

# 2009

Effective January 1, 2009



BlueCross BlueShield  
of Texas

## Blue Cross and Blue Shield of Texas 2009 Preferred Drug Guide

### Drug List by Therapeutic Class

Blue Cross and Blue Shield of Texas members are requested to present this Preferred Drug Guide to their physician at their next visit.

This document reflects the Blue Cross and Blue Shield of Texas Preferred Drug Guide as of January 1, 2009.

This guide is updated quarterly. Please visit [www.bcbstx.com](http://www.bcbstx.com) for recent updates.

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

If you cannot find the drug on this list it typically means that the drug is Non-Preferred.

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#### KEY

<b>caps</b> .....	capsules
<b>chew tabs</b> .....	chewable tablets
<b>conc</b> .....	concentrate
<b>crm</b> .....	cream
<b>delayed-release</b> .....	enteric-coated
<b>DL</b> .....	dispensing limit
<b>ext-release</b> .....	extended-release
<b>inhal</b> .....	inhalation
<b>inj</b> .....	injection
<b>lotn</b> .....	lotion
<b>NP</b> .....	non-preferred
<b>ODT</b> .....	orally disintegrating tabs
<b>oint</b> .....	ointment
<b>OTC</b> .....	over-the-counter
<b>P</b> .....	preferred
<b>soln</b> .....	solution
<b>supp</b> .....	suppositories
<b>susp</b> .....	suspension
<b>tabs</b> .....	tablets

#### CONTACT INFORMATION

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Drug coverage is dependent on individual plan benefits

## INTRODUCTION

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to present the 2009 Blue Cross and Blue Shield of Texas Preferred Drug Guide. The Preferred Drug Guide includes all Preferred Brand drugs and a partial list of Generic drugs selected by BCBSTX. **Physicians are encouraged to prescribe drugs listed in this Preferred Drug Guide. Members are encouraged to show this Preferred Drug Guide to their physicians and pharmacists.**

Prescription drugs may be excluded from coverage if there are over-the-counter (OTC) versions marketed in the same strength and dosage form, even though the labeled indications for the prescription and uses for the OTC products are not the same. For example, famotidine (Pepcid) 20 mg is excluded because an OTC version of the 20 mg tablets, Pepcid AC Maximum Strength, is marketed for OTC use. OTC drugs are not covered with the exception of insulin, oral glucose gel and tabs, and selected diabetic supplies.

## MEMBER PRESCRIPTION BENEFIT

The Preferred Drug Guide is multi-tiered, placing prescription drugs into one of three copayment levels; generic, Preferred Brand (P) or Non-preferred Brand (NP). The drug benefit includes almost all prescription drugs, although some exclusions from coverage do apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, are not covered. Coverage and copayment levels vary depending on the plan.

**Lowest copayment:** Generic drugs – listed and unlisted generic drugs

**Middle copayment:** Preferred Brand drugs – all are listed in this Preferred Drug Guide

**Highest copayment:** Non-preferred Brand drugs – unlisted brand drugs

Prescriptions filled through a retail pharmacy are generally limited to a 90-day supply with one copayment for every 30-day supply. A 90-day supply is also available for medications obtained through the Mail Order pharmacy. Certain drugs have dispensing limitations based upon gender or quantity dispensed per prescription. Drugs that have a Dispensing Limit are listed on pages 4–5.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE AND PREFERRED DRUG COMMITTEE (PDC)

BCBSTX participates on the Prime Therapeutics National P&T Committee which serves as a recommending body for drug formulary inclusion. The Committee seats physicians and pharmacists from throughout the country including a voting member from BCBSTX. Prime Therapeutics does not have voting privileges. Drugs are reviewed in terms of safety, efficacy, and clinical uniqueness.

The Preferred Drug Committee (PDC) is a standing committee of Health Care Service Corporation (HCSC) composed of divisional Medical Directors, Pharmacy Directors, and as needed, practitioners specializing in the area of pharmacoeconomics and health care administration. The PDC unites Prime Therapeutics National P&T Committee clinical assessments with cost-effective therapy modeling considerations to make final formulary placement decisions for HCSC, which includes BCBSTX and HMO Blue Texas.

Members and physicians can review the most up-to-date version of the Preferred Drug Guide at [www.bcbstx.com](http://www.bcbstx.com).

## HOW TO USE THIS PREFERRED DRUG GUIDE

This Preferred Drug Guide is organized into broad therapeutic categories. Within most categories, drugs are grouped based upon drug class, e.g. Macrolides, or use for a specific medical condition, e.g. Diabetes. All the drugs listed, whether Generic or Preferred Brand, are recommended drugs.

- **Generic drugs** are shown in lowercase boldface type. Most generic drugs are followed by a reference brand drug (in parentheses) to assist in product recognition.

*Example:* **atenolol** (Tenormin)

The brand reference drug Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. The brand reference drugs like Tenormin are usually non-preferred and would take the highest copayment. Some generic products have no brand reference.

- **Preferred Brand drugs** are shown in all capital letters.

*Example:* DIOVAN – valsartan

Drug coverage is dependent on individual plan benefits

- Cipro is marketed as 250 mg, 500 mg, and 750 mg, and 250 mg/5 mL and 500 mg/5 mL oral suspension. The tablets have generic versions available and the oral suspension is only available as brand name Cipro. The Preferred Drug Guide entry includes generic tablets. Cipro suspension would require a separate entry to be a Preferred Drug (tier 2). Because the suspension is non-preferred, it would take the highest copayment (tier 3).

Example: **ciprofloxacin tabs** (Cipro)

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

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

## COST INDEX

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

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

## GENERIC SUBSTITUTION

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

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

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

To encourage use of generic drugs, Preferred Brand drugs typically become non-preferred and require the highest copayment after a generic version becomes available. This change occurs on a group’s next anniversary date on or after January 1, 2009. BCBSTX also encourages the use of generics by having the lowest copayment apply for generic drugs.

In determining the brand or generic classification for covered prescription drugs, BCBSTX utilizes the generic/brand status as assigned by a nationally recognized provider of drug product information. The brand/generic classification of a drug is subject to change over time, which usually changes the copayment level.

## DISPENSING LIMITS

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

The following brand drugs, and generic versions (shown in bold face type when available), have dispensing limits. This list is subject to change.

