine Gum	44
Mexitol	18	Mycelex	7	Nicotine Lozenge, OTC	44
Miacalcin	28,33	Mycobutin	8	Nicotine Patch	44
Micardis	20	Mycolog II	23	Nicotine Polacriflex	44
Micardis HCT	20	Mycophenolate	10	Nicotrol Inhaler	44
Micro-K	43	Mycophenolate Mofetil Oral Suspension	10	Nicotrol Nasal Spray	44
Midamor	19	Mycophenolic Acid	10	Nifedipine Capsule (Hard, Soft, Etc.)	19
Midazolam HCl	17	Mycostatin	7,23	Nifedipine Tablet, Sustained Action	19
Midazolam HCl Syrup	17	Mydracyl	36	Nifedipine Tablet, Sustained Release Osmotic Push	19
Midodrine HCl	21	Myeloid Stimulants	31	Nilandron	9
Midrin	13	Myfortic	10	Nilotinib Hydrochloride	9
Migergot	13	Myleran	10	Nilutamide	9
Migraine & Cluster Headache Therapy	13	Myrbetriq	42	Nimodipine	19
Migranal	13	Mysoline	14	Nimotop	19
Miltefosine	8	Mytesi	29	Ninlaro	9
Minipress	20			Niravam	17
Minitran Patch, Transdermal 24 Hours	18			Nisoldipine Tablet	19
Minivelle	33,34			Nitazoxanide	8
Minocin	5			Nitazoxanide Suspension, Reconstituted, Oral (ml)	8
Minocycline HCl	5			Nitisinone	44
Minocycline HCl, Extended Release	5			Nitrates	18
Minoxidil	20			Nitro-Bid	18
Mipomersen Subcutaneous Injection	21			Nitro-Dur	18
Mirapex	13			Nitro-Time	18
Mirapex ER	13			Nitrofurantoin Macrocrystal	6
Mircera	10,31			Nitroglycerin	18
Mircette	34			Nitroglycerin Sublingual Tablet	18
Mirtazapine Tablet	15			Nitroglycerin Capsule, Sustained Action	18
Mirtazapine Tablet, Rapid Dissolve	15			Nitroglycerin Ointment(gm)	18
Miscellaneous Agents	25,27,44			Nitroglycerin Patch, Transdermal 24 Hours	18
Miscellaneous Analgesics	12			Nitrolingual	18
Miscellaneous Anti-infectives	8			Nitromist Lingual Spray	18
Miscellaneous Antidepressants	15			Nitrostat	18
Miscellaneous Antineoplastic Drugs	10			Nizatidine Rx	29
Miscellaneous Antipsychotics	16			Nizoral	7,23
Miscellaneous Antivirals	6			Nolvadex	9
Miscellaneous Cardiovascular Agents	21			Non-Insulin Hypoglycemic Agents	28
Miscellaneous Coagulation Agents	18,43			Non-narcotic Analgesics	12
Miscellaneous Dermatologicals	24			Non-steroidal Anti-inflammatory Agents	36
Miscellaneous Gastrointestinal Agents	29,30			Nonoxonyl-9	35
Miscellaneous Hormones	26				
Miscellaneous Neurological Therapy	14				
Miscellaneous OB/GYN	35				
Miscellaneous Ophthalmologics	38				
Miscellaneous Otic Preparations	25				
Miscellaneous Psychotherapeutic Agents	17				
Miscellaneous Pulmonary Agents	41				

Nordette	34	Omnaris	25,40	Pantoprazole Sodium	29
Norditropin Flexpro	31	Omnicef	5	Parafon Forte DSC	14,33
Norethindrone	34	Omnitrope	31	Parathyroid Hormone	28
