



2008 Allina Employee Prescription Drug Program

Drug Formulary

Administered by



**ALLINA HOSPITALS & CLINICS  
DRUG FORMULARY  
JANUARY 2008  
INTRODUCTION**

**A. Foreword**

This document represents the efforts of Allina Hospitals & Clinics to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Allina Hospitals & Clinics Drug Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this Formulary is a dynamic process. The Formulary is a continually reviewed and revised list of drug products. Unfortunately, this dynamic process does not allow this printed document to completely reflect updates to the Formulary at all times. To accommodate the necessary changes of this document, newsletters and updates are sent when appropriate.

The following criteria are used in the evaluation of product selection for the Allina Hospitals & Clinics Drug Formulary:

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

**B. How to Use the Drug Formulary**

The Drug Formulary is a list of preferred drug agents for Allina Hospitals & Clinics Employee Prescription Drug Program. Preferred single-source brands are listed by their most common proprietary (branded) name. **All generics in covered therapeutic categories are considered formulary; however, the Formulary only lists (in bold) several of the most common generic entities for reference purposes.**

The Drug Formulary may be accessed by either using the index, or by therapeutic drug category.

Any product not found in this Formulary listing, or any Formulary updates is normally considered to be a Non-Formulary drug. All drugs are listed in each category in ascending order of cost. The relative dollar scale, described as follows, denotes this:

\$	Least expensive
\$\$	Slightly more expensive
\$\$\$	More expensive
\$\$\$\$	Significantly more expensive
\$\$\$\$\$	Very expensive
!!!!	Highest Cost

The prices used to calculate the relative dollar scale are based on the monthly cost of therapy or cost of treatment course to allow for dosing interval differences between various products. The number of dollar signs provides a relative indication of cost and does not represent the true cost of the drug. For example, two dollar signs do not mean that a product is twice as expensive as a product with one dollar sign. The intention is to convey general information regarding costs. Economics should not be the only factor involved with any therapeutic and clinical decision process. Price comparisons are reflective of pricing and contracts available through MedImpact.

**C. Benefit Coverage and Limitations**

The Formulary does not provide information regarding the specific coverage and limitations an individual Allina employee or their dependents may have. Allina employees or their dependents may have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Drug Formulary.

The Drug Formulary applies only to outpatient drugs provided to an Allina employee or their dependents, and does not apply to medications used in inpatient settings. If an Allina employee or their dependents have any specific questions regarding their coverage, they should contact MedImpact at (800) 788-2949.

Depending upon specific benefit parameters, the following topics may apply:

**1. Generic Substitution**

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review. Multi-source drugs are added to the MAC list based on the following criteria:

- A multi-source product manufactured by at least one (1) nationally marketed company.
- There must be a significant price spread between the brand and the generic product.
- At least one (1) of the generic manufacturer's products must have an "A" rating.
- Product will be approved for generic substitution by a review committee.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:

- ◊ Dilantin
- ◊ Neoral Oral Solution
- ◊ Premarin
- ◊ Synthroid

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

If a member or physician requests a brand name product in lieu of an approved generic, based upon their coverage, the Allina employee or dependent will be charged the applicable copay. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

**2. Preferred Branded Interchange**

Certain cross-licensed or multi-source branded drug products may be excluded from coverage, or may be associated with higher copays. If an Allina employee or dependent requests a non-covered brand, they must pay the full price.

**3. Four Tier Benefit**

The Formulary is part of a four-tier benefit design, where the Allina employee or dependent shares the cost of prescription drug therapy at four levels of copayment. In most instances, generically available drugs in covered therapeutic categories will be covered under the first or lowest copay tier, and branded drugs listed on the Formulary will be covered under the second copay tier. Most branded drugs not on the formulary and multi-source branded drugs in covered therapeutic categories will be covered under the third copay tier. Designated drugs, including (but not limited to) Viagra, Cialis, Levitra, Xopenex, Provigil, Nexium, Aciphex, Lamisil, Sporanox, Androgel, Androderm, Xenical and Meridia, are covered under the fourth copay tier.

**For Allina Basic Plan Options only** all prescriptions will be subject to coinsurance, no co pays will apply. The amount that you pay will depend upon the type of drug, the pharmacy you elect to use, and the prescribed supply you request. Your entire deductible must be satisfied before your prescription drug coverage will apply toward the cost of your medications.

**4. Medication Request Process**

**A. Formulary Agents**

Drug products that are listed in the Formulary as Prior Authorization (PA) require evaluation when the Allina employee or their dependent presents a prescription to a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the Pharmacy & Therapeutics Committee, the request will not be approved and alternative therapy may be recommended.

**B. Prior Authorization Requests**

Requests for drugs requiring prior authorization, or for coverage of products not normally available may be obtained by:

1. Faxing a completed [Medication Request Form](#) to MedImpact at (858) 578-9732.
2. Contacting MedImpact at (800) 788-2949 and providing all necessary information requested.

MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed in writing to:

MedImpact Healthcare Systems, Inc.  
10680 Trenea Street Suite 500  
San Diego, CA 92131  
Attn: Appeals Coordinator

The prescriber must provide information to support the appeal on the basis of medical necessity.

Please note that requests for copay overrides are normally not approvable.

**5. Quantity Limits**

Limitations on quantity may be placed on certain products due to safety, therapeutic, or cost-effectiveness considerations. These products normally are identified by the designation (QL) after the drug name. Prescriptions for such agents exceeding the quantity limit are normally not covered. Requests for exceptions may be submitted to MedImpact via the process described in 4.B. above.

**6. General Exclusions**

- A. Over the Counter (OTC) medications or their equivalents are not covered, unless otherwise specified in the Formulary listing.
- B. Drug Products specifically listed as not covered, are not covered.
- C. Any drug products used for cosmetic purposes are not covered.
- D. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- E. Non self-administered injectable drug products, unless otherwise noted, are not covered.
- F. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.

Allina Hospitals & Clinics recognizes that not all medical needs can be met with this document and encourages inquiries about alternative therapies.

**D. Pharmacist and Physician Communication**

The Drug Formulary is a tool to promote cost-effective prescription drug use. Allina Hospitals & Clinics welcome the participation of health care providers in this dynamic process. Any suggestions or comments can be forwarded to Allina Hospitals & Clinics via the following address:

Donna Fink  
Allina Hospitals & Clinics  
Mail Route #10707  
P.O. Box 1469  
Minneapolis, MN 55440-1469

**ALLINA HOSPITALS & CLINICS 2008  
FORMULARY**

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**CHAPTER 1  
ANESTHETIC AGENTS**

\$ LIDOCAINE  
\$\$ EMLA

**CHAPTER 2  
ANTIINFECTIVE AGENTS**

**ANTIBACTERIAL SUSPENSIONS/LIQUIDS**

\$ AMOXICILLIN  
\$ CEPHALEXIN  
\$ GANTRISIN  
\$ PEDIAZOLE  
\$\$ AUGMENTIN  
\$\$ CEFZIL  
\$\$ CLEOCIN  
\$\$ DURICEF  
\$\$ SEPTRA  
\$\$ ZITHROMAX  
\$\$ CIPRO  
\$\$\$\$ FURADANTIN

**ANTIBACTERIAL CAPSULES/TABLETS**

\$ AMOXICILLIN  
\$ BACTRIM  
\$ CEPHALEXIN  
\$ CIPRO  
\$ ERYTHROMYCIN  
\$ ZITHROMAX  
\$\$ AUGMENTIN  
\$\$ MACROBID  
\$\$\$ CEFZIL  
\$\$\$ AUGMENTIN XR  
\$\$\$ KETEK  
\$\$\$ SUPRAX  
\$\$\$ ZMAX  
\$\$\$\$ LEVAQUIN