Brand (Generic Name)	Strength	Drug Guide Status	Dispensing Limit Per 30-Day Supply
Accuneb ( <b>albuterol sulfate</b> )	all strengths	P= generic	375 mL
Aciphex (rabeprazole delayed-release)	all strengths	NP	60 tabs**
Actiq (fentanyl)	all strengths	NP	120 units
Actonel (risedronate)	35 mg	P	4 tabs
Actonel (risedronate)	5 mg, 30 mg	P	30 tabs
Actonel (risedronate)	75 mg	P	2 tabs
Actonel (risedronate)	150 mg	P	1 tab
Actonel with Calcium (risedronate + calcium carbonate)	35 mg, 1250 mg	NP	28 day pkg
Advair Diskus / HFA (fluticasone/salmeterol)	all strengths	P	1 inhaler
Aerobid/Aerobid-M (flunisolide)		NP	3 inhalers
<b>albuterol sulfate inhal soln</b>	0.083%	P	375 mL
<b>albuterol sulfate inhal soln</b>	0.5%	P	60 mL
Ambien ( <b>zolpidem</b> )	all strengths	P = generic	30 tabs*
Ambien CR (zolpidem ext-release)	all strengths	NP	30 tabs*
Amerge (naratriptan)	all strengths	NP	18 tabs
Asmanex (mometasone)	all strengths	NP	1 inhaler
Astelín (azelastine)		P	2 bottles
Atrovent HFA (ipratropium)		P	2 inhalers
Atrovent nasal ( <b>ipratropium</b> )	0.03	P = generic	1 bottle
Atrovent nasal ( <b>ipratropium</b> )	0.06	P = generic	2 bottles
Axert (almotriptan)	all strengths	NP	12 tabs
Azmacort (triamcinolone)		NP	2 inhalers
Beconase AQ (beclomethasone)		NP	1 bottle
Boniva (ibandronate)	2.5 mg	NP	30 tabs
Boniva (ibandronate)	150 mg	NP	1 tab
<b>butorphanol nasal</b>	10 mg/mL	P	1 bottle
Byetta (exenatide)	250 mcg/mL	NP	1 pen
Caverject (alprostadil)	all strengths	NP	8 doses
Cialis (tadalafil)	all strengths	NP	8 tabs
Combivent (ipratropium/albuterol sulfate)		P	2 inhalers
<b>cromolyn sodium inhal soln</b>		P = generic	240 mL
Duoneb ( <b>ipratropium/albuterol sulfate</b> )	0.5 mg/3 mg	P = generic	540 mL
Edex (alprostadil)	all strengths	NP	8 doses
Fentanyl lozenges (fentanyl citrate)	all strengths	NP	120 units
Fentora (fentanyl)	all strengths	NP	120 units
Flonase ( <b>fluticasone</b> )		P = generic	1 bottle
Flovent Diskus (fluticasone)	all strengths	NP	2 inhalers
Flovent HFA (fluticasone)	all strengths	P	2 inhalers
<b>flunisolide nasal</b>	25 mcg/spray	P	1 bottle
Foradil Aerolizer (formoterol)		P	1 inhaler
Forteo (teriparatide)		P	1 pen
Fosamax oral soln (alendronate)	70 mg/75 mL	NP	4 bottles
Fosamax tabs ( <b>alendronate</b> )	35 mg, 70 mg	P = generic	4 tabs
Fosamax Plus D (alendronate/cholecalciferol)	all strengths	NP	4 tabs
Frova (frovatriptan)	2.5 mg	NP	18 tabs
Imitrex inj (sumatriptan)	6 mg/0.5 mL	P	2 pkgs (10 vials)
Imitrex kits/refills (sumatriptan)		P	6 pkgs (12 doses)
Imitrex nasal (sumatriptan)	all strengths	P	2 pkgs (12 units)

Drug coverage is dependent on individual plan benefits

Brand (Generic Name)	Strength	Drug Guide Status	Dispensing Limit Per 30-Day Supply
Imitrex tabs (sumatriptan)	all strengths	P	18 tabs
Intal inhaler (cromolyn sodium)		P	2 inhalers
<b>ipratropium inhal soln</b>		P	313 mL
Janumet (sitagliptin/metformin)	all strengths	NP	60 tabs
Januvia (sitagliptin)	all strengths	NP	30 tabs
<b>ketorolac</b>	10 mg	P	20 tabs/no coverage at mail
Letairis (ambrisentan)	all strengths	NP	30 tabs
Levitra (vardenafil)	all strengths	NP	8 tabs
Lunesta (eszopiclone)	all strengths	NP	30 tabs*
Maxair Autohaler (pirbuterol)		NP	1 inhaler
Maxalt/Maxalt-MLT (rizatriptan)	all strengths	P	18 tabs
<b>metaproterenol inhal soln</b>	0.4%, 0.6%	P	313 mL
Migranal (dihydroergotamine)	4 mg/mL	P	1 pkg (8 bottles)
Muse (alprostadil)	all strengths	NP	8 doses
Nasacort AQ (triamcinolone)		P	1 bottle
Nasarel ( <b>flunisolide</b> )		P = generic	1 bottle
Nasonex (mometasone)		P	1 bottle
Nexium (esomeprazole delayed-release)	20 mg, 40 mg	P	60 caps/packets**
Prevacid (lansoprazole delayed-release)	all strengths	NP	60 caps/packets**
Prevacid Solutab (lansoprazole delayed-release)	all strengths	NP	60 tabs**
Prilosec ( <b>omeprazole delayed-release</b> )	all strengths	P = generic	60 caps**
Pristiq (desvenlafaxine ext-release)	all strengths	NP	30 tabs
Proair HFA (albuterol sulfate)		P	2 inhalers
Protonix tabs ( <b>pantoprazole delayed-release</b> )	all strengths	P = generic	60 tabs**
Protonix granules (pantoprazole delayed-release)		NP	60 packets**
Proventil HFA (albuterol sulfate)		NP	2 inhalers
Provigil (modafinil)	all strengths	NP	30 tabs
Prozac Weekly (fluoxetine delayed-release)	90 mg	NP	4 caps
Pulmicort Flexhaler (budesonide)	90 mcg	P	1 inhaler
Pulmicort Flexhaler (budesonide)	180 mcg	P	2 inhalers
Pulmicort Respules (budesonide)		P	180 mL
QVAR (beclomethasone)	all strengths	P	2 inhalers
Relenza (zanamivir)	5 mg/blister	NP	20 blisters per 180 days
Relpax (eletriptan)	all strengths	NP	12 tabs
Rhinocort Aqua (budesonide)		NP	1 bottle
Rozerem (ramelteon)	all strengths	NP	30 tabs*
Serevent Diskus (salmeterol)		P	1 pkg
Sonata ( <b>zaleplon</b> )	all strengths	P = generic	30 caps*
Spiriva Handihaler (tiotropium)		P	1 box (30 caps)
Symbicort (budesonide/formoterol)	all strengths	P	1 inhaler
Tamiflu caps (oseltamivir)	10 mg	NP	10 caps per 180 days
Tamiflu for susp (oseltamivir)	12 mg/mL	NP	75 mL per 180 days
Tracleer (bosentan)	all strengths	P	60 tabs
Treximet (sumatriptan/naproxen sodium)		NP	18 tabs
Ventolin HFA (albuterol sulfate)		NP	2 inhalers
Veramyst (fluticasone)		NP	1 bottle
Viagra (sildenafil)		P	8 tabs
Xopenex (levalbuterol hcl)	all strengths	NP	360 mL
Xopenex Concentrate (levalbuterol hcl)		NP	3 boxes (90 unit dose)
Xopenex HFA (levalbuterol tartrate)		P	2 inhalers
Xyrem (sodium oxybate)	500 mg/mL	NP	540 mL*
Zegerid (omeprazole/sodium bicarbonate)	all strengths	NP	60 caps/packets**
Zomig nasal (zolmitriptan)	5 mg	P	2 pkgs (12 units)
Zomig/Zomig ZMT (zolmitriptan)	all strengths	P	12 tabs

\* Sedatives are limited to one sedative agent per 30 days and 1 tab/cap per day.

