



Preferred Drug List (PDL)

Maryland

Effective Date: 1/1/2011

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Listing of Preferred Drugs

INTRODUCTION

UnitedHealthcare is pleased to provide this Listing of Preferred Drugs to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare. The drugs listed in this **LISTING OF PREFERRED DRUGS** are intended to provide sufficient options to treat patients who require treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare **LISTING OF PREFERRED DRUGS** have been reviewed and approved by the Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

The drugs represented have been reviewed by the Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **LISTING OF PREFERRED DRUGS** is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the LISTING OF PREFERRED DRUGS since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare LISTING OF PREFERRED DRUGS is reflective of current medical practice.

NOTICE

The information contained in this LISTING OF PREFERRED DRUGS and its appendices is provided by UnitedHealthcare, solely for the convenience of medical providers. UnitedHealthcare does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This LISTING OF PREFERRED DRUGS is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

PREFACE

UnitedHealthcare assumes 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 Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

The UnitedHealthcare LISTING OF PREFERRED DRUGS is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the LISTING OF PREFERRED DRUGS. Generics should be considered the first line of prescribing.

The UnitedHealthcare LISTING OF PREFERRED DRUGS covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly. This newsletter is distributed to all participating physicians who have received the preferred drug listing. Preferred drug listing decisions are also communicated quarterly on the UnitedHealthcare internet site.

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Some items are covered only with prior authorization. Eligibility for Outpatient Prescription Drug Benefits and copays are based on the individual member's benefit plan.

PRODUCT SELECTION CRITERIA

The P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare LISTING OF PREFERRED DRUGS. This review process may result in deletion of drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All the information in the LISTING OF PREFERRED DRUGS is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

LISTING OF PREFERRED DRUGS PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are covered on the LISTING OF PREFERRED DRUGS, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered.

Products covered include all strengths associated with the dosage form of the cited brand name product.

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymixin B/ Cortisporin
Hydrocortisone

As listed in the OTIC section, limited to the otic solution and suspension. From this entry the ophthalmic solution and ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPTHALMIC and DERMATOLOGY sections of the LISTING OF PREFERRED DRUGS.

When a strength or dosage form is specified, only the specified strength and dosage form is on the LISTING OF PREFERRED DRUGS. Other strengths/dosage forms of the reference product are not

cefixime (400mg tabs only) SUPRAX

GENERIC AVAILABILITY

Drug names in **bold type** indicate **generic availability** of that product. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In some cases, the brand name listed is a generic drug.

GENERIC SUBSTITUTION

The UnitedHealthcare LISTING OF PREFERRED DRUGS **requires** generic substitution on the majority of products when a generic equivalent is available.

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name product. Products designated in the LISTING OF PREFERRED DRUGS by **boldface** type have generic availability.

Products with a narrow therapeutic index (NTI) as defined by the UnitedHealthcare P&T committee are exempt from generic substitution requirements. Current exempt agents include:

Tegretol (carbamazepine), Synthroid (levothyroxine), Coumadin (warfarin sodium), Lanoxin (digoxin) and Dilantin (phenytoin.) If a brand name drug from another category is medically necessary, please submit a prior authorization request.

The UnitedHealthcare MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are

commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare's LISTING OF PREFERRED DRUGS does not cover DESI "less than fully effective" drug products.

PLAN EXCLUSIONS

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare LISTING OF PREFERRED DRUGS.

DESI drugs
Antiobesity agents
Experimental/research drugs
Cosmetic drugs
Immunization agents
Nutritional / diet supplements
Blood and blood plasma products
Agents used to promote fertility
Agents used for erectile dysfunction
Agents used for cosmetic hair growth
Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
Diagnostic products
Medical supplies and DME except as listed:
syringes, needles, lancets, alcohol swabs, Easivent MDI spacer, Accu-Check and Life Scan brand glucometer test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)
Mirena

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when seventy-five percent (75%) of the medication has been utilized. If a claim is submitted before 75% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a "refill too soon" message.

MANDATORY GENERIC SUBSTITUTION

The UnitedHealthcare **LISTING OF PREFERRED DRUGS** requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization. The UnitedHealthcare **LISTING OF PREFERRED DRUGS** prior authorization (PA) list does not include branded items where a generic equivalent is covered.

PRIOR AUTHORIZATION OF NON-LISTING OF PREFERRED DRUGS MEDICATIONS

The drugs in the UnitedHealthcare LISTING OF PREFERRED DRUGS have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be either made in writing by the physician and faxed or called into:

UnitedHealthcare Pharmacy Prior Notification Service
Fax 866-940-7328
Phone (800) 310-6826

A prior authorization request form is available in the UnitedHealthcare provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-preferred drug request. All requests will be responded to within 24 hours of receipt.

Physicians are requested to adhere to this LISTING OF PREFERRED DRUGS when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare. If a pharmacist receives a prescription for a non-preferred drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this LISTING OF PREFERRED DRUGS. If a preferred alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization.

Please contact the UnitedHealthcare Pharmacy Prior Notification Service at (800) 310-6826 with questions concerning the prior authorization process.

NON-PREFERRED DRUGS DRUGS 5-DAY TEMPORARY SUPPLY OVERRIDES

To ensure the use of PDL drugs, all non- PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 5-day supply of the newly prescribed non-PDL drug. The pharmacy should** submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

The pharmacy should contact the physician to discuss a non-preferred drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare at 800-310-6826.

QUANTITY LIMITATIONS (QL)

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily

quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Controlled Substances

You may fill any FOUR medications from the following classes in a 30-day period: opiate analgesics, benzodiazepines, sedative hypnotic agents, barbiturates, and select muscle relaxants. Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (PA) process. Please contact the UnitedHealthcare Pharmacy Prior Notification Service at (800) 310-6826 with questions.

Specialty Pharmaceutical Management Program

UnitedHealthcare is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Pharmacy Department via fax at 866-940-7328.

The UnitedHealthcare Pharmacy Department will review all requests within 24 hours, and if authorized for payment, UnitedHealthcare will coordinate the delivery of the product to the member or provider.

The following drugs or drug classes are included in the program:

Specialty Pharmaceutical Program Drug List

Antimetabolites (Oforta, Xeloda, Zolinza)
Aralyst
Colony Stimulating Factors (Neulasta, Neupogen, Leukine)
Cystic Fibrosis Agents (Pulmozyme, TOBI)
Erythropoiesis Stimulating Agents (Aranesp, Epogen, Procrit)
Exjade
Fuzeon
Growth Hormone Products (Tev-Tropin, Omnitrope)
Hepatitis C Therapy (Peg-Intron, Pegasys, Infergen, Ribavirin)

Ilaris
 Increlex
 Interferons (Intron A, Peg-Intron, Pegasys)
 Kinase Inhibitors (Afinitor, Gleevec, Nexavar, Sprycel,
 Sutent, Tarceva, Tasigna, Tykerb, Votrient)
 Kuvan
 Lovenox (*Specialty for quantities greater than 14 days)
 Lupron
 Mozobil
 Multiple Sclerosis Agents (Avonex, Copaxone, Rebif)
 Neumega
 PAH (Adecirca, Revatio, Letairis, Tracleer)
 Promacta
 Revlimid
 Rheumatoid Arthritis Agents (Enbrel, Humira)
 Sabril
 Temodar
 Xenazine
 Xolair

Drugs that are part of this program and are on the LISTING OF PREFERRED DRUGS are identified in this booklet by the designation "SP".

Prior Authorization request forms can be requested by calling the UnitedHealthcare Pharmacy Department at 800-310-6826.

STEP THERAPY (ST)

The following preferred drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process. While lower cost preferred alternatives may be appropriate in many instances, other non-preferred alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
Advair	30 day trial of inhaled corticosteroid or 60 day trial of a long acting beta agonist with an anticholinergic.
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Angiotensin II Receptor Blockers (Cozaar, Diovan/Diovan HCT, Hyzaar, Micardis/Micardis HCT)	Preferred ACE Inhibitors
Crestor	90 day trial of simvastatin 80mg within previous 180 days is required first.
Ditropan XL	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.

DPP4 Inhibitors (Januvia, Janumet)	At least a 90 day trial of 1500mg/day of metformin.
Dulera	30 day trial of inhaled corticosteroid
Enablex	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
Elidel	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
fentanyl patches	30 day trial of at least 200mg per day of morphine sulfate ER.
fexofenadine	30 day trial of loratadine and cetirizine.
Gabitril	30 day trial of two of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.
lansoprazole/Prevacid OTC	30 day trial of omeprazole 40mg within previous 90 days is required first
levetiracetam	30 day trial of one of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.
Maxalt/MLT	Trial at a minimum dose of 50mg of sumatriptan tablets.
Opana ER	30 day trial of at least 200mg per day of morphine sulfate ER.
Pristiq	60 day trial of preferred SSRI, venlafaxine, mirtazapine, bupropion, or bupropion SR.
Renvela	8 week trial of calcium acetate
Singulair	60 day trial of preferred inhaled corticosteroid or 30 day trial of either loratadine or cetirizine with a preferred intranasal steroid.
TZD's (Actos, ActosPlusMet, ActoPlusMet XR Duetact)	At least a 90 day trial of 1500mg/day of metformin
Uloric	8 week trial of up to 600mg of allopurinol required first.

Vancocin	One fill of metronidazole tabs or caps
Vesicare	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
Vimpat	30 day trial of two of the following: lamotrigine, topiramate, carbamazepine, divalproex, or phenytoin.
Vytorin	90 day trial of simvastatin 80mg within previous 180 days is required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

LISTING OF PREFERRED DRUGS SUGGESTIONS

Providers who wish to propose LISTING OF PREFERRED DRUGS suggestions should forward the information to the UnitedHealthcare Director of Pharmacy Services by either mail or fax.

UnitedHealthcare
Pharmacy Services Department
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221
Fax 866-940-7328
Phone 800-310-6826

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for LISTING OF PREFERRED DRUGS addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current LISTING OF PREFERRED DRUGS products. Suggestions received by UnitedHealthcare will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

EDITOR

Your comments and suggestions regarding the UnitedHealthcare LISTING OF PREFERRED DRUGS are encouraged. Your input is vital to this LISTING OF PREFERRED DRUGS's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare
Pharmacy Services Department
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221
Fax 866-940-7328

LEGEND

#	Only the dosage forms/strengths of the brand name products noted are on the LISTING OF PREFERRED DRUGS
OTC	over-the-counter
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)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see pages V for details

NOTICE

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

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare and such third-party pharmaceutical companies.

If viewing this LISTING OF PREFERRED DRUGS via the Internet, please be advised that the LISTING OF PREFERRED DRUGS is updated periodically and changes may appear prior to their effective date to allow for notification.

Mental health and antiretroviral agents are carved out of the UnitedHealthcare drug benefit and are paid by the Department of Health and Mental Hygiene (DHMH) Maryland Pharmacy Program. Refer to the Maryland Medicaid Mental Health Preferred Drug List for a complete listing

http://www.mdmahealthchoicercx.com/healthchoice_docs/mmmh_form.pdf

Formulary coverage information can also be found online through Epocrates, registration is free and is available at www.epocrates.com.

Table of Contents

ANTINEOPLASTICS & IMMUNOSUPPRESSANTS	1
HORMONAL ANTINEOPLASTIC AGENTS.	1
ORAL AGENTS	1
IMMUNOSUPPRESSANTS	2
IMMUNOMODULATORS	2
MISCELLANEOUS	3
BLOOD MODIFIERS	3
ORAL	3
BLOOD CELL FORMATION	3
PLATELET SYNTHESIS INHIBITOR.	3
MISCELLANEOUS	3
PLATELET AGGREGATION INHIBITORS	4
CARDIOVASCULAR AGENTS	4
ACE INHIBITORS	4
ACE INHIBITOR/DIURETIC COMBINATIONS.	4
ADRENOLYTICS, CENTRAL	4
ALPHA BLOCKERS	5
ANGIOTENSIN II RECEPTOR BLOCKERS (ANTAGONISTS)	5
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS.	5
ANTIARRHYTHMICS AND CARDIAC GLYCOSIDES	5
BETA BLOCKERS AND BETA BLOCKER/DIURETIC COMBINATIONS	6
CALCIUM CHANNEL BLOCKERS	6
DIURETICS	7
HEART FAILURE	7
NITRATES	7
LIPID LOWERING AGENTS	8
MISCELLANEOUS	8
CENTRAL NERVOUS SYSTEM	9
ALZHEIMER'S DISEASE	9
ANALGESICS	9
MIGRAINE	11
PROPHYLACTIC THERAPY	11
MULTIPLE SCLEROSIS	11
MYASTHENIA GRAVIS	11
PARKINSON'S DISEASE.	11
SEIZURES	12
MISCELLANEOUS	12

DERMATOLOGY	12
ACNE VULGARIS	12
BACTERIAL INFECTIONS	12
CORTICOSTEROIDS	13
FUNGAL INFECTIONS	14
PSORIASIS	14
ROSACEA	14
SCABIES AND PEDICULOSIS	14
VIRAL INFECTIONS	14
MISCELLANEOUS	15
EAR, NOSE & THROAT	15
EAR	15
NOSE	16
THROAT AND MOUTH	17
ENDOCRINOLOGY	17
ADRENAL CORTICOSTEROIDS	17
ANDROGENS	17
DIABETES MELLITUS	17
GROWTH STIMULATING AGENTS	18
OSTEOPOROSIS	19
THYROID DISEASE	19
MISCELLANEOUS	19
GASTROINTESTINAL	19
DIARRHEA	19
EMESIS	19
GASTROESOPHAGEAL REFLUX DISEASE (GERD)/ PEPTIC ULCERS	20
GASTROINTESTINAL SPASM	20
INFLAMMATORY BOWEL DISEASE	20
PANCREATIC ENZYMES	20
LAXATIVES	21
MISCELLANEOUS	21
INFECTIOUS DISEASES	21
ANTIBACTERIALS	21
ANTIVIRALS	22
MISCELLANEOUS	23
MUSCULOSKELETAL	24
ARTHRITIS	24
GOUT	25
SKELETAL MUSCLE RELAXANTS	25

OB-GYN	25
CONTRACEPTIVES	25
ENDOMETRIOSIS	26
HORMONE THERAPY/MENOPAUSE	27
VAGINAL INFECTIONS.	27
MISCELLANEOUS	27
OPHTHALMIC.	28
ALLERGY.	28
ANTI-INFLAMMATORIES	28
GLAUCOMA	28
INFECTIONS.	30
PSYCHIATRIC.	30
ALCOHOL DETERRENDS	30
INSOMNIA	30
NARCOTIC ANTAGONISTS	30
SMOKING CESSATION	31
MISCELLANEOUS	31
RESPIRATORY DRUGS	31
ANTITUSSIVES, DECONGESTANTS, EXPECTORANTS AND COMBINATIONS	31
ASTHMA/COPD	34
SUPPLEMENTS	35
POTASSIUM	35
POTASSIUM-REMOVING AGENTS.	35
VITAMINS AND MINERALS	35
UROLOGICAL.	36
SYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY	36
MISCELLANEOUS	37
MISCELLANEOUS	37
ANAPHYLAXIS	37
CYSTIC FIBROSIS	37
HYPERPHOSPHATEMIA	37
MEDICAL DEVICES	37
WEBSITES	38
INDEX.	40

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ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

Many oral antineoplastics and oral immunosuppressants are on the PDL. The most common products are listed below. Additional agents may also be covered, please check with the plan.