**TOPICAL AGENTS**

\$ BACTROBAN (except nasal)  
\$\$ NIZORAL SHAMPOO

**ORAL ANTIFUNGAL AGENTS**

\$ FLUCONAZOLE (QL = 300mg/month)  
\$ NYSTATIN  
\$\$ MYCELEX TROCHES  
\$\$\$ GRIFULVIN V  
HEPATITIS C  
\$\$\$ COPEGUS  
\$\$\$ RIBAVIRIN  
\$\$\$\$ REBETOL (solution)  
!!!! PEGASYS

**HIV/AIDS**

!!!! All HIV/AIDS drugs are Formulary

**OTHER ANTIVIRAL AGENTS**

\$ ACYCLOVIR  
\$\$ FLUMADINE  
\$\$\$ CYTOVENE  
\$\$\$ RELENZA  
\$\$\$ TAMIFLU CAPSULES  
!!!! EPIVIR HBV  
!!!! VALCYTE

**TOPICAL ANTIVIRAL AGENTS**

\$\$\$ ZOVIRAX OINTMENT  
**AMEBICIDES**

\$ METRONIDAZOLE  
\$\$ YODOXIN

**ANTITUBERCULOSIS AGENTS**

\$\$\$ PRIFTIN  
!!!! MYCOBUTIN

**PLASMODICIDES**

\$ DARAPRIM  
\$ FANSIDAR  
\$ PRIMAQUINE  
\$\$\$ LARIAM  
\$\$\$\$ MALARONE  
!!!! HALFAN

**SULFONES**

\$ DAPSONE

**ANTHELMINTIC AGENTS**

\$ MINTEZOL  
\$ VERMOX  
\$\$ STROMECTOL

**AMINOGLYCOSIDES**

!!!! TOBI (PA)

**OTHER ANTIINFECTIVE AGENTS**

\$\$\$ FUROXONE  
!!!! MEPRON  
!!!! NEBUPENT  
!!!! VANCOCIN  
!!!! ZYVOX (PA)

**CHAPTER 3  
ONCOLOGY AGENTS**

**ALKYLATING AGENTS**

\$ ALKERAN  
\$ DROXIA  
\$ HEXALEN  
\$ LEUKERAN  
\$\$\$ MYLERAN  
!!!! TEMODAR

**ANTIMETABOLITE AGENTS**

\$ METHOTREXATE  
\$\$\$ PURINETHOL  
\$\$\$ THIIOUANINE  
!!!! XELODA

**ANDROGEN AGENTS**

\$\$\$ EMCYT  
\$\$\$\$ TESLAC

**ANTIESTROGEN AGENTS**

\$ TAMOXIFEN  
\$ SOLTAMOX  
\$\$\$\$ AROMASIN  
\$\$\$\$ FARESTON  
\$\$\$\$ FEMARA

**ANTIANDROGEN AGENTS**

\$\$\$\$ ARIMIDEX  
\$\$\$\$ CASODEX  
\$\$\$\$ NILANDRON

**IMMUNOSUPPRESSANT AGENTS**

\$ PREDNISONE  
\$\$\$\$ CYCLOSPORINE MODIFIED  
\$\$\$\$ NEORAL  
\$\$\$\$ SANDIMMUNE  
\$\$\$\$ PROGRAF  
\$\$\$\$ RAPAMUNE  
!!!! CELLCEPT

**MISCELLANEOUS ONCOLOGY AGENTS**

\$ MATULANE  
\$ AGRYLIN  
\$ REVLIMID  
\$\$\$ SANDOSTATIN  
\$\$\$\$ LYSODREN  
\$\$\$\$ IRESSA  
\$\$\$\$ SPRYCEL  
\$\$\$\$ SUTENT  
\$\$\$\$ ZOLINZA  
!!!! BEXXAR  
!!!! GLEEVEC  
!!!! LUPRON  
!!!! OCTREOTIDE ACETATE  
!!!! TARGRETIN  
!!!! VEPESID  
!!!! VESANOID

**CHAPTER 4  
CARDIOVASCULAR AGENTS**

**CALCIUM CHANNEL BLOCKING AGENTS**

\$ DILTIAZEM  
\$ VERAPAMIL  
\$ NORVASC  
\$\$\$\$ NIMOTOP

**DIURETIC AGENTS**

\$ EDECRIN  
\$ FUROSEMIDE  
\$ HCTZ  
\$ SPIRONOLACTONE

**BETA BLOCKER AGENTS**

\$ ATENOLOL  
\$ COREG  
\$ TOPROL XL  
\$\$\$ INDERAL LA

**ACE INHIBITOR AGENTS**

\$ ENALAPRIL  
\$ LISINAPRIL  
\$ QUINAPRIL

**ANGIOTENSIN II RECEPTOR ANTAGONIST AGENTS**

\$\$\$ COZAAR  
\$\$\$\$ DIOVAN

**COMBINATION AGENTS**

\$ ENALAPRIL/HCTZ  
\$ LISINAPRIL/HCTZ  
\$\$\$\$ BIDIL  
\$\$\$\$ CADUET  
\$\$\$\$ DIOVAN HCT  
\$\$\$\$ HYZAAR  
\$\$\$\$ LOTREL

**PHEOCHROMOCYTOMA AGENTS**

\$\$\$ DIBENZYLIN

**ANTIDYSRHYTHMIC AGENTS**

\$ PROCAINAMIDE  
\$\$\$ BETAPACE AF  
\$\$\$\$ TIKOSYN

**OTHER CARDIOVASCULAR AGENTS**

!!!! PROAMATINE  
!!!! TRACLEER

**LIPID REDUCING AGENTS**

\$ GEMFIBROZIL  
\$ LOVASTATIN  
\$ PRAVACHOL  
\$ ZOCOR  
\$\$\$ ADVICOR  
\$\$\$ ALTOPREV  
\$\$\$ ANTARA  
\$\$\$ COLESTID  
\$\$\$ CRESTOR  
\$\$\$ LIPITOR  
\$\$\$ NIASPAN  
\$\$\$ TRIGLIDE  
\$\$\$ VYTORIN  
\$\$\$ ZETIA  
\$\$\$\$ TRICOR

**CHAPTER 5  
AUTONOMIC AND CNS AGENTS**

**NARCOTIC AGENTS**

\$ DARVON COMPD 32 & 65  
\$ OXYCODONE/APAP  
\$ TYLENOL w/CODEINE  
\$ VICODIN

\$\$\$ TRAMADOL

\$\$\$ ACTIQ

\$\$\$ DURAGESIC

\$\$\$ ULTRAM ER

!!!! OXYCONTIN (QL = two/day)

**OPIOID DEPENDENCE**

\$\$\$ SUBOXONE

\$\$\$ SUBUTEX

**ANTIMIGRAINE AGENTS**

\$ MIDRIN

\$\$\$ CAFERGOT

\$\$\$ INDERAL LA

\$\$\$\$ D.H.E. 45

\$\$\$\$\$ IMITREX (QL = 9 tablets, 6 nasal sprays, 2 injections/month)

\$\$\$\$\$ MAXALT, MLT (QL)

**SEDATIVE AGENTS**

\$ TRIAZOLAM

\$\$\$ AMBIEN & CR (QL = 15/month)