\*\*Proton Pump Inhibitors (PPIs) are limited to one PPI per 30 days and 2 tabs/caps/packets per day.

**Drug coverage is dependent on individual plan benefits**

# Therapeutic Class Drug List

## ANTI-INFECTIVE AGENTS

### PENICILLINS

\$	<b>amoxicillin</b>
\$	AMOXIL drops – amoxicillin
\$	<b>ampicillin caps</b>
\$	AMPICILLIN susp
\$	<b>penicillin v potassium</b>
\$\$	<b>amoxicillin/potassium clavulanate</b> (Augmentin)
\$\$	<b>dicloxacillin</b>

### CEPHALOSPORINS

\$	<b>cefadroxil</b>
\$	<b>ceftriaxone</b> (Rocephin)
\$	<b>cefuroxime</b> (Ceftin)
\$	<b>cephalexin</b> (Keflex)
\$\$	<b>cefdinir</b> (Omnicef)
\$\$	<b>cefpodoxime</b> (Vantin)
\$\$\$	<b>cefprozil</b>

### MACROLIDES

\$	<b>azithromycin</b> (Zithromax)
\$	<b>clarithromycin</b> (Biaxin)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	<b>erythromycin ethylsuccinate</b>
\$	ERYTHROMYCIN FILMTABS – erythromycin base
\$\$	ZITHROMAX packets, 1 g – azithromycin

### TETRACYCLINES

\$	<b>doxycycline hyclate</b>
\$	<b>minocycline caps, tabs</b> (Minocin, Dynacin)
\$	<b>tetracycline</b>
\$\$\$\$\$	<b>demeclocycline</b> (Declomycin)

### FLUOROQUINOLONES

\$	<b>ciprofloxacin tabs</b> (Cipro)
\$\$\$\$	LEVAQUIN – levofloxacin

### AMINOGLYCOSIDES

\$	<b>neomycin sulfate</b>
\$\$\$\$\$	TOBI – tobramycin

### TUBERCULOSIS

\$	<b>isoniazid tabs</b>
\$\$\$	ISONIAZID syrup
\$\$\$\$	<b>ethambutol</b> (Myambutol)
\$\$\$\$	<b>isoniazid/rifampin</b> (Rifamate)
\$\$\$\$	<b>pyrazinamide</b>
\$\$\$\$	<b>rifampin</b> (Rifadin)
\$\$\$\$\$	MYCOBUTIN – rifabutin

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## FUNGAL INFECTIONS

\$	<b>fluconazole</b> (Diflucan)
\$	<b>ketoconazole</b>
\$\$	<b>terbinafine tabs</b> (Lamisil)
\$\$\$	<b>griseofulvin microsize susp</b> (Grifulvin V)
\$\$\$	GRIS-PEG – griseofulvin ultramicrosize
\$\$\$	<b>nystatin tabs</b>
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$\$	<b>itraconazole caps</b> (Sporanox)
\$\$\$\$\$	LAMISIL granules – terbinafine
\$\$\$\$\$	NOXAFIL – posaconazole
\$\$\$\$\$	VFEND – voriconazole

## VIRAL INFECTIONS

### • Cytomegalovirus

\$\$\$\$\$	GANCICLOVIR
\$\$\$\$\$	VALCYTE – valganciclovir

### • Hepatitis

\$\$\$\$\$	BARACLUDE – entecavir
\$\$\$\$\$	EPIVIR-HBV – lamivudine
\$\$\$\$\$	HEPSERA – adefovir
\$\$\$\$\$	INTRON A – interferon alfa-2b
\$\$\$\$\$	PEGASYS – peginterferon alfa-2a
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b
\$\$\$\$\$	<b>ribavirin caps</b> (Rebetol)
\$\$\$\$\$	<b>ribavirin tabs</b> (Copegus)
\$\$\$\$\$	ROFERON-A – interferon alfa-2a

### • Herpes

\$	<b>acyclovir</b> (Zovirax)
\$\$\$\$\$	<b>famciclovir</b> (Famvir)
\$\$\$\$\$	VALTREX – valacyclovir

### • HIV/AIDS

\$\$\$\$	VIDEX EC 125 mg – didanosine delayed-release
\$\$\$\$	<b>zidovudine</b> (Retrovir)
\$\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$\$	<b>didanosine delayed-release</b> (Videx EC)
\$\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$\$	EPIVIR – lamivudine
\$\$\$\$\$	EPZICOM – abacavir/lamivudine
\$\$\$\$\$	FUZEON – enfuvirtide
\$\$\$\$\$	INTELENCE – etravirine
\$\$\$\$\$	INVIRASE – saquinavir
\$\$\$\$\$	ISENTRESS – raltegravir
\$\$\$\$\$	KALETRA – lopinavir/ritonavir
\$\$\$\$\$	LEXIVA – fosamprenavir

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\$\$\$\$	NORVIR – ritonavir
\$\$\$\$	PREZISTA – darunavir
\$\$\$\$	RESCRIPTOR – delavirdine
\$\$\$\$	REYATAZ – atazanavir
\$\$\$\$	SELZENTRY – maraviroc
\$\$\$\$	SUSTIVA – efavirenz
\$\$\$\$	TRIZIVIR – abacavir/lamivudine/zidovudine
\$\$\$\$	TRUVADA – emtricitabine/tenofovir
\$\$\$\$	VIDEX – didanosine
\$\$\$\$	VIRACEPT – nelfinavir
\$\$\$\$	VIRAMUNE – nevirapine
\$\$\$\$	VIREAD – tenofovir
\$\$\$\$	ZERIT – stavudine
\$\$\$\$	ZIAGEN – abacavir

### MALARIA

\$	<b>chloroquine phosphate</b> (Aralen)
\$	<b>hydroxychloroquine</b> (Plaquenil)
\$	PRIMAQUINE PHOSPHATE
\$\$	<b>mefloquine</b> (Lariam)
\$\$\$\$	MALARONE – atovaquone/proguanil

### WORM INFECTIONS

\$	<b>mebendazole</b>
\$	STROMEKTOL – ivermectin
\$\$\$\$	ALBENZA – albendazole
\$\$\$\$	BILTRICIDE – praziquantel

### OTHER ANTI-INFECTIVES

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

### CANCER DRUGS

	ALFERON N – interferon alfa-n3
	ALKERAN – melphalan
	ARIMIDEX – anastrozole
	AROMASIN – exemestane
	CASODEX – bicalutamide
	CEENU – lomustine
	CYCLOPHOSPHAMIDE tabs
	EMCYT – estramustine
	<b>etoposide caps</b>
	FARESTON – toremifene

