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Alliance Medicare Rx  
ALLIANCE HEALTH AND LIFE INSURANCE COMPANY powered by 

Alliance Medicare PPO  
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# 2009 FORMULARY

(List of Covered Drugs)

**PLEASE READ:  
THIS DOCUMENT CONTAINS INFORMATION ABOUT  
THE DRUGS WE COVER IN THIS PLAN**

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX's partial formulary as of August 14, 2008. For a complete, updated formulary, please visit our Web site at [www.hap.org/medicare](http://www.hap.org/medicare) or call the Plan-specific phone number below, Monday through Friday, 8 a.m. to 8 p.m. and Saturday 8 a.m. to noon. TTY/TDD users should call (313) 664-8000.

HAP Senior Plus at (800) 801-1770  
Alliance Medicare PPO at (888) 658-2536  
Alliance Medicare Rx at (800) 765-3436



## **WHAT IS THE HAP SENIOR PLUS, ALLIANCE MEDICARE PPO, AND ALLIANCE MEDICARE Rx FORMULARY?**

A formulary is a list of covered drugs selected by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX. For a complete listing of all prescription drugs covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX, please visit our Web site at [www.hap.org/medicare](http://www.hap.org/medicare) or call Member Services at the Plan-specific phone number below, Monday through Friday, 8 a.m. to 8 p.m. and Saturday 8 a.m. to noon. From November 15 through March 1, our hours will be extended for your convenience. You will be able to speak to a Client Services Specialist 7 days a week, between 8 a.m. and 8 p.m. TTY/TDD users should call (313) 664-8000.

## **CAN THE FORMULARY CHANGE?**

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes

available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 14, 2008. To get updated information about the drugs covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX, please visit our Web site at [www.hap.org/medicare](http://www.hap.org/medicare) or call Member Services at the Plan-specific phone number below, Monday through Friday, 8 a.m. to 8 p.m. and Saturday 8 a.m. to noon. From November 15 through March 1, our hours will be extended for your convenience. You will be able to speak to a Client Services Specialist 7 days a week, between 8 a.m. and 8 p.m.. TTY/TDD users should call (313) 664-8000.

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## HOW DO I USE THE FORMULARY?

There are two ways to find your drug within the formulary:

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1 of this section. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page VI. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## WHAT ARE GENERIC DRUGS?

HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare Rx cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

**Generic Substitution:** When there is a generic version of a brand-name drug available, our network pharmacies will automatically give you the generic version, unless your doctor has told us that you must

take the brand-name drug and we have approved this request.

**Prior Authorization:** HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX require you, or your physician, to get prior authorization for certain drugs. This means that you will need to get approval from HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX before you fill your prescriptions. If you don't get approval, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX may not cover the drug.

**Quantity Limits:** For certain drugs, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX limit the amount of the drug that HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX will cover. For example, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX provide 10 syringes per prescription for Lovenox. This may be in addition to a standard one month or three month supply.

**Special Formulations:** Not all forms of the drugs listed in the Plan formulary are covered. When a drug is listed on the formulary, it refers to the commercially- available form. For example, compounded medications and other special formulations containing one or more Part D drugs are generally not covered unless the compounded version is medically necessary and there is no commercially-available alternative that would be appropriate for the prescribed use.

**Step Therapy:** In some cases, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX may not cover drug B unless you try Drug A first. If Drug A does not work for you, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX will then cover Drug B

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX to make an exception to these restrictions or limits. See the section, “How do I request an exception to the HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX’s formulary?” below for information about how to request an exception

## **WHAT IF MY DRUG IS NOT ON THE FORMULARY?**

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX may cover your drug. You can contact Member Services, for:

**HAP Senior Plus call  
(800) 801-1770 toll-free**  
**Alliance Medicare PPO call  
(888) 658-2536 toll-free**  
**Alliance Medicare Rx call  
(800) 765-3436 toll-free**

### **TTY/TDD users should call (313) 664-8000**

- If you learn that HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX do not cover your drug, you have two options:
- You can ask Member Services for a list of similar drugs that are covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX.
- You can ask HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX to make an exception and cover your drug. See below for information about how to request an exception.

## **HOW DO I REQUEST AN EXCEPTION TO THE PLAN FORMULARY?**

You can ask HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

Generally, HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your**

**request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

## **WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug

(unless you have a prescription for fewer days) while you pursue a formulary exception.

HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX acknowledges that special situations may evolve out of unplanned transition periods due to a change in level of care (such as transitioning out of Long Term Care) and will accommodate a one-time temporary fill via the exception process to ensure that beneficiaries do not experience a coverage gap while proceeding through the transition process.

## **FOR MORE INFORMATION**

For more detailed information about your HAP Senior Plus, Alliance Medicare PPO, or Alliance Medicare RX prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about your HAP Senior Plus, Alliance Medicare PO, and Alliance Medicare Rx, please call Member Services at:

**HAP Senior Plus at  
(800) 801-1770 toll-free**

**Alliance Medicare PPO at  
(888) 658-2536 toll-free**

**Alliance Medicare Rx at  
(800) 765-3436 toll-free**

**TTY/TDD users should call (313) 664-8000**

Our normal hours are Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 8 a.m. to noon. However we are pleased to offer extended hours from November 15, 2007 through March 1, 2008; during our extended hours, Client Service Specialists will be available seven days a week, including holidays, from 8 a.m. to 8 p.m.

**Or visit [www.hap.org/medicare](http://www.hap.org/medicare).**

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## **HAP SENIOR PLUS, ALLIANCE MEDICARE PPO, AND ALLIANCE MEDICARE Rx FORMULARY**

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX. If you have trouble finding your drug in the list, turn to the Index that begins on page <index page number>. Remember: This is only a partial list of drugs covered by HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX. If your prescription is not in this partial formulary, please visit our Web site at [www.hap.org/medicare](http://www.hap.org/medicare) or call Member Services, for

**HAP Senior Plus at  
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**TTY/TDD users should call (313) 664-8000  
for additional help.**

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ZOCOR) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Notes column tells you if HAP Senior Plus, Alliance Medicare PPO, and Alliance Medicare RX have any special requirements for coverage of your drug. Following is the key of the Plans' abbreviations in the Notes field:

- G** – Indicates that only the generic drug is covered; the brand name is listed for reference only.
- LA** – Limited access; drug may only be obtained only through certain providers as a result of an FDA restricted distribution or the Part D drug requiring extraordinary special handling.
- PA** – Indicates that the drug requires prior authorization
- QL** – Indicates that the drug is subject to quantity limits
- ST** – Indicates that coverage for the drug is subject to step therapy requirements.



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## PRESCRIPTION DRUG FORMULARY

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS AND ANTI-INFLAMMATORIES (PAIN MANAGEMENT - NARCOTIC AND NON-NARCOTIC)</b>		
ACTIQ; <i>fentanyl citrate</i>	1	G
ANAPROX; <i>naproxen</i>	1	G,QL
ANSAID; <i>flurbiprofen</i>	1	G
ARTHROTEC 50; <i>diclofenac sodium/misoprostol</i>	3	QL
ARTHROTEC 75; <i>diclofenac sodium/misoprostol</i>	3	QL
ASPIRIN W/CODEINE; <i>codeine phosphate/aspirin</i>	1	G
AVINZA, KADIAN ; <i>morphine sulfate</i>	2	QL
BUPRENEX, SUBUTEX; <i>buprenorphine hcl</i>	2	
BUTORPHANOL TARTRATE; <i>butorphanol tartrate</i>	1	G
BY-ACHE; <i>sal-amide/acetaminophn/p-tlox</i>	1	G
CELEBREX; <i>celecoxib</i>	3	QL,ST
CLINORIL; <i>sulindac</i>	1	G,QL
CODEINE; <i>codeine sulf</i>	1	G
DARVOCET N; <i>propoxyphene/acetaminophen</i>	1	G,QL
DARVON; <i>propoxyphene hcl</i>	1	G
DAYPRO; <i>oxaprozin</i>	1	G,QL
DEMEROL; <i>meperidine hcl</i>	1	G
DICLOFENAC POTASSIUM; <i>diclofenac potassium</i>	1	G
DICLOFENAC SODIUM; <i>diclofenac sodium</i>	1	G,QL
DIFLUNISAL; <i>diflunisal</i>	1	G
DILAUDID; <i>hydromorphone hcl</i>	1	G
DOLOPHINE HCL; <i>methadone hcl</i>	1	G
DURACLON; <i>clonidine hcl</i>	2	
DURAGESIC; <i>fentanyl</i>	1	G,QL
ETODOLAC; <i>etodolac</i>	1	G,QL,ST
FELDENE; <i>piroxicam</i>	1	G,QL
FENOPROFEN CALCIUM; <i>fenopropfen calcium</i>	1	G
INDOCIN; <i>indomethacin</i>	1	G,QL
KETOPROFEN; <i>ketoprofen</i>	1	G,QL
MECLOMEN; <i>meclofenamate sodium</i>	1	G
MOBIC; <i>meloxicam</i>	1	G
MORPHINE SULFATE; <i>morphine sulfate</i>	2	QL
MOTRIN; <i>ibuprofen</i>	1	G,QL
NAPRELAN; <i>naproxen sodium</i>	1	G,QL
OXYCONTIN 10,20,40,80MG; <i>oxycodone hcl</i>	1	G
PERCOCET, TYLOX ; <i>oxycodone hcl/acetaminophen</i>	1	G
PERCODAN; <i>oxycodone/aspirin</i>	1	G

## PRESCRIPTION DRUG FORMULARY

<b>ANALGESICS AND ANTI-INFLAMMATORIES, continued</b>		
PRIALT; <i>ziconotide acetate</i>	4	
RELAFEN; <i>nabumetone</i>	1	G,QL,ST
RHINOFLEX; <i>acetaminophen/phenyltolx cit</i>	1	G
ROXANOL; <i>morphine sulfate</i>	1	G
SALFLEX; <i>salsalate</i>	1	G
SUBOXONE; <i>buprenorphine hcl/naloxone hcl</i>	2	
TALWIN NX; <i>pentazocine hcl/naloxone hcl</i>	1	G
TOLECTIN; <i>tolmetin sodium</i>	1	G
TORADOL; <i>ketorolac tromethamine</i>	1	G
TYLENOL 3; <i>codeine phos/acetaminophen</i>	1	G,QL
ULTRACET ; <i>tramadol hcl/acetaminophen</i>	1	G,QL
ULTRAM; <i>tramadol hcl</i>	1	G,QL
VICODEN, LORTAB; <i>hydrocodone bit/acetaminophen</i>	1	G,QL
<b>ANESTHETIC AGENTS</b>		
LIDOCAINE HCL; <i>lidocaine hcl</i>	1	G
LIDOCAINE VISCOUS; <i>lidocaine hcl</i>	1	G
LIDOCAINE-PRILOCAINE; <i>lidocaine/prilocaine</i>	1	G
LIDODERM; <i>lidocaine</i>	2	
PHENAZOPYRIDINE; <i>phenazopyridine</i>	1	G
PROPARACAINE; <i>proparacaine hcl</i>	1	G
<b>ANTIBACTERIALS</b>		
AMOXIL; <i>amoxicillin trihydrate</i>	1	G
AMPICILLIN TRIHYDRATE; <i>ampicillin trihydrate</i>	1	G
AMPICILLIN-SULBACTAM; <i>ampicillin sodium/sulbactam na</i>	1	G
ANCEF; <i>cefazolin sodium</i>	1	G
AUGMENTIN; <i>amox tr/potassium clavulanate</i>	1	G,QL
AUGMENTIN CHEW TAB; <i>amox tr/potassium clavulanate</i>	3	QL
AUGMENTIN XR; <i>amox tr/potassium clavulanate</i>	3	QL
AVELOX; <i>moxifloxacin hcl</i>	3	QL
AZACTAM; <i>aztreonam</i>	3	
BACIIM; <i>bacitracin</i>	1	G
BACTRIM; <i>sulfamethoxazole/trimethoprim</i>	1	G,QL
BACTROBAN NASAL; <i>mupirocin calcium</i>	2	
BIAXIN . BIAXIN XL ; <i>clarithromycin</i>	1	G,QL
CECLOR, CEFACLOR ER; <i>cefaclor</i>	1	G
CEFOXITIN; <i>cefoxitin sodium</i>	1	G
CEFTIN; <i>cefuroxime axetil</i>	1	G
CEFZIL; <i>cefprozil</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## ANTIBACTERIALS, continued