**ANTIMANIA AGENTS**

\$ LITHIUM

**ANTICONVULSANT AGENTS**

\$ CARBAMAZEPINE (except Carbatrol)  
 \$ DILANTIN  
 \$\$\$ CELONTIN  
 \$\$\$ MYSOLINE  
 \$\$\$ NEURONTIN  
 \$\$\$ TEGRETOL XR  
 \$\$\$ ZARONTIN  
 \$\$\$ ZONEGRAN  
 \$\$\$\$ GABITRIL  
 \$\$\$\$ MEBARAL  
 \$\$\$\$ DEPAKOTE (various forms)  
 \$\$\$\$ EQUETRO  
 !!!!! DIASTAT (QL = 1/month)  
 !!!!! FELBATOL  
 !!!!! KEPPRA  
 !!!!! LAMICTAL  
 !!!!! PEGANONE  
 !!!!! TOPAMAX  
 !!!!! TRILEPTAL

**ANTIDEPRESSANT AGENTS**  
 \$ CELEXA  
 \$ FLUOXETINE (except Sarafem, Prozac Weekly)  
 \$ ZOLOFT  
 \$\$ MIRTAZAPINE  
 \$\$ NARDIL  
 \$\$ PAXIL  
 \$\$ VIVACTIL  
 \$\$\$ NEFAZODONE  
 \$\$\$ PARNATE  
 \$\$\$\$ LEXAPRO  
 \$\$\$\$ WELLBUTRIN SR  
 \$\$\$\$ EFFEXOR XR (QL for efficient dosing)  
 \$\$\$\$ PAXIL CR

**ANTIVERTIGO/ANTIEMETIC AGENTS**  
 \$ COMPAZINE  
 \$\$\$\$ ZOFRAN/ ODT (QL = 12/month)  
 !!!!! EMEND (QL)  
 !!!!! KYTRIL (QL = 8/month)  
 !!!!! MARINOL

**ANTIPARKINSONIAN AGENTS**  
 \$ BENZTROPINE  
 \$ LEVADOPA AND CARBIDOPA (except Parcopa)  
 !!!!! AKINETON  
 !!!!! APOKYN  
 !!!!! COMTAN  
 !!!!! MIRAPEX  
 !!!!! REQUIP  
 !!!!! STALEVO  
 !!!!! TASMAR

**ANTIPSYCHOTIC AGENTS**  
 \$ THIORIDAZINE  
 \$\$\$ CLOZAPINE  
 \$\$\$ HALOPERIDOL LACTATE 5MG/ML  
 !!!!! ABILIFY/-DISCMELT  
 !!!!! GEODON  
 !!!!! MOBAN  
 !!!!! RISPERDAL/-CONSTA  
 !!!!! SEROQUEL  
 !!!!! ZYPREXA

**CNS STIMULANTS/ADHD AGENTS**

\$ ADDERALL  
 \$ DEXTROAMPHETAMINE  
 \$ METHYLPHENIDATE  
 \$\$\$\$ ADDERALL XR (QL = 1/day, AGE < 19)  
 \$\$\$\$ CONCERTA (QL = 1/day, AGE < 19)  
 \$\$\$\$ METADATE CD

**ANTIDEMENTIA AGENTS**  
 !!!!! ARICEPT & ODT  
 !!!!! EXELON  
 !!!!! NAMENDA

**MULTIPLE SCLEROSIS AGENTS**  
 !!!!! AVONEX  
 !!!!! BETASERON  
 !!!!! COPAXONE  
 !!!!! REBIF

**CHAPTER 6****DERMATOLOGY AGENTS****TOPICAL CORTICOSTEROIDS AGENTS**

**GROUP I – VERY HIGH POTENCY**  
 \$\$ BETAMETHASONE (AUGMENTED)  
 \$\$ ULTRAVATE

**GROUP II – HIGH POTENCY**  
 \$ LIDEX  
 \$ VANOS  
 \$\$ DIPROLENE AF  
 \$\$ DIPROSONE

**GROUP III – MEDIUM POTENCY**  
 \$ TRIAMCINOLONE  
 \$\$ CUTIVATE  
 \$\$ DERMATOP  
 \$\$ ELOCON

**GROUP IV – LOW POTENCY**  
 \$ HYDROCORTISONE

**ACNE AGENTS**

\$ ERYTHROMYCIN  
 \$\$ KLARON  
 \$\$ METROCREAM  
 \$\$ METROLOTION  
 \$\$\$ BENZACLIN  
 \$\$\$ BENZAMYCIN  
 \$\$\$ DUAC  
 \$\$\$ METROGEL  
 \$\$\$ NUOX  
 \$\$\$ RETIN-A (age < 26)  
 \$\$\$ RETIN A MICRO (age < 26)  
 \$\$\$ SULFOXYL  
 \$\$\$\$ DIFFERIN (age < 26)  
 \$\$\$\$ ACCUTANE

**KERATOLYTIC AGENTS**

\$ CONDYLOX  
 \$\$\$ PODOCON-25

**PSORIASIS/EZEMA AGENTS**  
 \$ METHOTREXATE  
 \$\$ CAPITROL SHAMPOO  
 \$\$\$\$ ELIDEL (QL = 100g/month)  
 \$\$\$\$ PROTOPIC (QL = 60g/month)  
 \$\$\$\$ TAZORAC  
 !!!!! DOVONEX

**MISCELLANEOUS ORAL DERMATOLOGY AGENTS**

!!!! OXSORALEN-ULTRA

**MISCELLANEOUS TOPICAL DERMATOLOGY AGENTS**

\$ DRY SOL  
 \$\$ GRANULEX  
 \$\$\$\$ EFUDEX  
 \$\$\$\$ SANTYL  
 !!!!! ALDARA  
 !!!!! PANRETIN  
 !!!!! REGRANEX

**SCABICIDES**

\$ EURAX  
 \$ LINDANE  
 \$\$\$\$ OVIDE

**CHAPTER 7****EAR/NOSE/THROAT AGENTS****EAR AGENTS**

\$ CORTISPORIN  
 \$\$ FLOXIN  
 \$\$ PEDIOTIC  
 \$\$\$ CIPRO HC  
 \$\$\$ CIPRODEX

**NASAL STEROIDS**

\$ FLUNISOLIDE  
 \$\$\$ BECONASE AQ  
 \$\$\$ FLONASE  
 \$\$\$ NASACORT AQ  
 \$\$\$ NASONEX

**MOUTH/THROAT AGENTS**

!!!! EVOXAC  
 !!!!! PILOCARPINE

**CHAPTER 8****ENDOCRINE AGENTS****INSULIN AGENTS**

All insulins in vials, syringes and cartridges are covered. Pens are limited to two per year.