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FEMARA – letrozole

**flutamide**

**hydroxyurea** (Hydrea)

INTRON A – interferon alfa-2b

IRESSA – gefitinib

**leucovorin calcium tabs 5 mg, 25 mg**

LEUCOVORIN CALCIUM tabs 10 mg, 15 mg

LEUKERAN – chlorambucil

**leuprolide** (Lupron)

**megestrol** (Megace)

**mercaptopurine** (Purinethol)

MESNEX tabs – mesna

**methotrexate tabs**

MYLERAN – busulfan

NILANDRON – nilutamide

ROFERON-A – interferon alfa-2a

TABLOID – thioguanine

**tamoxifen**

**tretinoin caps** (Vesanoid)

TREXALL – methotrexate

## HORMONES, DIABETES AND RELATED DRUGS

### CORTICOSTEROIDS

\$ **cortisone acetate**

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

\$ DEXAMETHASONE soln, 0.5 mg/5 mL; tabs, 0.5 mg

\$ **fludrocortisone**

\$ **hydrocortisone** (Cortef)

\$ **methylprednisolone** (Medrol)

\$ **prednisolone sodium phosphate soln** (Orapred, Pediapred)

\$ **prednisolone syrup** (Prelone)

\$ **prednisone**

\$\$ PREDNISONONE soln, 5 mg/5 mL; tabs, 50 mg

\$\$\$ PREDNISONONE INTENSOL

\$\$\$\$ ENTOCORT EC – budesonide ext-release

### MALE HORMONES

\$\$\$\$ ANDROXY – fluoxymesterone

\$\$\$\$ ANDROGEL – testosterone

\$\$\$\$ **danazol**

\$\$\$\$ TESTIM – testosterone

### ESTROGENS

\$ **estradiol tabs** (Estrace)

\$ **estropipate** (Ogen)

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\$\$	<b>estradiol patches</b> (Climara)
\$\$	VIVELLE-DOT – estradiol
\$\$\$	ACTIVELLA 0.5/0.1 mg – estradiol/norethindrone acetate
\$\$\$	CENESTIN – conjugated estrogens, synthetic A
\$\$\$	DIVIGEL – estradiol
\$\$\$	ENJUVIA – conjugated estrogens, synthetic B
\$\$\$	ESTRADERM – estradiol
\$\$\$	<b>estradiol/norethindrone acetate 1/0.5 mg</b> (Activella)
\$\$\$	PREMARIN – conjugated estrogens
\$\$\$	PREMPHASE – conjugated estrogens/medroxyprogesterone
\$\$\$	PREMPRO – conjugated estrogens/medroxyprogesterone

#### PROGESTINS

\$	<b>medroxyprogesterone acetate</b> (Provera)
\$	<b>norethindrone acetate</b> (Aygestin)
\$\$	PROMETRIUM – progesterone micronized

#### BIRTH CONTROL

Cervical caps, diaphragms, and IUDs are preferred, but not listed in this guide.

\$	<b>medroxyprogesterone acetate inj, 150 mg/mL</b> (Depo-Provera)
\$\$	<b>desogestrel/ethinyl estradiol</b> (Cyclessa)
\$\$	<b>desogestrel/ethinyl estradiol</b> (Ortho-Cept)
\$\$	<b>ethynodiol/ethinyl estradiol</b> (Demulen)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Alesse)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Levlite)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Nordette)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Seasonale)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Triphasil)
\$\$	<b>norethindrone</b> (Nor-QD)
\$\$	<b>norethindrone</b> (Ortho Micronor)
\$\$	<b>norethindrone acetate/ethinyl estradiol</b> (Loestrin)
\$\$	<b>norethindrone acetate/ethinyl estradiol/Fe</b> (Loestrin Fe)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Modicon)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 1/35)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 7/7/7)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ovcon 35)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Tri-Norinyl)
\$\$	<b>norethindrone/mestranol</b> (Ortho-Novum 1/50)
\$\$	<b>norgestimate/ethinyl estradiol</b> (Ortho-Cyclen)
\$\$	<b>norgestimate/ethinyl estradiol</b> (Ortho Tri-Cyclen)
\$\$	<b>norgestrel/ethinyl estradiol</b> (Lo/Ovral)
\$\$	PLAN B – levonorgestrel
\$\$\$	<b>desogestrel/ethinyl estradiol</b> (Mircette)
\$\$\$	<b>drospirenone/ethinyl estradiol</b> (Yasmin)
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol
\$\$\$	YAZ – drospirenone/ethinyl estradiol

Drug coverage is dependent on individual plan benefits

## INFERTILITY

\$\$	<b>clomiphene</b> (Clomid)
\$\$\$	<b>chorionic gonadotropin</b>
\$\$\$\$	FOLLISTIM AQ 300, 600, 900 units – follitropin beta
\$\$\$\$	GANIRELIX ACETATE
\$\$\$\$	GONAL-F – follitropin alfa
\$\$\$\$	REPRONEX – menotropins

## DIABETES

OTC glucose chew tabs and dextrose tabs are preferred but are not listed in this guide.

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

## DIABETES – INSULINS

### *Rapid-Acting Insulins*

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

### *Short-Acting Insulins*

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

### *Intermediate-Acting Insulins*

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

### *Basal Insulins*

\$\$\$\$	LANTUS – insulin glargine
\$\$\$\$	LEVEMIR – insulin detemir

## THYROID REGULATION

\$	<b>levothyroxine – includes LevoxyI</b> (Synthroid)
\$	<b>propylthiouracil</b>

Drug coverage is dependent on individual plan benefits

\$\$ CYTOMEL – liothyronine

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

#### GROWTH HORMONE

\$\$\$\$ GENOTROPIN – somatropin

\$\$\$\$ INCRELEX – mecasermin

\$\$\$\$ NUTROPIN – somatropin

\$\$\$\$ NUTROPIN AQ – somatropin

#### OTHER HORMONES AND RELATED DRUGS

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

\$ METHERGINE – methylergonovine

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

\$\$\$\$ ACTONEL – risedronate – **DL**

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

\$\$\$\$ EVISTA – raloxifene

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

\$\$\$\$ CYSTADANE – betaine

\$\$\$\$ **desmopressin inj** (DDAVP)

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

\$\$\$\$ FORTEO – teriparatide – **DL**

\$\$\$\$ HECTOROL – doxercalciferol

\$\$\$\$ BUPHENYL – sodium phenylbutyrate

\$\$\$\$ **octreotide** (Sandostatin)

\$\$\$\$ SENSIPAR – cinacalcet

\$\$\$\$ STIMATE – desmopressin

#### HEART AND CIRCULATORY DRUGS

##### ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$ **benazepril** (Lotensin)

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

\$ **captopril** (Capoten)

\$ **captopril/hydrochlorothiazide**

\$ **enalapril** (Vasotec)

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

\$ **fosinopril** (Monopril)

\$ **lisinopril** (Prinivil)

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

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

\$ **quinapril** (Accupril)

\$ **ramipril caps** (Altace)

\$ **trandolapril** (Mavik)