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

<i>bicalutamide</i>	CASODEX
<i>flutamide</i>	EULEXIN

Antiestrogens

<i>tamoxifen</i>	NOLVADEX
<i>toremifene</i>	FARESTON

Aromatase Inhibitors

<i>anastrozole</i>	ARIMIDEX
<i>exemestane</i>	AROMASIN
<i>letrozole</i>	FEMARA

Progestin

<i>megestrol acetate</i>	MEGACE
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ORAL AGENTS

Alkylating Agents

<i>busulfan</i>	MYLERAN
<i>chlorambucil</i>	LEUKERAN
cyclophosphamide	CYTOXAN
<i>estramustine phosphate sodium</i>	EMCYT
<i>lomustine</i>	CEENU
<i>melfalan</i>	ALKERAN
<i>temozolomide PA SP</i>	TEMODAR

Antimetabolites

<i>capecitabine PA SP</i>	XELODA
<i>fludarabine PA SP</i>	OFORTA
mercaptopurine	PURINETHOL
<i>thioguanine</i>	TABLOID

Tyrosine Kinase Inhibitor

<i>dasatinib PA SP</i>	SPRYCEL
<i>erlotinib PA SP</i>	TARCEVA
<i>imatinib mesylate PA QL SP</i>	GLEEVEC
<i>lapatinib ditosylate PA SP</i>	TYKERB
<i>nilotinib PA SP</i>	TASIGNA

<i>pazopanib</i> PA SP	VOTRIENT
<i>sorafenib</i> PA SP	NEXAVAR
<i>sunitinib</i> PA SP	SUTENT

Miscellaneous

<i>altretamine</i>	HEXALEN
etoposide	VEPESID
<i>everolimus</i> PA SP	AFINITOR
hydroxyurea	DROXIA HYDREA
<i>leucovorin</i>	LEUCOVOR CA INJ
leucovorin	LEUCOVORIN CALCIUM
leuprolide PA	LEUPROLIDE ACETATE
<i>mesna</i>	
<i>mitotane</i>	LYSODREN
octreotide	SANDOSTATIN
<i>procarbazine</i>	MATULANE
<i>thalidomide</i> PA	THALOMID
<i>topotecan</i> PA	HYCANTIN
<i>tretinoin caps</i>	VESANOID
<i>vorinostat</i> PA SP	ZOLINZA

IMMUNOSUPPRESSANTS

Antimetabolites

azathioprine	IMURAN
mycophenolate mofetil	CELLCEPT
<i>mycophenolate sodium</i>	MYFORTIC

Calcineurin Inhibitors

cyclosporine	SANDIMMUNE
cyclosporine, modified	NEORAL
tacrolimus	PROGRAF

Other

<i>everolimus</i>	ZORTRESS
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Rapamycin Derivative

<i>sirolimus</i>	RAPAMUNE
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IMMUNOMODULATORS

Interferons

<i>interferon alfa-2b</i> PA SP	INTRON A
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Other

<i>lenalidomide</i> PA SP	REVLIMID
<i>canakinumab</i> PA SP	ILARIS
<i>rilonacept</i> PA SP	ARCALYST

MISCELLANEOUS

<i>leuprolide</i> PA SP	LUPRON, LUPRON DEPOT, LUPRON DEPOT-PED
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BLOOD MODIFIERS

ANTICOAGULANTS

ORAL

<i>warfarin</i>	COUMADIN
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BLOOD CELL FORMATION

<i>darbepoetin alfa</i> PA SP	ARANESP
<i>epoetin alfa</i> PA SP	PROCRIT
	EPOGEN
<i>filgrastim</i> PA SP	NEUPOGEN
<i>oprelvekin</i> SP	NEUMEGA
<i>pegfilgrastim</i> PA SP	NEULASTA
<i>sargramostim</i> PA SP	LEUKINE

PLATELET SYNTHESIS INHIBITOR

<i>anagrelide</i>	AGRYLIN
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MISCELLANEOUS

<i>aminocaproic acid</i> (500 mg tabs only)	AMICAR
<i>cilostazol</i>	PLETAL
<i>deferasirox</i> PA SP	EXJADE
<i>enoxaparin</i> * PA QL SP	LOVENOX
<i>heparin</i>	HEPARIN
<i>pentoxifylline ext-rel</i>	TRENTAL
<i>plerixafor</i> PA SP	MOZOBIL

*SP and PA only applies for quantities greater than 14 days

PLATELET AGGREGATION INHIBITORS — www.chestjournal.org

The American College of Cardiology and American Heart Association guidelines recommend that in an evolving MI, aspirin, at a dose of at least 162 mg, should be taken to achieve an immediate clinical antithrombotic effect.

<i>aspirin OTC</i>	ASCRIPITIN BAYER ECOTRIN
<i>clopidogrel</i> QL	PLAVIX
<i>dipyridamole</i>	PERSANTINE

CARDIOVASCULAR AGENTS

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at: www.nhlbi.nih.gov/guidelines/hypertension/index.htm

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at: www.acc.org, www.americanheart.org, www.diabetes.org and www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

Potassium supplements and salt substitutes should be given cautiously, if at all, with ACE inhibitors. The antihypertensive effect of ACE inhibitors may be diminished when given in combination with a NSAID.

<i>benazepril</i>	LOTENSIN
<i>captopril</i>	CAPOTEN
<i>enalapril</i>	VASOTEC
<i>fosinopril</i> QL	MONOPRIL
<i>lisinopril</i> QL	ZESTRIL
<i>quinapril</i> QL	ACCUPRIL

ACE INHIBITOR/DIURETIC COMBINATIONS

<i>benazepril/hydrochlorothiazide</i>	LOTENSIN HCT
<i>captopril/hydrochlorothiazide</i>	CAPOZIDE
<i>enalapril/hydrochlorothiazide</i>	VASERETIC
<i>fosinopril/hydrochlorothiazide</i> QL	MONOPRIL-HCT
<i>lisinopril/hydrochlorothiazide</i> QL	ZESTORETIC
<i>quinapril/hydrochlorothiazide</i> QL	ACCURETIC

ADRENOLYTICS, CENTRAL

<i>clonidine</i>	CATAPRES
<i>clonidine transdermal</i>	CATAPRES-TTS
<i>guanfacine</i>	TENEX

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various populations are available at: www.nhlbi.nih.gov/guidelines/hypertension/index.htm

The National Heart, Lung and Blood Institute recommends that alpha-1 blockers not be used as initial therapy in the management of hypertension, based upon the result of the ALLHAT study.

doxazosin	CARDURA
prazosin	MINIPRESS
terazosin QL	HYTRIN

ANGIOTENSIN II RECEPTOR BLOCKERS (ANTAGONISTS)

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at: www.diabetes.org, www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

losartan ST	COZAAR
telmisartan QL ST	MICARDIS
valsartan QL ST	DIOVAN

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

losartan/HCTZ ST	HYZAAR
telmisartan/HCTZ QL ST	MICARDIS HCT
valsartan/HCTZ QL ST	DIOVAN HCT

ANTIARRHYTHMICS AND CARDIAC GLYCOSIDES

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at: www.acc.org/clinical/topic/topic.htm#guidelines, www.acc.org/clinical/guidelines/atrial_fib/af_index.htm and www.aafp.org/x25474.xml

Proarrhythmic effects can be dose-dependent or idiosyncratic. Therapeutic drug monitoring should be performed for patients treated with digoxin in order to minimize the risk of dose-dependent toxicity.

Patients receiving digoxin should be monitored due to potential drug interactions (e.g., quinidine, verapamil, or erythromycin) as well as in numerous clinical situations (e.g., renal dysfunction or electrolyte abnormalities) in older adults.

amiodarone	CORDARONE
digoxin	LANOXIN
digoxin	LANOXICAPS
disopyramide	NORPACE
disopyramide ext-rel	NORPACE CR
dofetilide	TIKOSYN
flecainide acetate	TAMBOCOR
mexiletine	MEXITIL

<i>moricizine</i>	ETHMOZINE
<i>procainamide</i>	PRONESTYL
<i>procainamide ext-rel</i>	PROCANBID
<i>procainamide ext-rel</i>	PROCAINAMIDE EXT-REL
<i>propafenone</i> (IR only)	RYTHMOL
<i>quinidine sulfate</i>	QUINIDINE SULFATE
<i>quinidine sulfate ext-rel</i>	QUINIDINE SULFATE EXT-REL
<i>sotalol</i>	BETAPACE

BETA BLOCKERS AND BETA BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta blockers and beta blocker combinations in various patient populations are available at: www.acc.org, www.nhlbi.nih.gov and www.nhlbi.nih.gov/guidelines/hypertension/index.htm

All beta blockers may increase bronchial airway resistance, although this effect is less with cardioselective beta blockers.

When discontinuation of a beta blocker is planned, it is recommended that the dosage of the beta blocker be tapered over 7-14 days.

<i>acebutalol</i>	SECTRAL
<i>atenolol</i>	TENORMIN
<i>atenolol/chlorthalidone</i>	TENORETIC
<i>bisoprolol</i>	ZEBETA
<i>bisoprolol/hydrochlorothiazide</i>	ZIAC
<i>carvedilol</i> QL	COREG
<i>labetalol</i>	TRANDATE
<i>metoprolol</i> 50mg and 100 mg only	LOPRESSOR
<i>metoprolol succinate</i> QL	TOPROL XL
<i>nadolol</i>	CORGARD
<i>pindolol</i>	PINDOLOL
<i>propranolol</i> (IR only)	INDERAL
<i>propranolol/HCTZ</i>	INDERIDE
<i>timolol maleate tablets</i>	

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

<i>amlodipine</i> QL	NORVASC
<i>felodipine ext-rel</i> QL	PLENDIL
<i>nicardipine</i>	CARDENE
<i>nifedipine</i>	PROCARDIA
<i>nifedipine ext-rel</i> QL	ADALAT CC PROCARDIA XL
<i>nimodipine</i> QL	NIMOTOP

Nondihydropyridines

diltiazem	CARDIZEM
diltiazem ext release QL	CARDIZEM CD
diltiazem sustained release QL	CARDIZEM SR
diltiazem ext-rel QL	DILACOR XR
diltiazem ext-rel QL	TIAZAC
verapamil	CALAN
verapamil ext-rel QL (applies to 120 mg only)	CALAN SR

DIURETICS — www.acc.org and www.nhlbi.nih.gov

amiloride	MIDAMOR
amiloride/hydrochlorothiazide	MODURETIC
bumetanide	BUMEX
chlorothiazide	DIURIL
chlorthalidone	CHLORTHALIDONE
furosemide	LASIX
hydrochlorothiazide soln, tabs	HYDROCHLOROTHIAZIDE
hydrochlorothiazide 12.5 mg caps	MICROZIDE
indapamide	LOZOL
metolazone	ZAROXOLYN
spironolactone	ALDACTONE
spironolactone/hydrochlorothiazide	ALDACTAZIDE
triamterene/hydrochlorothiazide 37.5/25	DYAZIDE
triamterene/hydrochlorothiazide 37.5/25	MAXZIDE-25
triamterene/hydrochlorothiazide 50/25	DYAZIDE
triamterene/hydrochlorothiazide 75/50	MAXZIDE

HEART FAILURE

Guidelines for the evaluation and management of chronic heart failure in adults are available at: www.acc.org, www.americanheart.org and www.hfsa.org

NITRATES

Oral

isosorbide dinitrate ext-rel	ISOSORBIDE DINITRATE ER
isosorbide dinitrate	ISORDIL
isosorbide mononitrate	ISMO
isosorbide mononitrate ext-rel	IMDUR
nitroglycerin ext-rel	

Sublingual

<i>isosorbide dinitrate</i>	ISORDIL S.L.
nitroglycerin	NITROSTAT
<i>nitroglycerin</i>	NITROLINGUAL

Transdermal

<i>nitroglycerin oint</i>	NITRO-BID
<i>nitroglycerin transdermal</i> QL	NITRO-DUR

LIPID LOWERING AGENTS

Guidelines for the use of lipid lowering agents in various patient populations are available at: www.nhlbi.nih.gov

Bile Acid Resin

<i>cholestyramine</i> *	QUESTRAN
	QUESTRAN-LIGHT

Fibrates

<i>fenofibrate</i> ST	FENOGLIDE
fenofibrate ST	LOFIBRA
gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors and Combinations

<i>ezetimibe/simvastatin</i> QL ST	VYTORIN
lovastatin QL	MEVACOR
pravastatin QL	PRAVACHOL
<i>rosuvastatin</i> QL ST	CRESTOR
simvastatin QL	ZOCOR
<i>simvastatin/niacin</i> ER QL	SIMCOR

*Only the bulk products are covered (cans). Individual packets are not covered.

Miscellaneous

<i>niacin</i>	NIACOR
	NIASPAN

MISCELLANEOUS

<i>ambrisentan</i> PA SP	LETAIRIS
<i>bosentan</i> PA SP	TRACLEER
guanabenz	WYTENSIN
hydralazine	APRESOLINE
methyldopa	ALDOMET
methyldopa/ hctz	ALDORIL
midodrine	PROAMATINE
minoxidil	LONITEN
<i>sildenafil</i> PA	REVATIO
<i>tadalafil</i> PA SP	ADCIRCA

CENTRAL NERVOUS SYSTEM

Mental health and antiretroviral agents are carved out of the UnitedHealthcare drug benefit and are paid by the Department of Health and Mental Hygiene (DHMH) Maryland Pharmacy Program. Refer to the Maryland Medicaid Mental Health Preferred Drug List for a complete listing. http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

ALZHEIMER'S DISEASE

<i>donepezil</i> QL (only 5 mg and 10 mg are covered)	ARICEPT
galantamine	RAZADYNE
<i>memantine</i> QL	NAMENDA
<i>rivastigmine</i>	EXELON TABS EXELON PATCH

ANALGESICS

Practice guidelines of pain management are available at: www.asahq.org

Analgesic, Other

acetaminophen OTC	TYLENOL
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Miscellaneous Non-Narcotic Analgesics

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

NSAIDS

choline magnesium trisalicylate	TRILISATE
diclofenac sodium delayed release	VOLTAREN
etodolac (IR only)	LODINE
fenoprofen 600 mg	NALFON
ibuprofen OTC	ADVIL
ibuprofen	MOTRIN
indomethacin	INDOCIN
ketoprofen (IR only)	ORUDIS
meloxicam QL (Tabs only)	MOBIC
naproxen (Not EC)	NAPROSYN
naproxen sodium	ANAPROX
oxaprozin QL	DAYPRO
piroxicam QL	FELDENE
salsalate	
sulindac	CLINORIL

Opioids — Narcotic Analgesics

Practice guidelines for cancer pain management (includes WHO analgesic ladder) are available at: www.asahq.org

The total dose of acetaminophen should not exceed 4 g per day in adults. Patients should be monitored for use of concomitant non-prescription pain/fever products containing acetaminophen.

butalbital/apap/caff/cod	FIORICET W/CODEINE
butalbital/asa/caff/cod	FIORINAL W/CODEINE
butorphanol nasal spray QL	STADOL
codeine sulfate	
codeine/acetaminophen	TYLENOL W/CODEINE
fentanyl transdermal QL ST	DURAGESIC
hydrocodone/acetaminophen 5/325, 7.5/325, 10/325 QL	NORCO
hydrocodone/acetaminophen	LORTAB ELIXIR
hydrocodone/acetaminophen 5/500 QL	LORTAB 5/500 BANCAP HC, VICODIN 5/500
hydrocodone/acetaminophen 7.5/500 QL	LORTAB 7.5/500
hydrocodone/acetaminophen 7.5/650 QL	LORCET PLUS
hydrocodone/acetaminophen 7.5/750 QL	VICODIN ES
hydrocodone/acetaminophen 10/500 QL	LORTAB 10/500
hydrocodone/acetaminophen 10/650 QL	LORCET 10/650
hydromorphone QL	DILAUDID
methadone	
morphine	MSIR
morphine	RMS
morphine ext-rel QL	MS CONTIN
oxycodone 5 mg, 15 mg and 30 mg (Minumum age 18)	OXY IR
oxycodone (Minumum age 18)	ROXICODONE
oxycodone ER PA QL (Minumum age 18)	OXYCONTIN
oxycodone/acetaminophen 5/325	PERCOCET
oxycodone/acetaminophen 5/500 (Minumum age 18)	TYLOX
oxycodone/aspirin (Minumum age 18)	PERCODAN
oxycodone soln (Minumum age 18)	OXYFAST
oxymorphone QL ST	OPANA ER
pentazocine/naloxone	TALWIN NX
propoxyphene HCl	DARVON
propoxyphene HCl/APAP	
propoxyphene nap/acetaminophen	DARVOCET-N

MIGRAINE

Guidelines for prevention of migraine headaches are available at: www.achenet.org, www.headaches.org/professional/linksindex.html and www.aan.com/professionals/practice/index.cmf

Abortive Therapy — Ergotamine Derivatives

<i>dihydroergotamine inj</i>	D.H.E. 45
<i>dihydroergotamine</i>	MIGRANAL
<i>ergotamine/caffeine</i>	CAFERGOT

Abortive Therapy — Selective Serotonin Agonists

<i>naratriptan</i> ST	AMERGE
<i>rizatriptan</i> QL ST	MAXALT/MAXALT MLT
<i>sumatriptan</i> QL	IMITREX

PROPHYLACTIC THERAPY

<i>amitriptyline</i>	ELAVIL
<i>divalproex sodium delayed-rel</i> (Minimum age 2)	DEPAKOTE
<i>divalproex sodium ext-rel</i> QL	DEPAKOTE ER
<i>propranolol</i> (IR only)	INDERAL
<i>verapamil</i> (not SR)	CALAN

MULTIPLE SCLEROSIS

<i>glatiramer acetate</i> PA QL SP	COPAXONE
<i>interferon beta-1a</i> PA SP	AVONEX
<i>interferon beta-1a</i> PA SP	REBIF

MYASTHENIA GRAVIS

<i>pyridostigmine</i>	MESTINON
<i>pyridostigmine ext-rel</i>	MESTINON TIMESPAN

PARKINSON'S DISEASE

<i>amantadine</i> (except tabs)	SYMMETREL
<i>biperiden</i>	AKINETON
<i>bromocriptine</i>	PARLODEL
<i>carbidopa/levodopa</i>	SINEMET
<i>carbidopa/levodopa ext-rel</i>	SINEMET CR
<i>entacapone</i>	COMTAN
<i>pramipexole</i>	MIRAPEX
<i>ropinirole</i>	REQUIP
<i>selegiline tabs</i>	ELDEPRYL
<i>tolcapone</i>	TASMAR

SEIZURES

ethosuximide	ZARONTIN
<i>lacosamide</i> ST	VIMPAT
phenobarbital	PHENOBARBITAL
phenytoin	DILANTIN INFATABS
phenytoin sodium extended	DILANTIN
	PHENYTEK
primidone	MYSOLINE

MISCELLANEOUS

<i>tetrabenazine</i> PA SP	XENAZINE
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DERMATOLOGY

ACNE VULGARIS

Guidelines for the care and treatment of acne vulgaris are available at: www.aadassociation.org

Oral

isotretinoin PA	AC CUTANE
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Topical