**ORAL HYPOGLYCEMIC AGENTS**

\$ AMARYL  
 \$ GLUCOTROL XL  
 \$ METFORMIN  
 \$\$ GLUCOVANCE  
 \$\$ GLYSET  
 \$\$\$\$ PRANDIN  
 \$\$\$\$ PRECOSE

**INSULIN SENSITIZERS**

!!!! ACTOS  
 !!!!! AVANDIA

**MISCELLANEOUS DIABETES AGENTS**

\$ DUETACT

**GLUCOCORTICOID AGENTS**

\$ DEXAMETHASONE  
 \$\$ HYDROCORTISONE

**THYROID SUPPLEMENT AGENTS**

\$ CYTOMEL  
 \$ SYNTHROID

**MISCELLANEOUS ENDOCRINE AGENTS**

\$\$\$\$ CYTADREN  
 !!!!! DDAVP (PA)  
 !!!!! STIMATE (PA)

**OSTEOPOROSIS AGENTS**

\$\$\$ MIACALCIN  
 \$\$\$\$ DIDRONEL

\$\$\$\$ ACTONEL & W/Ca  
 \$\$\$ EVISTA  
 \$\$\$ FOSAMAX & PLUS D

**CHAPTER 9****GASTROINTESTINAL AGENTS****PROTON PUMP INHIBITORS**

\$ PRILOSEC OTC (1<sup>st</sup> tier)  
 \$\$ OMEPRAZOLE  
 \$\$\$\$ PROTONIX (QL = 1/day)  
 \$\$\$\$ PREVACID SOLUTABS (QL = 1/day) note: Caps not covered

**H. PYLORI AGENTS**

\$\$\$\$ PREVPAC (QL = 1/month)  
 !!!!! HELIDAC

**MISCELLANEOUS GASTROINTESTINAL AGENTS**

\$ FAMOTIDINE  
 \$ RANITIDINE  
 \$\$ ANALPRAM-HC  
 \$\$ CORTIFOAM  
 \$\$ MIRALAX POWDER  
 \$\$ PROCTOFOAM-HC  
 \$\$ SUCRALFATE  
 \$\$\$\$ URSODIOL  
 \$\$\$\$ ROWASA  
 !!!!! ASACOL  
 !!!!! CREON  
 !!!!! DIPENTUM  
 !!!!! PANCREASE  
 !!!!! ULTRASE

**CHAPTER 10****IMMUNOLOGICAL AND VACCINE AGENTS**

All immunoglobulins, immune serums, toxoids, interferons and vaccines are formulary.

**IMMUNOMODULATORS**

!!!! ALFERON  
 !!!!! INTRON-A  
 !!!!! ROFERON-A

**VACCINES**

\$ FLUARIX  
 \$ FLUMIST  
 \$ FLUVIRIN  
 \$\$ FLUZONE  
 \$\$\$ GARDASIL  
 !!!!! INFLUENZA

**MYELOID STIMULANTS**

!!!! NEULASTA  
 !!!!! NEUPOGEN

**ERYTHROID STIMULANTS**

!!!! ARANESP  
 !!!!! EPOGEN  
 !!!!! PROCRIT

**INTERLEUKIN AGENTS**

!!!! PROLEKIN

**CHAPTER 11****MUSCULOSKELETAL AGENTS****COX-II INHIBITORS**

\$\$\$ CELEBREX (PA, QL = 2/day)

**ARTHRITIS AGENTS**

\$ DICLOFENAC  
 \$ METHOTREXATE  
 \$ SALSALATE  
 \$\$\$ CUPRIMINE

!!!! ARAVA  
 !!!! DEPEN TITRATABS  
 !!!! ENBREL  
 !!!! HUMIRA  
 !!!! KINERET  
 !!!! ORENCIA  
 !!!! REMICADE  
 !!!! RIDAURA  
**SKELTAL MUSCLE RELAXANT AGENTS**  
 \$ DIAZEPAM  
 \$ SOMA  
 \$\$ ZANAFLEX  
 !!!! DANTRIUM  
**CNS AGENTS**  
 !!!! RILUTEK

**CHAPTER 12  
 NUTRITION, BLOOD MODIFIERS, AND  
 ELECTROLYTE AGENTS**

All prenatal vitamins are Formulary. Multi-vitamins are available OTC, and are non-formulary unless otherwise specified.

**VITAMIN AGENTS**

\$ NEPHROCAPS  
 \$ SIDEROL  
 \$\$ CARNITOR  
 \$\$ PHOSLO  
 \$\$ VITAFOL  
 !!!! POTABA

**POTASSIUM AGENTS**

\$\$ K-LYTE (CL and DS)  
 \$\$ POTASSIUM CHLORIDE  
**ORAL ANTICOAGULANT AGENTS**

\$ MEPHYTON  
 \$ WARFARIN

**HEPARIN AND RELATED PRODUCTS**

!!!! ARIXTRA  
 !!!! FRAGMIN  
 !!!! LOVENOX

**ANTI-PLATELET AGENTS**

\$\$ TICLOPIDINE  
 !!!! PLAVIX

**HEMOSTATIC AGENTS**

!!!! GELFOAM

**BLOOD DETOXICANT AGENTS**

!!!! RENAGEL

**CHAPTER 13  
 OB/GYN AND HORMONE AGENTS**

**ENDOMETRIOSIS AGENTS**

\$\$\$\$ SYNAREL

**VAGINAL AGENTS**

\$\$ CLINDAMYCIN VAGINAL  
 \$\$ METROGEL VAGINAL

**ANDROGEN AGENTS**

\$\$\$ METHITEST  
 \$\$\$\$ ANDROID  
 \$\$\$\$ FLUOXYMESTERONE  
 \$\$\$\$\$ TESTIM  
 \$\$\$\$\$ TESTRED

**ESTROGEN AGENTS**

\$ ESTRACE  
 \$\$ ALORA  
 \$\$ CLIMARA  
 \$\$ PREMARIN  
 \$\$\$ VIVELLE (including DOT)  
 \$\$\$\$ ESTRATEST (including HS)

\$\$\$\$ ESTRING (QL)  
**ESTROGEN/PROGESTIN COMBINATION  
 AGENTS**

\$\$\$ COMBIPATCH  
 \$\$\$ FEMHRT  
 \$\$\$ PREMPHASE  
 \$\$\$ PREMPRO

**PROGESTIN AGENTS**

\$ PROVERA  
 \$\$ PROMETRIUM  
 !!!! CRINONE

**ORAL CONTRACEPTIVE AGENTS**

\$\$ ORTHO-NOVUM PRODUCTS (ALL)  
 \$\$ PLAN B (QL = 6/month)  
 \$\$ SEASONIQUE  
 \$\$ YASMIN  
 \$\$\$ YAZ  
 \$\$\$ OVRETTE  
 \$\$\$\$ ESTROSTEP FE

**CONTRACEPTIVES – MISCELLANEOUS**

\$\$\$ DIAPHRAGMS  
 \$\$\$ NUVARING  
 \$\$\$ ORTHO EVRA  
 \$\$\$\$\$ DEPO-PROVERA

**OXYTOCIC AGENTS**

\$ METHERGINE

**INFERTILITY AGENTS**

\$ CLOMIPHENE  
 !!!! CETROTIDE  
 !!!! FERTINEX  
 !!!! GONAL-F  
 !!!! MENOPUR  
 !!!! PROFASI  
 !!!! REPRONEX

**CHAPTER 14  
 OPHTHALMIC AGENTS**

**TOPICAL ANTIBACTERIAL AGENTS**

\$ ERYTHROMYCIN  
 \$ GENTAMICIN  
 \$ NEOSPORIN  
 \$\$ CILOXAN  
 \$\$ OCUFLOX  
 \$\$ QUIXIN  
 \$\$ TOBRAMYCIN

**TOPICAL ANTIVIRAL AGENTS**

\$\$\$ VIROPTIC  
**TOPICAL CORTICOSTEROID AGENTS**

\$ DEXAMETHASONE  
 \$ PREDNISOLONE  
 \$\$ FML-FORTE  
 \$\$ LOTEMAX (excluding Alrex)

**ANTIBACTERIAL/CORTICOSTEROID  
 COMBINATION AGENTS**

\$ CORTISPORIN  
 \$\$ BLEPHAMIDE  
 \$\$ FML-S  
 \$\$ POLY-PRED  
 \$\$\$ TOBRADEX

**ORAL ANTIGLAUCOMA AGENTS**

\$ ACETAZOLAMIDE  
 \$\$\$\$ OSMOGLYN  
**TOPICAL BETA BLOCKING AGENTS**  
 \$\$ BETAXOLOL  
**TOPICAL ANTIGLAUCOMA AGENTS**  
 \$ PILOCARPINE