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

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

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

##### ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$ BENICAR – olmesartan

\$\$\$ DIOVAN – valsartan

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

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

Drug coverage is dependent on individual plan benefits

## BETA BLOCKERS AND COMBINATIONS

\$	<b>acebutolol</b> (Sectral)
\$	<b>atenolol</b> (Tenormin)
\$	<b>atenolol/chlorthalidone</b> (Tenoretic)
\$	<b>bisoprolol/hydrochlorothiazide</b> (Ziac)
\$	<b>labetalol</b> (Trandate)
\$	<b>metoprolol succinate ext-release</b> (Toprol XL)
\$	<b>metoprolol tartrate</b> (Lopressor)
\$	<b>nadolol</b> (Corgard)
\$	<b>propranolol tabs</b>
\$	<b>propranolol/hydrochlorothiazide 40/25</b>
\$\$	<b>bisoprolol</b> (Zebeta)
\$\$	<b>carvedilol</b> (Coreg)
\$\$	<b>propranolol ext-release</b> (Inderal LA)
\$\$	PROPRANOLOL soln
\$\$	TIMOLOL
\$\$\$	INNOPRAN XL – propranolol ext-release
\$\$\$	PINDOLOL

## CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

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

## CHEST PAIN

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

## CHOLESTEROL LOWERING

\$	<b>gemfibrozil</b> (Lopid)
\$	<b>lovastatin</b> (Mevacor)
\$	<b>pravastatin</b> (Pravachol)
\$	<b>simvastatin</b> (Zocor)
\$\$\$	<b>cholestyramine</b> (Questran, Questran Light)
\$\$\$	<b>fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg</b> (Lofibra)
\$\$\$	<b>fenofibrate tabs, 54 mg, 160 mg</b> (Lofibra)

Drug coverage is dependent on individual plan benefits

\$\$\$\$ CRESTOR – rosuvastatin  
 \$\$\$\$ NIASPAN – niacin ext-release  
 \$\$\$\$ TRICOR – fenofibrate  
 \$\$\$\$ WELCHOL – colesevelam

#### FLUID RETENTION

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

#### HEART RHYTHM

\$ **sotalol** (Betapace)  
 \$\$ **amiodarone**  
 \$\$ **quinidine sulfate**  
 \$\$\$ **disopyramide** (Norpace)  
 \$\$\$ **disopyramide ext-release 150 mg** (Norpace CR)  
 \$\$\$ **flecainide** (Tambocor)  
 \$\$\$ **propafenone** (Rythmol)  
 \$\$\$ **quinidine gluconate ext-release**  
 \$\$\$ **sotalol** (Betapace AF)  
 \$\$\$\$ MEXILETINE

#### OTHER HEART RELATED DRUGS

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

Drug coverage is dependent on individual plan benefits

\$\$\$\$ **midodrine** (Proamatine)  
 \$\$\$\$\$ DIBENZYLIN – phenoxybenzamine  
 \$\$\$\$\$ TRACLEER – bosentan – **DL**

#### ERECTILE DYSFUNCTION

\$\$\$\$ VIAGRA – sildenafil – **DL**

#### BEE STING KITS

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

### RESPIRATORY AGENTS

#### ANTIHISTAMINES

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

#### NASAL PRODUCTS

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

#### COUGH/COLD/ALLERGY

\$ **brompheniramine/pseudoephedrine ext-release caps, 6/60**  
 \$ **codeine/guaifenesin soln, 10/100 per 5 mL**  
 \$ **codeine/guaifenesin tabs, 10/300** (Brontex)  
 \$\$\$\$ **acetylcysteine**  
 \$\$\$\$ ALLEGRA-D – fexofenadine/pseudoephedrine ext-release

#### ASTHMA/COPD

\$ **albuterol sulfate syrup, tabs**  
 \$ **theophylline ext-release tabs – 12 hr** – Theochron  
 \$\$ **albuterol sulfate inhal soln** – **DL**  
 \$\$ PROAIR HFA – albuterol sulfate – **DL**  
 \$\$\$ **cromolyn sodium inhal soln** – **DL**  
 \$\$\$ FLOVENT HFA – fluticasone – **DL**  
 \$\$\$ **ipratropium inhal soln** – **DL**  
 \$\$\$ **ipratropium/albuterol sulfate** (Duoneb) – **DL**  
 \$\$\$ METAPROTERENOL tabs  
 \$\$\$ PULMICORT FLEXHALER – budesonide – **DL**  
 \$\$\$ QVAR – beclomethasone – **DL**  
 \$\$\$ **terbutaline** (Brethine)  
 \$\$\$ **theophylline ext-release tabs – 24 hr** (Uniphyll)  
 \$\$\$ XOPENEX HFA – levalbuterol – **DL**  
 \$\$\$ ATROVENT HFA – ipratropium – **DL**  
 \$\$\$\$ COMBIVENT – ipratropium/albuterol sulfate – **DL**  
 \$\$\$\$ FORADIL AEROLIZER – formoterol – **DL**

Drug coverage is dependent on individual plan benefits

\$\$\$\$	INTAL INHALER – cromolyn sodium – <b>DL</b>
\$\$\$\$	SEREVENT DISKUS – salmeterol – <b>DL</b>
\$\$\$\$	SINGULAIR – montelukast
\$\$\$\$	SPIRIVA HANDIHALER – tiotropium – <b>DL</b>
\$\$\$\$\$	ADVAIR DISKUS – fluticasone/salmeterol – <b>DL</b>
\$\$\$\$\$	ADVAIR HFA – fluticasone/salmeterol – <b>DL</b>
\$\$\$\$\$	PULMICORT RESPULES – budesonide – <b>DL</b>
\$\$\$\$\$	SYMBICORT – budesonide/formoterol – <b>DL</b>

#### OTHER RESPIRATORY DRUGS

\$\$\$\$\$	PULMOZYME – dornase alfa
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## GASTROINTESTINAL DRUGS

### LAXATIVES

\$	<b>lactulose</b>
\$	<b>PEG – electrolytes for soln</b> (Colyte)
\$	<b>PEG – electrolytes for soln</b> (Nulytely)

### ULCER/GERD

\$	<b>cimetidine, 200 mg not covered</b>
\$	<b>dicyclomine</b> (Bentyl)
\$	<b>famotidine</b> (Pepcid), <b>20 mg not covered</b>
\$	<b>omeprazole delayed-release</b> (Prilosec) – <b>DL</b>
\$	<b>ranitidine</b> (Zantac), <b>150 mg not covered</b>
\$\$	<b>glycopyrrolate</b> (Robinul)
\$\$\$	CARAFATE susp – sucralfate
\$\$\$	<b>hyoscyamine ext-release caps</b> (Levsinex)
\$\$\$	<b>hyoscyamine ext-release tabs</b> (Levbid)
\$\$\$	PROPANTHELINE BROMIDE 15 mg
\$\$\$	<b>sucralfate tabs</b> (Carafate)
\$\$\$\$	<b>hyoscyamine</b> (Levsin)
\$\$\$\$	<b>misoprostol</b> (Cytotec)
\$\$\$\$	<b>pantoprazole delayed-release tabs</b> (Protonix) – <b>DL</b>
\$\$\$\$\$	NEXIUM 20 mg, 40 mg – esomeprazole delayed-release – <b>DL</b>
\$\$\$\$\$	PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release

