



CareSource Ohio Medicaid

01/01/2016

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INTRODUCTION

We are pleased to provide the 2016 **CareSource Ohio Medicaid Formulary** as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients. While all Ohio Medicaid drugs are covered by CareSource, this is a list of preferred medications.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. In addition, this Formulary was developed in collaboration with Ohio Medicaid and the other Medicaid Managed Care (MCPs) health plans in Ohio. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the document. Any exceptions are noted.

Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.

pregabalin *Lyrica*
Oral capsules, oral solution and all strengths of Lyrica would be included in this listing.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosage/formulations, including injectable dosage forms of the reference product, are not covered.

colestipol tabs *Colestid*
The generic-name oral tablet formulation is on the document. From this entry, the oral packets and granules cannot be assumed to be on the list unless there is a separate entry.

Extended-release and delayed-release products require their own entry.

metformin *Glucophage*
The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel *Glucophage XR*
A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone *Cortisporin*
Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents and should be considered the first line of prescribing subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

LEGEND

AL	Age Limit
OTC	Over the counter
PA	Prior Authorization; Prior Authorization includes but is not limited to therapeutic interchange
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2015. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

CareSource Ohio does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CareSource Ohio.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

ANALGESICS

Practice guidelines of pain management are available at:

<http://www.asahq.org>

ANALGESICS, OTHER

Treatment recommendations for osteoarthritis are available at:

<http://www.rheumatology.org>

OTC, QL	acetaminophen	TYLENOL
QL	acetaminophen	= Max 200 caps, tabs per month
QL	acetaminophen liq, elixir	= Max 200 mL per month
NSAIDs		
OTC	ibuprofen	ADVIL
OTC	naproxen sodium	ALEVE
	diclofenac potassium	
	diclofenac sodium delayed-rel	
	diclofenac sodium ext-rel	
	diflunisal	
	etodolac	
	etodolac ext-rel	
	flurbiprofen	
	ibuprofen	
	indomethacin	
	indomethacin ext-rel	
	indomethacin supp	INDOCIN
	indomethacin susp	INDOCIN susp
	ketoprofen	
QL	ketorolac	
PA	ketorolac nasal spray	SPRIX
	meloxicam	MOBIC
	nabumetone	
	naproxen	NAPROSYN
	naproxen sodium	ANAPROX
	oxaprozin	DAYPRO
	sulindac	
QL	ketorolac	= Max 20 tabs per month
NSAIDs, COMBINATIONS		
	diclofenac sodium delayed-rel/misoprostol	ARTHROTEC
NSAIDs, TOPICAL		
QL	diclofenac sodium gel	VOLTAREN GEL
QL	VOLTAREN GEL	= Max 100 grams per month
COX-2 INHIBITORS		
	celecoxib	CELEBREX
GOUT		
	allopurinol	ZYLOPRIM
QL	colchicine tabs	COLCRYS
ST	febuxostat	ULORIC
	probenecid	
QL	colchicine tabs	= Max 30 tabs per month

OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<http://www.asipp.org/Guidelines.htm>

QL	butalbital/acetaminophen/caffeine/codeine	FIORICET w/CODEINE
QL	butalbital/aspirin/caffeine/codeine	FIORINAL w/CODEINE
QL	codeine/acetaminophen	TYLENOL w/CODEINE
PA	fentanyl citrate buccal	FENTORA
PA	fentanyl lozenge	ACTIQ
PA	fentanyl sublingual	ABSTRAL
QL	fentanyl transdermal	DURAGESIC
QL	hydrocodone/acetaminophen	NORCO
QL	hydrocodone/acetaminophen - Vicodin	
QL	hydrocodone/acetaminophen soln	HYCET
QL	hydrocodone/ibuprofen	VICOPROFEN
QL	hydromorphone	DILAUDID
QL	meperidine	DEMEROL
QL	methadone soln 5 mg/5 mL, 10 mg/5 mL, 10 mg/mL	
QL	methadone tabs 5 mg, 10 mg	DOLOPHINE
QL	morphine	
QL	morphine ext-rel	MS CONTIN
QL	morphine ext-rel 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	KADIAN
QL	morphine ext-rel 40 mg, 200 mg	KADIAN
QL	morphine supp	
QL	oxycodone	
QL	oxycodone	ROXICODONE
PA	oxycodone ext-rel 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	OXYCONTIN
PA, QL	oxycodone ext-rel 60 mg, 80 mg	OXYCONTIN
QL	oxycodone/acetaminophen	PERCOCET
QL	oxycodone/aspirin	PERCODAN
QL	oxymorphone ext-rel	OPANA ER
QL	tramadol	ULTRAM
QL	tramadol/acetaminophen	ULTRACET

QL	butalbital/acetaminophen/caffeine/codeine	=	Max 48 caps per month
QL	butalbital/aspirin/caffeine/codeine	=	Max 48 caps per month
QL	codeine/acetaminophen tabs	=	Max 300 tabs per month
QL	codeine/acetaminophen soln, susp	=	Max 3750 mL per month
QL	fentanyl transdermal	=	Max 10 patches per month
QL	hydrocodone/acetaminophen tabs	=	Max 300 tabs per month
QL	hydrocodone/acetaminophen soln	=	Max 3750 mL per month
QL	hydrocodone/ibuprofen tabs	=	Max 150 tabs per month
QL	hydromorphone tabs	=	Max 180 tabs per month
QL	hydromorphone liq	=	Max 180 mL per month
QL	meperidine tabs	=	Max 12 tabs per month
QL	meperidine soln	=	Max 30 mL per month
QL	methadone tabs 5 mg	=	Max 120 tabs per month
QL	methadone tabs 10 mg	=	Max 60 tabs per month
QL	methadone (concentrate) soln 10 mg/mL	=	Max 30 mL per month
QL	methadone soln 5 mg/5 mL	=	Max 600 mL per month
QL	methadone soln 10 mg/5 mL	=	Max 300 mL per month
QL	morphine soln 10 mg/5 mL, 20 mg/5 mL	=	Max 900 mL per month
QL	morphine (concentrate) soln 20 mg/mL	=	Max 180 mL per month

QL	morphine tabs	=	Max 180 tabs per month
QL	morphine ext-rel (generic for MS CONTIN) 15 mg, 30 mg, 60 mg	=	Max 120 tabs per month
QL	morphine ext-rel (generic for MS CONTIN) 100 mg, 200 mg	=	Max 60 tabs per month
QL	morphine ext-rel (generic for KADIAN) 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	=	Max 60 caps per month
QL	morphine ext-rel (generic for KADIAN) 100 mg	=	Max 30 caps per month
QL	morphine supp	=	Max 180 supps per month
QL	oxycodone caps, tabs	=	Max 180 caps, tabs per month
QL	oxycodone (concentrate) soln 20 mg/mL	=	Max 180 mL per month
QL	oxycodone soln 5 mg/5 mL	=	Max 180 mL per month
QL	oxycodone/acetaminophen tabs	=	Max 300 tabs per month
QL	oxycodone/acetaminophen soln	=	Max 1385 mL per month
QL	oxycodone/aspirin	=	Max 308 tabs per month
QL	tramadol	=	Max 240 tabs per month
QL	tramadol/acetaminophen	=	Max 40 tabs per month
QL	KADIAN 40 mg	=	Max 60 caps per month
QL	KADIAN 200 mg	=	Max 30 caps per month
QL	OPANA ER 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	=	Max 120 tabs per month
QL	OPANA ER 30 mg, 40 mg	=	Max 60 tabs per month
QL	OXYCONTIN 60 mg, 80 mg	=	Max 60 tabs per month

NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen/caffeine	FIORICET
QL	butalbital/aspirin/caffeine	FIORINAL

QL	butalbital/acetaminophen/caffeine	=	Max 48 tabs per month
QL	butalbital/aspirin/caffeine	=	Max 48 tabs per month

VISCOSUPPLEMENTS

PA, SP	sodium hyaluronate	GEL-ONE
PA, SP	sodium hyaluronate	SUPARTZ

ANTI-INFECTIVES

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:
<http://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:
<http://www.aasld.org>

HIV/AIDS: Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:
<http://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at:
<http://www.myamericanheart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at:
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

International Travel: CDC recommendations for international travel are available at:
<http://www.cdc.gov/travel>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:
<http://www.cdc.gov/std/treatment/default.htm>

Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other: Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:
<http://www.cdc.gov/flu/>

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:
<http://www.idsociety.org>

ANTIBACTERIALS

Aminoglycosides

neomycin	
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Cephalosporins

Cephalosporin Combinations

ceftolozane/tazobactam	ZERBAXA
------------------------	---------

First Generation

cefadroxil	
cephalexin	KEFLEX

Second Generation

cefaclor	
cefprozil	
cefuroxime axetil	CEFTIN

Third Generation

cefdinir	
-----------------	--

Erythromycins/Macrolides

azithromycin	ZITHROMAX
azithromycin ext-rel	ZMAX
clarithromycin	BIAXIN
clarithromycin ext-rel	BIAXIN XL
erythromycin base	
erythromycin delayed-rel	
erythromycin ethylsuccinate	E.E.S.
erythromycin ethylsuccinate	ERYPED
erythromycin stearate	

Fluoroquinolones

ciprofloxacin	CIPRO
ciprofloxacin ext-rel	
levofloxacin	LEVAQUIN
moxifloxacin	AVELOX
ofloxacin	

QL ofloxacin 400 mg = Max 2 tabs per day

Penicillins

amoxicillin	
amoxicillin/clavulanate	AUGMENTIN
amoxicillin/clavulanate ext-rel	AUGMENTIN XR
ampicillin	
dicloxacillin	
penicillin VK	

Sulfonamides

sulfadiazine	
sulfamethoxazole/trimethoprim	

	sulfamethoxazole/trimethoprim DS	BACTRIM DS
Tetracyclines		
	doxycycline monohydrate caps 50 mg, 75 mg, 100 mg	MONODOX
	minocycline	MINOCIN
	tetracycline	
ANTIFUNGALS		
	albendazole	ALBENZA
	clotrimazole troches	
	fluconazole	DIFLUCAN
	griseofulvin microsize	GRIFULVIN V
	griseofulvin microsize susp	
	griseofulvin ultramicrosize	GRIS-PEG
QL	itraconazole caps	SPORANOX
	ketoconazole	
	nystatin	
QL	terbinafine tabs	LAMISIL
QL	itraconazole caps	= Max 4 caps per day
QL	terbinafine tabs	= Max 30 tabs per month
ANTIMALARIALS		
QL	artemether/lumefantrine	COARTEM
QL	atovaquone/proguanil	MALARONE
QL	chloroquine	ARALEN
QL	mefloquine	
QL	primaquine	PRIMAQUINE
QL	atovaquone/proguanil	= Max 12 tabs per 180 days
QL	chloroquine	= Max 10 tabs per 180 days
QL	mefloquine	= Max 6 tabs per 180 days
QL	COARTEM	= Max 24 tabs per 180 days
QL	PRIMAQUINE	= Max 28 tabs per month
ANTIRETROVIRAL AGENTS		
Antiretroviral Adjuvants		
	cobicistat	TYBOST
Antiretroviral Combinations		
	abacavir/dolutegravir/lamivudine	TRIUMEQ
	abacavir/lamivudine	EPZICOM
	abacavir/lamivudine/zidovudine	TRIZIVIR
	atazanavir/cobicistat	EVOTAZ
	darunavir/cobicistat	PREZCOBIX
	efavirenz/emtricitabine/tenofovir	ATRIPLA
	elvitegravir/cobicistat/emtricitabine/tenofovir	STRIBILD
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
	emtricitabine/rilpivirine/tenofovir	COMPLERA
	emtricitabine/tenofovir	TRUVADA
	lamivudine/zidovudine	COMBIVIR
Chemokine Receptor Antagonists		
	maraviroc	SELZENTRY
Fusion Inhibitors		
SP	enfuvirtide	FUZEON