\$\$ CARBACHOL  
 \$\$\$ ALPHAGAN (including P)

\$\$\$ AZOPT  
 \$\$\$ PHOSPHOLINE IODINE  
 \$\$\$ TRAVATAN  
 \$\$\$ TRUSOPT  
 \$\$\$ XALATAN  
 \$\$\$\$ COSOPT  
 \$\$\$\$ IOPIDINE  
 \$\$\$\$ LUMIGAN  
 \$\$\$\$\$ PILOCARPINE HS  
**MISCELLANEOUS OPHTHALMIC AGENTS**  
 \$\$\$ ALOMIDE  
 \$\$\$ OPTIVAR  
 \$\$\$ VOLTAREN DROPS  
 \$\$ ZADITOR  
 \$\$\$\$ PATANOL  
 !!!! RESTASIS

**CHAPTER 15  
 RESPIRATORY/ASTHMA AGENTS**

**BETA-2 MDI AGENTS**

\$\$ ALBUTEROL (including HFA products)  
 \$\$ TERBUTALINE  
 \$\$\$ VENTOLIN HFA  
 \$\$\$\$ XOPENEX MDI  
 \$\$\$\$\$ FORADIL

**BETA-2 AGENTS**

\$\$\$\$\$ ADVAIR (including HFA)  
 \$\$\$\$\$ SEREVENT DISKUS  
 \$\$\$\$\$ XOPENEX

**THEOPHYLLINE PRODUCTS**

\$ THEOPHYLLINE

**MISCELLANEOUS ASTHMA AGENTS**

\$\$ INTAL INHALER  
 \$\$\$\$ COMBIVENT  
 \$\$\$\$\$ TILADE

**PULMONARY ANTI-INFLAMMATORY  
 AGENTS**

\$\$ QVAR  
 \$\$\$\$ AZMACORT  
 \$\$\$\$ FLOVENT HFA  
 \$\$\$\$\$ PULMICORT RESPULES (only)

**LEUKOTRIENE MODIFIERS**

\$\$\$\$ SINGULAIR

**ANTI-HISTAMINE AGENTS**

\$ ALLERGY RELIEF & D12 (OTC)  
 \$ ATARAX  
 \$ CLARITIN OTC  
 \$ DIPHENHYDRAMINE  
 \$ LORATA-D (OTC)  
 \$ LORATADINE (OTC) VARIOUS  
 \$\$\$ ASTELIN

**ANTI-HISTAMINE/DECONGESTANT  
 COMBINATION AGENTS**

\$ CLARITIN D OTC  
 \$\$\$ ALLEGRA-D & 24HR

**NARCOTIC ANTI-TUSSIVE AGENTS**

\$ PHENERGAN WITH CODEINE  
 \$\$ TUSSIONEX

**EXPECTORANT AGENTS**

\$ SSKI

**MISCELLANEOUS RESPIRATORY/ASTHMA  
 AGENTS**

\$\$\$ ATROVENT HFA INHALER  
 \$\$\$\$ EPIPEN (QL = 1/month)

!!!! PULMOZYME

**CHAPTER 16  
 UROLOGICAL AND MALE HEALTH AGENTS**

**ANTICHOLINERGIC AGENTS**

\$ OXYBUTYNIN

\$\$\$ URISPAS

\$\$\$\$ DETROL (including LA)

**ERECTILE DYSFUNCTION AGENTS**

!!!! ALPROSTADIL (QL = 12/month)

**MISCELLANEOUS UROLOGICAL AND MALE  
 HEALTH AGENTS**

\$\$\$ RIMSO 50

!!!! ELMIRON

**CHAPTER 17  
 DIAGNOSTIC AND MISCELLANEOUS  
 AGENTS**

!!!! CHEMET

**CHAPTER 18  
 MEDICAL SUPPLIES**

**DIABETIC SUPPLIES**

ALL ACCU-CHEK, CHEMSTRIP, ONE TOUCH, SURESTEP, AND TRACER BG METERS AND TEST STRIPS. INSULIN PUMPS ARE COVERED.  
 IV ADMINISTRATION SET—QUICK RELEASE SOFT TEFLON AEROCHAMBERS

**A**

ACCU-CHEK .....	5
<b>ACCUTANE</b> .....	4
ACE INHIBITOR AGENTS .....	3
<b>ACETAZOLAMIDE</b> .....	5
<b>ACLOVATE</b> .....	4
ACNE AGENTS .....	4
<b>ACTIQ</b> .....	3
ACTONEL & W/Ca .....	4
ACTOS .....	4
<b>ACYCLOVIR</b> .....	3
<b>ADDERALL</b> .....	4
ADDERALL XR .....	4
ADVAIR .....	5
ADVICOR .....	3
<b>AGRYLIN</b> .....	3
AKINETON .....	4
<b>ALBUTEROL</b> .....	5
ALDARA .....	4
ALFERON .....	4
ALKERAN .....	3
ALKYLATING AGENTS .....	3
ALLEGRA-D & 24HR .....	5
<b>ALLERGY RELIEF &amp; D12</b> .....	5
ALOMIDE .....	5
<b>ALORA</b> .....	5
<b>ALPHAGAN</b> .....	5
ALPROSTADIL .....	5
ALTOPREV .....	3
AMARYL .....	4
AMBIEN & CR .....	3
AMEBICIDES .....	3
AMINOGLYCOSIDES .....	3
<b>AMOXICILLIN</b> .....	3
<b>ANALPRAM-HC</b> .....	4
ANDROGEN AGENTS .....	3, 5
<b>ANDROID</b> .....	5
ANGIOTENSIN II RECEPTOR ANTAGONIST AGENTS .....	3
ANTARA .....	3
ANTHELMINTIC AGENTS .....	3
ANTIANDROGEN AGENTS .....	3
ANTIBACTERIAL CAPSULES/TABLETS .....	3
ANTIBACTERIAL SUSPENSIONS/LIQUIDS .....	3
ANTIBACTERIAL/CORTICOSTEROID COMBINATION AGENTS .....	5
ANTICHOLINERGIC AGENTS .....	5
ANTICONVULSANTS AGENTS .....	4
ANTIDEMENTIA AGENTS .....	4
ANTIDEPRESSANT AGENTS .....	4
ANTIDYSRHYTHMIC AGENTS .....	3
ANTIESTROGEN AGENTS .....	3
ANTIHISTAMINE AGENTS .....	5
ANTIHISTAMINE/DECONGESTANT COMBINATION AGENTS .....	5
ANTIMANIA AGENTS .....	3
ANTIMETABOLITE AGENTS .....	3
ANTIMIGRAINE AGENTS .....	3
ANTIPARKINSONIAN AGENTS .....	4
ANTI-PLATELET AGENTS .....	5
ANTI-PSYCHOTIC AGENTS .....	4
ANTITUBERCULOSIS AGENTS .....	3
ANTIVERTIGO/ANTIEMETIC AGENTS .....	4
APOKYN .....	4
ARANESP .....	4
ARAVA .....	5
ARICEPT & ODT .....	4
ARIMIDEX .....	3

ARIXTRA .....	5
AROMASIN .....	3
ARTHRITIS AGENTS .....	5
ASACOL .....	4
ASTELIN .....	5
<b>ATARAX</b> .....	5
<b>ATENOLOL</b> .....	3
ATROVENT HFA INHALER .....	5
<b>AUGMENTIN</b> .....	3
AVANDIA .....	4
AVONEX .....	4
AZMACORT .....	5
AZOPT .....	5