### NAUSEA AND VOMITING

\$	<b>meclizine</b> (Antivert)
\$	<b>trimethobenzamide caps</b> (Tigan)
\$\$\$	<b>ondansetron ODT</b> (Zofran ODT)
\$\$\$	<b>ondansetron oral soln, tabs</b> (Zofran)
\$\$\$\$\$	EMEND caps – aprepitant

### DIGESTIVE ENZYMES – Most pancrelipase products are preferred; only suggested products are listed.

\$\$\$\$\$	CREON
\$\$\$\$\$	LIPRAM/PN/UL
\$\$\$\$\$	PANCREASE MT
\$\$\$\$\$	PANCRELIPASE tabs, 30-8-30
\$\$\$\$\$	PLARETASE 8000
\$\$\$\$\$	ULTRASE/MT
\$\$\$\$\$	VIOKASE

Drug coverage is dependent on individual plan benefits

## OTHER GASTROINTESTINAL DRUGS

\$ **diphenoxylate/atropine** (Lomotil)

\$ **lactulose – encephalopathy**

\$ **metoclopramide** (Reglan)

\$ **sulfasalazine** (Azulfidine)

\$\$\$\$ **calcium acetate** (Phoslo)

\$\$\$\$ PHOSLO – calcium acetate

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

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

\$\$\$\$\$ CANASA – mesalamine supp

\$\$\$\$\$ DIPENTUM – olsalazine

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

\$\$\$\$\$ **mesalamine enema**

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

\$\$\$\$\$ RENAGEL – sevelamer hcl

\$\$\$\$\$ RENVELA – sevelamer carbonate

\$\$\$\$\$ URSO – ursodiol

## GENITOURINARY DRUGS

### URINARY TRACT INFECTIONS

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

\$\$ **nitrofurantoin macrocystals** (Macrochantin)

### URINARY TRACT SPASMS

\$ **oxybutynin**

\$\$\$\$ DETROL – tolterodine

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

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

\$\$\$\$ VESICARE – solifenacin

### VAGINAL PRODUCTS

\$\$ ACID JELLY – acetic acid

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

\$\$ ESTRACE crm – estradiol

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

\$\$ PREMARIN crm – conjugated estrogens

\$\$\$ VAGIFEM – estradiol vaginal tabs

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

### OTHER GENITOURINARY DRUGS

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

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

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

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

\$\$\$\$ AVODART – dutasteride

\$\$\$\$ FLOMAX – tamsulosin

\$\$\$\$\$ CYSTAGON – cysteamine

## CENTRAL NERVOUS SYSTEM DRUGS

### ANXIETY

\$ **alprazolam** (Xanax)

\$ **buspirone** (Buspar)

Drug coverage is dependent on individual plan benefits

\$ DIAZEPAM oral soln, 5 mg/5 mL  
 \$ **diazepam** (Valium)  
 \$ **hydroxyzine hcl**  
 \$ **hydroxyzine pamoate** (Vistaril)  
 \$ **lorazepam** (Ativan)

**DEPRESSION**

\$ **amitriptyline**  
 \$ **citalopram** (Celexa)  
 \$ **doxepin**  
 \$ **fluoxetine** (Prozac)  
 \$ **mirtazapine** (Remeron)  
 \$ **nortriptyline** (Pamelor)  
 \$ **paroxetine hcl** (Paxil)  
 \$ **sertraline** (Zoloft)  
 \$ **trazodone**  
 \$\$ **bupropion** (Wellbutrin)  
 \$\$ **clomipramine** (Anafranil)  
 \$\$ **desipramine** (Norpramin)  
 \$\$ **imipramine hcl** (Tofranil)  
 \$\$\$ **bupropion ext-release – 12 hr** (Wellbutrin SR)  
 \$\$\$ **bupropion ext-release – 24 hr** (Wellbutrin XL)  
 \$\$\$ **tranylcypromine** (Parnate)  
 \$\$\$\$ EFFEXOR XR – venlafaxine ext-release  
 \$\$\$\$ LEXAPRO – escitalopram  
 \$\$\$\$ NARDIL – phenelzine  
 \$\$\$\$ **paroxetine hcl ext-release, 12.5 mg, 25 mg** (Paxil CR)  
 \$\$\$\$ **venlafaxine** (Effexor)

**PSYCHOTIC AND BIPOLAR DISORDERS**

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

Drug coverage is dependent on individual plan benefits

\$\$\$\$\$ RISPERDAL M-TAB – risperidone  
 \$\$\$\$\$ **risperidone tabs** (Risperdal)  
 \$\$\$\$\$ SEROQUEL – quetiapine  
 \$\$\$\$\$ SEROQUEL XR – quetiapine ext-release

#### SLEEP AIDS

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

#### HYPERACTIVITY/NARCOLEPSY

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

#### MULTIPLE SCLEROSIS

\$\$\$\$\$ AVONEX – interferon beta-1a  
 \$\$\$\$\$ COPAXONE – glatiramer  
 \$\$\$\$\$ REBIF – interferon beta-1a

#### OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$ **bupropion ext-release** (Zyban)  
 \$\$\$ ORAP – pimozide  
 \$\$\$\$ ANTABUSE – disulfiram  
 \$\$\$\$ CHANTIX – varenicline  
 \$\$\$\$\$ ARICEPT – donepezil  
 \$\$\$\$\$ ARICEPT ODT – donepezil  
 \$\$\$\$\$ EXELON caps, soln – rivastigmine  
 \$\$\$\$\$ EXELON patches – rivastigmine

#### PAIN RELIEF DRUGS

##### NON-NARCOTIC DRUGS

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

##### NARCOTIC DRUGS

\$ **acetaminophen/codeine** (Tylenol w/Codeine)  
 \$ **aspirin/codeine**  
 \$ CODEINE SULFATE 15 mg  
 \$ **codeine sulfate 30 mg, 60 mg**