Integrase Inhibitors

dolutegravir	TIVICAY
elvitegravir	VITEKTA
raltegravir	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors

delavirdine	RESCRIPTOR
efavirenz	SUSTIVA
etravirine	INTELENCE
nevirapine	VIRAMUNE
nevirapine ext-rel	VIRAMUNE XR

Nucleoside Reverse Transcriptase Inhibitors

abacavir soln	ZIAGEN soln
abacavir tabs	ZIAGEN
didanosine delayed-rel	VIDEX EC
didanosine soln	VIDEX soln
emtricitabine	EMTRIVA
lamivudine	EPIVIR
stavudine	ZERIT
zidovudine	RETROVIR

Nucleotide Reverse Transcriptase Inhibitors

tenofovir	VIREAD
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Protease Inhibitors

atazanavir	REYATAZ
darunavir	PREZISTA
QL darunavir susp	PREZISTA susp
fosamprenavir	LEXIVA
indinavir	CRIXIVAN
lopinavir/ritonavir	KALETRA
nelfinavir	VIRACEPT
ritonavir	NORVIR
saquinavir mesylate	INVIRASE
tipranavir	APTIVUS

QL PREZISTA susp

= Max 30 mL per month

ANTITUBERCULAR AGENTS

PA	bedaquiline	SIRTURO
	ethambutol	MYAMBUTOL
PA	ethionamide	TRECATOR
	isoniazid	
	pyrazinamide	
	rifabutin	MYCOBUTIN
	rifampin	RIFADIN
PA	rifapentine	PRIFTIN

ANTIVIRALS**Cytomegalovirus Agents**

ganciclovir inj	
valganciclovir	VALCYTE

Hepatitis Agents*Hepatitis B*

adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE

	lamivudine	EPIVIR-HBV
	telbivudine	TYZEKA

Hepatitis C

PA, SP	ledipasvir/sofosbuvir	HARVONI
PA, SP	ribavirin caps - Ribasphere	REBETOL
PA, SP	ribavirin oral soln	REBETOL
PA, SP	ribavirin tabs	COPEGUS
PA, SP	sofosbuvir	SOVALDI

Herpes Agents

	acyclovir	ZOVIRAX
	famciclovir	FAMVIR
	valacyclovir	VALTREX

Influenza Agents

QL	oseltamivir	TAMIFLU
	rimantadine	FLUMADINE
QL	zanamivir	RELENZA

QL	RELENZA	=	Max 1 inhaler per 6 months
QL	TAMIFLU 30 mg	=	Max 20 caps per 6 months
QL	TAMIFLU 45 mg, 75 mg	=	Max 10 caps per 6 months
QL	TAMIFLU 6 mg/mL	=	Max 180 mL per 6 months

MISCELLANEOUS

	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone	
	daptomycin	CUBICIN
	ivermectin	STROMECTOL
	methenamine hippurate, prophylaxis	HIPREX
	metronidazole	FLAGYL
PA, QL	nitazoxanide	ALINIA
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
	nitrofurantoin susp	FURADANTIN
PA	pentamidine	NEBUPENT
PA	pentamidine	PENTAM
	praziquantel	BILTRICIDE
PA	rifaximin	XIFAXAN
	tigecycline	TYGACIL
	trimethoprim	
PA	vancomycin	VANCOCIN

QL	ALINIA tabs	=	Max 20 tabs per month
QL	ALINIA susp	=	Max 540 mL per month

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

ALKYLATING AGENTS

	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	

	lomustine	
PA, QL	mechlorethamine gel	VALCHLOR
	melfalan	ALKERAN
PA, SP	streptozocin	ZANOSAR
PA, SP, QL	temozolomide	TEMODAR
QL	temozolomide	= Max 15 days supply
QL	VALCHLOR	= Max 60 grams per month
ANTIMETABOLITES		
PA, SP	brentuximab vedotin	ADCETRIS
PA, SP	capecitabine	XELODA
	mercaptopurine	
	methotrexate	TREXALL
PA	thioguanine	TABLOID
HORMONAL ANTINEOPLASTIC AGENTS		
Antiandrogens		
QL	abiraterone acetate	ZYTIGA
	bicalutamide	CASODEX
PA, SP, QL	enzalutamide	XTANDI
	flutamide	
PA	nilutamide	NILANDRON
QL	XTANDI	= Max 15 days supply
QL	ZYTIGA	= Max 15 days supply
Antiestrogens		
	fulvestrant	FASLODEX
	tamoxifen	
	toremifene	FARESTON
Aromatase Inhibitors		
	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA
Luteinizing Hormone-releasing Hormone (LHRH) Agonists		
PA, SP	goserelin acetate	ZOLADEX
PA, SP	leuprolide acetate	
PA, SP	leuprolide acetate	LUPRON DEPOT
PA, SP	triptorelin pamoate	TRELSTAR
Gonadotropin Releasing Hormone (GnRH) Antagonists		
PA, SP	degarelix acetate	FIRMAGON
Progestins		
	megestrol acetate	MEGACE
IMMUNOMODULATORS		
PA, SP	lenalidomide	REVLIMID
PA, SP	pomalidomide	POMALYST
PA, SP	thalidomide	THALOMID
KINASE INHIBITORS		
PA, SP	afatinib	GILOTRIF
PA, SP, QL	axitinib	INLYTA
PA, SP	cabozantinib	COMETRIQ

PA, SP	ceritinib	ZYKADIA
PA, SP	crizotinib	XALKORI
PA, SP	dabrafenib	TAFINLAR
PA, SP, QL	dasatinib	SPRYCEL
PA, SP, QL	erlotinib	TARCEVA
PA, SP, QL	everolimus	AFINITOR
PA, SP, QL	everolimus soluble tabs	AFINITOR DISPERZ
PA, SP	ibrutinib	IMBRUVICA
PA, SP, QL	imatinib mesylate	GLEEVEC
PA, SP	lapatinib	TYKERB
PA, SP, QL	lenvatinib	LENVIMA
PA, SP	nilotinib	TASIGNA
PA, SP, QL	palbociclib	IBRANCE
PA, SP, QL	pazopanib	VOTRIENT
PA, SP, QL	ponatinib	ICLUSIG
PA, SP, QL	ruxolitinib	JAKAFI
PA, SP, QL	sorafenib	NEXAVAR
PA, SP, QL	sunitinib	SUTENT
PA, SP	trametinib	MEKINIST
PA, SP	vandetanib	CAPRELSA
PA, SP	vemurafenib	ZELBORAF

QL	AFINITOR	=	Max 15 days supply
QL	AFINITOR DISPERZ	=	Max 15 days supply
QL	GLEEVEC	=	Max 15 days supply
QL	IBRANCE	=	Max 15 days supply
QL	ICLUSIG	=	Max 15 days supply
QL	INLYTA	=	Max 15 days supply
QL	JAKAFI	=	Max 15 days supply
QL	LENVIMA	=	Max 15 days supply
QL	NEXAVAR	=	Max 15 days supply
QL	SPRYCEL	=	Max 15 days supply
QL	SUTENT	=	Max 15 days supply
QL	TARCEVA	=	Max 15 days supply
QL	VOTRIENT	=	Max 15 days supply

TOPOISOMERASE INHIBITORS

PA, SP	topotecan caps	HYCAMTIN
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MISCELLANEOUS

SP	aldesleukin	PROLEUKIN
PA, SP, QL	bexarotene caps	TARGRETIN caps
PA, SP	bexarotene gel	TARGRETIN gel
	etoposide	
PA	hydroxyurea	DROXIA
	hydroxyurea	HYDREA
	leucovorin	
	mesna	MESNEX
	mitotane	LYSODREN
PA, SP	olaparib	LYNPARZA
PA, SP	panobinostat	FARYDAK
	procarbazine	MATULANE
PA	rituximab	RITUXAN
PA, SP	romidepsin	ISTODAX
	tretinoin caps	

PA, SP, QL	vismodegib	ERIVEDGE
PA, SP, QL	vorinostat	ZOLINZA

QL	bexarotene caps	=	Max 15 days supply
QL	ERIVEDGE	=	Max 15 days supply
QL	ZOLINZA	=	Max 15 days supply

CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.heartfailureguideline.org>

<http://www.myamericanheart.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.myamericanheart.org>

	benazepril	LOTENSIN
	captopril	
	enalapril	VASOTEC
PA	enalapril oral soln	EPANED
	fosinopril	
	lisinopril	ZESTRIL
	quinapril	ACCUPRIL
	ramipril	ALTACE
	trandolapril	MAVIK

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	amlodipine/benazepril	LOTREL
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ACE INHIBITOR/DIURETIC COMBINATIONS

	benazepril/hydrochlorothiazide	LOTENSIN HCT
	captopril/hydrochlorothiazide	
	enalapril/hydrochlorothiazide	VASERETIC
	fosinopril/hydrochlorothiazide	
	lisinopril/hydrochlorothiazide	ZESTORETIC
	quinapril/hydrochlorothiazide	ACCURETIC

ADRENOLYTICS, CENTRAL

	clonidine	CATAPRES
	clonidine transdermal	CATAPRES-TTS
	guanfacine	TENEX

ALDOSTERONE RECEPTOR ANTAGONISTS

	eplerenone	INSPRA
	spironolactone	ALDACTONE

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

doxazosin	CARDURA
terazosin	

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>
<http://professional.diabetes.org>

candesartan	ATACAND
candesartan/hydrochlorothiazide	ATACAND HCT
irbesartan	AVAPRO
irbesartan/hydrochlorothiazide	AVALIDE
losartan	COZAAR
losartan/hydrochlorothiazide	HYZAAR
telmisartan	MICARDIS
telmisartan/hydrochlorothiazide	MICARDIS HCT
valsartan	DIOVAN
valsartan/hydrochlorothiazide	DIOVAN HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/telmisartan	TWYNSTA
amlodipine/valsartan	EXFORGE

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

amlodipine/valsartan/hydrochlorothiazide	EXFORGE HCT
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ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:
<http://www.acc.org>

	amiodarone 200 mg	
	disopyramide	NORPACE
	disopyramide ext-rel	NORPACE CR
SP	dofetilide	TIKOSYN
	flecainide	
	propafenone	RYTHMOL
	propafenone ext-rel	RYTHMOL SR
	sotalol	BETAPACE
	sotalol	BETAPACE AF

ANTILIPEMICS

The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is available at:

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>

Bile Acid Resins

	cholestyramine	QUESTRAN/QUESTRAN LIGHT
	colestipol tabs	COLESTID

Cholesterol Absorption Inhibitors

ST	ezetimibe	ZETIA
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Fibrates

	fenofibrate	LOFIBRA
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	fenofibrate	TRICOR
	gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors

	atorvastatin	LIPITOR
	lovastatin	MEVACOR
	pravastatin	PRAVACHOL
	simvastatin	ZOCOR

Omega-3 Fatty Acids

	omega-3 acid ethyl esters	LOVAZA
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Miscellaneous

PA, SP	lomitapide	JUXTAPID
PA, SP	mipomersen	KYNAMRO

BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://www.acc.org>

	atenolol	TENORMIN
	bisoprolol	ZEBETA
	carvedilol	COREG
	labetalol	TRANDATE
	metoprolol succinate ext-rel	TOPROL-XL
	metoprolol tartrate	LOPRESSOR
	nadolol	CORGARD
	propranolol	
	propranolol ext-rel	INDERAL LA

BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://www.acc.org>

	atenolol/chlorthalidone	TENORETIC
	bisoprolol/hydrochlorothiazide	ZIAC
	metoprolol/hydrochlorothiazide	LOPRESSOR HCT

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

	amlodipine	NORVASC
	felodipine ext-rel	
	nifedipine ext-rel	ADALAT CC
	nifedipine ext-rel	PROCARDIA XL
PA	nimodipine oral soln	NYMALIZE

Nondihydropyridines

	diltiazem	CARDIZEM
	diltiazem ext-rel	
	diltiazem ext-rel	CARDIZEM CD
	diltiazem ext-rel	CARDIZEM LA
	diltiazem ext-rel	TIAZAC
	verapamil ext-rel	CALAN SR
	verapamil ext-rel	VERELAN

DIGITALIS GLYCOSIDES		
	digoxin	LANOXIN
	digoxin ped elixir	
DIURETICS		
Carbonic Anhydrase Inhibitors		
	acetazolamide	
	acetazolamide ext-rel	DIAMOX SEQUELS
	methazolamide	
Loop Diuretics		
	bumetanide	
	furosemide	LASIX
	torsemide	DEMADEX
Potassium-sparing Diuretics		
	amiloride	
Thiazides and Thiazide-like Diuretics		
	chlorothiazide susp	DIURIL
	chlorthalidone	
	hydrochlorothiazide	
	indapamide	
	metolazone	ZAROXOLYN
Diuretic Combinations		
	amiloride/hydrochlorothiazide	
	spironolactone/hydrochlorothiazide	ALDACTAZIDE
	triamterene/hydrochlorothiazide	DYAZIDE
	triamterene/hydrochlorothiazide	MAXZIDE
NITRATES		
Oral		
	isosorbide dinitrate ext-rel tabs	
	isosorbide dinitrate oral	ISORDIL
	isosorbide mononitrate	
	isosorbide mononitrate ext-rel	
	nitroglycerin ext-rel	
Sublingual		
	isosorbide dinitrate sublingual	
	nitroglycerin sublingual	NITROSTAT
Transdermal		
	nitroglycerin transdermal	
	nitroglycerin transdermal	NITRO-DUR
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
PA, SP	ambrisentan	LETAIRIS
PA, SP	bosentan	TRACLEER
PA, SP	macitentan	OPSUMIT
Phosphodiesterase Inhibitors		
PA, SP	sildenafil inj	REVATIO

PA, SP, QL	sildenafil tabs	REVATIO
PA, SP	tadalafil	ADCIRCA

QL sildenafil tabs = Max 90 tabs per month

Prostaglandin Vasodilators

PA, SP	epoprostenol sodium	FLOLAN
PA, SP	iloprost	VENTAVIS
PA, SP	treprostinil	REMODULIN
PA, SP	treprostinil	TYVASO

Soluble Guanylate Cyclase Stimulators

PA, SP	riociguat	ADEMPAS
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Miscellaneous

	glycine diluent	STERILE DILUENT FOR FLOLAN
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MISCELLANEOUS

	hydralazine	
	methyldopa	
PA	metirosine	DEMSEER
	midodrine	
	minoxidil	
	ranolazine ext-rel	RANEXA

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:
<http://www.psych.org>

ANTI-ANXIETY

Benzodiazepines

	alprazolam	XANAX
	alprazolam ext-rel	XANAX XR
	chlordiazepoxide	
	clonazepam tabs	KLONOPIN
	clorazepate	TRANXENE T-TAB
	diazepam	VALIUM
	lorazepam	ATIVAN
	oxazepam	

Miscellaneous

	buspirone	
	clomipramine	ANAFRANIL
	fluvoxamine	

ANTI-CONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:
<http://www.aan.com>

	carbamazepine	TEGRETOL
	carbamazepine ext-rel	CARBATROL
	carbamazepine ext-rel	TEGRETOL-XR
ST	clobazam	ONFI
	diazepam rectal gel	DIASTAT
	divalproex sodium delayed-rel	DEPAKOTE
	divalproex sodium ext-rel	DEPAKOTE ER
	ethosuximide	ZARONTIN
	ethotoin	PEGANONE

PA	ezogabine	POTIGA
	felbamate	FELBATOL
QL	gabapentin caps, tabs	NEURONTIN
	gabapentin soln	NEURONTIN
PA	lacosamide	VIMPAT
	lamotrigine	LAMICTAL
	levetiracetam	KEPPRA
	levetiracetam ext-rel	KEPPRA XR
	levetiracetam inj	KEPPRA
	methsuximide	CELONTIN
	oxcarbazepine	TRILEPTAL
ST	oxcarbazepine ext-rel	OXTELLAR XR
ST	perampanel	FYCOMPA
	phenobarbital	
	phenytoin	DILANTIN INFATABS
	phenytoin sodium extended	DILANTIN
	phenytoin sodium extended	PHENYTEK
ST	pregabalin	LYRICA
	primidone	MYSOLINE
ST	rufinamide	BANZEL
	tiagabine	GABITRIL
	topiramate sprinkle caps, tabs	TOPAMAX
	valproic acid	DEPAKENE
	zonisamide	ZONEGRAN

QL	gabapentin 100 mg	=	Max 1080 caps per month
QL	gabapentin 300 mg	=	Max 360 caps per month
QL	gabapentin 400 mg	=	Max 270 caps per month
QL	gabapentin 600 mg	=	Max 180 tabs per month
QL	gabapentin 800 mg	=	Max 120 tabs per month

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:
<http://www.aan.com>

	donepezil 5 mg, 10 mg	ARICEPT
	galantamine	RAZADYNE
	galantamine ext-rel	RAZADYNE ER
	memantine soln	NAMENDA
	memantine tabs	NAMENDA
	rivastigmine	EXELON

ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:
<http://www.psych.org>

Monoamine Oxidase Inhibitors (MAOIs)

	tranylcypromine	PARNATE
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Selective Serotonin Reuptake Inhibitors (SSRIs)

	citalopram	CELEXA
	escitalopram	LEXAPRO
	fluoxetine	PROZAC
	paroxetine HCl	PAXIL
	sertraline	ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

	duloxetine delayed-rel	CYMBALTA
	venlafaxine ext-rel	EFFEXOR XR
	venlafaxine tabs	

Tricyclic Antidepressants (TCAs)

	amitriptyline	
	amoxapine	
	desipramine	NORPRAMIN
	doxepin	
	imipramine HCl	TOFRANIL
	nortriptyline	PAMELOR
	trimipramine	SURMONTIL

Tricyclic Antidepressants/Benzodiazepine Combination

	chlordiazepoxide/amitriptyline	
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Miscellaneous Agents

	bupropion	WELLBUTRIN
	bupropion ext-rel	WELLBUTRIN SR
QL	bupropion ext-rel	WELLBUTRIN XL
	mirtazapine	REMERON
QL	nefazodone	
	trazodone	

QL	bupropion ext-rel (generic for WELLBUTRIN XL)	=	Max 30 tabs per month
QL	nefazodone 50 mg	=	Max 360 tabs per month
QL	nefazodone 100 mg	=	Max 180 tabs per month
QL	nefazodone 150 mg	=	Max 120 tabs per month
QL	nefazodone 200 mg	=	Max 90 tabs per month
QL	nefazodone 250 mg	=	Max 60 tabs per month

ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<http://www.aan.com>

	amantadine	
	benztropine	
	bromocriptine	PARLODEL
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	carbidopa/levodopa/entacapone	STALEVO
	entacapone	COMTAN
	pramipexole	MIRAPEX
	ropinirole	REQUIP
	selegiline	ELDEPRYL
	trihexyphenidyl	

ANTIPSYCHOTICS

Atypicals

QL	aripiprazole	ABILIFY
	aripiprazole ext-rel inj	ABILIFY MAINTENA
	aripiprazole lauroxil ext-rel inj	ARISTADA
ST	asenapine	SAPHRIS
	clozapine	CLOZARIL
ST, QL	iloperidone	FANAPT
ST, QL	lurasidone	LATUDA
QL	olanzapine	ZYPREXA

ST, QL	paliperidone ext-rel	INVEGA
	paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
	paliperidone palmitate ext-rel inj	INVEGA TRINZA
QL	quetiapine	SEROQUEL
QL, ST	quetiapine ext-rel	SEROQUEL XR
	risperidone	RISPERDAL
	risperidone long-acting inj	RISPERDAL CONSTA
QL	ziprasidone	GEODON

QL	aripiprazole 2 mg	=	Max 60 tabs per month
QL	aripiprazole 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	=	Max 30 tabs per month
QL	olanzapine	=	Max 30 tabs per month
QL	paliperidone ext-rel	=	Max 30 tabs per month
QL	quetiapine 25 mg	=	Max 120 tabs per month
QL	quetiapine 50 mg, 100 mg	=	Max 90 tabs per month
QL	quetiapine 200 mg, 300 mg, 400 mg	=	Max 60 tabs per month
QL	ziprasidone	=	Max 60 tabs per month
QL	FANAPT	=	Max 60 tabs per month
QL	LATUDA	=	Max 30 tabs per month
QL	SEROQUEL XR	=	Max 30 tabs per month

Miscellaneous

chlorpromazine	
fluphenazine	
fluphenazine inj	
haloperidol	
loxapine	
perphenazine	
perphenazine/amitriptyline	
pimozide	ORAP
thioridazine	
thiothixene	
trifluoperazine	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<http://www.aacap.org>

<http://www.aap.org>

QL	amphetamine/dextroamphetamine mixed salts	ADDERALL
QL	amphetamine/dextroamphetamine mixed salts ext-rel	ADDERALL XR
ST, QL	atomoxetine	STRATTERA
QL	clonidine ext-rel	KAPVAY
QL	dexmethylphenidate	FOCALIN
QL	dexmethylphenidate ext-rel 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	FOCALIN XR
QL	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
QL	dextroamphetamine tabs 5 mg, 10 mg	
QL	guanfacine ext-rel	INTUNIV
QL	lisdexamfetamine	VYVANSE
QL	methylphenidate	RITALIN
QL	methylphenidate chew tabs, soln, tabs	METHYLIN
QL	methylphenidate ext-rel caps 20 mg, 30 mg, 40 mg	RITALIN LA
QL	methylphenidate ext-rel tabs	