<i>adapalene</i> (Maximum age 24)	DIFFERIN GEL
<i>azelaic acid</i>	FINACEA
benzoyl peroxide QL	BENZAC AC
clindamycin gel	CLEOCIN T
clindamycin lotion	CLEOCIN T
clindamycin soln	CLEOCIN T
erythromycin/benzoyl peroxide	BENZAMYCIN
erythromycin gel 2%	ERYGEL
erythromycin soln	T-STAT
sulfacetamide	SULFACET-R
sulfacetamide/sulfur	PLEXION
tretinoin QL (max age 20)	AVITA
tretinoin QL (max age 20)	RETIN-A

BACTERIAL INFECTIONS

bacitracin OTC	BACITRACIN
gentamicin	GENTAK
mupirocin ointment*	BACTROBAN
neomycin/polymyxin B/bacitracin OTC	NEOSPORIN
silver sulfadiazine	SILVADENE

*22 gram tube only

CORTICOSTEROIDS

Guidelines of care for the use of topical corticosteroids are available at: www.aadassociation.org

Low Potency

desonide .05% crm/oint/lotion QL	DESOWEN
fluocinolone acetonide soln/crm 0.01% QL	SYNALAR
hydrocortisone crm 2.5%	HYTONE
hydrocortisone 1% lotion	HYTONE
hydrocortisone crm, oint, lot OTC	CORTIZONE

Medium Potency

betamethasone val. crm/oint/lotion 0.1%	BETA-VAL
desoximetasone crm 0.05% QL	TOPICORT LP
fluocinolone acetonide crm, oint 0.025%	SYNALAR
<i>flurandrenolide lotion 0.05%</i>	CORDRAN
<i>flurandrenolide tape</i>	CORDRAN
fluticasone propionate crm 0.05%, oint 0.005%	CUTIVATE
hydrocortisone valerate crm/oint 0.2%	WESTCORT
mometasone furoate crm 0.1%	ELOCON
mometasone furoate oint 0.1%	ELOCON
triamcinolone acetonide crm/lot/oint 0.025%	KENALOG
triamcinolone acetonide crm/oint/lotion 0.1%	KENALOG

High Potency

amcinonide crm/oint 0.1%	CYCLOCORT
betamethasone augmented dip crm 0.05%	DIPROLENE AF
betamethasone augmented dip lotion 0.05%	DIPROLENE
betamethasone dipropionate crm/lotion/oint 0.05%	
desoximetasone crm/oint 0.25%/gel 0.05% QL	TOPICORT
diflorasone diacetate crm 0.05%	PSORCON
fluocinonide crm/oint/gel 0.05%	LIDEX
fluocinonide emulsified base crm 0.05%	LIDEX E
triamcinolone acetonide crm 0.5%	KENALOG

Very High Potency

betamethasone dip augmented gel 0.05%	DIPROLENE
betamethasone dip augmented oint 0.05%	DIPROLENE
clobetasol propionate crm/oint/soln 0.05% QL	TEMOVATE
diflorasone diacetate oint 0.05%	PSORCON
halobetasol propionate crm/oint 0.05%	ULTRAVATE

FUNGAL INFECTIONS

<i>clotrimazole</i>	MYCELEX
clotrimazole OTC	LOTIRIMIN AF
clotrimazole with betamethasone	LOTRISONE
econazole QL	SPECTAZOLE
ketoconazole QL	NIZORAL
miconazole OTC	MICATIN
miconazole	MONISTAT-DERM
nystatin	MYCOSTATIN
nystatin/triamcinolone	MYCOLOG-II
terbinafine OTC	LAMISIL AT
tolnaftate OTC	TINACTIN

PSORIASIS

Guidelines for the care of psoriasis are available at: www.aadassociation.org

<i>calcipotriene QL</i>	DOVONEX CRM
<i>calcitriol QL</i>	VECTICAL OINTMENT
<i>methoxsalen</i>	OXSORALEN-ULTRA

ROSACEA

metronidazole	METROCREAM
metronidazole	METROGEL
metronidazole QL	METROLOTION

SCABIES AND PEDICULOSIS

Information about the treatment of scabies and pediculosis is available at: www.cdc.gov

<i>crotamiton</i>	EURAX
<i>malathion QL</i>	OVIDE
permethrin 1% OTC	NIX CREAM RINSE
permethrin 5% QL	ELIMITE
pyrethrins/piperonyl but. 4% OTC	RID SHAMPOO BUTOXIDE SHAMPOO

VIRAL INFECTIONS

<i>acyclovir (15 gm only)</i>	ZOVIRAX
<i>interferon alfa-n3</i>	ALFERON N
podofilox sol	CONDYLOX SOL

MISCELLANEOUS

<i>aluminum acetate soln/cream OTC</i>	
aluminum chloride hexahydrate	HYPERCARE 20%
ammonium lactate 12% QL	AMLACTIN LAC-HYDRIN
balsam Peru, castor oil, and trypsin topical	GRANULEX
<i>calamine lotion/ointment OTC</i>	
chloroxine	CAPITROL
<i>collagenase</i>	SANTYL
<i>emollients</i>	CETAPHIL CREAM AND LOTION BETACARE CREAM AND LOTION E-OINTMENT DERMAPHOR OINTMENT GLYCERIN TOPICAL
fluorouracil	EFUDEX
<i>fluorouracil 0.5% cream</i>	CARAC
<i>fluorouracil 1% cream</i>	FLUOROPLEX
hexachlorophene	PHISOHEX
hydrocortisone crm	PROCTOCREAM-HC 2.5%
hydrocortisone crm 1%	PROCTOCORT
ketoconazole shampoo 2% QL	NIZORAL SHAMPOO
lidocaine 3% cream	LIDAMANTEL
lidocaine 4% cream (15 gm) QL	LMX-4
lidocaine jelly 2%	XYLOCAINE
lidocaine oint 5%	XYLOCAINE
lidocaine /prilocaine 2.5% cream	EMLA
<i>pimecrolimus cream QL ST*</i>	ELIDEL
selenium sulfide shampoo 2.5%	SELSUN
UREA 40% Cream and Lotion	UREA

*Step therapy is not required for members ages 2-11;
not covered for members less than 2 years of age.

EAR, NOSE & THROAT

EAR

acetic acid otic	VOSOL OTIC
acetic acid/aluminum acetate	DOMBORO OTIC
acetic acid/hydrocortisone	VOSOL HC OTIC
benzocaine/antipyrine	BENZOTIC
carbamide peroxide 6.5% OTC	DEBROX
<i>ciprofloxacin/dexamethasone ST</i>	CIPRODEX
neomycin/polymyxin B/hydrocortisone otic	CORTISPORIN OTIC
ofloxacin QL	FLOXIN OTIC

Antihistamines

First Generation, Sedating

<i>chlorpheniramine OTC</i>	CHLOR-TRIMETON ALLERGY
<i>chlorpheniramine ext-rel OTC</i>	CHLOR-TRIMETON ALLERGY
<i>clemastine</i>	CLEMASTINE
<i>cyproheptadine</i>	CYPROHEPTADINE
<i>diphenhydramine OTC</i>	BENADRYL
<i>diphenhydramine</i>	
<i>hydroxyzine HCL</i>	ATARAX
<i>hydroxyzine pamoate</i>	VISTARIL

Second Generation, Nonsedating

<i>cetirizine OTC QL</i>	ZYRTEC
<i>fexofenadine QL ST</i>	ALLEGRA
<i>loratadine OTC QL</i>	CLARITIN
<i>loratadine OTC QL</i>	ALAVERT

Antihistamine/Decongestant Combinations

First Generation

<i>chlorpheniramine/phenylephrine/ pyrilamine</i>	TRITANN
<i>chlorpheniramine/pseudoephedrine ext-rel</i>	DECONAMINE SR
<i>triprolidine/pseudoephedrine OTC</i>	ACTIFED

Second Generation

<i>cetirizine/pseudoephedrine OTC</i>	ZYRTEC D
<i>loratadine/pseudoephedrine ext-rel OTC QL ST</i>	ALAVERT-D ALAVERT ALRG TAB/SINUS/ALLERGY/CONG

Miscellaneous Nasal Decongestants

<i>oxymetazoline OTC</i>	AFRIN
<i>phenylephrine OTC</i>	NEO-SYNEPHRINE DIMETAPP DRO DECONGES

Nasal Steroids

<i>flunisolide</i>	
<i>fluticasone QL</i>	FLONASE

THROAT AND MOUTH

artificial saliva OTC

chlorhexidine gluconate	PERIDEX
lidocaine viscous	XYLOCAINE
pilocarpine	SALAGEN
triamcinolone paste	KENALOG IN ORABASE

ENDOCRINOLOGY

ADRENAL CORTICOSTEROIDS

cortisone acetate	
dexamethasone	DECADRON
fludrocortisone	FLORINEF
hydrocortisone	CORTEF
methylprednisolone	MEDROL
prednisolone	
prednisolone sodium phosphate	ORAPRED
prednisolone sodium phosphate	PEDIAPRED
prednisolone syrup	PRELONE
prednisone	DELTASONE

ANDROGENS

<i>testosterone PA QL</i>	ANDROGEL 1%
<i>testosterone cypionate</i>	DEPO-TESTOSTERONE
testosterone enanthate*	DELATESTRYL
<i>testosterone transdermal PA</i>	ANDRODERM

*Vials only. Disposable syringes not covered.

DIABETES MELLITUS

Guidelines of the treatment and management of diabetes are available at: www.diabetes.org

Glucose Elevating Agents

<i>glucagon, human recombinant QL</i>	GLUCAGON
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Insulins

Insulin preparations covered include the specific brands of human insulins noted in the list. **Only the vials are covered.** The PDL also includes all syringes and needles.

<i>insulin aspart QL</i>	NOVOLOG
<i>insulin aspart protamine 70%/insulin aspart 30% QL</i>	NOVOLOG MIX 70/30
<i>insulin detemir QL</i>	LEVEMIR
<i>insulin glargine QL</i>	LANTUS
<i>insulin human OTC QL</i>	NOVOLIN R

<i>insulin human OTC QL</i>	RELION R
<i>insulin isophane human OTC QL</i>	NOVOLIN N
<i>insulin isophane human OTC QL</i>	RELION N
<i>insulin isophane human 70%/regular 30% OTC QL</i>	NOVOLIN 70/30
<i>insulin isophane human 70%/regular 30% OTC QL</i>	RELION 70/30

Monitoring-Strips and Kits/Diabetic Supplies

ACCU-CHEK TEST STRIPS (ACTIVE, AVIVA, COMFORT CURVE, COMPACT) QL
ACCU-CHEK CARE KIT (ACTIVE, AVIVA, COMPACT PLUS) QL
BAYER TEST STRIPS (ASCENSIA AUTODISC, BREEZE, CONTOUR) QL

Oral Agents

acarbose QL	PRECOSE
chlorpropamide	DIABINESE
glimepiride	AMARYL
glipizide	GLUCOTROL
glipizide ext-rel	GLUCOTROL XL
glyburide	MICRONASE
glyburide, micronized	GLYNASE
metformin	GLUCOPHAGE
metformin ER	GLUCOPHAGE ER
metformin/glyburide	GLUCOVANCE
nateglinide QL	STARLIX
<i>pioglitazone</i> QL ST	ACTOS
<i>pioglitazone/glimepiride</i> QL ST	DUETACT
<i>pioglitazone/metformin ER</i> ST	ACTOPLUS MET XR
<i>pioglitazone/metformin</i> QL ST	ACTOPLUSMET
<i>repaglinide</i> QL	PRANDIN
<i>sitagliptan</i> QL ST	JANUVIA
<i>sitagliptan/metformin</i> QL ST	JANUMET
tolazamide	TOLINASE

Miscellaneous Antidiabetic Agents

<i>exenatide</i> PA	BYETTA
<i>liraglutide</i> PA	VICTOZA
<i>pramlintide</i> PA	SYMLIN

GROWTH STIMULATING AGENTS

Guidelines for use of growth hormones are available at: www.aace.com

<i>mecasermin</i> PA SP	INCRELEX
<i>somatropin</i> PA SP	OMNITROPE
<i>somatropin</i> PA SP	TEV-TROPIN

OSTEOPOROSIS

Guidelines of treatment and management of osteoporosis are available at: www.aace.org and www.nof.org

alendronate QL	FOSAMAX
<i>calcitonin-salmon inj</i>	MIACALCIN
<i>calcitonin-salmon nasal spray</i> QL	MIACALCIN
	FORTICAL
etidronate	DIDRONEL
<i>raloxifene</i> QL	EVISTA
<i>teriparatide</i> PA SP	FORTEO

THYROID DISEASE

levothyroxine	LEVOXYL
	SYNTHROID
liothyronine	CYTOMEL
<i>liothyronine/levothyroxine</i>	THYROLAR
methimazole	TAPAZOLE
propylthiouracil	PROPYLTHIOURACIL
thyroid	ARMOUR THYROID

MISCELLANEOUS

bromocriptine	PARLODEL
desmopressin	DDAVP
<i>methylergonovine</i>	METHERGINE
<i>sapropterin</i> PA SP	KUVAN

GASTROINTESTINAL

DIARRHEA

diphenoxylate/atropine	LOMOTIL
loperamide	LOPERAMIDE
loperamide OTC	IMODIUM A-D

EMESIS

<i>aprepitant</i> (QL applies to 40 mg, 80 mg and 80-125 mg)	EMEND
meclizine	ANTIVERT
metoclopramide	REGLAN
ondansetron (except 24 mg, sol) QL	ZOFRAN
	ZOFRAN ODT
prochlorperazine	COMPAZINE
promethazine	PHENERGAN
trimethobenzamide 300 mg caps	TIGAN

GASTROESOPHAGEAL REFLUX DISEASE (GERD)/ PEPTIC ULCERS

Guidelines of treatment and management of GERD and heartburn are available at: www.acg.gi.org and www.gastro.org
 Guidelines of treatment and management of gastrointestinal spasms and ulcers are available at: www.acg.gi.org

<i>alginate acid/sodium bicarbonate OTC</i>	
alumina/magnesia OTC	MAALOX
alumina/magnesia/simethicone OTC	MYLANTA
<i>bismuth subsalicylate+metronidazole+tetracycline</i>	HELIDAC
cimetidine QL (minimum age 12)	TAGAMET
famotidine #	PEPCID PEPCID AC
<i>lansoprazole+amoxicillin+clarithromycin</i>	PREVPAC
<i>lansoprazole del-rel orally disintegrating tabs</i> * QL	PREVACID SOLUTAB
lansoprazole QL ST	PREVACID 24 HOUR (OTC)
omeprazole delayed-rel (QL for 20 mg only)	PRILOSEC
ranitidine	ZANTAC
sucralfate	CARAFATE

*Members ≥ 10 years of age will require prior authorization.

#OTC Pepcid AC 10 mg and 20 mg also covered/encouraged with written prescription.

GASTROINTESTINAL SPASM

dicyclomine	BENTYL
glycopyrrolate	ROBINUL
hyoscyamine sulfate	LEVSIN
hyoscyamine sulfate ext-rel	LEVSINEX

INFLAMMATORY BOWEL DISEASE

<i>balsalazide</i> QL	COLAZAL
<i>mesalamine delayed-rel</i>	ASACOL
<i>mesalamine ext-rel</i>	PENTASA
mesalamine	ROWASA
<i>mesalamine supp</i>	CANASA SUPP
sulfasalazine (minimum age 2)	AZULFIDINE
sulfasalazine delayed-rel (minimum age 2)	AZULFIDINE EN-TABS

PANCREATIC ENZYMES

Only the enzyme products listed below are on the PDL.

<i>pancrelipase</i>	CREON PANCREAZE ZENPEP
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LAXATIVES

casanthranol-docusate sodium OTC

docusate calcium plus OTC

docusate potassium OTC

lactulose

ENULOSE

peg 3350/electrolytes

COLYTE

***peg 3350/sodium bicarbonate/
sodium chloride/potassium chloride***

NULYTELY

peg 3350/sodium bicarbonate/sodium chloride

TRILYTE

polyethylene glycol 3350

MIRALAX

MISCELLANEOUS

atropine sulfate

SAL-TROPINE

misoprostol

CYTOTEC

ursodiol

URSO

URSO FORTE

ursodiol

ACTIGALL

INFECTIOUS DISEASES

www.cdc.gov

Antibacterial resistance represents a serious and growing public health problem in the United States and worldwide. Judicious prescribing of antimicrobial agents and proper antibiotic usage by patients play an important role in diminishing resistance to antibiotics.

ANTIBACTERIALS

Cephalosporins

First Generation

cefadroxil

DURICEF

cephalexin

KEFLEX

Second Generation

cefaclor

CECLOR

cefprozil QL

CEFZIL

cefuroxime axetil

CEFTIN

Third Generation

cefdinir

OMNICEF

cefixime (400 mg tabs only) QL

SUPRAX

Fluoroquinolones

ciprofloxacin

CIPRO

moxifloxacin QL

AVELOX

ofloxacin tabs

FLOXIN

Macrolides

<i>azithromycin</i> QL	ZITHROMAX
<i>clarithromycin</i>	BIAXIN
<i>erythromycin ethylsuccinate</i> QL	E.E.S.
<i>erythromycin delayed-rel</i> QL	ERYC
<i>erythromycin delayed-rel</i>	ERY-TAB
<i>erythromycin stearate</i>	ERYTHROCIN
<i>erythromycin/sulfisoxazole</i>	PEDIAZOLE

Penicillins

<i>amoxicillin</i> *	AMOXICILLIN
<i>amoxicillin/clavulanate</i>	AUGMENTIN
<i>amoxicillin/clavulanate</i>	AUGMENTIN ES-600
<i>ampicillin</i> QL	PRINCIPEN
<i>dicloxacillin</i>	DICLOXACILLIN
<i>penicillin VK</i>	VEETIDS

*Except 500 mg and 875 mg.