Drug coverage is dependent on individual plan benefits

\$	DILAUDID-5 – hydromorphone
\$	<b>hydrocodone/acetaminophen caps, 5/500</b>
\$	<b>hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500</b> (Lortab)
\$	<b>hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325</b> (Norco)
\$	<b>hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660</b> (Vicodin, Vicodin ES, Vicodin HP)
\$	<b>hydrocodone/acetaminophen tabs, 7.5/650, 10/650</b> (Lorcet, Lorcet Plus)
\$	<b>methadone conc, tabs</b>
\$	<b>morphine sulfate conc, 20 mg/mL; tabs</b>
\$	<b>oxycodone caps</b> (OxyIR)
\$	<b>oxycodone conc, soln, tabs</b> (Roxicodone)
\$	<b>oxycodone/acetaminophen caps, 5/500</b> (Tylox)
\$	<b>oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650</b> (Percocet)
\$	<b>propoxyphene hcl/acetaminophen tabs, 65/650</b>
\$	<b>propoxyphene napsylate/acetaminophen 50/325, 100/650</b> (Darvocet-N)
\$	<b>tramadol</b> (Ultram)
\$\$	<b>butalbital/aspirin/caffeine/codeine caps</b> (Fiorinal w/Codeine)
\$\$	<b>hydrocodone/acetaminophen soln, 7.5/500 per 15 mL</b> (Lortab)
\$\$	<b>hydrocodone/acetaminophen tabs, 10/750</b> (Maxidone)
\$\$	MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg
\$\$	<b>morphine sulfate supp, 5 mg, 10 mg, 20 mg</b>
\$\$	<b>oxycodone/aspirin tabs, 5/325</b> (Percodan)
\$\$\$	<b>hydromorphone supp</b> (Dilaudid)
\$\$\$	<b>morphine sulfate ext-release</b> (MS Contin)
\$\$\$\$	<b>fentanyl patches</b> (Duragesic)
\$\$\$\$	KADIAN – morphine sulfate ext-release
\$\$\$\$	<b>oxycodone ext-release</b> (OxyContin)
\$\$\$\$	SUBOXONE – buprenorphine/naloxone
\$\$\$\$	SUBUTEX – buprenorphine

### RHEUMATOID AND OSTEOARTHRITIS

\$	<b>diclofenac sodium delayed-release</b> (Voltaren)
\$	<b>etodolac</b>
\$	<b>ibuprofen – susp, 100 mg/5 mL not covered</b>
\$	<b>ketoprofen</b>
\$	<b>meloxicam tabs</b> (Mobic)
\$	<b>naproxen</b> (Naprosyn)
\$	<b>naproxen sodium</b> (Anaprox)
\$	<b>piroxicam</b> (Feldene)
\$	<b>sulindac</b> (Clinoril)
\$\$	<b>diclofenac sodium ext-release</b> (Voltaren XR)
\$\$	<b>indomethacin caps</b>
\$\$	<b>leflunomide</b> (Arava)
\$\$\$	<b>nabumetone</b>
\$\$\$\$	CELEBREX – celecoxib
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg
\$\$\$\$	ENBREL – etanercept
\$\$\$\$	HUMIRA – adalimumab

Drug coverage is dependent on individual plan benefits

## MIGRAINE HEADACHES

\$	<b>acetaminophen/isometheptene/dichloralphenazone</b> (Midrin)
\$\$\$\$	IMITREX inj – sumatriptan – <b>DL</b>
\$\$\$\$	IMITREX nasal – sumatriptan – <b>DL</b>
\$\$\$\$	IMITREX tabs – sumatriptan – <b>DL</b>
\$\$\$\$	MAXALT – rizatriptan – <b>DL</b>
\$\$\$\$	MAXALT-MLT – rizatriptan – <b>DL</b>
\$\$\$\$	MIGRANAL – dihydroergotamine – <b>DL</b>
\$\$\$\$	ZOMIG nasal – zolmitriptan – <b>DL</b>
\$\$\$\$	ZOMIG tabs – zolmitriptan – <b>DL</b>
\$\$\$\$	ZOMIG ZMT – zolmitriptan – <b>DL</b>

## GOUT

\$	<b>allopurinol</b>
\$	<b>colchicine</b>
\$\$	<b>probenecid</b>
\$\$\$	<b>probenecid/colchicine</b>

## NEUROMUSCULAR DRUGS

### SEIZURES

\$	<b>carbamazepine</b> (Tegretol)
\$	<b>clonazepam</b> (Klonopin)
\$	<b>phenobarbital</b>
\$	<b>phenytoin susp</b> (Dilantin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	<b>gabapentin caps, tabs</b> (Neurontin)
\$\$	PHENYTEK – phenytoin sodium extended
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	<b>divalproex delayed-release</b> (Depakote)
\$\$\$	<b>phenytoin sodium extended</b> (Dilantin)
\$\$\$	<b>primidone</b> (Mysoline)
\$\$\$	<b>valproic acid</b> (Depakene)
\$\$\$	<b>zonisamide</b> (Zonegran)
\$\$\$\$	CELONTIN – methsuximide
\$\$\$\$	DEPAKOTE SPRINKLES – divalproex
\$\$\$\$	<b>ethosuximide</b> (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	TEGRETOL-XR – carbamazepine ext-release
\$\$\$\$	DEPAKOTE ER – divalproex ext-release
\$\$\$\$	DIASTAT – diazepam
\$\$\$\$	GABITRIL – tiagabine
\$\$\$\$	KEPPRA – levetiracetam
\$\$\$\$	LAMICTAL Starter Kit – lamotrigine
\$\$\$\$	<b>lamotrigine</b> (Lamictal)
\$\$\$\$	<b>levetiracetam tabs, 250 mg, 500 mg, 750 mg</b> (Keppra)
\$\$\$\$	<b>oxcarbazepine tabs</b> (Trileptal)
\$\$\$\$	TOPAMAX – topiramate
\$\$\$\$	TRILEPTAL susp – oxcarbazepine

Drug coverage is dependent on individual plan benefits

## PARKINSON'S DISEASE

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

## MUSCLE RELAXANTS

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

## OTHER NEUROMUSCULAR DRUGS

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

## SUPPLEMENTS

### VITAMINS

\$	MEPHYTON – phytonadione
\$\$\$	<b>calcitriol</b> (Rocaltrol)
\$\$\$	<b>ergocalciferol</b> (Drisdol)

### MULTIVITAMINS

\$	<b>pediatric multivitamins/fluoride</b>
\$	<b>pediatric multivitamins/fluoride/iron</b>
\$	<b>pediatric vitamins ADC/fluoride</b>
\$	<b>pediatric vitamins ADC/fluoride/iron</b>
\$	<b>prenatal multivitamins/1 mg folic acid</b>

### MINERALS AND ELECTROLYTES

\$	<b>potassium chloride ext-release tabs, 8 mEq</b>
\$	<b>potassium chloride ext-release tabs, 10 mEq</b> (K-Tabs)
\$	<b>potassium chloride ext-release tabs, 10 mEq, 20 mEq</b>
\$	<b>potassium chloride packets, 20 mEq</b> (K-Lor)
\$	<b>potassium chloride soln, 10%, 20%</b>
\$	<b>potassium phosphate/sodium phosphates</b> (K-Phos Neutral)
\$\$	K-PHOS – potassium phosphate monobasic

Drug coverage is dependent on individual plan benefits

- \$\$ **potassium chloride ext-release caps, 10 mEq** (Micro-K 10)
- \$\$ **potassium bicarbonate/chloride effervescent tabs, 25 mEq** (K-Lyte/Cl)