**B**

<b>BACTRIM</b> .....	3
<b>BACTROBAN</b> .....	3
BECONASE AQ .....	4
BENZAFLIN .....	4
BENZAMYCIN .....	4
<b>BENZTROPINE</b> .....	4
BETA BLOCKER AGENTS .....	3
BETA-2 AGENTS .....	5
BETA-2 MDI AGENTS .....	5
<b>BETAMETHASONE</b> .....	4
<b>BETAPACE AF</b> .....	3
BETASERON .....	4
<b>BETAXOLOL</b> .....	5
BEXXAR .....	3
BIDIL .....	3
BLEPHAMIDE .....	5
BLOOD DETOXICANT AGENTS .....	5

**C**

CADUET .....	3
<b>CAFERGOT</b> .....	3
CALCIUM CHANNEL BLOCKING AGENTS .....	3
CAPITROL SHAMPOO .....	4
<b>CARBACHOL</b> .....	5
<b>CARBAMAZEPINE</b> .....	4
<b>CARNITOR</b> .....	5
CASODEX .....	3
<b>CEFZIL</b> .....	3
CELEBREX .....	4
<b>CELEXA</b> .....	4
CELLCEPT .....	3
CELONTIN .....	4
<b>CEPHALEXIN</b> .....	3
CETROTIDE .....	5
CHAPTER 1 – ANESTHETIC AGENTS .....	3
<b>CHAPTER 10 – IMMUNOLOGICAL AND VACCINE AGENTS</b> .....	4
<b>CHAPTER 11 – MUSCULOSKELETAL AGENTS</b> .....	4
<b>CHAPTER 12 – NUTRITION, BLOOD MODIFIERS, AND ELECTROLYTE AGENTS</b> .....	5
<b>CHAPTER 13 – OB/GYN AND HORMONE AGENTS</b> .....	5
<b>CHAPTER 14 – OPHTHALMIC AGENTS</b> .....	5
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<b>CHAPTER 16 – UROLOGICAL AND MALE HEALTH AGENTS</b> .....	5
<b>CHAPTER 17 – DIAGNOSTIC AND MISCELLANEOUS AGENTS</b> .....	5
<b>CHAPTER 18 – MEDICAL SUPPLIES</b> .....	5
CHAPTER 2 – ANTIINFECTION AGENTS .....	3
<b>CHAPTER 3 – ONCOLOGY AGENTS</b> .....	3

<b>CHAPTER 4 – CARDIOVASCULAR AGENTS</b> .....	3
<b>CHAPTER 5 – AUTONOMIC AND CNS AGENTS</b> .....	3
<b>CHAPTER 6 – DERMATOLOGY AGENTS</b> .....	4
CHAPTER 7 – EAR/NOSE/THROAT AGENTS .....	4
<b>CHAPTER 8 – ENDOCRINE AGENTS</b> .....	4
<b>CHAPTER 9 – GASTROINTESTINAL AGENTS</b> .....	4
CHEMET .....	5
CHEMSTRIP .....	5
<b>CILOXAN</b> .....	5
<b>CIPRO</b> .....	3
CIPRO HC .....	4
CIPRODEX .....	4
<b>CLARITIN D OTC</b> .....	5
<b>CLARITIN OTC</b> .....	5
CLEOCIN .....	3
<b>CLIMARA</b> .....	5
<b>CLINDAMYCIN VAGINAL</b> .....	5
<b>CLOMIPHENE</b> .....	5
<b>CLOZAPINE</b> .....	4
CNS AGENTS .....	5
CNS STIMULANTS/ADHD AGENTS .....	4
<b>COLESTID</b> .....	3
COMBINATION AGENTS .....	3
COMBIPATCH .....	5
COMBIVENT .....	5
<b>COMPAZINE</b> .....	4
COMTAN .....	4
CONCERTA .....	4
<b>CONDYLOX</b> .....	4
CONTRACEPTIVES – MISCELLANEOUS .....	5
COPAXONE .....	4
COPEGUS .....	3
COREG .....	3
CORTIFOAM .....	4
<b>CORTISPORIN</b> .....	4, 5
COOPT .....	5
COX-II INHIBITORS .....	4
COZAAR .....	3
<b>CREON</b> .....	4
CRESTOR .....	3
<b>CRINONE</b> .....	5
CUPRIMINE .....	5
<b>CUTIVATE</b> .....	4
<b>CYCLOSPORINE MODIFIED</b> .....	3
CYTADREN .....	4
CYTOMEL .....	4
<b>CYTOVENE</b> .....	3

**D**

<b>D.H.E. 45</b> .....	3
<b>DANTRIUM</b> .....	5
DAPSONE .....	3
DARAPRIM .....	3
<b>DARVON CPD 32 &amp; 65</b> .....	3
<b>DEPAKOTE</b> .....	4
DEPEN TITRATABS .....	5
DEPO-PROVERA .....	5
<b>DERMATOP</b> .....	4
DETROL .....	5
<b>DEXAMETHASONE</b> .....	4, 5
<b>DEXTROAMPHETAMINE</b> .....	4
DIABETIC SUPPLIES .....	5
DIAPHRAGMS .....	5
DIASTAT .....	4
<b>DIAZEPAM</b> .....	5
DIBENZYLIN .....	3
<b>DICLOFENAC</b> .....	5
<b>DIDRONEL</b> .....	4
DIFFERIN .....	4

<b>DILANTIN</b> .....	4
<b>DILTIAZEM</b> .....	3
DIOVAN .....	3
DIOVAN HCT .....	3
DIPENTUM .....	4
<b>DIPHENHYDRAMINE</b> .....	5
<b>DIPROLENE AF</b> .....	4
<b>DIPROSONE</b> .....	4
DIURETIC AGENTS .....	3
DOVONEX .....	4
DROXIA .....	3
<b>DRYSOL</b> .....	4
DUAC .....	4
DUETACT .....	4
<b>DURAGESIC</b> .....	3
<b>DURICEF</b> .....	3

**E**

EAR AGENTS .....	4
EDECIN .....	3
EFFEXOR XR .....	4
<b>EFUDEX</b> .....	4
ELIDEL .....	4
ELMIRON .....	5
<b>ELOCON</b> .....	4
EMCYT .....	3
EMEND .....	4
<b>EMLA</b> .....	3
<b>ENALAPRIL</b> .....	3
<b>ENALAPRIL/HCTZ</b> .....	3
ENBREL .....	5
ENDOMETRIOSIS AGENTS .....	5
EPIPEN .....	5
EPIVIR HBV .....	3
EPOGEN .....	4
ERECTILE DYSFUNCTION AGENTS .....	5
ERYTHROID STIMULANTS .....	4
<b>ERYTHROMYCIN</b> .....	3, 4, 5
ESTRACE .....	5
<b>ESTRATEST</b> .....	5
ESTRING .....	5
ESTROGEN AGENTS .....	5
ESTROGEN/PROGESTIN COMBINATION AGENTS .....	5
ESTROSTEP FE .....	5
EURAX .....	4
EVISTA .....	4
EVOXAC .....	4
EXELON .....	4
EXPECTORANT AGENTS .....	5

**F**

<b>FAMOTIDINE</b> .....	4
FANSIDAR .....	3
FARESTON .....	3
FELBATOL .....	4
FEMARA .....	3
FEMHRT .....	5
FERTINEX .....	5
<b>FLONASE</b> .....	4
FLOVENT .....	5
FLOXIN .....	4
<b>FLUCONAZOLE</b> .....	3
<b>FLUMADINE</b> .....	3
FLUMIST .....	4
<b>FLUNISOLIDE</b> .....	4
<b>FLUOXETINE</b> .....	4