Sulfonamides

<i>sulfamethoxazole/trimethoprim, DS</i>	BACTRIM BACTRIM DS
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Tetracyclines

<i>doxycycline hyclate</i> (minimum age 9)	VIBRAMYCIN
<i>minocycline capsules</i> , except 75 mg (minimum age 9)	MINOCIN
<i>tetracycline</i>	SUMYCIN

ANTIFUNGALS

<i>clotrimazole troches</i>	MYCELEX
<i>fluconazole</i> QL	DIFLUCAN
<i>griseofulvin ultramicrosize</i>	GRIS-PEG
<i>griseofulvin microsize</i>	GRIFULVIN V
<i>itraconazole</i> PA QL	SPORANOX
<i>ketoconazole</i> QL	NIZORAL
<i>nystatin</i>	MYCOSTATIN
<i>terbinafine</i> QL	LAMISIL

ANTIVIRALS

Mental health and antiretroviral agents are carved out of the UnitedHealthcare drug benefit and are paid by the Department of Health and Mental Hygiene (DHMH) Maryland Pharmacy Program. Refer to the Maryland Medicaid Mental Health Preferred Drug List for a complete listing. http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Cytomegalovirus Treatment

<i>ganciclovir</i>	CYTOVENE
<i>valganciclovir</i> QL	VALCYTE

Hepatitis Treatment

<i>adefovir</i> QL	HEPSERA
<i>entecavir</i>	BARACLUDE
<i>interferon alfa-2b</i> PA SP	INTRON A
<i>peginterferon alfa-2a</i> PA SP	PEGASYS
<i>peginterferon alfa-2b</i> PA SP	PEG-INTRON
ribavirin PA SP	REBETOL
	COPEGUS

Herpes Treatment

acyclovir	ZOVIRAX
valacyclovir	VALTREX

Influenza Treatment

amantadine, except tabs	SYMMETREL
<i>oseltamivir</i> QL	TAMIFLU
rimantadine	FLUMADINE
<i>zanamivir</i> QL	RELENZA

MISCELLANEOUS

<i>atovaquone</i> QL	MEPRON
chloroquine phosphate	ARALEN
clindamycin	CLEOCIN
<i>dapsone</i>	DAPSONE
ethambutol	MYAMBUTOL
<i>etravirine</i>	INTELENCE
hydroxychloroquine	PLAQUENIL
<i>interferon gamma-1 b</i> PA	ACTIMMUNE INJ
isoniazid	ISONIAZID
<i>linezolid</i> PA QL	ZYVOX
mebendazole	VERMOX
mefloquine	LARIAM
metronidazole (tabs only)	FLAGYL
<i>neomycin sulfate</i>	
nitrofurantoin ext-rel	MACROBID
nitrofurantoin macrocrystals	MACRODANTIN
nitrofurantoin macrocrystals	MACRODANTIN 25 MG
paromomycin QL	HUMATIN
<i>povidone-iodine</i> OTC	
primaquine	
<i>pyrimethamine</i>	DARAPRIM
pyrazinamide	PYRAZINAMIDE

<i>rifabutin</i>	MYCOBUTIN
rifampin	RIFADIN
<i>tobramycin</i> SP	TOBI
trimethoprim (tabs only)	TRIMETHOPRIM
<i>vancomycin</i> ST	VANCOCIN

MUSCULOSKELETAL

ARTHRITIS — www.rheumatology.org

Disease Modifying Anti-Rheumatic Drugs

<i>adalimumab</i> PA SP	HUMIRA
<i>auranofin</i>	RIDAURA
azathioprine	IMURAN
<i>etanercept</i> PA SP	ENBREL
hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	RHEUMATREX
<i>penicillamine</i>	CUPRIMINE
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS

NSAIDs and Other Analgesics

acetaminophen OTC	TYLENOL
aspirin OTC	ASCRIPTIN BAYER ECOTRIN
<i>capsaicin</i> OTC	
<i>celecoxib</i> QL ST	CELEBREX
choline magnesium trisalicylate	TRILISATE
diclofenac sodium delayed release	VOLTAREN
etodolac (IR only)	LODINE
fenoprofen 600 mg	NALFON
ibuprofen OTC	ADVIL
ibuprofen	MOTRIN
indomethacin	INDOCIN
ketoprofen (IR only)	ORUDIS
meloxicam QL	MOBIC
naproxen (not EC)	NAPROSYN
naproxen sodium	ANAPROX
oxaprozin QL	DAYPRO
piroxicam	FELDENE
sulindac	CLINORIL
tramadol QL	ULTRAM

GOUT

<i>allopurinol</i>	ZYLOPRIM
<i>colchicine</i>	COLCHICINE
<i>febuxostat</i> ST	ULORIC
<i>probenecid</i>	PROBENECID

SKELETAL MUSCLE RELAXANTS

Guidelines for the evaluation and management of musculoskeletal/arthritis condition are available at:
www.rheumatology.org

Muscle Spasm

<i>chlorzoxazone</i>	PARAFON FORTE DSC
<i>cyclobenzaprine</i> QL	FLEXERIL
<i>methocarbamol</i>	ROBAXIN
<i>orphenadrine ER</i> QL	ORPHENADRINE CITRATE TAB SR

Spasticity

<i>baclofen</i>	BACLOFEN
<i>dantrolene</i>	DANTRIUM
<i>tizanidine</i> (tabs only) QL	ZANAFLEX

OB-GYN

EE = ethinyl estradiol

ME = mestranol

Gender edits apply: for female patients only.

CONTRACEPTIVES

Biphasic

<i>desogestrel/EE</i> QL	MIRCETTE
<i>norethindrone/EE</i> QL	ORTHO-NOVUM 10/11

Emergency Contraception

<i>levonorgestrel</i> QL	PLAN B
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Injectable

<i>medroxyprogesterone acetate*</i> QL	DEPO-PROVERA
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Intravaginal

<i>etonogestrel/EE ring</i> QL	NUVARING
<i>ortho diaphragm</i> QL	ORTHO FLEX
	ORTHO COIL
	ORTHO FLAT

Monophasic

20 mcg estrogen

<i>levonorgestrel/EE 0.1/20</i> QL	ALESSE
<i>norethindrone acetate/EE 1/20 v</i>	LOESTRIN 1/20
<i>norethindrone acetate/EE/iron 1/20</i> QL	LOESTRIN FE 1/20

30 mcg estrogen

<i>desogestrel/EE 0.15/30</i> QL	ORTHO-CEPT
<i>levonorgestrel/EE 0.15/30</i> QL	NORDETTE
<i>norethindrone acetate/EE/iron 1.5/30</i> QL	LOESTRIN FE 1.5/30
<i>norethindrone acetate/EE 1.5/30</i> QL	LOESTRIN 1.5/30
<i>norgestrel/EE 0.3/30</i> QL	LO/OVRAL

35 mcg estrogen

<i>ethynodiol diacetate/EE 1/35</i> QL	ZOVIA 1/35
<i>norethindrone/EE 0.4/35</i> QL	BALZIVA
<i>norethindrone/EE 0.5/35</i> QL	MODICON
<i>norethindrone/EE 1/35</i> QL	ORTHO-NOVUM 1/35
<i>norgestimate/EE 0.25/35</i> QL	ORTHO-CYCLEN

50 mcg estrogen

<i>ethynodiol diacetate/EE 1/50</i> QL	ZOVIA 1/50
<i>norethindrone/EE 1/50</i> QL	OVCON 50
<i>norethindrone/ME 1/50</i> QL	ORTHO-NOVUM 1/50
<i>norgestrel/EE 0.5/50</i> QL	OVRAL

Progestin

<i>norethindrone</i>	ORTHO MICRONOR
<i>norgestrel</i>	OVRETTE

Transdermal

norelgestromin/EE	ORTHO EVRA
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Triphasic

<i>levonorgestrel/EE</i> QL	TRIVORA
<i>norethindrone acetate/EE/iron</i> QL	ESTROSTEP FE
<i>norethindrone/EE</i> QL	TRI-NORINYL
<i>norethindrone/EE</i> QL	ORTHO-NOVUM 7/7/7
<i>norgestimate/EE</i> QL	ORTHO TRI-CYCLEN

ENDOMETRIOSIS

<i>danazol*</i>	DANOCRINE
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*Gender edits apply: for female patients only.

HORMONE THERAPY/MENOPAUSE

Gender edits apply: for female patients only. Guidelines of treatment and management of hormone therapy and menopause are available at: www.acog.com, www.menopause.org and www.nhlbi.nih.gov

Estrogens

Intravaginal

<i>estrogens, conjugated crm</i>	PREMARIN
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Oral

estradiol QL	ESTRACE
<i>estrogens, conjugated, synthetic QL</i>	ENJUVIA
<i>estrogens, conjugated, synthetic A QL</i>	CENESTIN
<i>estrogens, conjugated QL</i>	PREMARIN
estropipate	OGEN

Transdermal

estradiol QL	CLIMARA VIVELLE
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Estrogen/Progestin

<i>estrogens, conjugated/medroxyprogesterone</i>	PREMPHASE PREMPRO
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Progestins

medroxyprogesterone acetate QL	PROVERA
norethindrone acetate QL	AYGESTIN

VAGINAL INFECTIONS

Oral

fluconazole QL	DIFLUCAN
metronidazole tabs	FLAGYL

Vaginal

clindamycin crm	CLEOCIN
<i>clindamycin supp</i>	CLEOCIN
<i>metronidazole</i>	METROGEL 1%
metronidazole	METROGEL-VAGINAL
miconazole QL	MONISTAT 3
terconazole	TERAZOL 3/7

MISCELLANEOUS

<i>methylergonovine</i>	METHERGINE
<i>tranexamic acid PA</i>	LYSTEDA

OPHTHALMIC

ALLERGY

<i>cromolyn sodium</i>	CROLOM
<i>ketotifen</i>	ALAWAY OTC
<i>naphazoline/antazoline</i>	
<i>naphazoline/pheniramine OTC</i>	NAPHCON A VISINE-A

ANTI-INFLAMMATORIES

Nonsteroidal

<i>azelastine ophthalmic solution</i>	OPTIVA
<i>diclofenac sodium</i>	VOLTAREN
<i>flurbiprofen</i>	OCUFEN
<i>ketorolac</i>	ACULAR ACULAR LS

Steroidal

<i>dexamethasone sodium phosphate</i>	DEXASOL
<i>fluorometholone</i>	FML FML SOP
<i>prednisolone acetate 0.12%</i>	PRED MILD
<i>prednisolone acetate 1%</i>	PRED FORTE
<i>prednisolone phosphate 1%</i>	INFLAMASE FORTE
<i>rimexolone</i>	VEXOL

Anti-Infective/Anti-Inflammatory Combinations

<i>gentamicin/prednisolone acetate</i>	PRED-G
<i>neomycin/polymyxin B/dexamethasone</i>	MAXITROL
<i>neomycin/polymyxin B/hydrocortisone</i>	CORTISPORIN
<i>sulfacetamide/pred. phos. 10%/0.25%</i>	VASOCIDIN
<i>tobramycin/dexamethasone</i> QL	TOBRADEX

GLAUCOMA

Oral

<i>acetazolamide</i>	ACETAZOLAMIDE
<i>acetazolamide ext-rel</i>	DIAMOX SEQUELS
<i>methazolamide</i>	NEPTAZANE

Topical

Sympathomimetics

<i>brimonidine</i>	ALPHAGAN-P
<i>brimonidine 0.2%</i>	BRIMONIDINE
<i>epinephrine oph</i>	

Parasympathomimetics

<i>pilocarpine</i>	PILOPINE HS GEL
<i>pilocarpine</i>	ISOPTO CARPINE

Beta-blockers

<i>betaxolol</i>	BETOPTIC BETOPTIC S
<i>carteolol</i>	
<i>levobunolol</i> QL	BETAGAN
<i>timolol hemihydrate</i>	BETIMOL
<i>timolol gel forming solution</i>	TIMPOTIC XE
<i>timolol maleate</i>	TIMOPTIC
<i>tropicamide ophthalmic solution</i>	MYDRIACYL

Prostaglandins

<i>bimatoprost</i> QL (0.3% only)	LUMIGAN
<i>latanoprost</i> QL	XALATAN

Carbonic Anhydrase Inhibitors

<i>brinzolamide</i> QL	AZOPT
<i>dorzolamide</i> QL	TRUSOPT

Carbonic Anhydrase Inhibitor/Beta-blocker Combination

<i>dorzolamide/timolol maleate</i> QL	COSOPT
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Cholinesterase Inhibitor

<i>ecothiophate</i>	PHOSPHOLINE IODINE
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Mydriatics

<i>atropine</i>	ISOPTO ATROPINE
<i>cyclopentolate</i>	CYCLOGYL
<i>homatropine</i>	ISOPTO HOMATROPINE
<i>scopolamine</i>	ISOPTO HYOSCINE
<i>tropicamide</i>	MYDRIACYL

INFECTIONS

Bacterial

bacitracin

ciprofloxacin QL

CILOXAN

erythromycin QL

ERYTHROMYCIN

gatifloxin PA

ZYMAR

gentamicin QL

GENTAK

neomycin/polymyxin B/gramicidin

NEOSPORIN

ofloxacin

OCUFLOX

polymyxin B/bacitracin

POLYSPORIN

polymyxin B/trimethoprim

POLYTRIM

sulfacetamide

BLEPH-10

tobramycin QL

TOBEX

Viral

trifluridine QL

VIROPTIC

PSYCHIATRIC

ALCOHOL DETERRENTS

acamprosate

CAMPRAL

disulfiram

ANTABUSE

naltrexone

RE VIA

INSOMNIA

Short-term insomnia may last for a few weeks and may recur. A sedative/hypnotic can be useful but should preferably not be given for more than 7-10 days.

Information about sleep disorders is available at: www.aasmnet.org

Non-benzodiazepines

diphenhydramine OTC

NYTOL QUICK CAPS

NARCOTIC ANTAGONISTS

buprenorphine/naloxone PA

SUBOXONE

naltrexone

RE VIA

SMOKING CESSATION

nicotine patches QL	NICODERM CQ
<i>nicotine polacrilex lozenge</i> QL	COMMITT OTC
<i>nicotine polacrilex gum</i> QL	NICORETTE OTC
<i>nicotine</i> QL	NICOTROL INHALER
<i>nicotine</i> QL	NICOTROL NS
<i>varenicline</i> QL	CHANTIX

MISCELLANEOUS

fluphenazine decanoate QL	PROLIXIN DECANOATE
haloperidol decanoate QL	HALDOL DECANOATE

RESPIRATORY DRUGS

ANTITUSSIVES, DECONGESTANTS, EXPECTORANTS AND COMBINATIONS

benzonatate	TESSALON
brompheniramine/phenylephrine	DIMETAPP CLD ELX/ALLERGY
brompheniramine/pseudoephedrine	BROMFENEX PD CAP
brompheniramine/pseudoephedrine	DIMETAPP ELX CLD/ALLE
brompheniramine/pseudoephedrine	UNI-HIST DRO
brompheniramine/pseudoephedrine	CARDEC SYP
brompheniramine/pseudoephedrine/ dextromethorphan elixir	BROMALINE DM
brompheniramine/pseudoephedrine/ dextromethorphan syrup	BROMFED DM DALLERGY DM CARBOFED NEO DM ANAPLEX DM
brompheniramine/pseudoephedrine/ dextromethorphan/guaifenesin syrup	HISTACOL DM
brompheniramine/pseudoephedrine syrup	RONDEC SYRUP
carbetapentane/chlorpheniramine/ ephedrine/phenylephrine	RYNATUSS
carbinoxamine/pseudoephedrine liquid	RONDEC DROPS CARDEC DRO
chlorphen-PE-methscopolamine syrup	CHLOR-MES D SYRUP DURADRYL QV-ALLERGY
chlorpheniramine/dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD
chlorpheniramine/dextromethorphan	ROBITUSSIN LIQ CGH/CLD
chlorpheniramine/dextromethorphan	DIMETAPP SYP CGH/CLD
chlorpheniramine/dextromethorphan	CORICIDIN TAB CGH/CLD

chlorpheniramine/pseudoephedrine	HISTEX CPM/PSE
chlorpheniramine/phenylephrine liquid	RONDEC DROPS CARDEC DRO
chlorpheniramine/phenylephrine syrup	RONDEC SYRUP CARDEC SYP
chlorpheniramine maleate phenylephrine HCl	ED A-HIST TABLETS AND LIQUID
chlorpheniramine tan/ phenylephrine tan susp	RYNATAN PEDIATRIC SUSP
chlorphen tan/pseudoeph tan susp	TANAFED
chlorphen tan/pyrilamine tan/ PE tan susp	TRITANN PEDIATRIC SUSP R-TANNAMINE
chlorphen tan/carbetapentane tan susp	TUSSI-12 S
codeine/guaifenesin QL (maximum age 20)	GUIATUSS AC GG/CODEINE M-CLEAR WC
codeine/guaifenesin/pseudoephedrine QL (maximum age 20)	GUIATUSS DAC
codeine/promethazine QL (maximum age 20)	PROMETHAZINE W/CODEINE
codeine/promethazine/phenylephrine (maximum age 20)	PROMETHAZINE VC W/CODEINE
dextromethorphan-guaifenesin liq 10-200 mg / 5 ml	ROBITUSSIN LIQ CGH/CONG
dextromethorphan-guaifenesin soln 25-225 mg /5 ml	DURATUSS DM ELX
dextromethorphan polistirex ext rel OTC	DELSYM
dextromethorphan/guaifenesin OTC	MUCINEX DM
dextromethorphan/guaifenesin OTC	ROBITUSSIN DM TUSSIN DM GG/DM CR
dextromethorphan hbr syrup	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP
dextromethorphan/brompheniramine/ pseudoephedrine	BROMETANE DX RESPERAL-DM
dextromethorphan/carbinoxamine/ pseudoephedrine drops	CARDEC-DM
dextromethorphan/promethazine	PHENERGAN DM PROMETHAZINE SYP DM
guaifenesin OTC	ROBITUSSIN
guaifenesin ext-rel-OTC	MUCINEX
guaifenesin syrup 100 mg / 5 ml	ROBITUSSIN SYP CHST CNG
guaifenesin/pseudoephedrine ext rel	GUAIFED
guaifenesin/pseudoephedrine syrup OTC	ROBITUSSIN PE PSE/GG
guaifenesin/pseudoephedrine ext rel OTC	GUAIFEN PSE MUCINEX D/GG/PSE CR