## BLOOD MODIFYING DRUGS

- \$ **folic acid tabs, 1 mg**
- \$ **heparin sodium inj**
- \$ **heparin sodium lock flush**
- \$ **pentoxifylline ext-release** (Trental)
- \$ **warfarin** (Coumadin)
- \$\$\$ **anagrelide** (Agrylin)
- \$\$\$ **cilostazol** (Pletal)
- \$\$\$\$ DROXIA – hydroxyurea
- \$\$\$\$ PLAVIX 75 mg – clopidogrel
- \$\$\$\$\$ ARANESP – darbepoetin
- \$\$\$\$\$ EPOGEN – epoetin alfa
- \$\$\$\$\$ LOVENOX – enoxaparin
- \$\$\$\$\$ NEULASTA – pegfilgrastim
- \$\$\$\$\$ NEUPOGEN – filgrastim
- \$\$\$\$\$ PROCRT – epoetin alfa

## TOPICAL PRODUCTS

### EYE

#### • *Anti-infectives*

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

#### • *Steroids and Combination Products*

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

Drug coverage is dependent on individual plan benefits

• **Glaucoma**

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

• **Other Eye Products**

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

**EAR**

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

**MOUTH AND THROAT (local)**

\$	<b>lidocaine viscous</b>
\$	<b>triamcinolone paste</b>
\$\$	<b>nystatin susp</b>
\$\$\$\$	EVOXAC – cevimeline
\$\$\$\$	<b>pilocarpine tabs</b> (Salagen)

**ANORECTAL AGENTS**

\$	<b>hydrocortisone acetate supp, 25 mg</b> (Anusol-HC)
\$	<b>hydrocortisone crm, 2.5%</b> (Anusol-HC)

Drug coverage is dependent on individual plan benefits

\$\$\$\$ CORTIFOAM – hydrocortisone acetate

\$\$\$\$ **hydrocortisone enema**

## SKIN CONDITIONS/PRODUCTS

### • Acne

\$ **clindamycin** (Cleocin T)

\$ **erythromycin gel**

\$ **erythromycin pads, soln, 2%**

\$\$ **erythromycin/benzoyl peroxide** (Benzamycin)

\$\$ **sulfacetamide sodium/sulfur crm, emulsion** (Plexion)

\$\$ **tretinoin** (Retin-A)

\$\$\$ **metronidazole** (Metro lotion)

\$\$\$ **metronidazole 0.75%** (Metrocream)

\$\$\$ **metronidazole gel, 0.75%**

\$\$\$ **sulfacetamide sodium/sulfur lotn**

\$\$\$\$ DIFFERIN – adapalene

\$\$\$\$ FINACEA – azelaic acid

\$\$\$\$ TAZORAC – tazarotene

\$\$\$\$ **isotretinoin caps** (Accutane)

### • Anti-infectives

\$ **econazole**

\$ **gentamicin**

\$ **ketoconazole shampoo, 2%** (Nizoral)

\$ **mupirocin oint** (Bactroban)

\$ **nystatin** (Mycostatin)

\$ **silver sulfadiazine** (Silvadene)

\$\$ **ciclopirox** (Loprox)

\$\$ **ketoconazole crm**

\$\$\$ LOPROX gel – ciclopirox

\$\$\$ LOPROX shampoo – ciclopirox

\$\$\$ ZOVIRAX – acyclovir

### • Corticosteroids

\$ **betamethasone dipropionate**

\$ **betamethasone dipropionate, augmented** (Diprolene)

\$ **betamethasone valerate**

\$ **clobetasol** (Temovate)

\$ **desonide** (Desowen)

\$ **fluocinonide** (Lidex)

\$ **fluticasone propionate** (Cutivate)

\$ **hydrocortisone 2.5%**

\$ **hydrocortisone valerate** (Westcort)

\$ **nystatin/triamcinolone**

\$ **triamcinolone**

\$ TRIAMCINOLONE oint, 0.05%

\$\$ **alclometasone** (Acloivate)

\$\$ **desoximetasone** (Topicort)

\$\$ **diflorasone**

\$\$ **halobetasol** (Ultravate)

Drug coverage is dependent on individual plan benefits

\$\$	<b>mometasone</b> (Elocon)
\$\$\$	<b>clobetasol</b> (Olux)
<b>• Other Skin Products</b>	
\$	<b>aluminum chloride soln</b> (Drysol)
\$	<b>lidocaine jelly, 2%; oint, 5%; soln, 4%</b> (Xylocaine)
\$	<b>selenium sulfide 2.5%</b> (Selsun)
\$	XERAC AC – aluminum chloride
\$\$	<b>lidocaine/prilocaine crm</b> (Emla)
\$\$	<b>permethrin crm, 5%</b> (Elimite)
\$\$	PYROGALLIC ACID – pyrogallol/chlorobutanol
\$\$\$	<b>doxepin crm</b> (Zonalon)
\$\$\$	ELIDEL – pimecrolimus
\$\$\$\$	<b>anthralin</b> (Dritho-Creme HP)
\$\$\$\$	CARAC – fluorouracil
\$\$\$\$	FLUOROPLEX – fluorouracil
\$\$\$\$	<b>fluorouracil crm, soln, 5%</b> (Efudex)
\$\$\$\$	<b>lindane lotn</b>
\$\$\$\$	<b>podofilox soln</b> (Condylox)
\$\$\$\$	PROTOPIC – tacrolimus
\$\$\$\$\$	ALDARA – imiquimod
\$\$\$\$\$	<b>calcipotriene soln</b> (Dovonex)
\$\$\$\$\$	DOVONEX crm – calcipotriene
\$\$\$\$\$	REGRANEX – becaplermin
\$\$\$\$\$	SOLARAZE – diclofenac sodium
\$\$\$\$\$	SORIATANE CK Kit – acitretin

## MISCELLANEOUS CATEGORIES

DIABETIC SUPPLIES – Bayer Diagnostics and Roche Diagnostics meters, blood glucose control reagents, and blood glucose test strips are preferred.

ACCU-CHEK ACTIVE
ACCU-CHEK ADVANTAGE
ACCU-CHEK AVIVA
ACCU-CHEK COMFORT CURVE
ACCU-CHEK COMPACT
ACCU-CHEK INSTANT
ASCENSIA AUTODISC
ASCENSIA BREEZE/BREEZE 2
ASCENSIA CONTOUR
ASCENSIA ELITE/ELITE XL
BD INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
LANCETS & LANCET DEVICES

## RESPIRATORY INHALER ASSIST DEVICES

BREATHERITE
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Drug coverage is dependent on individual plan benefits

## MISCELLANEOUS DRUGS

\$\$	<b>azathioprine</b> (Imuran)
\$\$\$	<b>sodium polystyrene sulfonate powder, rectal susp</b>
\$\$\$\$	CELLCEPT – mycophenolate mofetil
\$\$\$\$	CHEMET – succimer
\$\$\$\$	CUPRIMINE – penicillamine
\$\$\$\$	<b>cyclosporine</b> (Sandimmune)
\$\$\$\$	<b>cyclosporine modified caps, 25 mg, 100 mg; soln</b> (Neoral)
\$\$\$\$	MYFORTIC – mycophenolate delayed-release
\$\$\$\$	PROGRAF – tacrolimus
\$\$\$\$	RAPAMUNE – sirolimus