CIPRO; <i>ciprofloxacin</i>	1	G,QL
CIPRO XR; <i>ciprofloxacin</i>	3	
CLAFORAM; <i>cefotaxime sodium</i>	1	G
CLEOCIN; <i>clindamycin hcl</i>	1	G,QL
CLINDAMYCIN PHOSPHATE; <i>clindamycin phosphate</i>	1	G
COLY-MYCIN; <i>colistimethate sodium</i>	1	G
CUBICIN; <i>daptomycin</i>	2	
DECLOMYCIN; <i>demeclocycline hcl</i>	1	G
DICLOXACILLIN; <i>dicloxacillin sodium</i>	1	G
DURICEF; <i>cefadroxil hydrate</i>	1	G
DYNACIN; <i>minocycline hcl</i>	1	G
ERYPED; <i>erythromycin ethylsuccinate</i>	1	G
ERYTHROMYCIN BASE; <i>erythromycin base</i>	1	G
ERYTHROMYCIN ETHYLSUCCINATE; <i>erythromycin ethylsuccinate</i>	1	G
ERYTHROMYCIN LACTOBIONATE ; <i>erythromycin lactobionate</i>	2	
FLAGYL; <i>metronidazole</i>	1	G,QL
FLOXIN; <i>ofloxacin</i>	1	G,QL
GARAMYCIN; <i>gentamicin sulfate</i>	1	G
GEOCILLIN; <i>carbenicillin indanyl sodium</i>	2	
HELIDAC; <i>tetracyc hcl/bis ss/metronid</i>	2	
INVANZ; <i>ertapenem sodium</i>	2	
KANTREX; <i>kanamycin sulfate</i>	1	G
KEFLEX; <i>cephalexin monohydrate</i>	1	G,QL
KETEK; <i>telithromycin</i>	2	QL
LEVAQUIN; <i>levofloxacin</i>	3	QL
MAXIPIPE; <i>cefepime hcl</i>	1	G
MINOCIN; <i>minocycline hcl</i>	1	G
NAFCILLIN SODIUM; <i>nafcillin sodium</i>	1	G
NALLPEN PIGGYBACK; <i>nafcillin sodium</i>	2	
NEBCIN; <i>tobramycin sulfate</i>	2	
NEO-FRADIN; <i>neomycin sulfate</i>	1	G
OMNICEF; <i>cefdinir</i>	3	G
PCE; <i>erythromycin base</i>	3	
PEDIAZOLE; <i>ery e-succ/sulfisoxazole</i>	1	G
PENICILLIN G POTASSIUM; <i>penicillin g potassium</i>	1	G
PENICILLIN G SODIUM; <i>penicillin g sodium</i>	1	G
PIPERACIL; <i>piperacillin sodium</i>	2	G
PRIMAXIN; <i>imipenem/cilastatin sodium</i>	2	
ROCEPHIN ; <i>ceftriaxone sodium</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## ANTIBACTERIALS, continued

ROCEPHIN IV ; ceftriaxone sodium	3	
SULFADIAZINE; <i>sulfadiazine</i>	1	G
SULFATRIM, SULFAZINE; <i>sulfasalazine</i>	1	G
SUMYCIN CAPS; <i>tetracycline hcl</i>	1	G
TAZICEF; <i>ceftazidime pentahydrate</i>	1	G
TIMENTIN; ticarcillin/k clavulanate	2	
TYGACIL; <i>tigecycline</i>	2	
UNASYN; <i>ampicillin sodium sublactam</i>	2	
VANCOCIN HCL; <i>vancomycin hcl</i>	2	
VANCOMYCIN HCL; <i>vancomycin hcl</i>	1	G
VANTIN; <i>cefpodoxime proxetil</i>	1	G
VEETIDS ; <i>penicillin v potassium</i>	1	G
VIBRA-TABS; <i>doxycycline hyclate</i>	1	G
ZINACEF; cefuroxime sodium	1	G
ZITHROMAX; <i>azithromycin</i>	1	G,QL
ZMAX; <i>azithromycin</i>	3	QL
ZOSYN; <i>piperacillin/tazobactam/dex-is</i>	2	
ZYVOX; <i>linezolid</i>	2	PA

## ANTICONVULSANTS

CARBATROL; <i>carbamazepine</i>	3	QL
CELONTIN; <i>methsuximide</i>	2	
CEREBYX; <i>fosphenytoin sodium</i>	1	G
DEPAKENE; <i>valproate sodium</i>	1	G
DEPAKENE; <i>valproic acid</i>	1	G
DEPAKOTE; <i>divalproex sodium</i>	2	QL
DEPAKOTE ER; <i>divalproex sodium</i>	3	QL
DEPAKOTE SPRINKLE; <i>divalproex sodium</i>	2	QL
DILANTIN; <i>phenytoin</i>	2	QL
EQUETRO; <i>carbamazepine</i>	3	QL
FELBATOL; <i>felbamate</i>	2	
GABAPENTIN; <i>gabapentin</i>	1	G
GABITRIL; <i>tiagabine hcl</i>	3	
KEPPRA; <i>levetiracetam</i>	2	QL
KEPPRA INJ.; <i>levetiracetam</i>	3	QL
LAMICTAL; <i>lamotrigine</i>	2	
LAMOTRIGINE; <i>lamotrigine</i>	1	G
LYRICA; <i>pregabalin</i>	3	
MAGNESIUM SULFATE; <i>magnesium sulfate</i>	1	G
MYSOLINE; <i>primidone</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## ANTICONVULSANTS, continued

NEURONTIN; <i>gabapentin</i>	3	
PEGANONE; <i>ethotoin</i>	2	
PHENYTEK; <i>phenytoin sodium extended</i>	2	
PHENYTOIN SODIUM; <i>phenytoin sodium</i>	1	G
TEGRETOL; <i>carbamazepine</i>	1	G
TEGRETOL XR; <i>carbamazepine</i>	2	
TOPAMAX; <i>topiramate</i>	3	QL
TRILEPTAL; <i>oxcarbazepine</i>	1	G
ZARONTIN; <i>ethosuximide</i>	1	G
ZONEGRAN; <i>zonisamide</i>	1	G,QL

## ANTIDEMENTIA AGENTS

ARICEPT; <i>donepezil hcl</i>	2	QL
ARICEPT ODT; <i>donepezil hcl</i>	2	QL
EXELON; <i>rivastigmine tartrate</i>	2	QL
HYDERGINE; <i>ergoloid mesylates</i>	1	G
NAMENDA; <i>memantine hydrochloride</i>	2	QL
RAZADYNE; <i>galantamine hydrobromide</i>	3	QL
RAZADYNE ER; <i>galantamine hydrobromide</i>	3	QL
URECHOLINE; <i>bethanechol chloride</i>	1	G

## ANTIDEPRESSANTS

AMOXAPINE; <i>amoxapine</i>	1	G,QL
AMOXAPINE 150MG TABS; <i>amoxapine</i>	2	QL
ANAFRANIL; <i>clomipramine hcl</i>	1	G,QL
AVENTYL HCL; <i>nortriptyline hcl</i>	1	G,QL
CELEXA; <i>citalopram</i>	1	G,QL
CYMBALTA; <i>duloxetine hcl</i>	3	QL
DESYREL; <i>trazodone hcl</i>	1	G,QL
EFFEXOR; <i>venlafaxine hcl</i>	1	G,QL
EFFEXOR XR; <i>venlafaxine hcl</i>	2	
ELAVIL; <i>amitriptyline hcl</i>	1	G,QL
LEXAPRO; <i>escitalopram oxalate</i>	3	QL
LIMBITROL; <i>amitriptyline hcl/chlordiazepoxide</i>	1	G,QL
LUDIOMIL; <i>maprotiline hcl</i>	1	G,QL
LUVOX; <i>fluvoxamine hcl</i>	1	G,QL
MARPLAN; <i>isocarboxazid</i>	3	
NARDIL; <i>phenelzine sulfate</i>	2	
NORPRAMIN; <i>desipramine hcl</i>	1	G,QL
PARNATE; <i>tranylcypromine sulfate</i>	1	G,QL

# PRESCRIPTION DRUG FORMULARY

## ANTIDEPRESSANTS, continued

PAXIL; <i>paroxetine hcl</i>	1	G,QL
PEXEVA; <i>paroxetine mesylate</i>	3	QL
PROZAC; <i>fluoxetine hcl</i>	1	G,QL
REMERON; <i>mirtazapine</i>	1	G,QL
SERZONE; <i>nefazodone hcl</i>	1	G,QL
SINEQUAN ; <i>doxepin hcl</i>	1	G,QL
SURMONTIL; <i>trimipramine maleate</i>	1	G
SYMBYAX; <i>olanzapine/fluoxetine hcl</i>	2	QL
TOFRANIL; <i>imipramine hcl</i>	1	G,QL
TOFRANIL PM; <i>imipramine pamoate</i>	1	G,QL
VIVACTIL; <i>protriptyline hcl</i>	2	
WELLBUTRIN; <i>bupropion hcl</i>	1	G,QL
ZOLOFT; <i>sertraline hcl</i>	1	G,QL

## ALCOHOL AND SMOKING DETERRENTS

ANTABUSE; <i>antabuse</i>	2	
CAMPRAL; <i>campral</i>	2	
CHANTIX; <i>varenicline tartrate</i>	2	QL
NICOTINE; <i>nicotine</i>	1	G
NICOTROL; <i>nicotrol</i>	2	
NICOTROL NS; <i>nicotrol ns</i>	2	

## ANTIDOTES

KAYEXALATE; <i>sodium polystyrene sulfonate</i>	1	G
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## ANTIDOTES - TOXICOLOGICAL

ANTIZOL; <i>fomepizole</i>	4	
CUPRIMINE; <i>penicillamine</i>	2	
DEPEN; <i>penicillamine</i>	2	
EXJADE; <i>deferasirox</i>	2	
NARCAN; <i>naloxone hcl</i>	2	
REVIA; <i>naltrexone hcl</i>	1	G
SYPRINE; <i>trientine hcl</i>	2	

## ANTIEMETICS

ANTIVERT; <i>meclizine hcl</i>	1	G,QL
ANZEMET; <i>dolasetron mesylate</i>	3	QL
COMPAZINE; <i>prochlorperazine maleate</i>	1	G
EMEND; <i>aprepitant</i>	2	
KYTRIL; <i>granisetron hcl</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## ANTIEMETICS, continued

METHSCOPALAMINE; <i>scopolamine methylbromide</i>	1	G
TIGAN; <i>trimethobenzamide hcl</i>	1	G
ZOFRAN; <i>ondansetron hcl</i>	1	G

## ANTIFUNGALS (ANTI-INFECTIVES)

ABELCET; <i>amphotericin b lipid complex</i>	2	
AMBISOME; <i>amphotericin b liposome</i>	2	
AMPHOTEC; <i>amphotericin b cholesteryl sul</i>	2	
AMPHOTERICIN B; <i>amphotericin b</i>	1	G
ANCOBON; <i>flucytosine</i>	2	
CANCIDAS; <i>caspofungin acetate</i>	3	
DIFLUCAN; <i>fluconazole</i>	1	G,QL
ERAXIS; <i>anidulafungin</i>	2	
GRIFULVIN V 500MG; <i>griseofulvin,microsize</i>	2	
GRISEOFULVIN; <i>griseofulvin microsize</i>	1	G
GRIS-PEG 125MG TAB; <i>griseofulvin ultramicrosize</i>	1	G
GRIS-PEG 250MG TAB; <i>griseofulvin ultramicrosize</i>	2	
LAMISIL; <i>terbinafine hcl</i>	2	QL
MYCAMINE; <i>micalofungin sodium</i>	3	
NIZORAL; <i>ketoconazole</i>	1	G
NYSTATIN; <i>nystatin</i>	1	G,QL
PENLAC; <i>ciloprilox</i>	3	
SPORANOX; <i>itraconazole</i>	1	G,PA
VFEND IV; <i>voriconazole</i>	2	

## ANTIGOUT AGENTS (PAIN MANAGEMENT)

COLCHICINE; <i>colchicine</i>	1	G,QL
COL-PROBENECID; <i>colchicine/probenecid</i>	1	G
PROBENECID; <i>probenecid</i>	1	G
ZYLOPRIM; <i>allopurinol</i>	1	G