QL	amphetamine/dextroamphetamine mixed salts 5 mg, 7.5 mg, 10 mg, 12.5 mg	=	Max 90 tabs per month
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QL	amphetamine/dextroamphetamine mixed salts 15 mg, 20 mg, 30 mg	=	Max 60 tabs per month
QL	amphetamine/dextroamphetamine mixed salts ext-rel	=	Max 30 caps per month
QL	clonidine ext-rel	=	Max 60 tabs per month
QL	dexmethylphenidate	=	Max 60 tabs per month
QL	dexmethylphenidate ext-rel	=	Max 30 caps per month
QL	dextroamphetamine ext-rel	=	Max 60 caps per month
QL	dextroamphetamine tabs 5 mg, 10 mg	=	Max 90 tabs per month
QL	guanfacine ext-rel	=	Max 30 tabs per month
QL	methylphenidate	=	Max 90 tabs per month
QL	methylphenidate chew tabs	=	Max 90 tabs per month
QL	methylphenidate soln 5 mg/5 mL	=	Max 2100 mL per month
QL	methylphenidate soln 10 mg/5 mL	=	Max 1050 mL per month
QL	methylphenidate ext-rel caps 20 mg, 30 mg, 40 mg (generic for RITALIN LA)	=	Max 30 caps per month
QL	methylphenidate ext-rel tabs 10 mg, 20 mg	=	Max 90 tabs per month
QL	methylphenidate ext-rel tabs 18 mg, 27 mg, 36 mg, 54 mg	=	Max 30 tabs per month
QL	STRATTERA	=	Max 30 caps per month
QL	VYVANSE	=	Max 30 caps per month

HUNTINGTON'S DISEASE AGENTS

PA, SP	tetrabenazine	XENAZINE
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HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia are available at:

<http://www.aasmnet.org>

Benzodiazepines

QL	estazolam	PROSOM
QL	flurazepam	
QL	temazepam 15 mg, 30 mg	RESTORIL
QL	triazolam	HALCION

QL	estazolam	=	Max 30 tabs per month
QL	flurazepam	=	Max 30 caps per month
QL	temazepam 15 mg, 30 mg	=	Max 30 caps per month
QL	triazolam 0.125 mg	=	Max 60 tabs per month
QL	triazolam 0.25 mg	=	Max 30 tabs per month

Nonbenzodiazepines

OTC	doxylamine	UNISOM
PA, SP	tasimelteon	HETLIOZ
QL	zolpidem	AMBIEN

QL	zolpidem	=	Max 30 tabs per month
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MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<http://www.aan.com>

Ergotamine Derivatives

	dihydroergotamine inj	D.H.E. 45
QL	dihydroergotamine spray	MIGRANAL
	ergotamine/cafeine	CAFERGOT

QL	dihydroergotamine spray	=	Max 8 vials (1 box) per month
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Selective Serotonin Agonists

QL	naratriptan	AMERGE
QL	rizatriptan	MAXALT
QL	rizatriptan orally disintegrating tabs	MAXALT-MLT
QL	sumatriptan	IMITREX
QL	sumatriptan inj	IMITREX
QL	sumatriptan nasal spray	IMITREX

QL	naratriptan	=	Max 9 tabs per month
QL	rizatriptan	=	Max 12 tabs per month
QL	rizatriptan orally disintegrating tabs	=	Max 12 tabs per month
QL	sumatriptan	=	Max 12 tabs per month
QL	sumatriptan inj	=	Max 10 inj per month
QL	sumatriptan nasal spray	=	Max 12 doses (2 boxes) per month

Miscellaneous

acetaminophen/dichloralphenazone/isometheptene

MOOD STABILIZERS

	carbamazepine ext-rel	EQUETRO
	lithium carbonate	
	lithium carbonate ext-rel tabs 300 mg	LITHOBID
	lithium carbonate ext-rel tabs 450 mg	
	lithium citrate	LITHIUM CITRATE

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:
<http://www.aan.com>

PA, SP	dalfampridine ext-rel	AMPYRA
ST, PA, SP	fingolimod	GILENYA
PA, SP	glatiramer 20 mg	COPAXONE
PA, SP	interferon beta-1a	AVONEX
PA, SP	interferon beta-1b	EXTAVIA

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	
QL	carisoprodol 350 mg	SOMA
PA	carisoprodol/aspirin	
	chlorzoxazone	PARAFON FORTE DSC
	cyclobenzaprine 5 mg, 10 mg	
	dantrolene	DANTRUM
	methocarbamol	ROBAXIN
	orphenadrine ext-rel	
	tizanidine tabs	ZANAFLEX tabs

QL	carisoprodol 350 mg	=	Max 120 tabs per month
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MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
	pyridostigmine ext-rel	MESTINON TIMESPAN

NARCOLEPSY/CATAPLEXY

PA	armodafinil	NUVIGIL
PA	modafinil	PROVIGIL
PA	sodium oxybate	XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

	acamprosate calcium	
	disulfiram	ANTABUSE
SP	naltrexone microspheres	VIVITROL

Opioid Antagonists

	naloxone inj	
	naltrexone	REVIA

Partial Opioid Agonists

PA	buprenorphine sublingual	
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Partial Opioid Agonist/Opioid Antagonist Combinations

PA	buprenorphine/naloxone sublingual film	SUBOXONE FILM
PA	buprenorphine/naloxone sublingual tabs	SUBOXONE
PA	buprenorphine/naloxone sublingual tabs	ZUBSOLV

Pseudobulbar Affect

PA	dextromethorphan/quinidine	NUEDEXTA
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Smoking Deterrents

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

OTC, QL	nicotine polacrilex gum	NICORETTE
OTC, QL	nicotine polacrilex lozenge	NICORETTE
OTC, QL	nicotine transdermal	
	bupropion ext-rel	ZYBAN
QL	varenicline	CHANTIX

QL	nicotine polacrilex gum	=	Max 600 pieces per month , max 180 days per year
QL	nicotine polacrilex lozenge	=	Max 500 lozenges per month, max 180 days per year
QL	nicotine transdermal	=	Max 30 patches per month, max 180 days per year
QL	CHANTIX	=	Max 180 days per year

MISCELLANEOUS

PA	riluzole	RILUTEK
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ENDOCRINE AND METABOLIC

ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:

<http://www.aace.com>

PA	oxandrolone	OXANDRIN
PA	oxymetholone	ANADROL-50
	testosterone cypionate	DEPO-TESTOSTERONE
	testosterone enanthate	DELATESTRYL
PA	testosterone gel	FORTESTA
PA	testosterone soln	AXIRON

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
ST	miglitol	GLYSET

Amylin Analogs		
ST	pramlintide	SYMLINPEN
Biguanides		
	metformin	GLUCOPHAGE
	metformin ext-rel	GLUCOPHAGE XR
Biguanide/Sulfonylurea Combinations		
	glipizide/metformin	METAGLIP
QL	glyburide/metformin	GLUCOVANCE
QL	glyburide/metformin	= Max 300 tabs per month
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ST	linagliptin	TRADJENTA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
ST	linagliptin/metformin	JENTADUETO
Incretin Mimetic Agents		
ST	exenatide	BYETTA
ST	exenatide ext-rel	BYDUREON
ST	liraglutide	VICTOZA
Insulins		
OTC, QL	insulin human	HUMULIN R
OTC, QL	insulin human	NOVOLIN R
OTC, QL	insulin isophane human	HUMULIN N
OTC, QL	insulin isophane human	NOVOLIN N
OTC, QL	insulin isophane human 70%/regular 30%	HUMULIN 70/30
OTC, QL	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
QL	insulin aspart	NOVOLOG
QL	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
QL	insulin glargine	LANTUS
QL	insulin glargine	LANTUS SOLOSTAR
QL	insulin glulisine	APIDRA
QL	insulin glulisine	APIDRA SOLOSTAR
QL	insulin lispro	HUMALOG
QL	insulin lispro protamine/insulin lispro	HUMALOG MIX
QL	APIDRA	= Max 4 vials per month
QL	APIDRA SOLOSTAR	= Max 15 pens per month
QL	HUMALOG, NOVOLOG	= Max 4 vials per month
QL	HUMALOG, NOVOLOG FLEXPEN	= Max 15 pens per month
QL	HUMULIN, NOVOLIN pens	= Max 15 pens per month
QL	HUMULIN, NOVOLIN vials	= Max 4 vials per month
QL	HUMULIN R U-500 vials	= Max 2 vials per month
QL	LANTUS	= Max 4 vials per month
QL	LANTUS SOLOSTAR	= Max 15 pens per month
Insulin Sensitizers		
	pioglitazone	ACTOS
Insulin Sensitizer/Biguanide Combinations		
	pioglitazone/metformin	ACTOPLUS MET
ST	pioglitazone/metformin ext-rel	ACTOPLUS MET XR

Insulin Sensitizer/Sulfonylurea Combinations

ST	pioglitazone/glimepiride	DUETACT
Meglitinides		
	nateglinide	STARLIX
	repaglinide	PRANDIN
Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors		
ST	canagliflozin	INVOKANA
Sulfonylureas		
	glimepiride	AMARYL
	glipizide	GLUCOTROL
	glipizide ext-rel	GLUCOTROL XL
QL	glyburide	DIABETA
QL	glyburide micronized	GLYNASE
QL	glyburide 1.25 mg	= Max 480 tabs per month
QL	glyburide 2.5 mg	= Max 240 tabs per month
QL	glyburide 5 mg	= Max 120 tabs per month
QL	glyburide micronized 1.5 mg	= Max 240 tabs per month
QL	glyburide micronized 3 mg	= Max 120 tabs per month
QL	glyburide micronized 6 mg	= Max 60 tabs per month
Supplies		
OTC, QL	alcohol swabs	
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE FREEDOM LITE KITS AND TEST STRIPS
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE INSULINX KITS AND TEST STRIPS
OTC, QL	blood glucose monitoring kits, test strips	FREESTYLE LITE KITS AND TEST STRIPS
OTC, QL	blood glucose monitoring kits, test strips	PRECISION XTRA KITS AND TEST STRIPS
OTC	glucose	
OTC, QL	insulin syringes, needles	
OTC, QL	lancets	
OTC	urine glucose test strips	
	insulin delivery device	V-GO INSULIN DELIVERY DEVICE
QL	alcohol swabs	= Max 400 swabs per month
QL	insulin syringes, needles	= Max 400 per month
QL	lancets	= Max 400 units per month
QL	FREESTYLE TEST STRIPS	= Max 200 strips per month
QL	PRECISION XTRA TEST STRIPS	= Max 200 strips per month
CALCIUM RECEPTOR ANTAGONISTS		
PA, SP	cinacalcet	SENSIPAR
CALCIUM REGULATORS		
Guidelines of treatment and management of osteoporosis are available at:		
http://www.aace.com		
http://www.nof.org		
Bisphosphonates		
	alendronate tabs	FOSAMAX
	ibandronate tabs	BONIVA