<b>FLUOXYMESTERONE</b> .....	5
<b>FML-FORTE</b> .....	5
FML-S.....	5
FORADIL.....	5
FOSAMAX & PLUS D.....	4
FRAGMIN.....	5
FURADANTIN.....	3
<b>FUROSEMIDE</b> .....	3
FUROXONE.....	3

## G

GABATRIL.....	4
GANTRISIN.....	3
GARDASIL.....	4
<b>GELFOAM</b> .....	5
<b>GEMFIBROZIL</b> .....	3
<b>GENTAMICIN</b> .....	5
GEODON.....	4
GLEEVEC.....	3
GLUCOCORTICOID AGENTS.....	4
<b>GLUCOVANCE</b> .....	4
<b>GLULCOTROL XL</b> .....	4
GLYSET.....	4
<b>GRANULEX</b> .....	4
GRIFULVIN V.....	3

## H

<i>H. PYLORI</i> AGENTS.....	4
HALFAN.....	3
<b>HALOPERIDOL LACTATE</b> .....	4
<b>HCTZ</b> .....	3
HELIDAC.....	4
HEMOSTATIC AGENTS.....	5
HEPARIN AND RELATED PRODUCTS.....	5
HEPATITIS C.....	3
HEXALEN.....	3
HIV/AIDS.....	3
HUMIRA.....	5
<b>HYDROCORTISONE</b> .....	4
HYZAAR.....	3

## I

IMITREX.....	3
<b>IMMUNOMODULATORS</b> .....	4
IMMUNOSUPPRESSANT AGENTS.....	3
INDERAL LA.....	3
INFERTILITY AGENTS.....	5
INFLUENZA.....	4
INSULIN AGENTS.....	4
INSULIN PUMPS.....	5
INSULIN SENSITIZERS.....	4
<b>INTAL INHALER</b> .....	5
INTERLEUKIN AGENTS.....	4
INTRON-A.....	4
IOPIDINE.....	5
IRESSA.....	3

## K

KEPPRA.....	4
KERATOLYTIC AGENTS.....	4
<b>KETEK</b> .....	3
KINERET.....	5
KLARON.....	4
<b>K-LYTE</b> .....	5
KYTRIL.....	4

## L

<b>LAMICTAL</b> .....	4
<b>LARIAM</b> .....	3
LEUKERAN.....	3
LEUKOTRIENE MODIFIERS.....	5
<b>LEVADOPA AND CARBIDOPA</b> .....	4
LEVAQUIN.....	3
LEXAPRO.....	4
<b>LIDEX</b> .....	4
<b>LIDOCAINE</b> .....	3
<b>LINDANE</b> .....	4
LIPID REDUCING AGENTS.....	3
LIPITOR.....	3
<b>LISINAPRIL</b> .....	3
<b>LISINAPRIL/HCTZ</b> .....	3
<b>LITHIUM</b> .....	3
LORATA-D.....	5
LORATADINE.....	5
LOTEMAX.....	5
LOTREL.....	3
<b>LOVASTATIN</b> .....	3
LOVENOX.....	5
LUMIGAN.....	5
<b>LUPRON</b> .....	3
LYSODREN.....	3

## M

<b>MACROBID</b> .....	3
MALARONE.....	3
MARINOL.....	4
MATULANE.....	3
MAXALT, MLT.....	3
<b>MEBARAL</b> .....	4
MENOPUR.....	5
MEPHYTON.....	5
MEPRON.....	5
METADATE CD.....	4
<b>METFORMIN</b> .....	4
METHERGINE.....	5
METHITEST.....	5
<b>METHOTREXATE</b> .....	3, 4, 5
<b>METHYLPHENIDATE</b> .....	4
<b>METROCREAM</b> .....	4
METROGEL.....	4
METROGEL VAGINAL.....	5
METROLOTION.....	4
<b>METRONIDAZOLE</b> .....	3
MIACALCIN.....	4
<b>MIDRIN</b> .....	3
MINTEZOL.....	3
<b>MIRALAX POWDER</b> .....	4
MIRAPEX.....	4
<b>MIRTAZAPINE</b> .....	4
MISCELLANEOUS ASTHMA AGENTS.....	5
<b>MISCELLANEOUS DIABETES AGENTS</b> .....	4
MISCELLANEOUS ENDOCRINE AGENTS.....	4
MISCELLANEOUS GASTROINTESTINAL AGENTS.....	4
MISCELLANEOUS ONCOLOGY AGENTS.....	3
MISCELLANEOUS OPHTHALMIC AGENTS.....	5
MISCELLANEOUS ORAL DERMATOLOGY AGENTS.....	4
MISCELLANEOUS RESPIRATORY/ASTHMA AGENTS.....	5
MISCELLANEOUS TOPICAL DERMATOLOGY AGENTS.....	4
MISCELLANEOUS UROLOGICAL AND MALE HEALTH AGENTS.....	5

MOBAN.....	4
MOUTH/THROAT AGENTS.....	4
MULTIPLE SCLEROSIS AGENTS.....	4
<b>MYCELEX TROCHES</b> .....	3
MYCOBUTIN.....	3
MYELOID STIMULANTS.....	4
MYLERAN.....	3
<b>MYSOLINE</b> .....	4

## N

NAL-F.....	5
NAMENDA.....	4
NARCOTIC AGENTS.....	3
NARCOTIC ANTI-TUSSIVE AGENTS.....	5
NARDIL.....	4
NASACORT AQ.....	4
NASAL STEROIDS.....	4
NASONEX.....	4
NEBUPENT.....	3
<b>NEFAZODONE</b> .....	4
<b>NEORAL</b> .....	3
<b>NEOSPORIN</b> .....	5
<b>NEPHROCAPS</b> .....	5
NEULASTA.....	4
NEUPOGEN.....	4
<b>NEURONTIN</b> .....	4
<b>NIASPAN</b> .....	3
NILANDRON.....	3
NIMOTOP.....	3
<b>NIZORAL SHAMPOO</b> .....	3
NORVASC.....	3
NUOX.....	4
NUVARING.....	5
<b>NYSTATIN</b> .....	3

## O

OCTREOTIDE ACETATE.....	3
<b>OCUFLOX</b> .....	5
<b>OMEPRAZOLE</b> .....	4
ONE TOUCH.....	5
OPIOID DEPENDENCE.....	3
OPTIVAR.....	5
ORAL ANTICOAGULANT AGENTS.....	5
ORAL ANTIFUNGAL AGENTS.....	3
ORAL ANTIGLAUCOMA AGENTS.....	5
ORAL CONTRACEPTIVE AGENTS.....	5
ORAL HYPOGLYCEMIC AGENTS.....	4
ORENCIA.....	5
ORTHO EVRA.....	5
<b>ORTHO-NOVUM PRODUCTS</b> .....	5
OSMOGLYN.....	5
OSTEOPOROSIS AGENTS.....	4
OTHER ANTIINFECTIVE AGENTS.....	3
OTHER ANTIVIRAL AGENTS.....	3
OTHER CARDIOVASCULAR AGENTS.....	3
OVIDE.....	4
OVRETTE.....	5
OXSORALEN-ULTRA.....	4
<b>OXYBUTYNIN</b> .....	5
<b>OXYCODONE/APAP</b> .....	3
<b>OXYCONTIN</b> .....	3
OXYTOCIC AGENTS.....	5