<i>guaifenesin/pseudoephedrine/dextromethorphan</i>	ROBITUSSIN CF
<i>hydrocodone/chlorpheniramine/phenylephrine</i>	HISTUSSIN HC
<i>hydrocodone/guaifenesin</i>	VITUSSIN HYDROCODO/GG SYP
<i>hydrocodone/homatropine</i>	HYCODAN/HYDROMET SYP HYDROCODONE TAB HOMATROP
<i>phenylephrine/brompheniramine/ dextromethorphan OTC</i>	DIMETAPP DM ELX COLD/CGH
<i>phenyleph/bromphen/dextromethorphan/guaifenesin</i>	ALLANHIST SYP PDX
<i>phenylephrine/dextromethorphan/guaifenesin</i>	ROBITUSSIN LIQ CGH/CLD
<i>phenylephrine/chlorpheniramine</i>	QUAL-TUSSIN SYP DC
<i>phenylephrine/chlorpheniramine/ dextromethorphan syrup</i>	ATUSS DR DE-CHLOR DM RESPERAL-DM
<i>phenylephrine/chlorpheniramine/ dextromethorphan liquid</i>	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG
<i>phenylephrine/chlorpheniramine/ dextromethorphan syrup</i>	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP
<i>phenylephrine/chlorpheniramine/dihydrocodeine</i>	DIHYDRO-PE SYP
<i>phenylephrine/dextromethorphan</i>	DIMETAPP DRO DCON/CGH
<i>phenylephrine/ephed/CPM w/ carbetapentane susp</i>	RYNATUSS PEDIATRIC SUSP
<i>phenylephrine/guaifenesin</i>	ROBITUSSIN LIQ HD/CHST
<i>phenylephrine/hydrocodone/guaifenesin</i>	QUAL-TUSSIN SYP DC
<i>phenylephrine/pyrilamine/dextromethorphan</i>	CODAL-DM
<i>phenylephrine/pyrilamine w/ hydrocodone syrup</i>	CODIMAL DH
<i>phenylephrine tan/pyrilamine tan/ carbeta tan susp</i>	TUSSI 12D S
<i>promethazine & phenylephrine syrup 6.25-5 mg / 5 ml</i>	PROMETH VC SYP 6.25-5/5
<i>pseudoephedrine/acetaminophen/dextromethorphan</i>	MAPAP COLD TAB
<i>pseudoephedrine/chlorpheniramine/codeine</i>	PHENLHIST LIQ DH
<i>pseudoephedrine/chlorpheniramine/ dextromethorphan</i>	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT
<i>pseudoephedrine/dextromethorphan/guaifenesin</i>	MULTI SYMPTOM TAB COLD RLF
<i>pseudoephedrine/ibuprofen</i>	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN
<i>pseudoephedrine tan/dexchlorphen tan/ DM tan susp</i>	TANAFED DMX SUSPENSION TRI-FED X
<i>pyrilamine tan/phenyleph tan susp</i>	RYNA-12 S
<i>tripolidine/pseudoephedrine</i>	TRIPROL/PSE SYP APHEDRID TAB

ASTHMA/COPD

Guidelines to the management, prevention or treatment of COPD and asthma are available at: www.aaaai.org, www.nhlbi.nih.gov and www.goldcopd.com

The allergy report is available at: www.aaaai.org

Inhalers

Beta Agonists

<i>albuterol sulfate</i> QL	VENTOLIN HFA
<i>formoterol inhalation caps</i>	FORADIL AEROLIZER
<i>salmeterol xinafoate</i> QL	SEREVENT DISKUS

Corticosteroids

<i>beclomethasone</i> QL	QVAR
<i>fluticasone HFA</i> QL	FLOVENT HFA
<i>fluticasone propionate</i> QL	FLOVENT DISKUS
<i>mometasone</i> QL	ASMANEX TWISTHALER

Others

<i>cromolyn</i> QL	INTAL
<i>fluticasone/salmeterol</i> QL ST	ADVAIR DISKUS ADVAIR HFA ADVAIR INHAL AEROSOL
<i>ipratropium</i> HFA	ATROVENT HFA
<i>ipratropium/albuterol</i> QL	COMBIVENT
<i>mometasone/formoterol</i> ST	DULERA
<i>nedocromil</i> QL	TILADE
<i>omalizumab</i> PA SP QL	XOLAIR
<i>tiotropium</i>	SPIRIVA

Inhalers for Nebulization

<i>albuterol soln 0.083%, 0.5%, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Not Accuneb)	PROVENTIL
<i>budesonide susp</i> *** QL	PULMICORT RESPULES
<i>cromolyn soln</i>	INTAL
<i>ipratropium soln</i> QL	ATROVENT
<i>levalbuterol HCl</i> QL ST	XOPENEX RESPULES

***Covered for members less than 8 years of age.

Oral Agents

Beta Agonists

<i>albuterol</i>	ALBUTEROL
<i>metaproterenol</i>	METAPROTERENOL SYRUP
<i>terbutaline</i>	BRETHINE

Leukotriene Modifiers

<i>montelukast</i> QL ST	SINGULAIR
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Theophylline

<i>theophylline ext-rel caps</i> (12 hr)	THEOPHYLLINE EXT-REL
<i>theophylline ext-rel caps</i>	THEO-24
<i>theophylline ext-rel tabs</i>	UNIPHYL
<i>theophylline ext-rel tabs</i>	THEOCHRON
<i>theophylline liquid</i>	THEOPHYLLINE

SUPPLEMENTS

Guidelines for recommended dietary intakes for vitamins and minerals are available at:
www.nal.usda.gov/fnic/dga/rda.html

POTASSIUM

<i>phosphorus tabs</i>	K-PHOS NEUTRAL
<i>potassium acid phosphate</i>	K-PHOS ORIGINAL
<i>potassium chloride ext-rel caps</i>	MICRO-K 10
<i>potassium chloride ext-rel tabs</i>	KLOR-CON 8
<i>potassium chloride ext-rel tabs</i>	K-DUR 10
<i>potassium chloride ext-rel tabs</i>	KLOR-CON 10
<i>potassium chloride ext-rel tabs</i>	K-DUR 20
<i>potassium chloride liquid</i>	POTASSIUM CHLORIDE
<i>potassium chloride powder</i>	K-LOR
<i>potassium iodide</i>	SSKI

POTASSIUM-REMOVING AGENTS

<i>sodium polystyrene sulfonate susp</i> (susp only)	KAYEXALATE
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VITAMINS AND MINERALS

<i>calcitriol</i>	ROCALTROL
<i>calcium OTC</i>	OS-CAL
<i>cyanocobalamin inj*</i>	VITAMIN B-12
<i>electrolyte soln, oral OTC</i>	PEDIALYTE
<i>ergocalciferol (D2)*</i>	DRISDOL
<i>ferrous bisglycinate/polysaccharides iron caps OTC</i>	NIFEREX
<i>ferrous fumarate/vitamins C & B12/intrinsic factor*</i>	ANEMAGEN
<i>ferrous sulfate OTC</i>	FEOSOL
<i>fluoride*</i>	GEL-KAM
<i>fluoride*</i>	LURIDE
<i>fluoride*</i>	LURIDE LOZI-TABS
<i>fluoride*</i>	PHOS-FLUR
<i>fluoride*</i>	PREVIDENT
<i>folic acid</i>	FOLIC ACID
<i>magnesium oxide OTC*</i>	MAG-OX

multivitamins/fluoride/±iron*	POLY-VI-FLOR
multivitamins/minerals OTC*	CENTRUM
<i>phytonadione</i>	MEPHYTON
polysaccharide iron complex elixir OTC	NIFEREX
<i>prenat w/o A w/fecbn-fegl-DSS-FA & DHA</i>	FOLTABS PAK PLUS DHA RE OB + DHA PAK
<i>prenatal vit w/ DSS-iron carbonyl-FA DR</i>	ATABEX EC
<i>prenatal vit w/ FE bisglyc-FA prot succ-FA</i>	VINATE III
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	VITAPHIL
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	GENTEX ADE 28-1MG
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	VINATE AZ EX
<i>prenatal vit w/ FE polysac cplx-FA</i>	EDGE OB CHW
<i>prenatal vit w/ iron carbonyl-FA</i>	ATABEX PRENATAL
prenatal vitamins w/folic acid QL	PRENATAL VITAMINS W/ FOLIC ACID
prenatal vitamins w/folic acid QL	CENOGEN OB/ULTRA
prenatal vitamins w/folic acid QL	NATACHEW
prenatal vitamins w/folic acid QL	MATERNA
prenatal vitamins w/folic acid QL	NATALCARE
prenatal vitamins w/folic acid QL	NESTABSCBF/FA/RX
prenatal vitamins w/folic acid QL	NIFEREX-PN FORTE
<i>prenatal w/o A w/ FE carbonyl-FA gluc-DSS-FA</i>	FOLTABS PRENATAL TRI RX
<i>prenat-FA bis-FA prot succ-FA-CA & omega 3</i>	TRUST NATALCARE PAK DHA
<i>prenat-FA Bis-FA prot succ-FA-CA & omega 3</i>	COMPLETE NATALCARE PAK DHA
<i>prenat-FA bis-FA prot succ-FA-CA & omega 3</i>	PRUET DHA PAK SETONET PAK
<i>prenat-FA bis-FA prot succ-FA-CA & omega DR</i>	PRUET DHAEC PAK
vitamin A OTC	
vitamin ADC/fluoride/+/- iron drops*	TRI-VI-FLOR
vitamin C OTC	
vitamins pediatric — members <3 years old OTC*	TRI-VI-SOL
vitamin B complex/vitamin C/folic acid*	NEPHROCAPS
vitamin B-1 OTC	
vitamin B-6 OTC	
zinc OTC	

*Coverage for these medications will be determined by the member's individual benefits.

Please refer to individual plan documents for coverage information.

UROLOGICAL

SYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY

doxazosin	CARDURA
finasteride	PROSCA
tamsulosin	FLOMAX
terazosin QL	HYTRIN

MISCELLANEOUS

<i>bethanechol</i>	URECHOLINE
<i>darifenacin</i> QL ST	ENABLEX
<i>hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue</i>	UTIRA C
<i>methenamine hippurate</i>	HIPREX UREX
<i>oxybutynin IR</i>	DITROPAN
<i>oxybutynin chloride</i> QL ST	DITROPAN XL
<i>potassium citrate</i>	UROCIT-K
<i>propantheline</i>	
<i>phenazopyridine</i>	PYRIDIUM
<i>sodium citrate/citric acid</i>	BICITRA
<i>solifenacin succinate</i> QL ST	VESICARE

MISCELLANEOUS

ANAPHYLAXIS

<i>epinephrine</i> QL	EIPEN EIPEN JR. TWINJECT
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CYSTIC FIBROSIS

<i>acetylcysteine</i>	MUCOMYST
<i>dornase alfa</i> SP PA	PULMOZYME

HYPERPHOSPHATEMIA

<i>calcium acetate</i>	PHOSLO
<i>cinacalcet</i> PA	SENSIPAR
<i>sevelamer</i> QL ST	REVELA

MEDICAL DEVICES

<i>EasiVent Mask</i> QL	EASIVENT MASK
<i>EasiVent valved holding chamber</i> QL	EASIVENT CHAMBER

Websites

Agency for Healthcare Research and Quality
www.ahrq.gov/

Alzheimer's Association
www.druglist.com/2004/f500.htm#

**American Academy of Allergy,
Asthma and Immunology**
www.aaaai.org/

American Academy of Dermatology
www.aad.org/

American Academy of Dermatology Association
www.aadassociation.org/

American Academy of Pediatrics
www.aap.org/

American Association of Clinical Endocrinologists
www.aace.com/

American Association of Diabetes Educators
www.aadenet.org/

American Cancer Society
www.cancer.org/

**American College of Allergy, Asthma and
Immunology**
www.acaai.org/

American College of Cardiology
www.acc.org/

American College of Chest Physicians
www.chestjournal.org/

American College of Gastroenterology
www.acg.gi.org/

**American College of Obstetricians and
Gynecologists**
www.acog.org/

American College of Physicians
www.acp.org/

American College of Rheumatology
www.rheumatology.org/

American Council for Headache Education
www.achenet.org/

American Diabetes Association
www.diabetes.org/

American Gastroenterology Association
www.gastro.org/

American Heart Association
www.americanheart.org/

American Lung Association
www.lungusa.org/

American Medical Association
www.ama-assn.org/

American Psychiatric Association
www.psych.org/

American Society of Anesthesiologists
www.asahg.org/

Centers for Disease Control and Prevention
www.cdc.gov/

**Centers for Disease Control and Prevention
Guideline topics: AIDS**
www.cdc.gov/hiv/pubs/guidelines.htm#treatment

**Centers for Disease Control and Prevention
Guideline topics: Sexually Transmitted Diseases**
www.cdc.gov/mmwr/preview/mmwrhtml/rr5106a1.htm