Calcitonins		
	calcitonin-salmon	FORTICAL
	calcitonin-salmon	MIACALCIN
Parathyroid Hormones		
PA, SP	teriparatide	FORTEO
CONTRACEPTIVES		
EE = ethinyl estradiol		
ME = mestranol		
Monophasic		
<i>20 mcg Estrogen</i>		
	drospirenone/EE 3/20	YAZ
PA	drospirenone/EE/levomefolate 3/20 and levomefolate	BEYAZ
	levonorgestrel/EE 0.1/20	
	norethindrone acetate/EE 1/20	LOESTRIN 1/20
	norethindrone acetate/EE 1/20 and iron	LOESTRIN FE 1/20
	norethindrone acetate/EE 1/20 and iron - Lomedia 24 Fe	
<i>30 mcg Estrogen</i>		
	desogestrel/EE 0.15/30 - Apri	
	drospirenone/EE 3/30	YASMIN
	levonorgestrel/EE 0.15/30	
	norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
	norethindrone acetate/EE 1.5/30 and iron	LOESTRIN FE 1.5/30
	norgestrel/EE 0.3/30	
<i>35 mcg Estrogen</i>		
	ethynodiol diacetate/EE 1/35	
	norethindrone/EE 0.4/35	OVCON 35
	norethindrone/EE 0.5/35	BREVICON
	norethindrone/EE 0.5/35	MODICON
	norethindrone/EE 1/35	NORINYL 1+35
	norethindrone/EE 1/35	ORTHO-NOVUM 1/35
	norgestimate/EE 0.25/35	ORTHO-CYCLEN
<i>50 mcg Estrogen</i>		
	ethynodiol diacetate/EE 1/50 - Zovia 1/50	
	norethindrone/ME 1/50	NORINYL 1+50
QL	norgestrel/EE 0.5/50 - Ogestrel	
QL	norgestrel/EE 0.5/50 - Ogestrel	= Max 28 tabs per 28 days
Biphasic		
	desogestrel/EE	MIRCETTE
Triphasic		
	desogestrel/EE	CYCLESSA
	levonorgestrel/EE	
	norethindrone acetate/EE and iron	ESTROSTEP FE
	norethindrone/EE	ORTHO-NOVUM 7/7/7
	norethindrone/EE	TRI-NORINYL
	norgestimate/EE	ORTHO TRI-CYCLEN
Progestin Only		
	norethindrone	NOR-QD
	norethindrone	ORTHO MICRONOR

Emergency Contraception

OTC, QL	levonorgestrel - Next Choice One Dose	PLAN B ONE-STEP
QL	levonorgestrel	
	ulipristal	ELLA

QL levonorgestrel = Max 6 tabs per year

Extended Cycle

	levonorgestrel/EE 0.1/20 and EE 10	LOSEASONIQUE
	levonorgestrel/EE 0.15/30	
	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE

Implant

SP	etonogestrel implant	NEXPLANON
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Injectable

QL	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
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QL medroxyprogesterone acetate 150 mg/mL = Max 1 inj per 3 months

Progestin Intrauterine Device

SP	levonorgestrel-releasing IUD	LILETTA
SP	levonorgestrel-releasing IUD	MIRENA
SP	levonorgestrel-releasing IUD	SKYLA

Transdermal

	norelgestromin/EE	ORTHO EVRA
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Vaginal

	etonogestrel/EE ring	NUVARING
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Miscellaneous

OTC, QL	condoms, male	
	diaphragm	

QL condoms, male = Max 24 condoms per month

ENDOMETRIOSIS

	danazol	
PA	nafarelin	SYNAREL

ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:

<http://www.menopause.org>

<https://www.aace.com/files/menopause.pdf>

Oral

	estradiol	ESTRACE
	estrogens, conjugated	PREMARIN
	estrogens, esterified	MENEST
	estrogens, esterified/methyltestosterone	
	estropipate	

Transdermal

QL	estradiol	ALORA
	estradiol	CLIMARA

QL ALORA = Max 8 patches per month

Vaginal		
	estradiol vaginal crm	ESTRACE CREAM
PA	estradiol vaginal tabs	VAGIFEM
	estrogens, conjugated crm	PREMARIN CREAM
ESTROGEN/PROGESTINS		
Oral		
	EE/norethindrone acetate	FEMHRT
	EE/norethindrone acetate - Jinteli	
	estradiol/norethindrone acetate	ACTIVELLA
	estradiol/norgestimate	PREFEST
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO
Transdermal		
ST	estradiol/levonorgestrel	CLIMARA PRO
	estradiol/norethindrone acetate	COMBIPATCH
ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS		
ST	conjugated estrogens/bazedoxifene	DUAVEE
GAUCHER DISEASE		
PA	miglustat	ZAVESCA
GLUCOCORTICOIDS		
	cortisone acetate	
	dexamethasone	
PA	dexamethasone	DEXPAK
	fludrocortisone	
	hydrocortisone	CORTEF
	hydrocortisone succinate	SOLU-CORTEF
	methylprednisolone	MEDROL
	prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL	
	prednisolone syrup	PRELONE
	prednisone	
GLUCOSE ELEVATING AGENTS		
QL	glucagon, human recombinant	GLUCAGEN HYPOKIT
QL	glucagon, human recombinant	GLUCAGON EMERGENCY KIT
QL	GLUCAGEN HYPOKIT	= Max 2 inj per month
QL	GLUCAGON EMERGENCY KIT	= Max 2 inj per month
HUMAN GROWTH HORMONES		
Guidelines for use of growth hormone are available at: http://www.aace.com/publications/guidelines		
PA, SP	somatropin	NORDITROPIN
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
	calcitriol (1,25-D3)	ROCALTROL
	doxercalciferol	HECTOROL
	paricalcitol	ZEMPLAR
INSULIN-LIKE GROWTH FACTOR		
PA, SP	mecasermin	INCRELEX

PHENYLKETONURIA TREATMENT AGENTS

PA, SP	sapropterin	KUVAN
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PHOSPHATE BINDER AGENTS

	calcium acetate	ELIPHOS
	calcium acetate	PHOSLO
	lanthanum	FOSRENOL

PROGESTINS

	medroxyprogesterone acetate	PROVERA
	norethindrone acetate	AYGESTIN
	progesterone supp	FIRST-PROGESTERONE VGS
	progesterone, micronized	PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

	raloxifene	EVISTA
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THYROID AGENTS**Antithyroid Agents**

	methimazole	TAPAZOLE
	potassium iodide	SSKI
	propylthiouracil	

Thyroid Supplements

	levothyroxine	
	levothyroxine	SYNTHROID
	levothyroxine - Levoxyl	
	liothyronine	CYTOMEL
QL	liotrix	THYROLAR
	thyroid	ARMOUR THYROID

QL THYROLAR = Max 30 tabs per month

VASOPRESSIN RECEPTOR ANTAGONISTS

PA, SP	tolvaptan	SAMSCA
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VASOPRESSINS

SP	desmopressin spray	STIMATE
	desmopressin spray, tabs	DDAVP spray, tabs

MISCELLANEOUS

	cabergoline	
	methylergonovine	
PA, SP	nitisinone	ORFADIN
PA, SP	octreotide acetate	SANDOSTATIN
PA, SP	pegvisomant	SOMAVERT
SP	tesamorelin	EGRIFTA

GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<http://gi.org>

<http://www.gastro.org>

ANTACIDS

OTC	alumina/magnesia	MAALOX
OTC	alumina/magnesia/simethicone	MAALOX
OTC	calcium carbonate	

ANTI-DIARRHEALS

OTC	bismuth subsalicylate	PEPTO-BISMOL
OTC	loperamide	
	diphenoxylate/atropine	LOMOTIL
	loperamide	

ANTIEMETICS

OTC	meclizine	
PA	aprepitant 40 mg, 80 mg	EMEND
PA, QL	aprepitant pack	EMEND TRIPACK
PA	dronabinol	MARINOL
QL	granisetron tabs	
	meclizine	ANTIVERT
	metoclopramide	REGLAN
PA	netupitant/palonosetron	AKYNZEO
	ondansetron	ZOFRAN
	prochlorperazine	
	promethazine	
	trimethobenzamide	TIGAN

QL	granisetron tabs	=	Max 15 tabs per month
QL	EMEND TRIPACK	=	Max 1 pack per 15 days

ANTI-SPASMODICS

	chlordiazepoxide	
	chlordiazepoxide/clidinium	
	dicyclomine	BENTYL
	glycopyrrolate	ROBINUL
	hyoscyamine sublingual	LEVSIN/SL
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	LEVIBID
	hyoscyamine sulfate ext-rel caps	
	hyoscyamine sulfate orally disintegrating tabs	ANASPAZ
	methscopolamine tabs 2.5 mg	PAMINE

CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO

H₂ RECEPTOR ANTAGONISTS

OTC	cimetidine	TAGAMET HB
OTC	famotidine	PEPCID AC
OTC	nizatidine	AXID
OTC	ranitidine	ZANTAC
	cimetidine	
	famotidine	PEPCID
	nizatidine	AXID
	ranitidine	ZANTAC

INFLAMMATORY BOWEL DISEASE**Oral Agents**

	balsalazide	
	budesonide delayed-rel caps	ENTOCORT EC
	mesalamine delayed-rel caps	DELZICOL
	mesalamine delayed-rel tabs	ASACOL HD
ST	mesalamine delayed-rel tabs	LIALDA
	mesalamine ext-rel caps	APRISO
ST	mesalamine ext-rel caps	PENTASA

ST	olsalazine	DIPENTUM
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS

Rectal Agents

	hydrocortisone acetate foam	CORTIFOAM
	hydrocortisone enema	
	mesalamine rectal susp	ROWASA
	mesalamine supp	CANASA

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

ST	linaclotide	LINZESS
ST	lubiprostone	AMITIZA

Irritable Bowel Syndrome with Diarrhea

PA	alosetron	LOTIRONEX
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LAXATIVES/STOOL SOFTENERS

OTC	bisacodyl	DULCOLAX
OTC	docusate calcium	
OTC	docusate sodium	COLACE
OTC	polyethylene glycol 3350	MIRALAX
OTC	senna	
OTC	sennosides	SENOKOT
OTC	sennosides/docusate sodium	SENNAPLUS
OTC	sodium phosphate/sodium biphosphate enema soln	FLEET ENEMA-PEDIATRIC
	lactulose	
	lactulose	KRISTALOSE
	peg 3350/electrolytes	COLYTE
	peg 3350/electrolytes	GOLYTELY
	peg 3350/electrolytes	NULYTELY
	polyethylene glycol 3350	

PANCREATIC ENZYMES

	pancrelipase	VIOKACE
	pancrelipase delayed-rel	CREON
	pancrelipase delayed-rel	ULTRESA
	pancrelipase delayed-rel	ZENPEP

PROSTAGLANDINS

	misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

OTC, QL	esomeprazole magnesium delayed-rel	NEXIUM 24HR
OTC, QL	lansoprazole delayed-rel	PREVACID 24HR
OTC, QL	omeprazole magnesium delayed-rel	PRILOSEC OTC
OTC, QL	omeprazole magnesium delayed-rel caps	
OTC, QL	omeprazole/sodium bicarbonate	ZEGERID OTC
QL	lansoprazole delayed-rel	PREVACID
QL	omeprazole delayed-rel	PRILOSEC
QL	pantoprazole delayed-rel tabs	PROTONIX
QL	rabeprazole delayed-rel	ACIPHEX

QL	lansoprazole delayed-rel	=	Max 60 caps per month
QL	omeprazole magnesium delayed-rel caps	=	Max 60 caps per month
QL	omeprazole/sodium bicarbonate	=	Max 60 caps per month
QL	omeprazole delayed-rel	=	Max 60 caps per month