## P

<b>PANCREASE</b> .....	4
PANRETIN.....	4
<b>PARNATE</b> .....	4

PATANOL.....	5
<b>PAXIL</b> .....	4
<b>PEDIAZOLE</b> .....	3
PEDIOTIC.....	4
PEGANONE.....	4
<b>PEGASYS</b> .....	3
<b>PERMAX</b> .....	4
<b>PHENERGAN WITH CODEINE</b> .....	5
PHEOCHROMOCYTOMA AGENTS.....	3
PHOSLO.....	5
PHOSPHOLINE IODINE.....	5
<b>PILOCARPINE</b> .....	4, 5
PILOCARPINE HS.....	5
PLAN B.....	5
PLASMODICIDES.....	3
PLAVIX.....	5
PODOCON-25.....	4
POLY-PRED.....	5
<b>POTABA</b> .....	5
POTASSIUM AGENTS.....	5
<b>POTASSIUM CHLORIDE</b> .....	5
PRANDIN.....	4
<b>PRAVASTATIN</b> .....	3
PRECOSE.....	4
<b>PREDNISOLONE</b> .....	5
<b>PREDNISON</b> .....	3
PREMARIN.....	5
PREMPHASE.....	5
PREMPRO.....	5
PREVACID.....	4
PREVPAC.....	4
PRIFTIN.....	3
PRILOSEC OTC.....	4
PRIMAQUINE.....	3
<b>PROAMATINE</b> .....	3
<b>PROCAINAMIDE</b> .....	3
PROCRIT.....	4
PROCTOFOAM-HC.....	4
<b>PROFASI</b> .....	5
PROGESTIN AGENTS.....	5
PROGRAF.....	3
PROLEUKIN.....	4
PROMETRIUM.....	5
PROTON PUMP INHIBITORS.....	4
PROTONIX.....	4
PROTOPIC.....	4
<b>PROVERA</b> .....	5
PSORIASIS/ECZEMA AGENTS.....	4
PULMICORT RESPULES.....	5
PULMONARY ANTI-INFLAMMATORY AGENTS.....	5
PULMOZYME.....	5
<b>PURINETHOL</b> .....	3

## Q

<b>QUINAPRIL</b> .....	3
QUIXIN.....	5
QVAR.....	5

## R

<b>RANITIDINE</b> .....	4
RAPAMUNE.....	3
<b>REBETROL</b> .....	3
<b>REBETRON</b> .....	3
REBIF.....	4
REGANEX.....	4
RELENZA.....	3
REMICADE.....	5
RENAGEL.....	5

REPRONEX .....	5
REQUIP .....	4
RESTASIS .....	5
<b>RETIN A</b> .....	4
RETIN A MICRO .....	4
REVLIMID .....	3
RIBAVIRIN .....	3
RIDAURA .....	5
RILUTEK .....	5
RIMSO 50 .....	5
RISPERDAL .....	4
ROFERON .....	4
<b>ROWASA</b> .....	4

## S

<b>SALSALATE</b> .....	5
<b>SANDIMMUNE</b> .....	3
<b>SANDOSTATIN</b> .....	3
SANTYL .....	4
SCABICIDES .....	4
<b>SEASONALE</b> .....	5
SEDATIVE AGENTS .....	3
<b>SEPTRA</b> .....	3
SEREVENT DISKUS .....	5
SEROQUIL .....	4
SIDEROL .....	5
SINGULAIR .....	5
SKELTAL MUSCLE RELAXANT AGENTS .....	5
<b>SOMA</b> .....	5
<b>SPIRONOLACTONE</b> .....	3
<b>SSKI</b> .....	5
STALEVO .....	4
STIMATE .....	4
STROMECTOL .....	3
<b>SUBOXONE</b> .....	3
<b>SUBUTEX</b> .....	3
<b>SUCRALFATE</b> .....	4
SULFONES .....	3

SULFOXYL .....	4
<b>SUPRAX</b> .....	3
SURESTEP .....	5
SUTENT .....	3
SYNAREL .....	5
<b>SYNTHROID</b> .....	4

## T

TAMIFLU CAPSULES .....	3
<b>TAMOXIFEN</b> .....	3
TARGRETIN .....	3
TASMAR .....	4
TAZORAC .....	4
TEGRETOL XR .....	4
TEMODAR .....	3
<b>TERBUTALINE</b> .....	5
TESLAC .....	3
TEST STRIPS .....	5
TESTIM .....	5
TESTRED .....	5
<b>THEOPHYLLINE</b> .....	5
THEOPHYLLINE PRODUCTS .....	5
THIOGUANINE .....	3
<b>THIORIDAZINE</b> .....	4
THROID SUPPLEMENT AGENTS .....	4
<b>TICLOPIDINE</b> .....	5
TIKOSYN .....	3
TILADE .....	5
TOBI .....	3
TOBRADEX .....	5
<b>TOBRAMYCIN</b> .....	5
TOPAMAX .....	4
<b>TOPICAL AGENTS</b> .....	3
TOPICAL ANTIBACTERIAL AGENTS .....	5
TOPICAL ANTIGLAUCOMA AGENTS .....	5
TOPICAL ANTIVIRAL AGENTS .....	3, 5
TOPICAL BETA BLOCKING AGENTS .....	5
TOPICAL CORTICOSTEROID AGENTS .....	5

TOPICAL CORTICOSTEROIDS AGENTS .....	4
TOPROL XL .....	3
TRACER BG METERS .....	5
TRACLEER .....	3
<b>TRAMADOL</b> .....	3
TRAVATAN .....	5
<b>TRIAMCINOLONE</b> .....	4
<b>TRIAZOLAM</b> .....	3
TRICOR .....	3
<b>TRIGLIDE</b> .....	3
TRILEPTAL .....	4
TRUSOPT .....	5
TUSSIONEX .....	5
<b>TYLENOL w/CODEINE</b> .....	3

## U

<b>ULTRASE</b> .....	4
<b>ULTRAVATE</b> .....	4
<b>URISPAS</b> .....	5
<b>URSODIOL</b> .....	4

## V

<b>VACCINES</b> .....	4
VAGINAL AGENTS .....	5
VALCYTE .....	3
<b>VANCOCIN</b> .....	3
<b>VANOS</b> .....	4
<b>VEPESID</b> .....	3
<b>VERAPAMIL</b> .....	3
<b>VERMOX</b> .....	3
VESANOID .....	3
<b>VICODIN</b> .....	3
<b>VIROPTIC</b> .....	5
<b>VITAFOL</b> .....	5
VITAMIN AGENTS .....	5
<b>VIVELLE</b> .....	5
VOLTAREN DROPS .....	5

VYTORIN .....	3
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## W

<b>WARFARIN</b> .....	5
WELLBUTRIN SR .....	4

## X

XALATAN .....	5
XELODA .....	3
XOPENEX .....	5
XOPENEX MDI .....	5

## Y

YASMIN .....	5
<b>YODOXIN</b> .....	3

## Z

<b>ZADITOR</b> .....	5
<b>ZANAFLEX</b> .....	5
<b>ZARONTIN</b> .....	4
<b>ZAROXOLYN</b> .....	3
ZEGERID .....	4
ZETIA .....	3
<b>ZITHROMAX</b> .....	3
ZMAX .....	3
<b>ZOCOR</b> .....	3
ZOFRAN .....	4
ZOLOFT .....	4
<b>ZONEGRAN</b> .....	4
ZOVIRAX OINTMENT .....	3
ZYPREXA .....	4
ZYVOX .....	3