Crohn's and Colitis Foundation of America
www.ccfa.org/

The Food and Drug Administration
www.fda.gov/

Infectious Disease Society of America
www.journals.uchicago.edu/IDSA/guidelines

Institute of Safe Medication Practices
www.ismp.org/

Johns Hopkins AIDS Service
www.hopkins-aids.edu/

Juvenile Diabetes Foundation International
www.jdf.org/

MedWatch

www.fda.gov/medwatch/safety.htm

National Academy of Sciences

www.nal.usda.gov/fnic/dga/rda.html

National Cancer Institute

www.cancer.gov/cancerinformation

National Foundation for Infectious Diseases

www.nfid.org/

National Guideline Clearinghouse

www.guideline.gov/

National Heart, Lung and Blood Institute

www.nhlbi.nih.gov/

National Institutes of Health

www.nih.gov/

National Institutes of Health - Ulcerative Colitis

www.nlm.nih.gov/medlineplus/ulcerativecolitis.html

National Osteoporosis Foundation

www.nof.org/

North American Menopause Society

www.menopause.org/

United States Department of Health and Human Resources

www.os.dhhs.gov/

University of Pennsylvania Cancer Center

www.oncolink.upenn.edu/

U.S. Department of Health and Human Services

www.os.dhhs.gov/

World Health Organization

www.who.int/

A World of Information on Pain

www.pain.com/

Index

A			B
acamprosate	30	<i>albuterol soln 0.083%, 0.5%, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	34
acarbose	18	<i>albuterol sulfate</i>	34
ACCU-CHEK CARE KIT (ACTIVE, AVIVA, COMPACT PLUS)	18	ALDACTAZIDE	7
ACCU-CHEK TEST STRIPS (ACTIVE, AVIVA, COMFORT CURVE, COMPACT)	18	ALDACTONE	7
ACCUPRIL	4	ALDOMET.	8
ACCURETIC	4	ALDORIL	8
ACCUTANE	12	<i>alendronate</i>	19
<i>acebutalol</i>	6	ALESSE	26
<i>acetaminophen OTC</i>	9, 24	ALFERON N	14
<i>acetazolamide</i>	28	<i>alginate acid/sodium bicarbonate OTC</i>	20
ACETAZOLAMIDE	28	ALKERAN	1
<i>acetazolamide ext-rel</i>	28	ALLANHIST SYP PDX	33
<i>acetylcysteine</i>	37	ALLEGRA	16
ACTIFED	16	<i>allopurinol</i>	25
ACTIGALL	21	ALPHAGAN-P	29
ACTIMMUNE INJ	23	<i>altretamine</i>	2
ACTOPLUSMET	18	<i>alumina/magnesia OTC</i>	20
ACTOPLUS MET XR	18	<i>alumina/magnesia/simethicone OTC</i>	20
ACTOS	18	<i>aluminum acetate soln/cream OTC</i>	15
ACULAR	28	<i>aluminum chloride hexahydrate</i>	15
ACULAR LS	28	<i>amantadine</i>	11, 23
<i>acyclovir</i>	14, 23	AMARYL	18
ADALAT CC	6	<i>ambrisentan</i>	8
<i>adalimumab</i>	24	<i>amcinonide crm/oint 0.1%</i>	13
<i>adapalene</i>	12	AMERGE	11
ADCIRCA	8	AMICAR	3
<i>adefovir</i>	23	<i>amiloride</i>	7
ADVAIR DISKUS	34	<i>amiloride/hydrochlorothiazide</i>	7
ADVAIR HFA	34	<i>aminocaproic acid</i>	3
ADVAIR INHAL AEROSOL	34	<i>amiodarone</i>	5
ADVIL	9, 24	<i>amitriptyline</i>	11
AFINITOR	2	AMLACTIN	15
AFRIN	16	<i>amlodipine</i>	6
AGRYLIN	3	<i>ammonium lactate 12%</i>	15
AKINETON	11	<i>amoxicillin</i>	22
ALAVERT	16	AMOXICILLIN	22
ALAVERT ALRG TAB/SINUS/ ALLERGY/CONG.	16	<i>amoxicillin/clavulanate</i>	22
ALAVERT-D	16	<i>ampicillin</i>	22
ALAWAY OTC	28	<i>anagrelide</i>	3
<i>albuterol</i>	34	ANAPLEX DM.	31
ALBUTEROL	34	ANAPROX	9, 24
		<i>anastrozole</i>	1
		ANDRODERM	17
		ANDROGEL 1%	17
		ANEMAGEN	35
		ANTABUSE	30
		ANTIVERT	19
		APHEDRID TAB	33
		<i>aprepitant</i>	19
		APRESOLINE.	8
		ARALEN	23
		ARANESP.	3
		ARAVA	24
		ARCALYST	3
		ARICEPT	9
		ARIMIDEX.	1
		ARMOUR THYROID	19
		AROMASIN	1
		<i>artificial saliva OTC</i>	17
		ASACOL	20
		ASCRIPITIN	4, 24
		ASMANEX TWISTHALER	34
		<i>aspirin OTC</i>	4, 24
		ATABEX EC	36
		ATABEX PRENATAL	36
		ATARAX	16
		<i>atenolol</i>	6
		<i>atenolol/chlorthalidone</i>	6
		<i>atovaquone</i>	23
		<i>atropine</i>	29
		<i>atropine sulfate</i>	21
		ATROVENT	34
		ATROVENT HFA	34
		ATUSS DR	33
		AUGMENTIN	22
		AUGMENTIN ES-600	22
		<i>auranofin</i>	24
		AVELOX	21
		AVITA.	12
		AVONEX.	11
		AYGESTIN	27
		<i>azathioprine</i>	2, 24
		<i>azelaic acid</i>	12
		<i>azelastine ophthalmic solution</i>	28
		<i>azithromycin</i>	22
		AZOPT	29
		AZULFIDINE	20, 24
		AZULFIDINE EN-TABS	20
		AZULFIDINE EN-TABS	24
		BACITRACIN	12
		<i>bacitracin</i>	30
		<i>bacitracin OTC</i>	12
		<i>baclofen</i>	25
		BACLOFEN	25
		BACTRIM	22
		BACTRIM DS	22
		BACTROBAN	12
		<i>balsalazide</i>	20
		<i>balsam Peru, castor oil, and trypsin topical</i>	15
		BALZIVA.	26
		BANCAP HC, VICODIN	10
		BARACLUDGE	23
		BAYER.	4, 24
		BAYER TEST STRIPS (ASCENSIA AUTODISC, BREEZE, CONTOUR)	18
		<i>beclomethasone</i>	34
		BENADRYL	16
		<i>benazepril</i>	4
		<i>benazepril/hydrochlorothiazide</i>	4
		BENTYL	20
		BENZAC AC	12
		BENZAMYCIN	12
		<i>benzonatate</i>	31
		<i>benzoyl peroxide</i>	12
		BETACARE	15
		BETAGAN	29
		<i>betamethasone augmented dip</i>	13
		<i>betamethasone dip augmented</i>	13
		<i>betamethasone dipropionate</i>	13
		<i>betamethasone val.</i>	13
		BETAPACE	6
		BETA-VAL	13
		<i>betaxolol</i>	29
		<i>bethanechol</i>	37
		BETIMOL	29
		BETOPTIC	29
		BETOPTIC S	29
		BIAXIN.	22
		<i>bicalutamide</i>	1
		BICITRA.	37
		<i>bimatoprost</i>	29
		<i>biperiden</i>	11
		<i>bismuth subsalicylate+metronidaz</i>	

<i>ole+tetracycline</i>	20	<i>calcium acetate</i> . . . . .	.37	CENTRUM	36	<i>ciprofloxacin</i>	30
<i>bisoprolol</i>	6	<i>calcium OTC</i>	35	<i>cephalexin</i> . . . . .	.21	<i>clarithromycin</i> . . . . .	.22
<i>bisoprolol/hydrochlorothiazide</i> .	6	CAMPRAL.	30	CETAPHIL. . . . .	.15	CLARITIN . . . . .	.16
BLEPH-10.	30	<i>canakinumab</i>	3	<i>cetirizine OTC</i>	16	<i>clemastine</i>	16
<i>bosentan</i>	8	CANASA SUPP. . . . .	.20	<i>cetirizine/</i> <i>pseudoephedrine OTC</i> .	16	CLEMASTINE . . . . .	.16
BRETHINE	34	<i>capecitabine</i>	1	CHANTIX . . . . .	.31	CLEOCIN	23, 27
<i>brimonidine</i>	29	CAPITROL . . . . .	.15	CHILD IBUPRO SUS COLD .33		CLEOCIN T . . . . .	.12
BRIMONIDINE . . . . .	.29	CAPOTEN.	4	<i>chlorambucil</i>	1	CLIMARA . . . . .	.27
<i>brinzolamide</i>	29	CAPOZIDE	4	<i>chlorhexidine gluconate</i>. . . .	.17	<i>clindamycin</i>	12, 23, 27
BROMALINE DM. . . . .	.31	<i>capsaicin OTC</i>. . . . .	.24	CHLOR-MES D SYRUP . . . .	.31	CLINORIL.	9, 24
BROMETANE DX. . . . .	.32	<i>captopril</i>	4	<i>chloroquine phosphate</i> . . . .	.23	<i>clobetasol propionate</i>	13
BROMFED DM. . . . .	.31	<i>captopril/hydrochlorothiazide</i> .	4	<i>chlorothiazide</i>	7	<i>clonidine</i>	4
BROMFENEX PD CAP . . . .	.31	CARAC . . . . .	.15	<i>chloroxine</i>	15	<i>clonidine transdermal</i>	4
<i>bromocriptine</i>	11, 19	CARAFATE . . . . .	.20	<i>chlorpheniramine/</i> <i>dextromethorphan</i> . . . .	.31	<i>clopidogrel</i>	4
<i>brompheniramine/</i> <i>phenylephrine</i> . . . . .	.31	<i>carbetapentane/chlorpheniramine/</i> <i>ephedrine/phenylephrine</i> .31		<i>chlorpheniramine ext-rel OTC</i> 16		<i>clotrimazole</i> . . . . .	.14
<i>brompheniramine/</i> <i>pseudoephedrine</i> . . . .	.31	<i>carbidopa/levodopa</i> . . . . .	.11	<i>chlorpheniramine maleate</i> <i>phenylephrine HCl</i> . . . .	.32	<i>clotrimazole OTC</i> . . . . .	.14
<i>brompheniramine/</i> <i>pseudoephedrine/</i> <i>dextromethorphan elixir</i> . .31		<i>carbidopa/levodopa ext-rel</i> . . .11		<i>chlorpheniramine OTC</i>	16	<i>clotrimazole troches</i> . . . . .	.22
<i>brompheniramine/</i> <i>pseudoephedrine/</i> <i>dextromethorphan/</i> <i>guaifenesin syrup</i> . . . .	.31	<i>carbinoxamine/pseudoephedrine</i> <i>liquid</i> . . . . .	.31	<i>chlorpheniramine/</i> <i>phenylephrine</i> . . . . .	.32	<i>clotrimazole with</i> <i>betamethasone</i> . . . . .	.14
<i>brompheniramine/</i> <i>pseudoephedrine/</i> <i>dextromethorphan syrup</i> .31		CARBOFED . . . . .	.31	<i>chlorpheniramine/phenylephrine/</i> <i>pyrilamine</i>	16	CODAL-DM . . . . .	.33
<i>brompheniramine/</i> <i>pseudoephedrine/</i> <i>dextromethorphan syrup</i> .31		CARDEC-DM.	32, 33	<i>chlorpheniramine/</i> <i>pseudoephedrine</i> . . . . .	.32	<i>codeine/acetaminophen</i>. . . . .	.10
<i>brompheniramine/</i> <i>pseudoephedrine/</i> <i>dextromethorphan syrup</i> .31		CARDEC	31, 32	<i>chlorpheniramine/</i> <i>pseudoephedrine ext-rel</i> 16		<i>codeine/guaifenesin/</i> <i>pseudoephedrine</i> . . . . .	.32
<i>budesonide susp</i>	34	CARDENE	6	<i>chlorpheniramine/</i> <i>phenylephrine tan susp</i> . .32		<i>codeine/guaifenesin</i>. . . . .	.32
<i>bumetanide</i>	7	CARDIZEM	7	<i>chlorpheniramine/</i> <i>pseudoephedrine</i> . . . . .	.32	<i>codeine/promethazine/</i> <i>phenylephrine</i> . . . . .	.32
BUMEX	7	CARDIZEM CD.	7	<i>chlorpheniramine/</i> <i>pseudoephedrine ext-rel</i> 16		<i>codeine/promethazine</i>. . . . .	.32
<i>buprenorphine/naloxone</i>	30	CARDIZEM SR.	7	<i>chlorpheniramine tan/</i> <i>phenylephrine tan susp</i> . .32		<i>codeine sulfate</i> . . . . .	.10
<i>busulfan</i>	1	CARDURA	5, 36	<i>chlorphen-PE-</i> <i>methscopolamine</i> . . . . .	.31	CODIMAL DH . . . . .	.33
<i>butalbital/acetaminophen/</i> <i>caffeine</i>	9	<i>carteolol</i>	29	<i>chlorphen tan/carbetapentane</i> <i>tan susp</i> . . . . .	.32	COLAZAL . . . . .	.20
<i>butalbital/apap/caff/cod</i> . . . .	.10	<i>carvedilol</i>	6	<i>chlorphen tan/pseudoeph</i> <i>tan susp</i> . . . . .	.32	<i>colchicine</i>	25
<i>butalbital/asa/caff/cod</i> . . . .	.10	<i>casanthranol-docusate</i> <i>sodium OTC</i>. . . . .	.21	<i>chlorphen tan/pyrilamine</i> <i>tan/PE tan susp</i> . . . . .	.32	COLCHICINE . . . . .	.25
<i>butalbital/aspirin/caffeine</i>	9	CASODEX	1	<i>chlorpropamide</i>	18	<i>collagenase</i>	15
<i>butorphanol nasal spray</i>. . . .	.10	CATAPRES	4	<i>chlorthalidone</i>	7	COLYTE . . . . .	.21
BUTOXIDE SHAMPOO . . . .	.14	CATAPRES-TTS	4	CHLORTRIMETON	7	COMBIVENT	34
BYETTA . . . . .	.18	CECLOR . . . . .	.21	ALLERGY . . . . .	.16	COMMITT OTC. . . . .	.31
		CEENU	1	<i>chlorzoxazone</i>	25	COMPAZINE . . . . .	.19
		<i>cefaclor</i> . . . . .	.21	<i>cholestyramine</i>	8	COMPLETE NATALCARE PAK DHA	36
		<i>cefadroxil</i>. . . . .	.21	<i>choline magnesium</i> <i>trisalicylate</i>	9, 24	COMTAN . . . . .	.11
		<i>cefdinir</i>. . . . .	.21	<i>cilostazol</i>	3	COPAXONE . . . . .	.11
		<i>cefixime</i> . . . . .	.21	CILOXAN	30	COPEGUS . . . . .	.23
		<i>cefprozil</i> . . . . .	.21	<i>cimetidine</i>	20	CORDARONE	5
		CEFTIN . . . . .	.21	<i>cinacalcet</i> . . . . .	.37	CORDRAN . . . . .	.13
		<i>cefuroxime axetil</i>. . . . .	.21	CIPRO . . . . .	.21	COREG	6
		CEFZIL . . . . .	.21	<i>ciprofloxacin</i> . . . . .	.21	CORGARD	6
		CELEBREX . . . . .	.24	<i>ciprofloxacin/dexamethasone</i> . 15		CORICIDIN TAB CGH/CLD .31	
		<i>celecoxib</i>. . . . .	.24			CORTEF . . . . .	.17
		CELLCEPT	2			<i>cortisone acetate</i> . . . . .	.17
		CENESTIN . . . . .	.27			CORTISPORIN . . . . .	.28
		CENOGEN OB/ULTRA	36			CORTIZONE . . . . .	.13

C

COSOPT	29	DELTASONE	17	<i>diltiazem sustained release</i>	7	E.E.S.	22
COUMADIN.	3	DEPAKOTE	11	DIMETAPP	16, 31, 33	EFUDEX	15
COZAAR	5	DEPAKOTE ER	11	DIOVAN	5	ELAVIL	11
CPM/PSE	32	DEPO-PROVERA	25	<i>diphenhydramine</i>	16	ELDEPRYL	11
CREON	20	DEPO-TESTOSTERONE	17	<i>diphenhydramine OTC</i>	16, 30	<i>electrolyte soln, oral OTC</i>	35
CRESTOR.	8	DERMAPHOR	15	<i>diphenoxylate/atropine</i>	19	ELIDEL	15
CROLOM	28	<i>desmopressin</i>	19	DIPROLENE	13	ELIMITE	14
<i>cromolyn</i>	34	<i>desogestrel/EE</i>	25, 26	DIPROLENE AF	13	ELOCON	13
<i>cromolyn sodium</i>	28	<i>desonide</i>	13	<i>dipyridamole</i>	4	EMCYT	1
<i>cromolyn soln</i>	34	DESOWEN	13	<i>disopyramide</i>	5	EMEND	19
<i>crotamiton</i>	14	<i>desoximetasone</i>	13, 17	<i>disopyramide ext-rel.</i>	5	EMLA	15
CUPRIMINE	24	<i>dexamethasone sodium phosphate</i>	28	<i>disulfiram</i>	30	<i>emollients</i>	15
CUTIVATE	13	DEXASOL.	28	DITROPAN	37	ENABLEX	37
<i>cyanocobalamin inj</i>	35	<i>dextromethorphan/ brompheniramine/ pseudoephedrine</i>	32	DITROPAN XL	37	<i>enalapril</i>	4
<i>cyclobenzaprine</i>	25	<i>dextromethorphan/carbinoxamine/ pseudoephedrine drops</i>	32	DIURIL.	7	<i>enalapril/hydrochlorothiazide</i>	4
CYCLOCORT.	13	<i>dextromethorphan-guaifenesin</i>	32	<i>divalproex sodium delayed-rel</i>	11	ENBREL	24
CYCLOGYL	29	<i>dextromethorphan-guaifenesin OTC</i>	32	<i>divalproex sodium ext-rel QL</i>	11	ENJUVA.	27
<i>cyclopentolate</i>	29	<i>dextromethorphan</i>	32	<i>docusate calcium plus OTC</i>	21	enoxaparin	3
<i>cyclophosphamide</i>	1	<i>dextromethorphan-guaifenesin</i>	32	<i>docusate potassium OTC</i>	21	<i>entacapone</i>	11
<i>cyclosporine</i>	2	<i>dextromethorphan</i>	32	<i>dofetilide</i>	5	<i>entecavir</i>	23
<i>cyproheptadine</i>	16	<i>dextromethorphan-guaifenesin</i>	32	<i>dornase alfa</i>	37	ENULOSE.	21
CYPROHEPTADINE	16	<i>dextromethorphan hbr.</i>	32	<i>dorzolamide</i>	29	<i>epinephrine oph.</i>	29
CYTOMEL.	19	<i>dextromethorphan</i>	32	<i>dorzolamide/timolol maleate</i>	29	<i>epinephrine</i>	37
CYTOTEC	21	<i>polistirex ext rel OTC</i>	32	DOVONEX CRM	14	EPIPEN	37
CYTOVENE	22	<i>dextromethorphan/ promethazine</i>	32	<i>doxazosin</i>	5, 36	EPIPEN JR.	37
CYTOXAN	1	D.H.E. 45	11	<i>doxycycline hyclate</i>	22	<i>epoetin alfa</i>	3
D				DRISDOL	35	EPOGEN	3
DALLERGY DM.	31	DIABINESE	18	DROXIA	2	<i>ergocalciferol (D2)</i>	35
<i>danazol</i>	26	DIAMOX SEQUELS	28	DUETACT	18	<i>ergotamine/caffeine</i>	11
DANOCRINE	26	<i>diclofenac sodium</i>	28	DULERA.	34	<i>erlotinib</i>	1
DANTRIUM	25	<i>diclofenac sodium delayed release</i>	9, 24	DURADRYL	31	ERYC	22
<i>dantrolene</i>	25	<i>dicloxacillin</i>	22	DURAGESIC	10	ERYGEL	12
<i>dapsone</i>	23	DICLOXACILLIN	22	DURATUSS DM ELX	32	ERY-TAB	22
DAPSONE	23	<i>dicyclomine</i>	20	DURICEF	21	ERYTHROCIN	22
DARAPRIM	23	DIDRONEL	19	DYAZIDE	7	ERYTHROMYCIN	30
<i>darbepoetin alfa</i>	3	DIFFERIN GEL	12	E			
<i>darifenacin</i>	37	<i>diflorasone diacetate</i>	13	E-OINTMENT	15	<i>erythromycin/benzoyl peroxide</i>	12
DARVOCET-N	10	DIFLUCAN	22, 27	EASIVENT CHAMBER.	37	<i>erythromycin delayed-rel</i>	22
DARVON	10	<i>digoxin</i>	5	EASIVENT MASK	37	<i>erythromycin ethylsuccinate</i>	22
<i>dasatinib</i>	1	<i>dihydroergotamine</i>	11	<i>EasiVent Mask</i>	37	<i>erythromycin</i>	12, 30
DAYPRO.	9, 24	<i>dihydroergotamine inj.</i>	11	<i>EasiVent valved holding chamber</i>	37	<i>erythromycin soln</i>	12
DDAVP	19	DIHYDRO-PE SYP.	33	<i>econazole</i>	14	<i>erythromycin stearate</i>	22
DECADRON	17	DILACOR XR	7	<i>ecothiophate</i>	29	<i>erythromycin/sulfisoxazole</i>	22
DE-CHLOR DM.	33	DILANTIN	12	ECOTRIN	4, 24	ESTRACE	27
DECONAMINE SR.	16	DILANTIN INFATABS.	12	ED A-HIST	32	<i>estradiol</i>	27
<i>deferasirox</i>	3	DILAUDID	10	EDGE OB CHW	36	<i>estramustine phosphate sodium</i>	1
DELATESTRYL	17	<i>diltiazem</i>	7				
DELSYM.	32	<i>diltiazem ext release</i>	7				