## ANTIMIGRAINE AGENTS

AMERGE; <i>naratriptan hcl</i>	2	QL
DIHYDROERGOTAMINE; <i>dihydroergotamine mesylate</i>	1	G
IMITREX; <i>sumatriptan succinate</i>	2	QL
MAXALT; <i>rizatriptan benzoate</i>	2	QL
MAXALT MLT; <i>rizatriptan benzoate</i>	2	QL
MIGERGOT; <i>ergotamine tartrate/caffeine</i>	1	G
MIGRANAL; <i>dihydroergotamine mesylate</i>	3	QL

# PRESCRIPTION DRUG FORMULARY

## ANTIMYASTHENIC AGENTS

GUANIDINE HCL; <i>guanidine hcl</i>	1	G
MESTINON; <i>pyridostigmine bromide</i>	2	QL
NEOSTIGMINE METHYLSULFATE; <i>neostigmine methylsulfate</i>	1	G
PROSTIGMIN; <i>neostigmine bromide</i>	2	
PYRIDOSTIGMINE BROMIDE; <i>pyridostigmine bromide</i>	1	G

## ANTIMYCOBACTERIALS

DAPSONE; <i>dapsone</i>	2	
ETHAMBUTOL ; <i>ethambutol hcl</i>	1	G
ISONARIF; <i>rifampin/isoniazid</i>	1	G
ISONIAZID; <i>isoniazid</i>	1	G
MYCOBUTIN; <i>rifabutin</i>	2	
PYRAZINAMIDE; <i>pyrazinamide</i>	1	G
RIFAMPIN; <i>rifampin</i>	1	G

## ANTINEOPLASTICS

ABRAXANE; <i>paclitaxel protein-bound</i>	3	
ADRIAMYCIN; <i>doxorubicin hcl</i>	1	G
ALIMTA; <i>pemetrexed disodium</i>	3	
ALKERAN; <i>melphalan hcl</i>	3	
ARIMIDEX; <i>anastrozole</i>	3	QL
AROMASIN; <i>exemestane</i>	2	
ARRANON; <i>nelarabine</i>	3	
AVASTIN; <i>bevacizumab</i>	3	
BEXXAR; <i>tositumomab</i>	3	
BICNU; <i>carmustine</i>	3	
BLEOMYCIN SULFATE; <i>bleomycin sulfate</i>	1	G
BUSULFEX; <i>busulfan</i>	3	
CAMPATH; <i>alemtuzumab</i>	3	
CAMPTOSAR; <i>irinotecan hcl</i>	1	G
CARBOPLATIN; <i>carboplatin</i>	1	G
CASODEX; <i>bicalutamide</i>	3	QL
CEENU; <i>lomustine</i>	2	
CISPLATIN; <i>cisplatin</i>	1	G
CLADRIBINE; <i>cladribine</i>	1	G
CLOLAR; <i>clofarabine</i>	3	
COSMEGEN; <i>dactinomycin</i>	1	G
CYTARABINE; <i>cytarabine</i>	1	G
CYTOXIN; <i>cyclophosphamide</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## VANTINEOPLASTICS, continued

DACARBAZINE 100MG; <i>dacarbazine</i>	3	
DACARBAZINE 200MG; <i>dacarbazine</i>	1	G
DACOGEN; <i>decitabine</i>	4	
DAUNORUBICIN HCL; <i>daunorubicin hcl</i>	3	
DAUNOXOME; <i>daunorubicin citrate liposomal</i>	3	
DOXORUBICIN HCL; <i>doxorubicin hcl</i>	1	G
DROXIA; <i>hydroxyurea</i>	2	
ELIGARD; <i>leuprolide acetate</i>	3	
ELLENCE; <i>epirubicin hcl</i>	1	G
ELOXATIN; <i>oxaliplatin</i>	3	
ELSPAR; <i>asparaginase</i>	2	
EMCYT; <i>estramustine phosphate sodium</i>	2	
EPIRUBICIN HCL; <i>epirubicin hcl</i>	4	
ERBITUX; <i>cetuximab</i>	3	
ETHYOL; <i>amifostine crystalline</i>	3	
ETOPOPHOS; <i>etoposide phosphate</i>	3	
ETOPOSIDE; <i>etoposide</i>	1	G
EULEXIN; <i>flutamide</i>	1	G
FARESTON; <i>toremifene citrate</i>	2	
FASLODEX; <i>fulvestrant</i>	3	
FEMARA; <i>letrozole</i>	2	
FLOXURIDINE; <i>floxuridine</i>	3	
FLUDARABINE PHOSPHATE; <i>fludarabine phosphate</i>	3	
FUDR; <i>floxuridine</i>	1	G
GEMZAR; <i>gemcitabine hcl</i>	4	QL
GLEEVEC; <i>imatinib mesylate</i>	4	QL,PA
HERCEPTIN; <i>trastuzumab</i>	1	G,PA
HEXALEN; <i>altretamine</i>	2	
HYCAMTIN; <i>topotecan hcl</i>	1	G
HYDROXYUREA; <i>hydroxyurea</i>	1	G
IDARUBICIN HCL; <i>idarubicin hcl</i>	3	
IFEX; <i>ifosfamide</i>	3	
IFOSFAMIDE/MESNA; <i>ifosfamide/mesna</i>	1	G
IRESSA; <i>gefitinib</i>	4	PA
LEUCOVORIN ; <i>leucovorin calcium</i>	1	G
LEUCOVORIN CALCIUM; <i>leucovorin calcium</i>	3	
LEUKERAN; <i>chlorambucil</i>	2	
LUPRON DEPOT; <i>leuprolide acetate</i>	3	
MATULANE; <i>procarbazine hcl</i>	2	
MEGACE; <i>megestrol acetate</i>	1	G

## PRESCRIPTION DRUG FORMULARY

### ANTINEOPLASTICS, continued

MEGACE ES; <i>megestrol acetate</i>	2	
MESNEX INJ.; <i>mesna</i>	1	G
MESNEX TABS; <i>mesna</i>	3	
METHOTREXATE; <i>methotrexate sodium</i>	1	G,QL
MITOMYCIN; <i>mitomycin</i>	1	G
MUSTARGEN; <i>mechlorethamine hcl</i>	3	
MYLOTARG; <i>gemtuzumab ozogamicin</i>	3	
NEXAVAR; <i>sorafenib tosylate</i>	4	PA
NILANDRON; <i>nilutamide</i>	2	
NIPENT; <i>pentostatin</i>	3	
NOLVADEX; <i>tamoxifen citrate</i>	1	G,QL
NOVANTRONE; <i>mitoxantrone hcl</i>	1	G
ONCASPAR; <i>pegaspargase</i>	3	
ONTAK; <i>denileukin diftitox</i>	3	
ONXOL; <i>paclitaxel,semi-synthetic</i>	1	G
PACLITAXEL; <i>paclitaxel,semi-synthetic</i>	1	G
PHOTOFRIN; <i>porfimer sodium</i>	3	
PLENAXIS; <i>abarelix</i>	4	
PROLEUKIN; <i>aldesleukin</i>	4	
PURINETHOL; <i>mercaptopurine</i>	1	G
RITUXAN; <i>rituximab</i>	3	
SOLTAMOX; <i>tamoxifen citrate</i>	2	QL
SPRYCEL; <i>dasatinib</i>	4	PA
SUTENT; <i>sunitinib malate</i>	4	PA
TABLOID; <i>thioguanine</i>	1	G
TARCEVA; <i>erlotinib hcl</i>	4	PA
TARGRETIN; <i>bexarotene</i>	4	
TAXOTERE; <i>docetaxel</i>	3	
TESLAC; <i>testolactone</i>	2	
THIOPLEX 30MG; <i>thiotepa</i>	3	
THIOTEPA 15MG VIAL; <i>thiotepa</i>	1	G
TOPOSAR; <i>etoposide</i>	1	G
TRELSTAR DEPOT; <i>triptorelin pamoate</i>	4	PA
TRELSTAR LA; <i>triptorelin pamoate</i>	4	PA
TRISENOX; <i>arsenic trioxide</i>	3	
VANTAS; <i>histrelin ac</i>	3	PA
VECTIBIX; <i>panitumumab</i>	3	
VELCADE; <i>bortezomib</i>	3	
VESANOID; <i>tretinoin</i>	1	QL
VESANOID; <i>tretinoin</i>	4	QL

# PRESCRIPTION DRUG FORMULARY

## ANTINEOPLASTICS, continued

VIADUR; <i>leuprolide/lidocaine hcl</i>	3	PA
VIDAZA; <i>azacitidine</i>	4	
VINCRISTINE SULFATE; <i>vincristine sulfate</i>	1	G
VINORELBINE TARTRATE; <i>vinorelbine tartrate</i>	1	G
VUMON; <i>teniposide</i>	3	
ZANOSAR; <i>streptozocin</i>	3	
ZINECARD; <i>dexrazoxane</i>	1	G
ZOLADEX; <i>goserelin acetate</i>	3	PA
ZOLINZA; <i>vorinostat</i>	3	

## ANTIPARASITICS

ACTICIN; <i>permethrin</i>	1	G
ALINIA; <i>nitazoxanide</i>	3	QL
ARELAN PHOSPHATE; <i>chloroquine phosphate</i>	1	G
DARAPRIM; <i>pyrimethamine</i>	2	
HUMATIN ; <i>paromomycin sulfate</i>	1	G
KWELL; <i>lindane</i>	1	G
LARIUM; <i>mefloquine hcl</i>	1	G
MALARONE; <i>atovaquone/proguanil hcl</i>	2	
MEPRON; <i>atovaquone</i>	3	QL
METRONIDAZOLE; <i>metronidazole</i>	1	G,QL
MINTEZOL; <i>thiabendazole</i>	2	
NEUTREXIN; <i>trimetrexate gluconate</i>	4	PA
PENTAMIDINE ISETHIONATE INJ.; <i>pentamidine isethionate</i>	1	G
PLAQUENIL SULFATE; <i>hydroxychloroquine sulfate</i>	1	G,QL
TINDAMAX; <i>tinidazole</i>	2	QL
VERMOX; <i>mebendazole</i>	1	G

## ANTIPARKINSON AGENTS

APOKYN; <i>apomorphine hcl</i>	4	
ARTANE; <i>trihexyphenidyl hcl</i>	1	G
COGENTIN; <i>benztropine mesylate</i>	1	G
COMTAN; <i>entacapone</i>	2	
ELDEPRYL; <i>selegiline hcl</i>	1	G
EMSAM; <i>selegiline</i>	3	
MIRAPEX; <i>pramipexole di-hcl</i>	3	QL
NAMENDA; <i>memantine hcl</i>	2	QL
REQUIP; <i>ropinirole hcl</i>	1	G
SINEMET; <i>carbidopa/levodopa</i>	1	G,QL
STALEVO; <i>carbidopa/levodopa/entacapone</i>	2	

## PRESCRIPTION DRUG FORMULARY

### ANTIPARKINSON AGENTS, continued

SYMMETREL; <i>amantadine hcl</i>	1	G
TASMAR; <i>tolcapone</i>	2	
ZELPAR; <i>selegilene</i>	2	

### ANTIPSYCHOTICS (MENTAL HEALTH)

ABILIFY; <i>aripiprazole</i>	3	
CLOZARIL 25MG TABS; <i>clozapine</i>	1	G
CLOZARIL 50MG or 200MG tabs; <i>clozapine</i>	3	
FAZACLO; <i>clozapine</i>	3	QL
FLUPHENAZINE HCL; <i>fluphenazine hcl</i>	1	G
GEODON; <i>ziprasidone mesylate</i>	3	QL
HALDOL; <i>haloperidol</i>	1	G
HALDOL DECANOATE ; <i>haloperidol decanoate</i>	3	
INVEGA; <i>paliperidone</i>	3	
LOXITANE; <i>loxapine succinate</i>	1	G
MELLARIL; <i>thioridazine hcl</i>	1	G
MOBAN; <i>molindone hcl</i>	2	
NAVANE; <i>thiothixene</i>	1	G
NAVANE 20MG CAPS; <i>thiothixene</i>	2	
ORAP; <i>pimozide</i>	2	
PROLIXIN DECANOATE; <i>fluphenazine decanoate</i>	1	G
RISPERDAL; <i>risperidone</i>	1	G,QL
RISPERDAL CONSTA; <i>risperidone microspheres</i>	3	QL
SEROQUEL; <i>quetiapine fumarate</i>	2	QL
STELAZINE; <i>trifluoperazine hcl</i>	1	G
THORAZINE; <i>chlorpromazine hcl</i>	1	G
TRILAFON; <i>perphenazine</i>	1	G
ZYPREXA; <i>olanzapine</i>	2	QL
ZYPREXA ZYDIS; <i>olanzapine</i>	2	QL