Norethindrone A-E Estradiol	34	Ondansetron	17,30	Parcopa	13
Norethindrone A-E Estradiol-Iron	34	Ondansetron HCl	17,30	Paricalcitol	26
Norethindrone A-E Estradiol/Ferrous Fumarate	34	One Touch Ultra	28	Parlodol	13
Norethindrone Acetate	34	One Touch Verio	28	Parnate	16
Norethindrone-Ethinyl Estradiol	34	Onexton	23	Paromomycin Sulfate	8
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	34	Onfi	14	Paroxetine HCl Tablet	16
Norgestimate-Ethinyl Estradiol	34	Onglyza	27	Paser	8
Norgestrel-Ethinyl Estradiol	34	Onsolis	11	Pasireotide Diaspartate	28
Norinyl	34	Onzetra Xsail	13	Pataday	38
Normodyne	19	Opana	11	Patanase	25
Norpace	18	Opana ER	11	Patanol	38
Norpace CR	18	Opium Tincture	29	Patiromer	21
Norpramin	15	Opsumit	41	Paxil	16
Northera	21	Opticrom	38	Paxil CR	16
Nortriptyline HCl	15	OptiPranolol	36	Pazeo	38
Norvasc	19	Optivar	38	Pazopanib	9
Norvir	7	Oracea	5	PCE	5
Novarel	26,35	Oral Contraceptives & Related Agents	34	Pediapred	26,32,39
Novolin 70/30	27	Oral Drugs For Glaucoma	36	Pediazole	5,6
Novolin N	27	Oralair	44	Peg-Intron	31
Novolin R	27	Orap	16	Peg-Intron Redipen	31
Novolog	27	Orapred ODT	39	Peganone	14
NovoLog FlexPen	27	Oravig	7	Pegasys	31
Novolog Mix 70/30	27	Orencia (syringe)	31,33	Pegasys Proclix	31
Novolog Mix 70/30 FlexPen	27	Orenitram ER	41	Pegfilgrastim	10
Noxafil	7	Orfadin	44	Pegfilgrastim Disposable Syringe (ml)	31
NSAID Agents	32	Orinase	27	Peginterferon Alfa-2A	31
NSAIDS	12,32	Orkambi	41	Peginterferon Alfa-2b	31
NSAIDS- Specific COX-II Inhibitors	12,32	Orlistat	44	Pegvisomant	28
NSAIDS/COX II Inhibitors	12,32	Ortho Evra	35	Pen-Vee K	5
Nucynta	12	Ortho Micronor	34	Penicillamine	33
Nucynta ER	12	Ortho Tri-Cyclen	34	Penicillin V Potassium	5
Nuedexta	14	Ortho Tri-Cyclen Lo	34	Penicillins	5
Nulev	29,42	Ortho-Cept	34	Penlac	23
NuLytlely	30	Ortho-Cyclen	34	Pennsaid	12,32
Nulytely with Flavor Packs	30	Ortho-Novum	34	Pennsaid 2%	12,32
Numoisyn	25,44	Orudis	12,32	Pentamidine Isethionate	8
Nuplazid	16	Oruvail	12,32	Pentasa	30
Nutropin AQ	31	Oseltamivir Phosphate	6	Pentazocine HCl/Acetaminophen	12
Nutropin AQ Nuspin	31	Oseni	27	Pentazocine HCl/Naloxone HCl	12
NuvaRing	35	Osimertinib	9	Pentosan Polysulfate Sodium	42
Nuvessa 1.3% Vaginal Gel	35	Osmoprep	30	Pentoxifylline Tablet, Sustained Action	19
Nuvigil	17	Osphena	35	Pepcid	29
Nymalize	19	Osteoporosis Therapy	33	Percocet	11
Nystatin	35	Otezla	31,33	Percodan	11
Nystatin	7,35	Other Antihypertensive Combinations	20	Pirfenidone	41
Nystatin Cream (Grams)	23	Other Electrolytes	43	Perforomist	40
Nystatin/Triamcinolone Acetonide	23	Other Glaucoma Drugs	36	Periactin	39