estrogens, conjugated, synthetic . . . . .	.27
estropipate . . . . .	.27
ESTROSTEP FE . . . . .	.26
etanercept . . . . .	.24
ethambutol . . . . .	.23
ETHMOZINE	6
ethosuximide	12
ethynodiol diacetate/EE	26
etidronate	19
etodolac	9, 24
etonogestrel/EE ring	25
etoposide	2
etravirine . . . . .	.23
EULEXIN	1
EURAX . . . . .	.14
everolimus	2
everolimus	2
EVISTA . . . . .	.19
EXELON PATCH	9
EXELON TABS	9
exemestane	1
exenatide	18
EXJADE	3
ezetimibe/simvastatin	8
<hr/>	
F	
<hr/>	
famotidine	20
FARESTON	1
febuxostat	25
FELDENE	9, 24
felodipine ext-rel	6
FEMARA	1
fenofibrate	8
FENOGLIDE	8
fenoprofen	9, 24
fentanyl transdermal . . . . .	.10
FEOSOL . . . . .	.35
ferrous bisglycinate/ polysaccharides iron caps OTC	35
ferrous fumarate/vitamins C & B12/intrinsic factor	35
ferrous sulfate OTC	35
fexofenadine	16
filgrastim	3
FINACEA . . . . .	.12
finasteride	36
FIORICET	9

FIORICET W/CODEINE	10
FIORINAL	9
FIORINAL W/CODEINE	10
FLAGYL	23, 27
flecainide acetate	5
FLEXERIL . . . . .	.25
FLOMAX	36
FLONASE . . . . .	.16
FLORINEF . . . . .	.17
FLOVENT DISKUS	34
FLOVENT HFA	34
FLOXIN . . . . .	.21
fluconazole	22, 27
fludarabine	1
fludrocortisone . . . . .	.17
FLUMADINE . . . . .	.23
flunisolide	16
fluocinolone acetonide	13
fluocinonide emulsified base	13
fluoride	35
fluorometholone	28
FLUOROPLEX . . . . .	.15
fluorouracil	15
fluphenazine decanoate . . . . .	.31
flurandrenolide	13
flurbiprofen	28
flutamide	1
fluticasone HFA	34
fluticasone propionate	13, 34
fluticasone	16
fluticasone/salmeterol	34
FML . . . . .	.28
FML SOP . . . . .	.28
folic acid	35
FOLIC ACID . . . . .	.35
FOLTABS PAK PLUS DHA RE OB + DHA PAK	36
FOLTABS PRENATAL	36
FORADIL AEROLIZER	34
formoterol inhalation caps	34
FORTEO . . . . .	.19
FORTICAL . . . . .	.19
FOSAMAX . . . . .	.19
fosinopril/hydrochlorothiazide	4
fosinopril	4
furosemide	7

G

galantamine	9
ganciclovir . . . . .	.22
gatifloxin	30
GEL-KAM . . . . .	.35
gemfibrozil	8
GENTAK	12, 30
gentamicin	12
gentamicin/prednisolone acetate	28
gentamicin	30
GENTEX ADE 28-1MG	36
GG/CODEINE . . . . .	.32
GG/DM CR . . . . .	.32
glatiramer acetate . . . . .	.11
GLEEVEC	1
glimepiride	18
glipizide	18
glipizide ext-rel	18
GLUCAGON . . . . .	.17
glucagon, human recombinant . . . . .	.17
GLUCOPHAGE . . . . .	.18
GLUCOPHAGE ER . . . . .	.18
GLUCOTROL . . . . .	.18
GLUCOTROL XL . . . . .	.18
GLUCOVANCE . . . . .	.18
glyburide	18
glyburide, micronized	18
GLYCERIN TOPICAL . . . . .	.15
glycopyrrolate	20
GLYNASE . . . . .	.18
GRANULEX . . . . .	.15
GRIFULVIN V . . . . .	.22
griseofulvin microsize . . . . .	.22
griseofulvin ultramicrosize . . . . .	.22
GRIS-PEG . . . . .	.22
GUAIFED . . . . .	.32
guaifenesin ext-rel-OTC . . . . .	.32
guaifenesin OTC . . . . .	.32
guaifenesin/pseudoephedrine/ dextromethorphan . . . . .	.33
guaifenesin/pseudoephedrine ext rel . . . . .	.32
guaifenesin/pseudoephedrine ext rel OTC . . . . .	.32
guaifenesin/pseudoephedrine syrup OTC . . . . .	.32
guaifenesin syrup . . . . .	.32
GUAIFEN PSE . . . . .	.32

H

guanabenz	8
guanfacine	4
GUIATUSS AC . . . . .	.32
GUIATUSS DAC . . . . .	.32
<hr/>	
H	
<hr/>	
HALDOL DECANOATE . . . . .	.31
halobetasol propionate crm/oint 0.05%	13
haloperidol decanoate . . . . .	.31
HELIDAC . . . . .	.20
heparin	3
HEPARIN	3
HEPSERA . . . . .	.23
hexachlorophene	15
HEXALEN	2
HIPREX . . . . .	.37
HISTACOL DM . . . . .	.31
HISTEX . . . . .	.32
HISTUSSIN HC . . . . .	.33
homatropine	29
HUMATIN . . . . .	.23
HUMIRA . . . . .	.24
HYCANTIN	2
HYCODAN/HYDROMET SYP	33
hydralazine	8
HYDREA	2
HYDROCHLOROTHIAZIDE	7
hydrochlorothiazide	7
HYDROCODO/GG SYP . . . . .	.33
HYDROCODONE . . . . .	.33
hydrocodone/acetaminophen . . . . .	.10
hydrocodone/chlorpheniramine/ phenylephrine . . . . .	.33
hydrocodone/guaifenesin . . . . .	.33
hydrocodone/homatropine . . . . .	.33
hydrocortisone	13, 15, 17
hydrocortisone OTC	13
hydrocortisone valerate	13
hydromorphone . . . . .	.10
hydroxychloroquine	23, 24
hydroxyurea	2
hydroxyzine HCL	16
hydroxyzine pamoate	16
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue . . . . .	.37
hyoscyamine sulfate	20

<i>memantine</i>	9	MINIPRESS.	5	<u>N</u>	NIFEREX	35, 36	
MEPHYTON	36	MINOCIN . . . . .	.22	<i>nadolol</i>	6	NIFEREX-PN FORTE.	36
MEPRON . . . . .	.23	<i>minocycline capsules</i> . . . . .	.22	NALFON.	9, 24	<i>nilotinib</i>	1
<i>mercaptopurine</i>	1	<i>minoxidil</i>	8	<i>naltrexone</i>	30	<i>nimodipine</i>	6
<i>mesalamine</i>	20	MINUTUSS DR SYP . . . . .	.33	NAMENDA	9	NIMOTOP	6
<i>mesna</i>	2	MIRALAX	11, 21	<i>naphazoline/antazoline</i>	28	NITRO-BID	8
MESTINON . . . . .	.11	MIRCETTE . . . . .	.25	<i>naphazoline/pheniramine OTC</i>	28	NITRO-DUR	8
MESTINON TIMESPAN . . . . .	.11	<i>misoprostol</i> . . . . .	.21	NAPHCAN A . . . . .	.28	<i>nitrofurantoin ext-rel.</i> . . . . .	.23
<i>metaproterenol</i>	34	<i>mitotane</i>	2	NAPROSYN	9, 24	<i>nitrofurantoin macrocrystals.</i> . . . . .	.23
METAPROTERENOL SYRUP	34	MOBIC	9, 24	<i>naproxen</i>	9, 24	<i>nitroglycerin</i>	7
<i>metformin</i>	18	MODICON . . . . .	.26	<i>naproxen sodium</i>	9, 24	<i>nitroglycerin ext-rel</i>	7
<i>metformin ER</i>	18	MODURETIC	7	<i>naratriptan</i>	11	<i>nitroglycerin oint.</i>	8
<i>metformin/glyburide</i>	18	<i>mometasone/formoterol</i>	34	NATACHEW.	36	<i>nitroglycerin transdermal</i>	8
<i>methadone</i> . . . . .	.10	<i>mometasone furoate</i>	13	NATALCARE.	36	NITROLINGUAL	7
<i>methazolamide</i>	28	<i>mometasone</i>	34	<i>nateglinide</i>	18	NITROSTAT	7
<i>methenamine hippurate</i> . . . . .	.37	MONISTAT 3 . . . . .	.27	<i>nedocromil</i>	34	NIX CREAM RINSE . . . . .	.14
METHERGINE	19, 27	MONISTAT-DERM . . . . .	.14	NEO DM. . . . .	.31	NIZORAL	14, 22
<i>methimazole</i>	19	MONOPRIL.	4	<i>neomycin/polymyxin B/</i> <i>bacitracin OTC.</i>	12	NIZORAL SHAMPOO . . . . .	.15
<i>methocarbamol</i>	25	MONOPRIL-HCT	4	<i>neomycin/polymyxin B/</i> <i>dexamethasone</i>	28	NOLVADEX	1
<i>methotrexate</i> . . . . .	.24	<i>montelukast</i>	34	<i>neomycin/polymyxin B/</i> <i>gramicidin</i>	30	NORCO . . . . .	.10
<i>methoxsalen</i> . . . . .	.14	<i>moricyzine</i>	6	<i>neomycin/polymyxin B/</i> <i>hydrocortisone</i>	28	NORDETTE . . . . .	.26
<i>methyl dopa</i>	8	<i>morphine</i> . . . . .	.10	<i>neomycin sulfate</i> . . . . .	.23	<i>norethindrone</i>	26
<i>methyl dopal hctz</i>	8	<i>morphine ext-rel.</i> . . . . .	.10	NEORAL.	2	<i>norethindrone acetate/EE.</i>	26
<i>methylergonovine</i>	19, 27	MOTRIN.	9, 24	NEOSPORIN	12, 30	<i>norethindrone acetate/EE/iron</i>	26
<i>methylprednisolone</i> . . . . .	.17	<i>moxifloxacin</i> . . . . .	.21	NEO-SYNEPHRINE . . . . .	.16	<i>norethindrone acetate.</i> . . . . .	.27
<i>metoclopramide</i>	19	MOZOBIL.	3	NEPTAZANE . . . . .	.28	<i>norethindrone/EE</i>	25, 26
<i>metolazone</i>	7	MS CONTIN . . . . .	.10	NEULASTA	3	<i>norethindrone/ME.</i>	26
<i>metoprolol</i>	6	MSIR . . . . .	.10	NEUROGEN	3	<i>norgestimate/EE.</i>	26
<i>metoprolol succinate</i>	6	MUCINEX . . . . .	.32	NEXAVAR	2	<i>norgestrel</i>	26
METROCREAM. . . . .	.14	MUCINEX D/GG/PSE CR . . . . .	.32	<i>niacin</i>	8	<i>norgestrel/EE</i>	26
METROGEL	14, 27	MUCINEX DM . . . . .	.32	NIACOR.	8	NORPACE	5
METROGEL-VAGINAL . . . . .	.27	MUCOMYST . . . . .	.37	NIASPAN	8	NORPACE CR	5
METROLOTION . . . . .	.14	MULTI SYMPTOM TAB COLD RLF. . . . .	.33	<i>nicardipine</i>	6	NORVASC	6
<i>metronidazole</i>	14, 23, 27	<i>multivitamins/fluoride/±iron.</i>	36	NICODERM CQ . . . . .	.31	NOVOLIN . . . . .	.18
MEVACOR	8	<i>multivitamins/minerals OTC.</i>	36	NICORETTE OTC . . . . .	.31	NOVOLIN N. . . . .	.18
<i>mexiletine</i>	5	<i>mupirocin ointment</i>	12	<i>nicotine patches</i> . . . . .	.31	NOVOLIN R. . . . .	.17
MEXITIL	5	MYAMBUTOL . . . . .	.23	<i>nicotine polacrilex gum</i> . . . . .	.31	NOVOLOG . . . . .	.17
MIACALCIN . . . . .	.19	MYCELEX	14, 22	<i>nicotine polacrilex lozenge</i> . . . . .	.31	NULYTELY. . . . .	.21
MICARDIS	5	MYCOBUTIN . . . . .	.24	<i>nicotine</i> . . . . .	.31	NUVARING . . . . .	.25
MICATIN. . . . .	.14	MYCOLOG-II . . . . .	.14	NICOTROL INHALER . . . . .	.31	<i>nystatin</i>	14, 22
<i>miconazole</i> . . . . .	.14	<i>mycophenolate mofetil</i>	2	NICOTROL NS . . . . .	.31	<i>nystatin/triamcinolone.</i> . . . . .	.14
<i>miconazole OTC.</i> . . . . .	.14	<i>mycophenolate sodium</i>	2	<i>nifedipine</i>	6	NYTOL QUICK CAPS	30
<i>miconazole</i> . . . . .	.27	MYCOSTATIN	14, 22	<i>nicotine</i> . . . . .	.31		
MICRO-K 10 . . . . .	.35	MYDRIACYL . . . . .	.29	NICOTROL INHALER . . . . .	.31	<u>O</u>	
MICRONASE. . . . .	.18	MYFORTIC	2	<i>nicotrol</i> . . . . .	.31	<i>octreotide</i>	2
MICROZIDE	7	MYLANTA . . . . .	.20	NICOTROL NS . . . . .	.31	OCUFEN . . . . .	.28
MIDAMOR	7	MYLERAN.	1	<i>nifedipine ext-rel.</i>	6	OCUFLOX	30
<i>midodrine</i>	8	MYSOLINE . . . . .	.12			<i>ofloxacin</i>	30
MIGRANAL . . . . .	.11					<i>ofloxacin tabs</i> . . . . .	.21