QL	pantoprazole delayed-rel tabs	=	Max 60 tabs per month
QL	rabeprazole delayed-rel tabs	=	Max 60 tabs per month
QL	NEXIUM 24HR	=	Max 120 caps per month
QL	PRILOSEC OTC	=	Max 60 tabs per month

SALIVA STIMULANTS

pilocarpine tabs	SALAGEN
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STEROIDS, RECTAL

hydrocortisone crm	ANUSOL-HC 2.5%
hydrocortisone crm	PROCTOCORT 1%

MISCELLANEOUS

OTC	loperamide/simethicone	IMODIUM
OTC	petrolatum/mineral oil/shark liver oil/phenylephrine oint	PREPARATION H
OTC	phenylephrine/shark liver oil/cocoa butter supp	PREPARATION H
OTC	pramoxine/phenylephrine/glycerin/petrolatum	PREPARATION H
PA	carglumic acid	CARBAGLU
PA, SP	cholic acid	CHOLBAM
PA	cromolyn sodium	GASTROCROM
PA	glycopyrrolate	CUVPOSA
PA	sacrosidase	SUCRAID
PA, SP	sodium phenylbutyrate powder	BUPHENYL
PA, SP	sodium phenylbutyrate tabs	BUPHENYL
	sucralfate	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:
<http://www.auanet.org/guidelines>

alfuzosin ext-rel	UROXATRAL
doxazosin	CARDURA
finasteride	PROSCAR
tamsulosin	FLOMAX
terazosin	

URINARY ANTISPASMODICS

OTC	oxybutynin transdermal	OXYTROL FOR WOMEN
	flavoxate	
	oxybutynin	
	oxybutynin ext-rel	DITROPAN XL
	tolterodine	DETROL
ST	tolterodine ext-rel	DETROL LA
	tropium	
	tropium ext-rel	

VAGINAL ANTI-INFECTIVES

OTC	clotrimazole	
OTC	miconazole	
	clindamycin crm	CLEOCIN
	clindamycin supp	CLEOCIN vaginal supp
	clotrimazole	
	metronidazole	METROGEL-VAGINAL
	miconazole	
	terconazole	TERAZOL 3
	terconazole	TERAZOL 7

MISCELLANEOUS

PA	acetoxyhydroxamic acid	LITHOSTAT
	bethanechol	URECHOLINE
	hyoscyamine/methenamine/methylene blue/phenyl salicylate/sodium phosphate	UROGESIC-BLUE
	hyoscyamine/methenamine/methylene blue/phenyl salicylate/sodium phosphate - Urelle	
	pentosan polysulfate sodium	ELMIRON
	phenazopyridine	PYRIDIUM
	potassium citrate ext-rel	UROCIT-K
	potassium citrate/citric acid	CYTRA-K
	potassium citrate/sodium citrate/citric acid	CYTRA-3
	sodium chloride	
	sodium citrate/citric acid	CYTRA-2
PA	sorbitol	

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:
<http://www.hemophilia.org>

ANTICOAGULANTS

CHEST guidelines are available at:
<http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/Antithrombotic-Guidelines-9th-Ed>

Injectable

PA	dalteparin	FRAGMIN
	enoxaparin	LOVENOX

Oral

	apixaban	ELIQUIS
	dabigatran etexilate	PRADAXA
	rivaroxaban	XARELTO
	warfarin	COUMADIN

Synthetic Heparinoid-like Agents

PA, QL	fondaparinux	ARIXTRA
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QL fondaparinux = Max 30 syringes per 6 months, unless PA is initiated

ANTIHEMOPHILIC AGENTS

SP	antihemophilic factor (human)	ALPHANATE
SP	antihemophilic factor (human)	HEMOFIL M
SP	antihemophilic factor (human)	KOATE-DVI
SP	antihemophilic factor (human)	MONOCLATE-P
SP	antihemophilic factor (recombinant porcine)	OBIZUR
SP	antihemophilic factor (recombinant)	ADVATE
SP	antihemophilic factor (recombinant)	ELOCTATE
SP	antihemophilic factor (recombinant)	HELIXATE FS
SP	antihemophilic factor (recombinant)	KOGENATE FS
SP	antihemophilic factor (recombinant)	NOVOEIGHT
SP	antihemophilic factor (recombinant)	RECOMBIMATE
SP	antihemophilic factor (recombinant)	XYNTHA
SP	antihemophilic factor/von Willebrand factor complex (human)	HUMATE-P
SP	antiinhibitor coagulant complex	FEIBA NF
SP	antiinhibitor coagulant complex	FEIBA VH
SP	coagulation factor VIIa, recombinant	NOVOSEVEN RT
SP	factor IX complex, plasma-derived	BEBULIN VH

SP	factor IX complex, plasma-derived	PROFILNINE SD
SP	factor IX concentrate	BENEFIX
SP	factor IX concentrate	MONONINE
SP	factor IX concentrate	RIXUBIS

HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines

PA, SP	darbepoetin alfa	ARANESP
PA, SP	epoetin alfa	EPOGEN
PA, SP	epoetin alfa	PROCRIT
PA, SP	filgrastim	NEUPOGEN
PA, SP	oprelvekin	NEUMEGA
PA, SP	pegfilgrastim	NEULASTA
PA, SP	sargramostim	LEUKINE
PA, SP	tbo-filgrastim	GRANIX

HEREDITARY ANGIOEDEMA AGENTS

PA, SP	C1 esterase inhibitor	CINRYZE
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IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

PA, SP	eltrombopag	PROMACTA
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PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

PA, SP	eculizumab	SOLIRIS
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PLATELET AGGREGATION INHIBITORS

OTC	aspirin	
	clopidogrel	PLAVIX
	dipyridamole	PERSANTINE
	prasugrel	EFFIENT
PA	ticagrelor	BRILINTA
	ticlopidine	

PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
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MISCELLANEOUS

	aminocaproic acid	AMICAR
	cilostazol	PLETAL
PA, SP	deferasirox	EXJADE
	pentoxifylline ext-rel	
	succimer	CHEMET
ST	tranexamic acid	LYSTEDA

IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:

<http://www.rheumatology.org>

ALLERGENIC EXTRACTS

PA, SP	grass mixed pollen allergen extract	ORALAIR
PA	ragweed pollen allergen extract	RAGWITEK
PA	timothy grass pollen allergen extract	GRASTEK

BIOLOGIC DISEASE-MODIFYING AGENTS

PA, SP	adalimumab	HUMIRA
PA, SP, QL	etanercept	ENBREL

QL	ENBREL 25 mg kit, syringe	=	Max 8 inj per month
QL	ENBREL 50 mg syringe	=	Max 4 inj per month
QL	ENBREL SURECLICK	=	Max 4 inj per month

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate	

IMMUNE GLOBULINS

PA, SP	cytomegalovirus immune globulin	CYTOGAM
PA, SP	hepatitis B immune globulin	HEPAGAM B
PA, SP	immune globulin, gamma (IGG)	CARIMUNE NF
PA, SP	immune globulin, gamma (IGG)	FLEBOGAMMA
PA, SP	immune globulin, gamma (IGG)	GAMASTAN S/D
PA, SP	immune globulin, gamma (IGG)	GAMMAGARD
PA, SP	immune globulin, gamma (IGG)	GAMUNEX-C
PA, SP	immune globulin, gamma (IGG)	HIZENTRA
PA, SP	immune globulin, gamma (IGG)	PRIVIGEN
PA	lymphocyte immune globulin anti-thymocyte G	ATGAM
PA	rabies immune globulin	HYPERRAB S/D
SP	rho D immune globulin	HYPERRHO S/D
SP	rho D immune globulin	RHOGAM PLUS
SP	rho D immune globulin	RHOPHYLAC
SP	rho D immune globulin	WINRHO SDF

IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

<http://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of hepatitis are available at:

<http://www.aasld.org>

Interferons

PA, SP	interferon alfa-2b	INTRON A
PA, SP	interferon gamma-1b	ACTIMMUNE
PA, SP	peginterferon alfa-2a	PEGASYS
PA, SP	peginterferon alfa-2b	PEGINTRON
PA, SP	peginterferon alfa-2b	SYLATRON

Miscellaneous

PA, SP	canakinumab	ILARIS
PA, SP	rilonacept	ARCALYST
PA, SP	tocilizumab	ACTEMRA

IMMUNOSUPPRESSANTS**Antimetabolites**

	azathioprine	AZASAN
	azathioprine	IMURAN
	mycophenolate mofetil	CELLCEPT
	mycophenolate sodium delayed-rel	MYFORTIC

Calcineurin Inhibitors

	cyclosporine caps	SANDIMMUNE
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cyclosporine soln	SANDIMMUNE
cyclosporine, modified	NEORAL
tacrolimus	PROGRAF

Rapamycin Derivatives

everolimus	ZORTRESS
sirolimus	RAPAMUNE

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

potassium chloride ext-rel	
potassium chloride ext-rel	K-TAB
potassium chloride liquid	

Potassium-Removing Agents

sodium polystyrene sulfonate	KAYEXALATE
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Miscellaneous

potassium phosphate	K-PHOS NEUTRAL
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VITAMINS AND MINERALS

Folic Acid/Combinations

OTC	folic acid	
OTC	folinic acid/vitamin B6/vitamin B12	FOLINIC-PLUS
	folic acid	
	folic acid/vitamin B6/vitamin B12	FOLGARD RX
	folic acid/vitamin B6/vitamin B12 - Folbic	
	l-methylfolate/vitamin B6/vitamin B12	METANX

Prenatal Vitamins

OTC	prenatal vitamins/ferrous fumarate/ folic acid 27 mg/0.8 mg	PRENATAL TAB
	prenatal vitamins/carbonyl iron/docusate/folic acid - Prenatal AD	
	prenatal vitamins/carbonyl iron/ferrous fumarate/folic acid	VINATE CALCIUM
	prenatal vitamins/carbonyl iron/folic acid	VITASPIRE
	prenatal vitamins/carbonyl iron/folic acid - Prenatabs Rx	
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL DHA
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL HARMONY
	prenatal vitamins/docusate/folic acid	CITRANATAL RX
	prenatal vitamins/docusate/folic acid + DHA	CITRANATAL ASSURE
	prenatal vitamins/ferrous fumarate/docusate/folic acid	MYNATAL
	prenatal vitamins/ferrous fumarate/docusate/folic acid	PRENATAL 19
	prenatal vitamins/ferrous fumarate/folic acid	CO-NATAL FA
	prenatal vitamins/ferrous fumarate/folic acid	PRENATAL PLUS
	prenatal vitamins/ferrous fumarate/folic acid	TRINATAL RX
	prenatal vitamins/folic acid + pyridoxine	CITRANATAL B-CALM

Miscellaneous

OTC	calcium	
OTC	calcium/vitamin D	
OTC	ferrous fumarate	
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	ferrous sulfate 160 mg - Slow Release Iron	