### ANTIVIRALS (ANTI-INFECTIVES)

ACTIMMUNE; <i>interferon gamma 1b recomb</i>	4	
AGENERASE; <i>amprenavir/vitamin e</i>	2	
APTIVUS; <i>tipranavir</i>	3	
ATRIPLA; <i>efavirenz/emtricitab/tenofovir</i>	3	
BARACLUDGE; <i>entecavir</i>	4	PA
COMBIVIR; <i>lamivudine/zidovudine</i>	2	
CRIXIVAN; <i>indinavir sulfate</i>	2	
CYTOVENE CAPS; <i>ganciclovir</i>	1	G
CYTOVENE INJ.; <i>ganciclovir</i>	3	
EMTRIVA; <i>emtricitabine</i>	2	

## PRESCRIPTION DRUG FORMULARY

<b>ANTIVIRALS (ANTI-INFECTIVES), continued</b>		
EPIVIR; EPIVIR HBV; <i>lamivudine</i>	2	PA
EPZICOM; <i>abacavir sulfate/lamivudine</i>	2	
FAMVIR; <i>famciclovir</i>	3	QL
FUZEON; <i>enfuvirtide</i>	4	
HEPSERA; <i>adefovir dipivoxil</i>	2	PA
HIVID; <i>zalcitabine</i>	2	
INFERGEN; <i>interferon alfacon-1</i>	4	PA
INTRON A; <i>interferon alfa-2b, recomb.</i>	3	PA
INVIRASE; <i>saquinavir mesylate</i>	2	
KALETRA; <i>ritonavir/lopinavir</i>	2	
LEXIVA; <i>fosamprenavir calcium</i>	2	
NORVIR; <i>ritonavir</i>	2	
PEGASYS; <i>peginterferon alfa-2a</i>	4	QL, PA
PEG-INTRON; <i>peginterferon alfa-2b</i>	4	PA
PEG-INTRON REDIPEN; <i>peginterferon alfa-2b</i>	4	PA
PREZISTA; <i>darunavir ethanolate</i>	3	
RELENZA; <i>zanamivir</i>	2	
RESCRIPTOR; <i>delavirdine mesylate</i>	2	
RETROVIR; <i>zidovudine</i>	1	G
RETROVIR IV; <i>zidovudine</i>	2	
REYATAZ; <i>atazanavir sulfate</i>	2	
RIBASPHERE; <i>ribavirin</i>	1	G, PA
ROFERON-A; <i>interferon alfa-2a, recomb.</i>	3	PA
SUSTIVA; <i>efavirenz</i>	2	
TAMIFLU; <i>oseltamivir phosphate</i>	3	
TRIZIVIR; <i>abacavir/lamivudine/zidovudine</i>	2	
TRUVADA; <i>emtricitabine/tenofovir</i>	2	
TYZEKA; <i>telbivudine</i>	3	PA
VALCYTE; <i>valganciclovir hydrochloride</i>	3	
VALTREX; <i>valacyclovir hcl</i>	2	QL
VIDEX; <i>didanosine</i>	2	
VIDEX EC; <i>didanosine</i>	2	
VIDEX, VIDEX EC; <i>didanosine</i>	1	G
VIRACEPT; <i>nelfinavir mesylate</i>	2	
VIRAMUNE; <i>nevirapine</i>	2	
VIRAZOLE; <i>ribavirin</i>	4	PA
VIREAD; <i>tenofovir disoproxil fumarate</i>	2	
ZERIT; <i>stavudine</i>	2	
ZIAGEN; <i>abacavir sulfate</i>	2	
ZOVIRAX; <i>acyclovir</i>	1	G

# PRESCRIPTION DRUG FORMULARY

<b>ANXIOLYTICS (SEDATIVES &amp; HYNOTICS)</b>		
AMBIEN; <i>zolpidem tartrate</i>	1	G,QL
ATARAX; <i>hydroxyzine hcl</i>	1	G
BUSPAR; <i>bupirone hcl</i>	1	G,QL
EQUANIL; <i>meprobamate</i>	1	G
LUNESTA; <i>eszopiclone</i>	3	QL
ROZEREM; <i>ramelteon</i>	3	QL
SONATA; <i>zaleplon</i>	1	G,QL
VISTARIL; <i>hydroxyzine pamoate</i>	1	G
<b>BIPOLAR AGENTS</b>		
GEODON; <i>ziprasidone mesylate</i>	3	QL
LITHIUM CARBONATE; <i>lithium carbonate</i>	1	G
LITHIUM CITRATE; <i>lithium citrate</i>	1	G
<b>BLOOD GLUCOSE REGULATORS (DIABETES)</b>		
ACTOS; <i>pioglitazone hcl</i>	2	QL
AMARYL; <i>glimepiride</i>	1	G,QL
AVANDIA; <i>rosiglitazone maleate</i>	2	QL
BYETTA; <i>exenatide</i>	2	PA
DIABINESE; <i>chlorpropamide</i>	1	G
DUETACT; <i>pioglitazone/glimepiride</i>	2	
GLIPIZIDE; <i>glipizide</i>	1	G,QL
GLIPIZIDE ER; <i>glipizide</i>	1	G,QL
GLIPIZIDE XL; <i>glipizide</i>	1	G,QL
GLUCAGEN; <i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT; <i>glucagon, human recombinant</i>	2	
GLUCOPHAGE; <i>metformin hcl</i>	1	G,QL
GLUCOVANCE; <i>glyburide/metformin hcl</i>	1	G,QL
GLYSET; <i>miglitol</i>	3	
HUMALOG; <i>insulin lispro, human rec. analog</i>	3	QL
HUMALOG MIX 50/50; <i>insulin npl/insulin lispro</i>	3	QL
HUMALOG MIX 75/25; <i>insulin npl/insulin lispro</i>	3	QL
HUMULIN 50/50; <i>hum insulin nph/reg insulin hm</i>	3	QL
HUMULIN 70/30; <i>hum insulin nph/reg insulin hm</i>	3	QL
HUMULIN N; <i>insulin nph human recom</i>	3	QL
HUMULIN R; <i>insulin regular human rec</i>	3	QL
JANUVIA; <i>sitagliptin phosphate</i>	2	
LANTUS; <i>insulin glargine, hum. rec. analog</i>	1	QL
LEVEMIR; <i>insulin detemir</i>	1	QL
METAGLIP; <i>glipizide/metformin hcl</i>	1	G

## PRESCRIPTION DRUG FORMULARY

<b>BLOOD GLUCOSE REGULATORS (DIABETES), continued</b>		
MICRONASE; <i>glyburide</i>	1	G,QL
NOVOLIN 70/30; <i>hum insulin nph/reg insulin hm</i>	1	QL
NOVOLIN N; <i>insulin nph human recom</i>	1	QL
NOVOLIN R; <i>insulin regular human rec</i>	1	QL
NOVOLOG; <i>insulin aspart</i>	1	QL
NOVOLOG MIX 70/30; <i>insulin asp prt/insulin aspart</i>	1	QL
ORANASE; <i>tolbutamide</i>	1	G,QL
PRANDIN; <i>repaglinide</i>	2	
PRECOSE; <i>acarbose</i>	1	G
PROGLYCEM; <i>diazoxide</i>	2	
STARLIX; <i>nateglinide</i>	3	
SYMLIN; <i>pramlintide acetate</i>	2	PA
TOLINASE; <i>tolazamide</i>	1	G,QL
<b>DIABETIC MANAGEMENT</b>		
ALCOHOL SWABS; <i>alcohol antiseptic pads</i>	1	G,QL
GAUZE; <i>gauze bandage</i>	1	G,QL
INSULIN PEN; <i>needles, insulin disposable</i>	1	G,QL
PEN NEEDLES; <i>needles, insulin disposable</i>	1	G,QL
SYRINGE; <i>syring w-ndl, disp, insul</i>	1	G,QL
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
AGGRENOX; <i>aspirin/dipyridamole</i>	3	QL
ANAGRELIDE HCL; <i>anagrelide hcl</i>	1	G
ARANESP; <i>darbepoetin alfa in albumn sol</i>	4	PA
ARIXTRA; <i>fondaparinux sodium</i>	2	PA
COUMADIN; <i>warfarin sodium</i>	2	QL
CYKLOKAPRON; <i>tranexamic acid</i>	2	
EPOGEN; <i>epoetin alfa</i>	2	QL,PA
HEPARIN SODIUM; <i>heparin sodium, porcine</i>	1	G
JANTOVEN; <i>warfarin sodium</i>	1	G,QL
LOVENOX; <i>enoxaparin sodium</i>	2	QL
NEULASTA; <i>pegfilgrastim</i>	4	QL,PA
NEUPOGEN; <i>filgrastim</i>	2	QL
PERSANTINE; <i>dipyridamole</i>	1	G
PLAVIX; <i>clopidogrel bisulfate</i>	2	QL
PLETAL; <i>cilostazol</i>	1	G,QL
PROCRIT; <i>epoetin alfa</i>	2	QL,PA
TICLID; <i>ticlopidine hcl</i>	1	G
TRENTAL; <i>pentoxifylline</i>	1	G
WARFARIN SODIUM; <i>warfarin sodium</i>	1	G,QL

## PRESCRIPTION DRUG FORMULARY

<b>CARDIOVASCULAR AGENTS (HEART AND CHOLESTEROL)</b>		
ACCUPRIL; <i>quinapril hcl</i>	1	G,QL
ACEON; <i>perindopril erbumine</i>	3	QL
ADALAT,ADALAT CC; <i>nifedipine</i>	1	G,QL
ALDACTAZIDE; <i>spironolact/hydrochlorothiazid</i>	1	G,QL
ALDACTONE; <i>spironolactone</i>	1	G
ALDORIL; <i>methyldopa/hydrochlorothiazide</i>	1	G
ALTACE; <i>ramipril</i>	1	G
ANTARA; <i>fenofibrate,micronized</i>	3	QL
APRESOLINE; <i>hydralazine hcl</i>	1	G,QL
ATACAND; <i>candesartan cilexetil</i>	3	QL
ATACAND HCT; <i>candesartan/hydrochlorothiazide</i>	3	QL
AVALIDE; <i>irbesartan/hydrochlorothiazide</i>	2	QL
AVAPRO; <i>irbesartan</i>	2	QL
BENICAR; <i>olmesartan medoxomil</i>	3	QL
BENICAR HCT; <i>olmesartn/hydrochlorothiazide</i>	3	QL
BETAPACE, BETAPACE AF; <i>sotalol hcl</i>	1	G
BLOCADREN; <i>timolol maleate</i>	1	G,QL
BUMEX; <i>bumetanide</i>	1	G
CALAN; <i>verapamil hcl</i>	1	G,QL
CAPOTEN; <i>captopril</i>	1	G,QL
CAPOZIDE; <i>captopril/hydrochlorothiazide</i>	1	G,QL
CARDENE; <i>nicardipine hcl</i>	1	G
CARDIZEM; <i>diltiazem hcl</i>	1	G,QL
CARDURA; <i>doxazosin mesylate</i>	1	G,QL
CATAPRES; <i>clonidine hcl</i>	1	G,QL
CATAPRES TTS; <i>clonidine hcl</i>	2	G,QL
CHOLESTYRAMINE; <i>cholestyramine/sucrose</i>	1	G
CHOLESTYRAMINE LIGHT; <i>cholestyramine/aspartame</i>	1	G
COLESTID; <i>colestipol hcl</i>	1	G
CORDARONE; <i>amiodarone hcl</i>	1	G,QL
COREG; <i>carvedilol</i>	1	G
CORGARD; <i>nadolol</i>	1	G,QL
COZAAR; <i>losartan potassium</i>	2	QL
CRESTOR; <i>rosuvastatin calcium</i>	3	QL
DEMADEX; <i>toremide</i>	1	G
DIOVAN; <i>valsartan</i>	3	QL
DIOVAN HCT; <i>valsartan/hydrochlorothiazide</i>	3	QL
DYNACIRC; <i>isradipine</i>	1	G
DYRENIUM; <i>triamterene</i>	2	
EDECIN; <i>ethacrynic acid</i>	2	