O		Other Rheumatologicals	32	Perindopril Erbumine	19
Obredon	39	Other Ulcer Therapy	29	Periostat	5
Obeticholic Acid	29	Otic Steroid/Antibiotic	25	Permethrin	24
Ocaliva	29	Otovel	25	Perphenazine	16
Octreotide Acetate	28	Otrexup	24,33	Persantine	18
Octreotide Acetate Kit	10,28	Ovace	24	Pexeva	15,16
Octreotide Acetate Vial (SDV, MDV or Additive) (ml)	10,28	Ovide	24	Phendimetrazine Tartrate	44
Ocufen	36	Ovidrel	26,35	Phendimetrazine Tartrate Capsule, Sustained Action	44
Ocuflox	37	Ovral	34	Phenelzine Sulfate	16
Ocupress	36	Ovulatory Stimulants	26	Phenergan	17,30,39
Odefsey	7	Oxandrin	26	Phenergan w/Codeine	39
Odomzo	10	Oxandrolone	26	Phenobarbital	14
Ofev	41	Oxaydo	11	Phenobarbital	14
Ofloxacin	6,25	Oxapropzin	12,32	Phenothiazines	16
Ofloxacin Drops	37	Oxazepam	17	Phenoxybenzamine HCl	20
Ogen	33,34	Oxcarbazepine	14	Phentermine HCl	44
Olanzapine Orally Disintegrating Tablets	16	Oxicodonazole Nitrate Cream	23	Phenytek	14
Olanzapine Tablets	16	Oxistat	23	Phenytoin Sodium Extended	14
Olaparib	9	Oxistat Lotion	23	Phenytoin Sodium Extended Capsule	14
Oleptro ER	15	Oxsoralen-Ultra	24	Phenytoin Suspension, Oral (Final Dose Form)	14
Olmesartan Medoxomil	20	Oxtellar XR	14	Phoslo	43
Olmesartan Medoxomil/HCTZ	20	Oxybutynin Chloride	42	Phospholine Iodide	36
Olmesartan Medoxomil/Hydrochlorothiazide	20	Oxybutynin Patch, Transdermal Semiweekly	42	Phrenilin	11,13
Olmesartan/Amlodipine/HCTZ	20	Oxycodone HCl	11	Phytonadione Tablet	18
Olodaterol	40	Oxycodone HCl/Acetaminophen	11	Picato	24
Olopatadine	25	Oxycodone/Aspirin	11	Pilocarpine HCl	25,36
Olopatadine HCl 0.1%	38	OxyContin	11	Pimecrolimus Cream (Grams)	24
Olopatadine HCl 0.2%	38	Oxymorphone	11	Pimozide	16
OLUX Foam	22	Oxymorphone HCl, Extended Release	11	Pindolol	19
OLUX-E Foam	22	Oxytrol	42	Progiltazone HCl	27
Olyso	6	P		Progiltazone HCl/Metformin	27
Omega-3 Acid Ethyl Est	21	Palbociclib	9	Progiltazone HCl/Meiformin Extended Release	27
Omeprazole	29	Paliperidone Er	16	Progiltazone/Glimepiride	27
Omeprazole OTC	29	Pamelor	15	Piroxicam	12,32
Omeprazole Rx	29	Pancreaze	30	Plan B One Step	34
Omeprazole/Bicarb	29	Pancrelipase	30	Plaquenil	8,33
		Pancrelipase	30	Plavix	18
		Panobinostat	10	Plegridy	31
		Panretin	24	Plendil	19

Pletal	18
Pneumovax 23	31
Podoflox Solution, Non-Oral	24
Poly-Pred	37
Poly-Vi-Flor	43
Poly-Vi-Flor w/Iron	43
Polymyxin B Sulfate/Trimethoprim	37
Polytrim	37
Pomalyst	10,31
Ponatinib	9
Ponstel	12,32
Posaconazole	7
Potassium	43
Potassium Bicarbonate/Citric Acid	43
Potassium Chloride	43
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