OTC	multivitamins	ONE-A-DAY
OTC	multivitamins/iron tabs	GERITOL
OTC	omega-3 fatty acids	FISH OIL
OTC	omega-3 fatty acids/vitamin E	FISH OIL
OTC	pediatric multiple vitamin w/iron 15 mg chew tabs	
	cyanocobalamin inj	
	ergocalciferol (D2)	DRISDOL
	ferrous fumarate/folic acid - Hemocyte-F	
	fluoride drops	LURIDE
	fluoride tabs	LURIDE LOZI-TABS
	multiple vitamins/iron - Ferrotrinsic	
	multiple vitamins/iron - Hematogen	
	multiple vitamins/minerals	
	multiple vitamins/minerals - Corvite Free	
	multiple vitamins/minerals - Vicap Forte	
	multiple vitamins/minerals/iron	HEMOCYTE PLUS CAPS
	multiple vitamins/minerals/iron - Ferrocite Plus	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	phytonadione	MEPHYTON
	sodium fluoride/xylitol	FLUOR-A-DAY
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	
	vitamin B complex/vitamin C/folic acid	NEPHROCAPS
PA	zinc acetate	GALZIN

RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

<http://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

QL	epinephrine	AUVI-Q
QL	epinephrine	EPIPEN
QL	epinephrine	EPIPEN JR.
QL	epinephrine pen	

QL	epinephrine pen	=	Max 8 pens per year
QL	AUVI-Q	=	Max 8 pens per year
QL	EPIPEN	=	Max 8 pens per year
QL	EPIPEN JR.	=	Max 8 pens per year

ANTICHOLINERGICS

QL	acclidinium bromide	TUDORZA
QL	ipratropium soln	
QL	ipratropium, CFC-free aerosol	ATROVENT HFA
QL	tiotropium	SPIRIVA HANDIHALER
QL	tiotropium	SPIRIVA RESPIMAT

QL	ipratropium soln	=	Max 120 units per month
QL	ATROVENT HFA	=	Max 5 inhalers per month
QL	SPIRIVA HANDIHALER	=	Max 1 inhaler per month
QL	SPIRIVA RESPIMAT	=	Max 1 inhaler per month

QL TUDORZA = Max 1 inhaler per month

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

QL	ipratropium/albuterol inhalation spray	COMBIVENT RESPIMAT
QL	ipratropium/albuterol soln	

QL ipratropium/albuterol soln = Max 180 units per month

QL COMBIVENT RESPIMAT = Max 1 inhaler per month

ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine	ZYRTEC
	levocetirizine	XYZAL

ANTIHISTAMINES, NONSEDATING

OTC	fexofenadine tabs	ALLEGRA
OTC	loratadine	CLARITIN

ANTIHISTAMINES, SEDATING

OTC	chlorpheniramine	
OTC	chlorpheniramine ext-rel	
OTC	clemastine	
OTC	diphenhydramine	BENADRYL
	carbinoxamine soln	
	clemastine	
	cyproheptadine	
	diphenhydramine	
	hydroxyzine HCl	
	hydroxyzine pamoate	VISTARIL

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

OTC	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D
OTC	fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D
OTC	loratadine/pseudoephedrine ext-rel	CLARITIN-D
	promethazine/phenylephrine	

ANTITUSSIVES

Clinical practice guidelines are available at:

<http://journal.publications.chestnet.org/article.aspx?articleID=1084267>

	benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS

Opioid

OTC	codeine/chlorpheniramine/pseudoephedrine liquid	PHENYLHISTINE DH
OTC	codeine/guaifenesin liquid	
OTC	codeine/guaifenesin/pseudoephedrine	
	codeine/chlorpheniramine/phenylephrine	CAPCOF
	codeine/guaifenesin liquid	
	codeine/guaifenesin/pseudoephedrine	
	codeine/phenylephrine/promethazine	
	codeine/promethazine	
	hydrocodone/homatropine	

Non-opioid

OTC	dextromethorphan/guaifenesin ext-rel	MUCINEX DM
OTC	dextromethorphan/guaifenesin syrup	
OTC	dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL	

	dextromethorphan/brompheniramine/pseudoephedrine	
OTC	dextromethorphan/guaifenesin/pseudoephedrine tabs 15 mg/400 mg/60 mg	CAPMIST DM
	dextromethorphan/promethazine	
OTC	dextromethorphan/pyrilamine	CAPRON DM
BETA AGONISTS		
<i>Inhalants</i>		
<i>Short Acting</i>		
QL	albuterol inhalation soln	
QL	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA
QL	albuterol inhalation soln 0.5%	= Max 50 mL per month
QL	albuterol inhalation soln 0.83%, 0.63 mg/3 mL, 1.25 mg/3 mL	= Max 375 mL per month
QL	VENTOLIN HFA	= Max 2 inhalers per month
<i>Long Acting</i>		
QL	indacaterol	ARCAPTA NEOHALER
QL	olodaterol, CFC-free aerosol	STRIVERDI RESPIMAT
QL	salmeterol xinafoate	SEREVENT
QL	ARCAPTA NEOHALER	= Max 1 inhaler per month
QL	SEREVENT	= Max 1 inhaler per month
QL	STRIVERDI RESPIMAT	= Max 1 inhaler per month
<i>Oral Agents</i>		
	albuterol	
	albuterol ext-rel	VOSPIRE ER
	metaproterenol	
	terbutaline	
CYSTIC FIBROSIS		
PA, SP	aztreonam lysine inhalation soln	CAYSTON
SP	dornase alfa	PULMOZYME
PA, SP	ivacaftor	KALYDECO
PA, SP	lumacaftor/ivacaftor	ORKAMBI
SP	tobramycin inhalation soln	TOBI
DECONGESTANTS		
OTC	oxymetazoline	AFRIN
OTC, QL	pseudoephedrine	SUDAFED
OTC, QL	pseudoephedrine ext-rel	SUDAFED
QL	pseudoephedrine	= Max 180 tabs per month
QL	pseudoephedrine ext-rel	= Max 60 tabs per month
DECONGESTANT/EXPECTORANT COMBINATIONS		
OTC	pseudoephedrine/guaifenesin ext-rel	MUCINEX D
OTC	pseudoephedrine/guaifenesin syp 30 mg/100 mg/5 mL	
EXPECTORANTS		
OTC	guaifenesin ext-rel	MUCINEX
OTC	guaifenesin liq	DIABETIC TUSSIN
OTC	guaifenesin liq, syp, tabs	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
	montelukast	SINGULAIR

	zafirlukast		ACCOLATE
MAST CELL STABILIZERS			
OTC	cromolyn sodium nasal spray		NASALCROM
QL	cromolyn soln for inhalation		
QL	cromolyn soln for inhalation	=	Max 120 vials per month
MEDICAL SUPPLIES			
OTC, QL	mask		
OTC	sodium chloride for inhalation		
OTC, QL	spacer		AEROCHAMBER
	sodium chloride for inhalation		
QL	mask	=	Max 2 per year
QL	spacer	=	Max 2 per year
NASAL ANTIHISTAMINES			
	azelastine spray		
	azelastine spray		ASTEPRO
NASAL STEROIDS			
OTC, QL	fluticasone spray		FLONASE ALLERGY RELIEF
OTC, QL	triamcinolone acetonide spray		NASACORT ALLERGY 24HR
QL	flunisolide spray		
QL	fluticasone spray		
QL	triamcinolone acetonide spray		
QL	flunisolide spray	=	Max 2 bottles per month
QL	fluticasone spray	=	Max 1 bottle per month
QL	fluticasone spray (FLONASE ALLERGY RELIEF)	=	Max 1 bottle per month
QL	triamcinolone acetonide spray	=	Max 1 bottle per month
QL	NASACORT ALLERGY 24HR	=	Max 1 bottle per month
PHOSPHODIESTERASE-4 INHIBITORS			
ST	roflumilast		DALIRESP
PULMONARY FIBROSIS AGENTS			
PA, SP	nintedanib		OFEV
PA, SP	pirfenidone		ESBRIET
RESPIRATORY SYNCYTIAL VIRUS			
PA, SP	palivizumab		SYNAGIS
STEROID/BETA AGONIST COMBINATIONS			
QL	budesonide/formoterol		SYMBICORT
QL	fluticasone/salmeterol 100/50		ADVAIR 100/50
QL	mometasone/formoterol		DULERA
QL	ADVAIR 100/50	=	Max 1 inhaler per month
QL	DULERA	=	Max 1 inhaler per month
QL	SYMBICORT	=	Max 1 inhaler per month
STEROID INHALANTS			
QL	budesonide inh susp		PULMICORT RESPULES
QL	flunisolide, CFC-free aerosol		AEROSPAN

QL	mometasone	ASMANEX
QL	mometasone, CFC-free aerosol	ASMANEX HFA
QL	budesonide inh susp	= Max 60 units per month
QL	AEROSPAN	= Max 2 inhalers per month
QL	ASMANEX	= Max 1 inhaler per month
QL	ASMANEX HFA	= Max 2 inhalers per month
XANTHINES		
	theophylline ext-rel caps	THEO-24
	theophylline ext-rel tabs	
	theophylline liquid	
	theophylline liquid	ELIXOPHYLLIN
MISCELLANEOUS		
OTC	sodium chloride nasal spray	OCEAN
	ipratropium nasal spray	ATROVENT spray
PA, SP	omalizumab	XOLAIR
TOPICAL		
DERMATOLOGY		
Acne		
Guidelines for the care and treatment of acne vulgaris are available at: http://www.aad.org/education-and-quality-care/clinical-guidelines		
<i>Topical</i>		
	adapalene crm, gel 0.1%	DIFFERIN
	benzoyl peroxide, except foam	
	clindamycin gel, lotion, soln	CLEOCIN T
	erythromycin gel 2%	
	erythromycin pads	
	erythromycin soln	
	erythromycin/benzoyl peroxide	BENZAMYCIN
	sulfacetamide lotion 10%	KLARON
	sulfacetamide/sulfur crm, gel, lotion, pads	
ST	sulfacetamide/sulfur pad, wash	SUMAXIN
ST	sulfacetamide/sulfur susp	SUMAXIN TS
AL, QL	tretinoin	RETIN-A
QL	tretinoin	= Max 45 grams per month
Actinic Keratosis		
	fluorouracil	EFUDEX
Antibiotics		
OTC	bacitracin	
OTC	bacitracin/polymyxin B	POLYSPORIN
OTC	neomycin/polymyxin B/bacitracin	NEOSPORIN
OTC	neomycin/polymyxin B/bacitracin/pramoxine	
	gentamicin	
	mupirocin	BACTROBAN
	mupirocin oint	BACTROBAN NASAL
	silver sulfadiazine	SILVADENE
Antifungals		
OTC	miconazole	MICATIN
	ciclopirox	LOPROX
	clotrimazole	

QL	clotrimazole/betamethasone	LOTRISONE
	econazole	
	ketoconazole	
	nystatin	

QL clotrimazole/betamethasone crm = Max 45 grams per month

QL clotrimazole/betamethasone lotion = Max 30 mL per month

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<http://www.aad.org>

Oral

PA	methoxsalen	8-MOP
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Topical

QL	calcipotriene	
PA	methoxsalen	OXSORALEN

QL calcipotriene soln = Max 60 mL per month

QL calcipotriene crm, oint = Max 120 grams per month

Antiseborrheics

OTC	selenium sulfide shampoo 1%	SELSUN BLUE
	ketoconazole shampoo 2%	NIZORAL SHAMPOO
	selenium sulfide shampoo 2.5%	