## PRESCRIPTION DRUG FORMULARY

<b>CARDIOVASCULAR AGENTS (HEART AND CHOLESTEROL), continued</b>		
ENDURON; <i>methyclothiazide</i>	1	G
HYDRA-ZIDE; <i>hydralazine/hydrochlorothiazide</i>	1	G
HYGROTON; <i>chlorthalidone</i>	1	G
HYTRIN; <i>terazosin hcl</i>	1	G,QL
HYZAAR; <i>losartan/hydrochlorothiazide</i>	2	QL
IMDUR; <i>isosorbide mononitrate</i>	1	G
INDERAL ; <i>propranolol hcl</i>	1	G,QL
INDERIDE; <i>propranolol/hydrochlorothiazid</i>	1	G
INNOPRAN XL; <i>propranolol hcl</i>	2	QL
INSPRA; <i>eplerenone</i>	2	
ISMOTIC; <i>isosorbide</i>	2	
ISORDIL; <i>isosorbide dinitrate</i>	1	G,QL
KERLONE; <i>betaxolol hcl</i>	1	G
LANOXICAPS; <i>digoxin</i>	2	QL
LANOXIN; <i>digoxin</i>	1	G
LANOXIN PEDIATRIC; <i>digoxin</i>	2	
LASIX; <i>furosemide</i>	1	G
LESCOL; <i>fluvastatin sodium</i>	2	
LESCOL XL; <i>fluvastatin sodium</i>	2	
LEXXEL; <i>enalapril maleate/felodipine</i>	3	QL
LIDOCAINE HCL; <i>lidocaine hcl</i>	1	G
LIPITOR; <i>atorvastatin calcium</i>	2	QL
LOFIBRA; <i>fenofibrate,micronized</i>	1	G,QL
LONITEN; <i>minoxidil</i>	1	G
LOPID; <i>gemfibrozil</i>	1	G,QL
LOPRESSOR; <i>metoprolol tartrate</i>	1	G
LOPRESSOR HCT; <i>metoprol/hydrochlorothiazide</i>	1	G
LOTENSIN; <i>benazepril hcl</i>	1	G,QL
LOTENSIN HCT; <i>benazepril/hydrochlorothiazide</i>	1	G,QL
LOTREL; <i>amlodipine besylate/benazepril</i>	1	G,QL
LOVAZA; <i>omega-3 acid ethyl esters</i>	2	
LOZOL; <i>indapamide</i>	1	G,QL
MAVIK; <i>trandolapril</i>	1	G
MAXIDE; <i>triamterene/hydrochlorothiazid</i>	1	G,QL
METHYLDOPA; <i>methyldopa</i>	1	G
MEVACOR; <i>lovastatin</i>	1	G,QL
MEXITIL; <i>mexiletine hcl</i>	1	G
MIDAMOR; <i>amiloride hcl</i>	1	G
MINIPRESS; <i>prazosin hcl</i>	1	G
MODURETIC; <i>amiloride/hydrochlorothiazide</i>	1	G
MONOPRIL; <i>fosinopril sodium</i>	1	G,QL

## PRESCRIPTION DRUG FORMULARY

<b>CARDIOVASCULAR AGENTS (HEART AND CHOLESTEROL), continued</b>		
MONOPRIL HCT; <i>fosinopril sodium/hydrochlorothiazide</i>	1	G,QL
NIASPAN; <i>niacin</i>	2	
NITROBID; <i>nitroglycerin</i>	2	
NITROGLYCERIN; <i>nitroglycerin</i>	1	G
NITROSTAT; <i>nitroglycerin</i>	1	G
NORPACE; <i>disopyramide phosphate</i>	1	G
NORVASC; <i>amlodipine besylate</i>	1	G,QL
ORETIC; <i>hydrochlorothiazide</i>	1	G,QL
PACERONE; <i>amiodarone hcl</i>	1	G,QL
PAPAVERINE HCL; <i>papaverine hcl</i>	1	G
PINDOLOL; <i>pindolol</i>	1	G
PLENDIL; <i>felodipine</i>	1	G,QL
PRAVACHOL; <i>pravastatin sodium</i>	1	G,QL
PREVALITE; <i>cholestyramine/aspartame</i>	1	G
PRINIVIL; <i>lisinopril</i>	1	G,QL
PRINZIDE; <i>lisinopril/hydrochlorothiazide</i>	1	G,QL
PROCANBID,PRONESTYL; <i>procainamide hcl</i>	1	G
PROCARDIA; <i>nifedipine</i>	1	G,QL
PROGLYCEM; <i>diazoxide</i>	3	
QUINARETIC; <i>quinapril/hydrochlorothiazide</i>	1	G,QL
QUINIDINE GLUCONATE; <i>quinidine gluconate</i>	1	G
QUINIDINE SULFATE; <i>quinidine sulfate</i>	1	G
RANEXA; <i>ranolazine</i>	2	
REMODULIN; <i>treprostinil sodium</i>	3	
RYTHMOL; <i>propafenone hcl</i>	1	G
SECTRAL; <i>acebutolol hcl</i>	1	G
SORINE; <i>sotolol</i>	1	G
TAMBOCOR; <i>flecainide acetate</i>	1	G
TENEX; <i>guanfacine hcl</i>	1	G
TENORETIC; <i>atenolol/chlorthalidone</i>	1	G
TENORMIN; <i>atenolol</i>	1	G,QL
TIKOSYN; <i>dofetilide</i>	2	
TOPROL XL; <i>metoprolol succinate</i>	1	G,QL
TRACLEER; <i>bosentan</i>	4	PA,LA
TRANDATE; <i>labetalol hcl</i>	1	G,QL
TRICOR; <i>fenofibrate,micronized</i>	2	QL
UNIVASC; <i>moexipril hydrochloride</i>	1	G
VASERETIC; <i>enalapril/hydrochlorothiazide</i>	1	G,QL
VASOTEC; <i>enalapril maleate</i>	1	G,QL
VYTORIN; <i>ezetimibe/simvastatin</i>	2	QL
WELCHOL; <i>colestevlam hcl</i>	3	

## PRESCRIPTION DRUG FORMULARY

<b>CARDIOVASCULAR AGENTS (HEART AND CHOLESTEROL), continued</b>		
WYTENSIN; <i>guanabenz acetate</i>	1	G
ZAROXOLYN; <i>metolazone</i>	1	G
ZEBETA; <i>bisoprolol fumarate</i>	1	G,QL
ZETIA; <i>ezetimibe</i>	2	QL
ZIAC; <i>bisoprol/hydrochlorothiazide</i>	1	G,QL
ZOCOR; <i>simvastatin</i>	1	G,QL
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
AMPHETAMINE SALT COMBO; <i>amphet asp/amphet/d-amphet</i>	1	G
CONCERTA; <i>methylphenidate hcl</i>	2	QL
DEXTROAMPHETAMINE SULFATE; <i>d-amphetamine sulfate</i>	1	G
DEXTROSTAT; <i>d-amphetamine sulfate</i>	1	G
METADATE CD; <i>methylphenidate hcl</i>	2	QL
METHYLIN; <i>methylphenidate hcl</i>	2	QL
METHYLIN, METHYLIN ER; <i>methylphenidate hcl</i>	1	G,QL
METHYLPHENIDATE ER; <i>methylphenidate hcl</i>	1	G,QL
METHYLPHENIDATE HCL; <i>methylphenidate hcl</i>	1	G,QL
PROVIGIL; <i>modafinil</i>	3	
RILUTEK; <i>riluzole</i>	2	
RITALIN LA; <i>methylphenidate hcl</i>	2	QL
STRATTERA; <i>atomoxetine hcl</i>	3	
XYREM; <i>sodium oxybate</i>	2	LA
<b>DENTAL AND ORAL AGENTS</b>		
EVOXAC; <i>cevimeline hcl</i>	2	
PERIOGARD; <i>chlorhexidine gluconate</i>	1	G,QL
<b>DERMATOLOGICAL AGENTS</b>		
8-MOP; <i>methoxsalen</i>	2	
ACCUTANE; <i>isotretinoin</i>	1	G
ACCUZYME; <i>papain/urea</i>	2	
ALCLOMETASONE DIPROPIONATE; <i>alclometasone dipropionate</i>	1	G
AMINO ACID CERVICAL; <i>sod propionate/inosi/aa14/urea</i>	1	G
AMLACTIN; <i>ammonium lactate</i>	1	G,QL
APEXICON; <i>diflorasone diacetate</i>	1	G
APEXICON E; <i>diflorasone diacetate/emoll</i>	1	G
ARISTOCORT; <i>triamcinolone acetonide</i>	1	G
ARISTOCORT A; <i>triamcinolone acetonide/l.s.b.</i>	2	
AVITA; <i>tretinoin</i>	1	G
AZELEX; <i>azelaic acid</i>	2	

## PRESCRIPTION DRUG FORMULARY

<b>DERMATOLOGICAL AGENTS, continued</b>		
BACTROBAN; <i>mupirocin calcium</i>	2	
BACTROBAN OINT.; <i>mupirocin</i>	1	G
BENOQUIN; <i>monobenzone</i>	2	
BENZAMYCIN; <i>benzoyl peroxide and erythromycin</i>	1	G
BENZOYL PEROXIDE RX; <i>benzoyl peroxide</i>	1	G
CARAC; <i>fluorouracil</i>	2	
CLEOCIN; <i>clindamycin phosphate</i>	1	G
CLINDETS; <i>clindamycin phosphate</i>	1	G
CLOBETASOL E; <i>clobetasol propionate/emoll</i>	1	G
CLOBEVATE; <i>clobetasol propionate</i>	1	G
CLOBEX; <i>clobetasol propionate</i>	2	
CONDYLOX; <i>podofilox</i>	1	G
CORDRAN; <i>flurandrenolide</i>	3	
CORDRAN SP; <i>flurandrenolide</i>	3	
CORTISPORIN; <i>neomycin/bacitracin/polymyxin/hc</i>	2	
CUTIVATE; <i>fluticasone propionate</i>	1	G
CYCLOCORT; <i>amcinonide</i>	1	G
DENAVIR; <i>penciclovir</i>	2	
DERMACORT, HYTONE (RX); <i>hydrocortisone</i>	1	G
DERMA-SMOOTH/FS; <i>fluocinolone acetonide</i>	3	
DERMATOP; <i>prednicarbate</i>	3	
DESOWEN; <i>desonide</i>	1	G,QL
DIFFERIN; <i>adapalene</i>	3	
DIPROLENE GEL; <i>betamet diprop/prop gly</i>	1	G
DIPROSONE; <i>betamethasone dipropionate</i>	1	G
DOVONEX; <i>calcipotriene</i>	3	
EFUDEX; <i>fluorouracil</i>	1	G
ELIDEL; <i>pimecrolimus</i>	3	QL
ELOCON; <i>mometasone furoate</i>	1	G
ERYTHROMYCIN TOPICAL; <i>erythromycin base/ethanol</i>	1	
ETHEZYME; <i>papain/urea</i>	1	G,QL
EXELDERM; <i>sulconazole nitrate</i>	3	
FINACEA; <i>azelaic acid</i>	2	
FLUOROPLEX; <i>fluorouracil</i>	2	
FLUOROURACIL; <i>fluorouracil</i>	1	G
GENTAMICIN SULFATE; <i>gentamicin sulfate</i>	1	G
HALOG; <i>halcinonide</i>	2	
HALOG; <i>halobetasol propionate</i>	1	G
KENALOG; <i>triamcinolone acetonide</i>	2	
KOVIA OINTMENT; <i>papain/urea</i>	1	G,QL
LAMISIL; <i>terbinafine hcl</i>	2	QL