Corticosteroids

Low Potency

OTC	hydrocortisone crm, gel, lotion, oint, soln 1%	CORTIZONE-10
OTC	hydrocortisone oint 0.5%	
	alclometasone crm, oint 0.05%	ACLOVATE
	desonide crm, oint 0.05%	DESOWEN
	fluocinolone acetonide oil 0.01%	DERMA-SMOOTHIE/FS
	fluocinolone acetonide soln 0.01%	
	hydrocortisone crm, lotion, oint 2.5%	

Medium Potency

	betamethasone valerate crm, lotion, oint 0.1%	
	fluocinolone acetonide crm, oint 0.025%	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	CUTIVATE
	hydrocortisone butyrate crm, oint, soln 0.1%	LOCOID
	hydrocortisone valerate crm 0.2%	WESTCORT
	mometasone crm, lotion, oint 0.1%	ELOCON
	prednicarbate crm, oint 0.1%	DERMATOP
	triamcinolone acetonide crm, lotion, oint 0.025%	
	triamcinolone acetonide crm, lotion, oint 0.1%	

High Potency

	betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
	betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
	betamethasone dipropionate crm, lotion, oint 0.05%	
QL	desoximetasone crm 0.25%	TOPICORT
QL	diflorasone diacetate crm 0.05%	

	fluocinonide crm, gel, oint, soln 0.05%	
	triamcinolone acetonide crm, oint 0.5%	
QL	desoximetasone crm 0.25%	= Max 1 tube per month
QL	diflorasone diacetate crm 0.05%	= Max 1 tube per month
<i>Very High Potency</i>		
	betamethasone dipropionate augmented oint 0.05%	DIPROLENE
	clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE
QL	diflorasone diacetate oint 0.05%	
QL	diflorasone diacetate oint 0.05%	= Max 1 tube per month
Emollients		
OTC	urea lotion 10%	
	ammonium lactate 12%	LAC-HYDRIN
	urea crm 40%	
	urea crm 50%	REMEVEN
Immunomodulators		
Guidelines for the treatment of atopic dermatitis are available at: http://www.aad.org/education/clinical-guidelines		
ST	pimecrolimus	ELIDEL
	tacrolimus	PROTOPIC
Local Analgesics		
QL	lidocaine patch	LIDODERM
QL	lidocaine patch	= Max 90 patches per month
Local Anesthetics		
	lidocaine lotion 3%	
	lidocaine/prilocaine	
Rosacea		
	metronidazole crm 0.75%	METROCREAM
	metronidazole gel 0.75%	
	metronidazole lotion 0.75%	METROLOTION
	sulfacetamide/sulfur	
Scabicides and Pediculicides		
OTC	permethrin	
ST, QL	benzyl alcohol	ULESFIA
	malathion	OVIDE
	permethrin	
	spinosad	NATROBA
QL	ULESFIA	= Max 277 grams per month
Miscellaneous Skin and Mucous Membrane		
OTC	diphenhydramine/zinc acetate	BENADRYL
OTC	docosanol	ABREVA
OTC	salicylic acid 17%	
ST, QL	acyclovir	ZOVIRAX
PA	alitretinoin	PANRETIN
	aluminum chloride	DRYSOL
PA	becaplermin	REGRANEX

QL	collagenase	SANTYL
PA	fluocinolone-hydroquinone-tretinoin	TRI-LUMA
PA, QL	imiquimod crm 5%	ALDARA
ST, QL	penciclovir	DENAVIR
QL	podofilox soln	CONDYLOX
PA	sinecatechins	VEREGEN
	trichloroacetic acid	TRI-CHLOR
PA, QL	trypsin/balsam/castor oil	GRANULEX

QL	acyclovir oint 5%	=	Max 15 grams per month
QL	imiquimod crm 5%	=	Max 48 packets per month
QL	podofilox soln	=	Max 1 bottle per month
QL	trypsin/balsam/castor oil	=	Max 120 grams per 3 months
QL	DENAVIR	=	Max 1 tube per dispense
QL	SANTYL	=	Max 60 grams per 3 months
QL	ZOVIRAX cream 5%	=	Max 5 grams per month

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Steroids - Mouth/Throat

	triamcinolone paste	
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Miscellaneous

	chlorhexidine	PERIDEX
	sodium fluoride	PREVIDENT

OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<http://one.aao.org>

Antiallergics

OTC	ketotifen	ZADITOR
	azelastine	
	cromolyn sodium	

Antifungals

QL	natamycin	NATACYN
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QL	NATACYN	=	Max 15 mL per month
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Anti-infectives

	bacitracin	
	ciprofloxacin soln	CILOXAN
	erythromycin	
	gentamicin	
ST	moxifloxacin	VIGAMOX
	neomycin/polymyxin B/gramicidin	NEOSPORIN
QL	ofloxacin	OCUFLOX
	polymyxin B/bacitracin	
	polymyxin B/trimethoprim	POLYTRIM
	sulfacetamide soln 10%	BLEPH-10
	tobramycin soln	TOBREX

QL	ofloxacin	=	Max 10 mL per month
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Anti-infective/Anti-inflammatory Combinations

	gentamicin/prednisolone acetate	PRED-G
	gentamicin/prednisolone acetate	PRED-G SOP
	neomycin/polymyxin B/bacitracin/hydrocortisone oint	
	neomycin/polymyxin B/dexamethasone	MAXITROL
	neomycin/polymyxin B/hydrocortisone susp	
	sulfacetamide/prednisolone acetate oint 10%/0.2%	BLEPHAMIDE SOP
	sulfacetamide/prednisolone phosphate 10%/0.25%	
	tobramycin/dexamethasone oint 0.3%/0.1%	TOBRADEX
	tobramycin/dexamethasone susp 0.3%/0.05%	TOBRADEX ST
	tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX

Anti-inflammatories*Nonsteroidal*

	diclofenac sodium	
QL	ketorolac 0.4%	ACULAR LS
	ketorolac 0.5%	ACULAR

QL ketorolac 0.4% = Max 5 mL per month

Steroidal

	dexamethasone sodium phosphate	
QL	fluorometholone 0.1% oint	FML
	fluorometholone 0.1% susp	FML LIQUIFILM
	prednisolone acetate 0.12%	PRED MILD
	prednisolone acetate 1%	PRED FORTE
	prednisolone phosphate 1%	
	rimexolone	VEXOL

QL FML oint = Max 3.5 grams per month

Antivirals

PA	ganciclovir	ZIRGAN
	trifluridine	VIROPTIC

Beta-blockers*Nonselective*

	levobunolol	BETAGAN
	metipranolol	OPTIPRANOLOL
	timolol maleate	TIMOPTIC
	timolol maleate gel	TIMOPTIC-XE

Selective

	betaxolol 0.5%	
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Carbonic Anhydrase Inhibitors*Topical*

	dorzolamide	TRUSOPT
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Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

	dorzolamide/timolol maleate	COSOPT
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Mydriatics

	atropine sulfate oint	
	atropine sulfate soln	ISOPTO ATROPINE
	cyclopentolate	CYCLOGYL
	homatropine	ISOPTO HOMATROPINE
	tropicamide	MYDRIACYL

Parasympathomimetic		
	pilocarpine	ISOPTO CARPINE
Prostaglandins		
	latanoprost	XALATAN
Sympathomimetics		
	brimonidine 0.2%	
Sympathomimetic/Beta-blocker Combinations		
	brimonidine/timolol	COMBIGAN
Miscellaneous		
OTC	artificial tears oint, soln	
	naphazoline 0.1%	
PA, SP, QL	ocriplasmin	JETREA

QL JETREA = Max 1 inj per lifetime

OTIC

Clinical practice guidelines for the treatment of otitis media are available at:

<http://www.aap.org>

Anti-infectives

	acetic acid	
	acetic acid/aluminum acetate	
	ciprofloxacin otic	CETRAXAL
	ofloxacin otic	

Anti-infective/Anti-inflammatory Combinations

QL	acetic acid/hydrocortisone	
	ciprofloxacin/dexamethasone	CIPRODEX
	neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC

QL acetic acid/hydrocortisone = Max 10 mL per month

WEBSITES

Agency for Healthcare Research and Quality
<http://www.ahrq.gov>

Alzheimer's Association
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry
<http://www.aacap.org>

American Academy of Dermatology
<http://www.aad.org>

American Academy of Neurology
<http://www.aan.com>

American Academy of Ophthalmology
<http://www.aao.org>

American Academy of Pediatrics
<http://www.aap.org>

American Association for the Study of Liver Disease
<http://www.aasld.org>

American Association of Clinical Endocrinologists
<http://www.aace.com>

American Association of Diabetes Educators
<http://www.diabeteseducator.org>

American Cancer Society
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology
<http://www.acaai.org>

American College of Cardiology
<http://www.acc.org>

American College of Chest Physicians
<http://www.chestnet.org>

American College of Gastroenterology
<http://gi.org>

American College of Physicians
<http://www.acponline.org>

American College of Rheumatology
<http://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists
<http://www.acog.org>

American Diabetes Association
<http://www.diabetes.org>

American Gastroenterological Association
<http://www.gastro.org>

American Headache Society Committee for Headache Education
<http://www.achenet.org>

American Heart Association
<http://www.myamericanheart.org>

American Lung Association
<http://www.lung.org>

American Medical Association
<http://www.ama-assn.org>

American Psychiatric Association
<http://www.psych.org>

American Society of Anesthesiologists
<http://www.asahq.org>

American Society of Clinical Oncology
<http://www.asco.org>

American Society of Interventional Pain Physicians
<http://www.asipp.org>

American Urological Association
<http://www.auanet.org>

Centers for Disease Control and Prevention
<http://www.cdc.gov>

Centers for Disease Control and Prevention
Guideline topics: AIDS
<http://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention
Guideline topics: Sexually Transmitted Diseases
<http://www.cdc.gov/std/treatment/default.htm>

CVS/caremark™
<http://www.caremark.com>

The Food and Drug Administration
<http://www.fda.gov>

Global Initiative for Asthma
<http://www.ginasthma.com>

Infectious Diseases Society of America
<http://www.idsociety.org>

Institute for Safe Medication Practices
<http://www.ismp.org>

Johns Hopkins AIDS Service
<http://www.thebody.com/content/art12096.html>

Juvenile Diabetes Research Foundation International
<http://jdrf.org>

MedWatch
<http://www.fda.gov/Safety/MedWatch/default.htm>

National Agricultural Library
<http://www.nal.usda.gov>

National Cancer Institute
<http://www.cancer.gov/cancertopics>

National Comprehensive Cancer Network
<http://www.nccn.org>

National Foundation for Infectious Diseases
<http://www.nfid.org>

National Guideline Clearinghouse
<http://www.guideline.gov>

National Heart, Lung and Blood Institute
<http://www.nhlbi.nih.gov>

National Institutes of Health
<http://www.nih.gov>

National Kidney Foundation
<http://www.kidney.org>

National Osteoporosis Foundation
<http://www.nof.org>

North American Menopause Society
<http://www.menopause.org>

United States Department of Health and Human
Services
<http://www.hhs.gov>

World Health Organization
<http://www.who.int>

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