# PRESCRIPTION DRUG FORMULARY

<b>DERMATOLOGICAL AGENTS, continued</b>		
LEVULAN; <i>aminolevulinic acid hcl</i>	2	QL
LIDEX ; <i>fluocinonide</i>	1	G,QL
LIDEX-E; <i>fluocinonide/emollient</i>	1	G,QL
LOPROX; <i>ciclopirox</i>	1	G
LOTRIMIN; <i>clotrimazole</i>	1	G
LOTRISONE; <i>clotrimazole/betamet diprop</i>	1	G,QL
MENTAX; <i>butenafine hcl</i>	2	
METROGEL; <i>metronidazole</i>	1	G,QL
MICONAZOLE 3; <i>miconazole nitrate</i>	1	G
MYCOLOG II; <i>nystatin/triamcin</i>	1	G
MYCOSTATIN; <i>nystatin</i>	1	G
NAFTIN; <i>naftifine hcl</i>	3	
NIZORAL; <i>ketconazole</i>	1	G,QL
OLUX; <i>clobetasol propionate</i>	1	G
OXISTAT; <i>oxiconazole nitrate</i>	3	
OXSORALEN; <i>methoxsalen</i>	2	
OXSORALEN-ULTRA; <i>methoxsalen, rapid</i>	2	
PANRETIN; <i>alitretinoin</i>	4	PA
PREDNICARBATE; <i>prenicarbate</i>	1	G
REGRANEX; <i>becaplermin</i>	3	
RETIN-A MICROSPHERES; <i>tretinoin</i>	3	
SANTYL; <i>collagenase</i>	2	
SELSUN RX; <i>selenium sulfide</i>	1	G
SILVADENE; <i>silver sulfadiazine</i>	1	G
SOLARAZE; <i>diclofenac sodium</i>	2	
SPECTAZOLE; <i>econazole nitrate</i>	1	G,QL
SULFACET-R , <i>sulfacetamide sodium</i>	1	G
SYNALAR; <i>fluocinolone acetonide</i>	1	G
TARGRETIN; <i>bexarotene</i>	4	QL
TERAZOL; <i>terconazole</i>	1	G
TOPICORT; <i>desoximetasone</i>	1	G
UVADEX; <i>methoxsalen</i>	2	
VALISONE OINT.; <i>betamethasone valerate</i>	1	G
WESTCORT; <i>hydrocortisone valerate</i>	1	G
ZOVIRAX; <i>acyclovir</i>	2	
<b>IRRIGATION AND WOUND CARE</b>		
PHYSIOLYTE; <i>physiological irrigation soln</i>	1	G
RINGERS; <i>ringers solution</i>	1	G
SODIUM CHLORIDE; <i>sodium cl irrig soln</i>	1	G
TIS-U-SOL; <i>ringers solution</i>	1	G
WATER; <i>water for irrigation,sterile</i>	1	G

## PRESCRIPTION DRUG FORMULARY

<b>ENZYME REPLACEMENT / MODIFIERS</b>		
ALDURAZYME; <i>laronidase</i>	4	
ARALAST; <i>alpha-1-proteinase inhibitor</i>	4	
CEREDASE; <i>alglucosidase alfa</i>	4	PA
CEREZYME; <i>imiglucerase</i>	4	PA
CYSTADANE; <i>betaine</i>	2	
ELITEK; <i>rasburicase</i>	4	
FABRAZYME; <i>agalsidase beta</i>	4	PA
MYOZYME; <i>alglucosidase alfa</i>	4	
NAGLAZYME; <i>galsulfase</i>	4	
ORFADIN; <i>nitisinone</i>	4	PA
PROLASTIN; <i>alpha-1-proteinase inhibitor</i>	4	
ZAVESCA; <i>miglustat</i>	4	PA
ZENAPAX; <i>daclizumab</i>	4	PA
<b>GASTROINTESTINAL AGENTS</b>		
ACTIGALL; <i>ursodiol</i>	1	G
AMITIZA; <i>lubiprostone</i>	2	PA
ATROPINE SULFATE; <i>atropine sulfate</i>	1	G
AXID; <i>nizatidine</i>	1	G,QL
BENTYL; <i>dicyclomine hcl</i>	1	G,QL
BUPHENYL; <i>sodium phenylbutyrate</i>	4	
CANTIL; <i>mepenzolate bromide</i>	3	
CARAFATE; <i>sucralfate</i>	1	G
COLYTE WITH FLAVOR PACKETS; <i>sod sulf/sod/nahco3/kcl/peg's</i>	2	
CREON; <i>amylase/lipase/protease</i>	2	
CYTOTEC; <i>misoprostol</i>	1	G
DYGASE; <i>amylase/lipase/protease</i>	1	G
ENZYCAP; <i>amylase/lipase/protease</i>	1	G
ENZYMAX; <i>pancreatin</i>	2	
GLYCOLAX; <i>polyethylene glycol 3350</i>	1	G
GOLYTELY; <i>sod sulf/sod/nahco3/kcl/peg's</i>	2	
HALFLYTELY; <i>bisac/nacl/nahco3/kcl/peg 3350</i>	2	
IMODIUM; <i>loperamide hcl</i>	1	G
KUTRASE; <i>amylase/lipase/protease</i>	2	
KU-ZYME; <i>amylase/lipase/protease</i>	2	
KU-ZYME HP; <i>amylase/lipase/protease</i>	2	
LACTULOSE; <i>lactulose</i>	1	G
LAPASE; <i>amylase/lipase/protease</i>	1	G
LIPRAM; <i>amylase/lipase/protease</i>	1	G

# PRESCRIPTION DRUG FORMULARY

<b>GASTROINTESTINAL AGENTS, continued</b>		
LITHOSTAT; <i>acetohydroxamic acid</i>	2	
LOMOTIL; <i>diphenoxylate hcl/atrop sulf</i>	1	G,QL
LOTRONEX; <i>alosetron hcl</i>	2	
MOTOFEN; <i>difenoxin hcl/atropine sulfate</i>	2	
NULYTELY; <i>sod chloride/nahco3/kcl/peg's</i>	2	
OSMOPREP; <i>naphos m-b m-h/na phos,di-ba</i>	2	
PALCAPS ; <i>amylase/lipase/protease</i>	1	G
PALIPASE ; <i>amylase/lipase/protease</i>	1	G
PALPEON; <i>amylase/lipase/protease</i>	1	G
PALTRASE; <i>amylase/lipase/protease</i>	1	G
PANCREASE; <i>amylase/lipase/protease</i>	2	
PANCREASE MT ; <i>amylase/lipase/protease</i>	1	G
PANCRECARB; <i>amylase/lipase/protease</i>	2	
PANCRELIPASE; <i>amylase/lipase/protease</i>	1	G
PANCRON ; <i>amylase/lipase/protease</i>	1	G
PANGESTYME CN ; <i>amylase/lipase/protease</i>	1	G
PANGESTYME EC; <i>amylase/lipase/protease</i>	1	G
PANGESTYME MT; <i>amylase/lipase/protease</i>	1	G
PANGESTYME UL; <i>amylase/lipase/protease</i>	1	G
PANOCAPS; <i>amylase/lipase/protease</i>	1	G
PANOKASE; <i>amylase/lipase/protease</i>	1	G
PAREGORIC; <i>paregoric</i>	1	G
PEPCID; <i>famotidine</i>	1	G,QL
PLARETASE; <i>amylase/lipase/protease</i>	1	G
PREVPAC; <i>lansoprazole/amox/clari</i>	2	
PRILOSEC ; <i>omeprazole</i>	1	G,QL
PRILOSEC OTC; <i>omeprazole</i>	0	
PRO-BANTHINE; <i>propantheline bromide</i>	1	G
PROTONIX; <i>pantoprazole sodium</i>	2	QL,ST
REGLAN; <i>metoclopramide hcl</i>	1	G
ROBINUL FORTE; <i>glycopyrrolate</i>	1	G
SUCRAID; <i>sacrosidase</i>	4	
TAGMENT; <i>cimetidine</i>	1	G,QL
TRILYTE WITH FLAVOR PACKETS; <i>sod chloride/nahco3/kcl/peg's</i>	1	G
ULTRACAPS MT; <i>amylase/lipase/protease</i>	1	G
ULTRASE; <i>amylase/lipase/protease</i>	2	
ULTRASE MT; <i>amylase/lipase/protease</i>	2	
URSO; <i>ursodiol</i>	2	
URSO FORTE; <i>ursodiol</i>	2	

# PRESCRIPTION DRUG FORMULARY

## GASTROINTESTINAL AGENTS, continued

VIOKASE; <i>amylase/lipase/protease</i>	2	
VISICOL; <i>naphos m-b m-h/na phos,di-ba</i>	2	
ZANTAC; <i>ranitidine hcl</i>	1	G,QL

## GENITOURINARY AGENTS

AVODART; <i>dutasteride</i>	2	QL
CYTRA-K; <i>citric acid/potassium citrate</i>	1	G
DETROL; <i>tolterodine tartrate</i>	2	QL
DETROL LA; <i>tolterodine tartrate</i>	2	QL
DITROPAN ; <i>oxybutynin chloride</i>	1	G,QL
DITROPAN XL; <i>oxybutynin chloride</i>	2	QL
ELMIRON; <i>pentosan polysulfate sodium</i>	2	
FLOMAX; <i>tamsulosin hcl</i>	2	QL
HIPREX; <i>methenamine hippurate</i>	1	G
HYTRIN; <i>terazosin hcl</i>	1	G,QL
K-PHOS NEUTRAL; <i>phosphorus</i>	1	G,QL
MACRODANTIN; <i>nitrofurantoin macrocrystal</i>	1	G,QL
METHENAMINE MANDELATE; <i>methenamine mandelate</i>	1	G
PHENAZOPYRIDINE HCL; <i>phenazopyridine hcl</i>	1	G
POTASSIUM CITRATE; <i>potassium citrate</i>	1	G
PROLOPRIM; <i>trimethoprim</i>	1	G
SODIUM BICARBONATE; <i>sodium bicarbonate</i>	1	G
SODIUM LACTATE; <i>sodium lactate</i>	1	G
THIOLA; <i>tiopronin</i>	2	
UREX; <i>methenamine hippurate</i>	1	G
URISPAS; <i>flavoxate hcl</i>	1	G
UROXATRAL; <i>alfuzosin hcl</i>	2	QL

## HORMONAL AGENTS

ACTONEL; <i>risedronate sodium</i>	3	QL,ST
AEROBID; <i>flunisolide</i>	3	
AEROBID-M; <i>flunisolide/menthol</i>	3	
ALORA; <i>estradiol</i>	1	G
ANDRODERM; <i>testosterone</i>	3	
ANDROGEL; <i>testosterone</i>	2	QL
ANDROID; <i>methyltestosterone</i>	1	G
ANDROXY; <i>fluoxymesterone</i>	1	G
ASMANEX; <i>mometasone furoate</i>	3	
AZMACORT; <i>triamcinolone acetonide</i>	1	G,QL
BONIVA; <i>ibandronate sodium</i>	3	ST

# PRESCRIPTION DRUG FORMULARY

## HORMONAL AGENTS, continued

CALCITRIOL; <i>calcitriol</i>	1	G
CORTISONE ACETATE; <i>cortisone acetate</i>	1	G
CYTOMEL TABS; <i>liothyronine sodium</i>	2	
DANAZOL; <i>danazol</i>	1	G
DDAVP; <i>desmopressin acetate</i>	2	
DECADRON; <i>dexamethasone</i>	2	
DECA-DURABOLIN; <i>nandrolone decanoate</i>	1	G
DELATESTRYL; <i>testosterone enanthate</i>	1	G
DEPO-MEDROL; <i>methylprednisolone acetate</i>	2	
DEPO-TESTOSERONE; <i>testosterone cypionate</i>	1	G
DEXAMETHASONE INTENSOL; <i>dexamethasone</i>	2	
DIDRONEL; <i>etidronate disodium</i>	2	
ENJUWIA; <i>estrogens,conj.,synthetic b</i>	3	
ESCLIM; <i>estradiol</i>	1	G
ESTRACE; <i>estradiol</i>	2	
ESTRADERM; <i>estradiol</i>	2	
ESTRADIOL; <i>estradiol</i>	1	G
ESTRASORB; <i>estradiol</i>	2	
ESTRING; <i>estradiol</i>	2	
ESTROGEL; <i>estradiol</i>	2	QL
ESTROPIPATE; <i>estropipate</i>	1	G
EVISTA; <i>raloxifene hcl</i>	2	QL
FEMRING; <i>estradiol acetate</i>	2	
FEMTRACE; <i>estradiol acetate</i>	2	
FLORINEF; <i>fludrocortisone acetate</i>	1	G
FLOVENT HFA; <i>fluticasone propionate</i>	1	G,QL
FORTEO; <i>teriparatide</i>	4	
FOSAMAX; <i>alendronate sodium</i>	1	G
FOSAMAX PLUS D; <i>alendronate sodium/vitamin d3</i>	2	QL
GYNODIOL; <i>estradiol</i>	2	
HECTOROL; <i>doxercalciferol</i>	2	
HYDROCORTISONE; <i>hydrocortisone</i>	1	G
INCRELEX; <i>micasermin</i>	3	PA
KENALOG-10; <i>triamcinolone acetonide</i>	3	
LEVOTHROID; <i>levothyroxine sodium</i>	2	G,QL
LEVOTHYROXINE SODIUM; <i>levothyroxine sodium</i>	1	G,QL
LEVOXYL; <i>levothyroxine sodium</i>	2	G,QL
LIOETHYRONINE INJ.; <i>liothyronine sodium</i>	1	G
MEDROL 2MG,16MG,32MG; <i>methylprednisolone</i>	2	QL
MEDROL 4MG, 8MG; <i>methylprednisolone</i>	1	G,QL
MEDROXYPROGESTERONE ACETATE; <i>medroxyprogesterone</i>	1	G

## PRESCRIPTION DRUG FORMULARY

### HORMONAL AGENTS, continued

MENEST; <i>estrogens,esterified</i>	2	
MENOSTAR; <i>estradiol</i>	2	
MIACALCIN, FORTICAL; <i>calcitonin,salmon,synthetic</i>	2	
NORDITROPIN; <i>somatropin</i>	4	PA
NORDITROPIN NORDIFLEX; <i>somatropin</i>	4	PA
NORETHINDRONE ACETATE; <i>norethindrone acetate</i>	1	G
NUTROPIN; <i>somatropin</i>	4	PA
NUTROPIN AQ; <i>somatropin</i>	4	PA
ORTHO-EST; <i>estropipate</i>	1	G
OXANDRIN; <i>oxandralone</i>	1	G
PAMIDRONATE DISODIUM; <i>pamidronate disodium</i>	1	G
PREDNISOLONE; <i>prednisolone</i>	1	G
PREDNISONE; <i>prednisone</i>	1	G
PREDNISONE 50MG TABS; <i>prednisone</i>	2	
PREDNISONE INTENSOL; <i>prednisone</i>	2	G
PREMARIN; <i>estrogens,conjugated</i>	2	QL
PREMPHASE; <i>estrogen,con/m-progest acet</i>	2	
PREMPRO; <i>estrogen,con/m-progest acet</i>	2	
PROCHIEVE; <i>progesterone,micronized</i>	2	
PROMETRIUM; <i>progesterone,micronized</i>	2	
PULMICORT; <i>budesonide</i>	1	G
PULMICORT SUSP.; <i>budesonide</i>	2	
QVAR; <i>beclomethasone dipropionate</i>	2	
SANDOSTATIN; <i>octreotide acetate</i>	1	G
SYNTHROID; <i>levothyroxine sodium</i>	2	QL
TESTIM; <i>testosterone</i>	3	QL
THYROID; <i>thyroid</i>	1	G
UNITHROID; <i>levothyroxine sodium</i>	2	QL
VAGIFEM; <i>estradiol</i>	2	
VIVELLE; <i>estradiol</i>	1	G
VIVELLE-DOT; <i>estradiol</i>	2	
ZEMPLAR; <i>paricalcitol</i>	3	

# PRESCRIPTION DRUG FORMULARY

## HORMONAL SUPPRESSANT AGENTS

CYTADREN; <i>aminoglutethimide</i>	2	
DOSTINEX; <i>cabergoline</i>	1	G
LEUPROLIDE ACETATE; <i>leuprolide acetate</i>	1	G
LYSODREN; <i>mitotane</i>	2	
METHIMAZOLE; <i>methimazole</i>	1	G
PARLODEL; <i>bromocriptine mesylate</i>	1	G
PROPYLTHIOURACIL; <i>propylthiouracil</i>	1	G
PROSCAR; <i>finasteride</i>	1	G,QL
SENSIPAR; <i>cinacalcet hcl</i>	2	QL
SOMAVERT; <i>pegvisomant</i>	2	

## HORMONES CONTRACEPTIVE

NOR-Q-D; <i>norethindrone</i>	1	G,QL
ORTHO EVRA; <i>levonorgestrel-eth estra</i>	3	QL
ORTHO TRI-CYCLEN; <i>norgestimate-ethinyl estradiol</i>	1	G,QL
PLAN B; <i>desogestrel-ethinyl estradiol</i>	2	
TRIPHAISIL; <i>levonorgestrel-eth estra</i>	1	G,QL

## IMMUNOLOGICAL AGENTS

ACTHIB; <i>haemoph b polysac conj-tet tox</i>	2	
ADACEL; <i>diphth,pertuss(acell),tet vac</i>	2	
ADAGEN; <i>pegademase bovine</i>	4	PA
ALDARA; <i>imiquimod</i>	2	
AMEVIVE; <i>alefacept</i>	4	PA
ARAVA; <i>leflunomide</i>	1	G
ATTENUVAX VACCINE W/DILUENT; <i>measles vaccine, live attenuated</i>	2	
AVONEX; <i>interferon beta-1a</i>	4	PA
BETASERON; <i>interferon beta-1b</i>	4	PA
BOOSTRIX; <i>diphth,pertuss(acell),tet ped</i>	2	
CELLCEPT; <i>mycophenolate mofetil</i>	3	PA
COMVAX; <i>hep b vaccine/hib conj-meng</i>	2	
COPAXONE; <i>glatiramer acetate</i>	4	QL,PA
CYCLOSPORINE; <i>cyclosporine</i>	1	G,PA
DAPTACEL; <i>diphth,pertuss(acell),tet ped</i>	2	
DECAVAC; <i>tetanus and diphtheria toxoid</i>	2	
ENBREL; <i>etanercept</i>	4	PA
ENGERIX-B; <i>hep b vir vacc recomb</i>	2	PA
FML; <i>fluorometholone</i>	4	

## PRESCRIPTION DRUG FORMULARY

<b>IMMUNOLOGICAL AGENTS, continued</b>		
GAMMAGARD LIQUID; <i>immune globulin, gamma igg</i>	3	PA
GAMUNEX; <i>immune globulin, gamma</i>	4	PA
GARDASIL; <i>human papillomavirus</i>		
GENGRAF; <i>cyclosporine, modified</i>	1	G,PA
GOLD SODIUM THIOMALATE; <i>gold sodium thiomalate</i>	1	G
HAVRIX; <i>hepatitis a virus vaccine</i>	2	
HIBTITER; <i>haemoph b oligo conj-dipht crm</i>	2	
IMOVAX RABIES VACCINE; <i>rabies vaccine, human diploid</i>	2	
IMURAN; <i>azathioprine</i>	1	G,PA
INFANRIX; <i>diphth, pertuss(acell), tet ped</i>	2	
IPOL; <i>poliomyelitis vac, killed</i>	2	
JE-VAX; <i>japanese encephalitis vaccine</i>	2	
KEPIVANCE; <i>palifermin</i>	4	
MENACTRA; <i>meningoc vac a,c,y,w-135 dip</i>	2	
MENOMUNE-A/C/Y/W-135; <i>meningococcal vac a,c,y,w-135</i>	2	
MERUVAX II VACCINE W/DILUENT; <i>rubella vaccine</i>	2	
M-M-R II VACCINE W/DILUENT; <i>measles, mumps &amp; rubella vaccine</i>	2	
M-R-VAX II VACCINE W/DILUENT; <i>measles and rubella vaccine</i>	2	
MUMPSVAX VACCINE W/DILUENT; <i>mumps vaccine, live</i>	2	
MYFORTIC; <i>mycophenolate sodium</i>	2	PA
ORENCIA; <i>abatacept/maltose</i>	3	PA
PEDIARIX; <i>hep b vaccine/dp(a)t-polio</i>	2	PA
PEDVAXHIB; <i>haemoph b polysac conj-mening</i>	2	
PROGRAF; <i>tacrolimus anhydrous</i>	3	PA
PROQUAD; <i>measles, mumps, rub, varicella/pf</i>	2	
PROTOPIC; <i>tacrolimus</i>	3	QL
RABAVERT; <i>rabies vac, pf chick-emb cell</i>	2	
RAPAMUNE; <i>sirolimus</i>	2	PA
RAPTIVA; <i>efalizumab</i>	4	PA
RECOMBIVAX HB; <i>hep b vir vacc recomb</i>	2	PA
REMICADE; <i>infliximab</i>	4	PA
REVLIMID; <i>lenalidomide</i>	4	LA
RIDAURA; <i>auranofin</i>	2	
ROTATEQ; <i>rotavirus vac, live pentav</i>	2	
SYNAGIS; <i>pavilizumab</i>	4	PA
TETANUS DIPHTHERIA TOXOIDS; <i>tetanus and diphtheria toxoid</i>	2	
TETANUS TOXOID (FLUID); <i>tetanus toxoid, fluid</i>	1	G
TETANUS TOXOID ADSORBED; <i>tetanus toxoid, adsorbed</i>	1	G
THALOMID; <i>thalidomide</i>	2	
THERACYS; <i>bcg live</i>	3	

## PRESCRIPTION DRUG FORMULARY

<b>IMMUNOLOGICAL AGENTS, continued</b>		
TICE BCG; <i>bcg live</i>	3	
TRIPEDIA; <i>diphth,pertuss(acell),tet ped</i>	2	
TWINRIX; <i>hep b vaccine/hep a vaccine</i>	2	PA
TYPHIM VI; <i>typhoid vaccine vi</i>	2	
VAQTA; <i>hepatitis a virus vaccine</i>	2	
VARIVAX VACCINE; <i>varicella virus vaccine live</i>	2	
VIVOTIF BERNA; <i>typhoid vacc, live, attenuated</i>	2	
XOLAIR; <i>omalizumab</i>	4	PA
YF-VAX; <i>yellow fever vaccine</i>	1	G
ZOSTAVAX; <i>varicella vacc/pf</i>	2	

<b>INFLAMMATORY BOWEL DISEASE</b>		
ASACOL; <i>mesalamine</i>	2	QL
CANASA; <i>mesalamine</i>	2	QL
COLAZAL; <i>balsalazide disodium</i>	1	G
DIPENTUM; <i>olsalazine sodium</i>	2	
LIALDA; <i>mesalamine</i>	2	
MESALAMINE; <i>mesalamine</i>	1	G
PENTASA; <i>mesalamine</i>	3	

<b>OPHTHALMIC AGENTS</b>		
ACULAR; <i>ketorolac tromethamine</i>	2	
ACULAR LS; <i>ketorolac tromethamine</i>	2	
ACULAR PF; <i>ketorolac tromethamine</i>	2	
AKBETA; <i>levobunolol hcl</i>	1	G
AK-POLY-BAC; <i>bacitracin/polymyxin b sulfate</i>	1	G
AKTOB; <i>tobramycin sulfate</i>	1	G
ALAMAST; <i>pemirolast potassium</i>	2	
ALBALON; <i>naphazoline</i>	1	G
ALOCRIAL; <i>nedocromil sodium</i>	3	
ALPHAGAN ; <i>brimonidine tartrate</i>	1	G,QL
ALPHAGAN P; <i>brimonidine tartrate</i>	3	QL
ALREX; <i>loteprednol etabonate</i>	2	
ATROPINE SULFATE; <i>atropine sulfate</i>	1	G
AZOPT; <i>brinzolamide</i>	2	QL
BACITRACIN; <i>bacitracin</i>	1	G
BETIMOL; <i>timolol</i>	2	QL
BETOPTIC ; <i>betaxolol hcl</i>	1	G,QL
BETOPTIC S; <i>betaxolol hcl</i>	3	QL
BLEPH 10; <i>sulfacetamide sodium</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## OPHTHALMIC AGENTS, continued

BLEPHAMIDE; <i>na sulfacetm/prednisol ac</i>	2	
BLEPHAMIDE S.O.P.; <i>na sulfacetm/prednisol ac</i>	2	
CILOXIN; <i>ciprofloxacin hcl</i>	1	G
CORTOMYCIN; <i>neomy sulf/polymyx b sulf/hc</i>	1	G
COSOPT; <i>timolol maleate/dorzolam hcl</i>	2	QL
CROLOM; <i>cromolyn sodium</i>	1	G
DEXAMETHASONE SODIUM PHOSPHATE; <i>dexamethasone sod phosphate</i>	1	G
DEXASOL; <i>dexamethasone sod phosphate</i>	2	
DIAMOX; <i>acetazolamide</i>	1	G
DIAMOX SEQUELS; <i>acetazolamide</i>	2	
ECONOPRED PLUS; <i>prednisolone acetate</i>	1	G,QL
ERYTHROMYCIN; <i>erythromycin base</i>	1	G
FML; <i>fluorometholone</i>	1	G
FML FORTE; <i>fluorometholone</i>	2	
FML S.O.P.; <i>fluorometholone</i>	2	
GENTAK; <i>gentamicin sulfate</i>	1	G
IOPIDINE; <i>apraclonidine hcl</i>	2	
ISOPTO CARPINE; <i>pilocarpine hcl</i>	1	G,QL
ISOPTO HOMOTROPINE; <i>homotropine hbr</i>	1	G
LACRISERT; <i>hydroxypropyl cellulose</i>	2	QL
LOTEMAX; <i>loteprednol etabonate</i>	2	
LUMIGAN; <i>bimatoprost</i>	3	QL
MAXIDEX; <i>dexamethasone</i>	2	
MAXITROL; <i>neo/polymyx b sulf/dexameth</i>	1	G
METHAZOLAMIDE; <i>methazolamide</i>	1	G
MIOSTAT; <i>carbachol</i>	1	G
MYDFRIN; <i>phenylephrine hcl</i>	1	G
MYDRIACYL; <i>tropicamide</i>	1	G
NATACYN; <i>natamycin</i>	2	
NEOSPORIN SOLN.; <i>neomy sulf/gramicid d/poly</i>	1	G
NEPTAZANE; <i>methazolamide</i>	1	G
OCUFLOX; <i>ofloxacin</i>	1	G
OCUPRESS; <i>carteolol hcl</i>	1	G
OPTIPRANOLOL; <i>metipranolol</i>	1	G
OPTIVAR; <i>azelastine hcl</i>	2	QL
PATANOL; <i>olopatadine hcl</i>	3	QL
PHOSPHOLINE IODIDE; <i>echothiophate iodide</i>	2	
POLYCIN-B; <i>bacitracin/polymyxin b sulfate</i>	1	G
POLY-DEX; <i>neo/polymyx b sulf/dexameth</i>	1	G
POLYMYXIN B SUL/TRIMETHOPRIM; <i>polymyxin b sulfate/tmp</i>	1	G

# PRESCRIPTION DRUG FORMULARY

## OPHTHALMIC AGENTS, continued

PRED MILD; <i>prednisolone acetate</i>	2	QL
PREDNISOL; <i>prednisolone sod phosphate</i>	1	G
PREDNISOLONE ACETATE; <i>prednisolone acetate</i>	1	G,QL
PROPINE; <i>dipivefrin hcl</i>	1	G
QUIXIN; <i>levofloxacin</i>	3	
RESTASIS; <i>cyclosporine</i>	2	QL
SULFACETAMIDE-PREDNISOLONE; <i>na sulfacetm/prednis sp</i>	1	G
TIMOPTIC; <i>timolol maleate</i>	1	G,QL
TOBRADEX; <i>tobramycin sulfate/dexameth</i>	2	
TOBRASOL; <i>tobramycin sulfate</i>	1	G
TOBEX; <i>tobramycin sulfate</i>	2	
TRAVATAN. TRAVATAN Z; <i>travoprost</i>	2	QL
TRUSOPT; <i>dorzolamide hcl</i>	2	QL
VEXOL; <i>rimexolone</i>	2	
VIGAMOX; <i>moxifloxacin hcl</i>	2	QL
VIROPTIC; <i>trifluridine</i>	1	G
VOLTAREN; <i>diclofenac sodium</i>	1	G,QL
XALATAN; <i>latanoprost</i>	2	QL
ZADITOR; <i>ketotifen fumarate</i>	1	G
ZYMAR; <i>gatifloxacin</i>	3	QL

## OTIC AGENTS

A/B OTIC; <i>antipyrine/benzocaine/glycerin</i>	1	G
ACETASOL HC; <i>acetazol hc</i>	1	G
ACETIC ACID; <i>acetic acid</i>	1	G
BOROFAIR; <i>acetic acid/aluminum acetate</i>	1	G
CIPRO HC; <i>ciprofloxacin hcl/hydrocortisone</i>	2	
CIPRODEX; <i>ciprofloxacin hcl/dexameth</i>	2	
CORTOMYCIN; <i>neomy sulf/polymyx b sulf/hc</i>	1	G
FLOXIN; <i>ofloxacin</i>	1	G
UNI-OTIC; <i>pramoxine hcl/chloroxylenol</i>	1	G

## RESPIRATORY AND PULMONARY AGENTS

ACETYLCYSTEINE; <i>acetylcysteine</i>	1	G
ADVAIR DISKUS; <i>fluticasone/salmeterol</i>	1	QL
ALBUTEROL; <i>albuterol sulfate</i>	1	G
ALLEGRA; <i>fexofenadine hcl</i>	1	G,QL
AMINOPHYLLINE; <i>aminophylline</i>	1	G
BENADRYL; <i>diphenhydramine hcl</i>	1	G
CHLORPHENIRAMINE MALEATE; <i>chlorpheniramine maleate</i>	1	G
CROMOLYN SODIUM; <i>cromolyn sodium</i>	1	G

## PRESCRIPTION DRUG FORMULARY

<b>RESPIRATORY AND PULMONARY AGENTS, continued</b>		
DEXCHLORPHENIRAMINE MALEATE; <i>dexchlorpheniramine maleate</i>	1	G
ELIXOPHYLLIN; <i>theophylline anhydrous</i>	1	G
FLUNISOLIDE; <i>flunisolide</i>	1	G
GUAIFENESIN; <i>guaifenesin</i>	1	G
IPRATROPIUM BROMIDE; <i>ipratropium bromide</i>	1	G,QL
METAPROTERENOL SULFATE; <i>metaproterenol sulfate</i>	1	G
PALGIC; <i>carbinoxamine maleate</i>	1	G
PERIACTIN; <i>cyproheptadine hcl</i>	1	G
PHENADOZ; <i>promethazine hcl</i>	1	G
PROAMATINE; <i>midodrine hcl</i>	1	G
TAVIST RX; <i>clemastine fumarate</i>	1	G
TERBUTALINE SULFATE; <i>terbutaline sulfate</i>	1	G
ACCOLATE; <i>zafirlukast</i>	3	
ADRENELIN CHLORIDE NASAL; <i>epinephrine</i>	2	
ASTELIN; <i>azelastine hcl</i>	2	QL
ATROVENT HFA; <i>ipratropium bromide</i>	1	QL
BECONASE AQ; <i>beclomethasone dipropionate</i>	2	
COMBIVENT; <i>albuterol sulfate/ipratropium</i>	2	
DUONEB; <i>albuterol sulfate/ipratropium</i>	3	
EPIPEN; <i>epinephrine</i>	2	
EPIPEN JR.; <i>epinephrine</i>	2	
FORADIL; <i>formoterol fumarate</i>	3	
GASTROCROM; <i>cromolyn sodium</i>	2	
INTAL; <i>cromolyn sodium</i>	2	
MAXAIR AUTOHALER; <i>pirbuterol acetate</i>	3	
NASACORT AQ; <i>triamcinolone acetonide</i>	2	QL
NASONEX; <i>mometasone furoate</i>	3	
PROAIR HFA; <i>albuterol sulfate</i>	2	
PULMOZYME; <i>dornase alfa</i>	3	
REVATIO; <i>sildenafil citrate</i>	2	
RHINOCORT AQUA; <i>budesonide</i>	2	QL
SEREVENT DISKUS; <i>salmeterol xinafoate</i>	2	QL
SINGULAIR; <i>montelukast sodium</i>	2	QL
SPIRIVA; <i>tiotropium bromide</i>	1	QL
THEOCAP, THEOCHRON; <i>theophylline anhydrous</i>	1	G,QL
TILADE; <i>nedocromil sodium</i>	3	
TWINJECT; <i>epinephrine</i>	2	
TYZINE; <i>tetrahydrolozine hcl</i>	2	
VENTOLIN HFA; <i>albuterol sulfate</i>	2	
XOPENEX; <i>levsalbuterol hydrochloride</i>	3	

# PRESCRIPTION DRUG FORMULARY

## RESPIRATORY AND PULMONARY AGENTS, continued

ZYFLO; <i>zileuton</i>	2	
<b>SKELETAL MUSCLE RELAXANTS</b>		
CARISOPRODOL COMPOUND/CODEINE; <i>codeine phos/carisoprodol/asa</i>	1	G
DANTROLENE; <i>dantrolene sodium</i>	1	G
FLEXERIL; <i>cyclobenzaprine hcl</i>	1	G,QL
LIORESAL; <i>baclofen</i>	1	G,QL
NORFLEX; <i>orphenadrine citrate</i>	1	G
ORPHENADRINE COMPOUND; <i>orphenadrine/aspirin/caffeine</i>	1	G
ORPHENADRINE COMPOUND FORTE; <i>orphenadrine/aspirin/caffeine</i>	1	G
ORPHENGESIC; <i>orphenadrine/aspirin/caffeine</i>	1	G
ORPHENGESIC FORTE; <i>orphenadrine/aspirin/caffeine</i>	1	G
PARAFLEX; <i>chlorzoxazone</i>	1	G
ROBAXIN; <i>methocarbamol</i>	1	G
SOMA; <i>carisoprodol</i>	1	G
ZANAFLEX; <i>tizanidine hcl</i>	1	G

## THERAPEUTIC NUTRIENTS / MINERALS / ELECTROLYTES

AMINOSYN; <i>amino acids</i>	1	G
CAL-NATE; <i>prenatal vit/fecbnl/doss/fa</i>	1	G
INATAL ADVANCE; <i>prenatal vit/iron,carb/doss/fa</i>	1	G
INTRALIPID; <i>fat emulsions</i>	1	G
KDUR; <i>potassium chloride</i>	1	G
KLOR-CON; <i>potassium chloride</i>	1	G
LEVOCARNITINE; <i>levocarnitine</i>	2	
MATERNITY; <i>prenatal vit/fe fumarate/fa/se</i>	1	G
NATACAPS; <i>pv w-o vit a/fe fumarate/fa</i>	1	G
NATALCARE PIC FORTE; <i>prenatal vit/fe ps cmplx/fa</i>	1	G
NATATAB; <i>prenatal vit/iron,carbonyl/fa</i>	1	G
NORMOSOL; <i>electrolyte soln</i>	1	G
NU-NATAL ADVANCED; <i>prenatal vit/iron,carb/doss/fa</i>	1	G
NUTRINATE; <i>pv w-o cal/ferrous fumarate/fa</i>	1	G
PHOSLO; <i>calcium acetate</i>	2	
POTASSIUM BICARBONATE; <i>potassium bicarbonate/cit ac</i>	1	G,QL
POTASSIUM CHLORIDE; <i>potassium chloride</i>	1	G
PRENATABS CBF; <i>prenatal vit/iron,carbonyl/fa</i>	1	G
PRENATABS OBN; <i>pv w-o vit a/iron,carbonyl/fa</i>	1	G
PRENATAL; <i>prenatal vits w-ca,fe,fa(&lt;1mg)</i>	1	G
PRENATAL RX; <i>prenatal vit/fe fumarate/fa</i>	1	G
PRENATAL START; <i>prenatal vit/fe fum/doss/fa</i>	1	G

## PRESCRIPTION DRUG FORMULARY

<b>THERAPEUTIC NUTRIENTS / MINERALS / ELECTROLYTES, continued</b>		
RENAGEL; <i>sevelamir acetate</i>	3	QL
SODIUM CHLORIDE; <i>sodium chloride</i>	1	G
TPN ELECTROLYTES; <i>electrolyte solution</i>	1	G
VINATE II; <i>prenatal vitamins/fe bisgly/fa</i>	1	G