OFORTA	1				
OGEN	27				
<i>omalizumab</i>	34				
<i>omeprazole delayed-rel</i>	20				
OMNICEF	21				
OMNITROPE	18				
<i>ondansetron</i>	19				
OPANA ER	10				
<i>oprelvekin</i>	3				
OPTIVA	28				
ORAPRED	17				
ORPHENADRINE CITRATE TAB SR	25				
<i>orphenadrine ER</i>	25				
ORTHO-CEPT	26				
ORTHO COIL	25				
ORTHO-CYCLEN	26				
<i>ortho diaphragm</i>	25				
ORTHO EVRA	26				
ORTHO FLAT	25				
ORTHO FLEX	25				
ORTHO MICRONOR	26				
ORTHO-NOVUM	25, 26				
ORTHO TRI-CYCLEN	26				
ORUDIS	9, 24				
OS-CAL	35				
<i>oseltamivir</i>	23				
OVCON 50	26				
OVIDE	14				
OVRAL	26				
OVRETTE	26				
<i>oxaprozin</i>	9, 24				
OXSORALEN-ULTRA	14				
<i>oxybutynin chloride</i>	37				
<i>oxybutynin IR</i>	37				
<i>oxycodone</i>	10				
<i>oxycodone/acetaminophen</i>	10				
<i>oxycodone/aspirin</i>	10				
<i>oxycodone ER</i>	10				
<i>oxycodone</i>	10				
OXYCONTIN	10				
OXYFAST	10				
OXY IR	10				
<i>oxymetazoline OTC</i>	16				
<i>oxymorphone</i>	10				
		P			
PANCREAZE	20				
<i>pancrelipase</i>	20				
PARAFON FORTE DSC	25				
PARLODEL	11, 19				
<i>paromomycin</i>	23				
<i>pazopanib</i>	2				
PEDIACARE LIQ MULTI-SY	33				
PEDIALYTE	35				
PEDIAPRED	17				
PEDIAZOLE	22				
<i>peg 3350/electrolytes</i>	21				
<i>peg 3350/sodium bicarbonate/ sodium chloride</i>	21				
<i>peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride</i>	21				
PEGASYS	23				
<i>pegfilgrastim</i>	3				
<i>peginterferon alfa-2a</i>	23				
<i>peginterferon alfa-2b</i>	23				
PEG-INTRON	23				
<i>penicillamine</i>	24				
<i>penicillin VK</i>	22				
PENTASA	20				
<i>pentazocine/naloxone</i>	10				
<i>pentoxifylline ext-rel</i>	3				
PEPCID	20				
PEPCID AC	20				
PERCOCET	10				
PERCODAN	10				
PERIDEX	17				
<i>permethrin 1% OTC</i>	14				
<i>permethrin 5%</i>	14				
PERSANTINE	4				
<i>phenazopyridine</i>	37				
PHENERGAN	19				
PHENERGAN DM	32				
PHENLHIST LIQ DH	33				
<i>phenobarbital</i>	12				
PHENOBARBITAL	12				
<i>phenyleph/bromphen/ dextromethorphan/ guaifenesin</i>	33				
<i>phenylephrine/brompheniramine/ dextromethorphan OTC</i>	33				
<i>phenylephrine/ chlorpheniramine</i>	33				
<i>phenylephrine/chlorpheniramine/ dextromethorphan</i>	33				
<i>phenylephrine/chlorpheniramine/ dihydrocodeine</i>	33				
<i>phenylephrine/ dextromethorphan</i>	33				
<i>phenylephrine/dextromethorphan/ guaifenesin</i>	33				
<i>phenylephrine/ephed/CPM w/ carbetapentane susp</i>	33				
<i>phenylephrine/guaifenesin</i>	33				
<i>phenylephrine/hydrocodone/ guaifenesin</i>	33				
<i>phenylephrine OTC</i>	16				
<i>phenylephrine/pyrilamine/ dextromethorphan</i>	33				
<i>phenylephrine/pyrilamine w/ hydrocodone syrup</i>	33				
<i>phenylephrine tan/pyrilamine tan/ carbeta tan susp</i>	33				
PHENYTEK	12				
<i>phenytoin</i>	12				
<i>phenytoin sodium extended</i>	12				
PHISOHEX	15				
PHOS-FLUR	35				
PHOSLO	37				
PHOSPHOLINE IODINE	29				
<i>phosphorus tabs</i>	35				
<i>phytonadione</i>	36				
<i>pilocarpine</i>	17, 29				
PILOPINE HS GEL	29				
<i>pimecrolimus cream</i>	15				
<i>pindolol</i>	6				
PINDOLOL	6				
<i>pioglitazone/glimepiride</i>	18				
<i>pioglitazone/metformin ER</i>	18				
<i>pioglitazone/metformin</i>	18				
<i>pioglitazone</i>	18				
<i>piroxicam</i>	9, 24				
PLAN B	25				
PLAQUENIL	23, 24				
PLAVIX	4				
PLENDIL	6				
<i>plerixafor</i>	3				
PLETAL	3				
PLEXION	12				
<i>polyethylene glycol 3350</i>	21				
<i>polymyxin B/bacitracin</i>	30				
<i>polymyxin B/trimethoprim</i>	30				
<i>polysaccharide iron complex elixir OTC</i>	36				
POLYSPORIN	30				
POLYTRIM	30				
POLY-VI-FLOR	36				
<i>potassium acid phosphate</i>	35				
POTASSIUM CHLORIDE	35				
<i>potassium chloride ext-rel</i>	35				
<i>potassium chloride</i>	35				
<i>potassium citrate</i>	37				
<i>potassium iodide</i>	35				
<i>povidone-iodine OTC</i>	23				
<i>pramipexole</i>	11				
<i>pramlintide</i>	18				
PRANDIN	18				
PRAVACHOL	8				
<i>pravastatin</i>	8				
<i>prazosin</i>	5				
PRECOSE	18				
PRED FORTE	28				
PRED-G	28				
PRED MILD	28				
<i>prednisolone</i>	17				
<i>prednisolone acetate</i>	28				
<i>prednisolone phosphate</i>	28				
<i>prednisolone sodium phosphate</i>	17				
<i>prednisone</i>	17				
PRELONE	17				
PREMARIN	27				
PREMPHASE	27				
PREMPRO	27				
PRENATAL VITAMINS W/ FOLIC ACID	36				
<i>prenatal vitamins w/folic acid</i>	36				
<i>prenatal vit w/ DSS-iron carbonyl-FA DR</i>	36				
<i>prenatal vit w/ FE bisglyc-FE prot succ-FA</i>	36				
<i>prenatal vit w/ FE bisglycinate chelate-FA</i>	36				
<i>prenatal vit w/ FE polysac cplx-FA</i>	36				
<i>prenatal vit w/ iron carbonyl-FA</i>	36				
<i>prenatal w/o A w/ FE carbonyl- FE gluc-DSS-FA</i>	36				
<i>prenat-FE bis-FE prot succ- FA-CA & omega 3</i>	36				
<i>prenat-FE bis-FE prot succ- FA-CA & omega DR</i>	36				
<i>prenat w/o A w/fecbn-fegl- DSS-FA & DHA</i>	36				
PREVACID 24 HOUR (OTC)	20				

PREVACID SOLUTAB20	<i>pseudoephedrine/acetaminophen/ dextromethorphan</i>33	RELION 70/3018	SANTYL15
PREVIDENT35	<i>pseudoephedrine/ chlorpheniramine/codeine</i> 33	RELION N18	<i>sapropterin</i> 19
PREVPAC20	<i>pseudoephedrine/ chlorpheniramine/ dextromethorphan</i>33	RELION R18	<i>sargramostim</i> 3
PRILOSEC20	<i>pseudoephedrine/ dextromethorphan/ guaifenesin</i>33	REVELA37	<i>scopolamine</i> 29
<i>primaquine</i>23	<i>pseudoephedrine/ibuprofen</i> . . .33	<i>repaglinide</i> 18	SECTRAL 6
<i>primidone</i> 12	<i>pseudoephedrine tan/ dexchlorphen tan/ DM tan susp</i>33	REQUIP11	<i>selegiline</i>11
PRINCIPEN22	PSORCON13	RESPERAL-DM 32, 33	<i>selenium sulfide</i> 15
PROAMATINE 8	PULMICORT RESPULES . . 34	RETIN-A12	SELSUN15
<i>probenecid</i> 25	PULMOZYME37	REVATIO 8	SENSIPAR37
PROBENECID25	PURINETHOL 1	REVIA 30	SEREVENT DISKUS 34
<i>procainamide</i> 6	<i>pyrazinamide</i>23	REVLIMID 3	<i>sevelamer</i>37
<i>procainamide ext-rel</i> 6	PYRAZINAMIDE23	RHEUMATREX24	<i>sildenafil</i> 8
<i>procainamide ext-rel</i> 6	<i>pyrethrins/piperonyl but. 4% OTC</i>14	RIDAURA24	SILVADENE12
PROCAINAMIDE EXT-REL . . 6	PYRIDIDIUM37	RID SHAMPOO14	<i>silver sulfadiazine</i> 12
PROCANBID 6	<i>pyridostigmine</i>11	<i>rifabutin</i>24	SIMCOR 8
<i>procarbazine</i> 2	<i>pyridostigmine ext-rel</i>11	<i>rifadin</i>24	<i>simvastatin/niacin er</i> 8
PROCARDIA 6	<i>pyrilamine tan/phenyleph tan susp</i>33	<i>rifampin</i>24	<i>simvastatin</i> 8
PROCARDIA XL 6	<i>pyrimethamine</i>23	<i>rilonacept</i> 3	SINEMET11
<i>prochlorperazine</i> 19	QUAL-TUSSIN SYP DC . . .33	<i>rimantadine</i>23	SINEMET CR11
PROCRIT 3	QUESTRAN 8	<i>rimexolone</i> 28	SINGULAIR 34
PROCTOCORT15	QUESTRAN-LIGHT 8	<i>rivastigmine</i> 9	<i>sirolimus</i> 2
PROCTOCREAM-HC 2.5% .15	<i>quinapril/hydrochlorothiazide</i> . . 4	<i>rizatriptan</i>11	<i>sitagliptan/metformin</i> 18
PROGRAF 2	<i>quinapril</i> 4	RMS10	<i>sitagliptan</i> 18
PROLIXIN DECANOATE . . .31	<i>quinidine sulfate</i> 6	ROBAXIN25	<i>sodium citrate/citric acid</i>37
<i>promethazine</i> 19	QUINIDINE SULFATE 6	ROBINUL20	<i>sodium polystyrene sulfonate susp</i> 35
<i>promethazine & phenylephrine</i> .33	<i>quinidine sulfate ext-rel</i> 6	ROBITUSSIN 31, 32, 33	<i>solifenacin succinate</i>37
PROMETHAZINE SYP DM . .32	QUINIDINE SULFATE EXT-REL6	ROCALTROL35	<i>somatropin</i> 18
PROMETHAZINE VC	QV-ALLERGY31	RONDEC DM33	<i>sorafenib</i> 2
W/CODEINE32	QVAR 34	RONDEC 31, 32	<i>sotalol</i> 6
PROMETHAZINE	COLON	<i>ropinirole</i>11	SPECTAZOLE14
W/CODEINE32	QUAL	<i>rosuvastatin</i> 8	SPIRIVA 34
PROMETH VC SYP33	QUAL-TUSSIN SYP DC . . .33	ROWASA20	<i>spironolactone</i> 7
PRONESTYL 6	QUESTRAN 8	ROXICODONE10	<i>spironolactone/ hydrochlorothiazide</i> 7
<i>propafenone</i> 6	QUESTRAN-LIGHT 8	R-TANNAMINE32	SPORANOX22
<i>propanteline</i>37	<i>quinapril/hydrochlorothiazide</i> . . 4	RYNA-12 S33	SPRYCEL 1
<i>propoxyphene HCl</i>10	<i>quinapril</i> 4	RYNATAN PEDIATRIC SUSP .32	SSKI35
<i>propoxyphene HCl/APAP</i> . . .10	<i>quinidine sulfate</i> 6	RYNATUSS31	STADOL10
<i>propoxyphene nap/ acetaminophen</i>10	QUINIDINE SULFATE 6	RYNATUSS PEDIATRIC SUSP33	STARLIX18
<i>propranolol/HCTZ</i> 6	QUINIDINE SULFATE EXT-REL6	RYTHMOL 6	STATUSS DM SYP33
<i>propranolol</i> 6, 11	QV-ALLERGY31	S	SUBOXONE 30
<i>propylthiouracil</i> 19	QVAR 34	SALAGEN17	<i>sucrafate</i> 20
PROPYLTHIOURACIL . . .19	COLON	<i>salmeterol xinafoate</i> 34	<i>sulfacetamide</i> 12, 30
PROSCA36	QUAL	<i>salsalate</i> 9	<i>sulfacetamide/pred. phos.</i> . . . 28
PROVENTIL34	QUAL-TUSSIN SYP DC . . .33	SAL-TROPINE21	<i>sulfacetamide/sulfur</i> 12
PROVERA27	QUESTRAN 8	SANDIMMUNE 2	SULFACET-R12
PRUET DHAEC PAK 36	QUESTRAN-LIGHT 8	SANDOSTATIN 2	<i>sulfamethoxazole/ trimethoprim, DS</i>22
PRUET DHA PAK	<i>quinapril/hydrochlorothiazide</i> . . 4		<i>sulfasalazine</i> 20, 24
SETONET PAK 36	<i>quinapril</i> 4		
PSE/GG32	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE 6		
	<i>quinidine sulfate ext-rel</i> 6		
	QUINIDINE SULFATE EXT-REL6		
	QV-ALLERGY31		
	QVAR 34		
	COLON		
	QUAL		
	QUAL-TUSSIN SYP DC . . .33		
	QUESTRAN 8		
	QUESTRAN-LIGHT 8		
	<i>quinapril/hydrochlorothiazide</i> . . 4		
	<i>quinapril</i> 4		
	<i>quinidine sulfate</i> 6		
	QUINIDINE SULFATE		

<i>sulfasalazine delayed-rel</i>	20, 24
<i>sulindac</i>	9, 24
<i>sumatriptan</i> . . . . .	.11
SUMYCIN . . . . .	.22
<i>sunitinib</i>	2
SUPRAX . . . . .	.21
SUTENT	2
SYMLIN . . . . .	.18
SYMMETREL	11, 23
SYNALAR . . . . .	.13
SYNTHROID . . . . .	.19
T	
<hr/>	
TAB HOMATROP . . . . .	.33
TABLOID	1
<i>tacrolimus</i>	2
<i>tadalafil</i>	8
TAGAMET . . . . .	.20
TALWIN NX . . . . .	.10
TAMBOCOR	5
TAMIFLU . . . . .	.23
<i>tamoxifen</i>	1
<i>tamsulosin</i>	36
TANAFED . . . . .	.32
TANAFED DMX SUSPENSION . . . . .	.33
TAPAZOLE . . . . .	.19
TARCEVA	1
TASIGNA	1
TASMAR . . . . .	.11
<i>telmisartan/HCTZ</i>	5
<i>telmisartan</i>	5
TEMODAR	1
TEMOVATE . . . . .	.13
<i>temozolomide</i>	1
TENEX	4
TENORETIC	6
TENORMIN	6
TERAZOL 3/7 . . . . .	.27
<i>terazosin</i>	5, 36
<i>terbinafine OTC</i> . . . . .	.14
<i>terbinafine</i> . . . . .	.22
<i>terbutaline</i>	34
<i>terconazole</i> . . . . .	.27
<i>teriparatide</i>	19
TESSALON . . . . .	.31
<i>testosterone cypionate</i> . . . . .	.17
<i>testosterone enanthate</i> . . . . .	.17
<i>testosterone</i> . . . . .	.17

<i>testosterone transdermal</i> . . . . .	.17
tetrabenazine	12
tetracycline . . . . .	.22
TEV-TROPIN . . . . .	.18
<i>thalidomide</i>	2
THALOMID	2
THEO-24 . . . . .	.35
THEOCHRON . . . . .	.35
THEOPHYLLINE . . . . .	.35
THEOPHYLLINE EXT-REL . . . . .	.35
<i>theophylline ext-rel</i>	35
<i>theophylline</i>	35
<i>thioguanine</i>	1
<i>thyroid</i>	19
THYROLAR . . . . .	.19
TIAZAC	7
TIGAN . . . . .	.19
TIKOSYN	5
TILADE	34
<i>timolol gel forming solution</i>	29
<i>timolol hemihydrate</i>	29
<i>timolol maleate</i>	6, 29
TIMOPTIC . . . . .	.29
TIMPOTIC XE . . . . .	.29
TINACTIN . . . . .	.14
<i>tiotropium</i>	34
<i>tizanidine</i>	25
TOBI . . . . .	.24
TOBRADEX . . . . .	.28
<i>tobramycin/dexamethasone</i> . . . . .	.28
<i>tobramycin</i>	30
<i>tobramycin</i> . . . . .	.24
TOBREX	30
<i>tolazamide</i>	18
<i>tolcapone</i> . . . . .	.11
TOLINASE . . . . .	.18
<i>tolnaftate OTC</i> . . . . .	.14
TOPICORT . . . . .	.13
TOPICORT LP . . . . .	.13
<i>topotecan</i>	2
TOPROL XL	6
<i>toremifene</i>	1
TRACLEER	8
<i>tramadol</i> . . . . .	.24
TRANDATE	6
<i>tranexamic acid</i> . . . . .	.27
TRENTAL	3
<i>tretinoin caps</i>	2
<i>tretinoin</i>	12

<i>tretinoin</i>	12
<i>triamcinolone acetonide</i>	13
<i>triamcinolone</i> . . . . .	.17
<i>triamterene/hydrochlorothiazide</i>	7
TRI-FED X . . . . .	.33
<i>trifluridine</i>	30
TRILISATE	9, 24
TRILYTE . . . . .	.21
<i>trimethobenzamide</i>	19
TRIMETHOPRIM . . . . .	.24
<i>trimethoprim</i> . . . . .	.24
TRI-NORINYL . . . . .	.26
TRIOTANN . . . . .	.16
TRIOTANN PEDIATRIC SUSP	32
<i>tripolidine/pseudoephedrine</i> . . . . .	.33
<i>triprolidine/</i> <i>pseudoephedrine OTC</i>	16
TRIPROL/PSE SYP . . . . .	.33
TRI RX	36
TRI-VI-FLOR	36
TRI-VI-SOL	36
TRIVORA . . . . .	.26
<i>tropicamide</i>	29
<i>tropicamide ophthalmic</i> <i>solution</i>	29
TRUSOPT . . . . .	.29
TRUST NATALCARE PAK DHA	36
T-STAT . . . . .	.12
TUSSI 12D S . . . . .	.33
TUSSI-12 S . . . . .	.32
TUSSIN DM . . . . .	.32
TWINJECT . . . . .	.37
TYKERB	1
TYLENOL	9, 24
TYLENOL W/CODEINE . . . . .	.10
TYLOX . . . . .	.10
U	
<hr/>	
ULORIC . . . . .	.25
ULTRAM . . . . .	.24
ULTRAVATE . . . . .	.13
UNI-HIST DRO . . . . .	.31
UNIPHYL . . . . .	.35
UREA . . . . .	.15
URECHOLINE . . . . .	.37
UREX . . . . .	.37
UROCIT-K . . . . .	.37
URSO . . . . .	.21

<i>ursodiol</i> . . . . .	.21
URSO FORTE . . . . .	.21
UTIRA C . . . . .	.37
V	
<hr/>	
<i>valacyclovir</i> . . . . .	.23
VALCYTE . . . . .	.22
<i>valganciclovir</i> . . . . .	.22
<i>valsartan/HCTZ</i>	5
<i>valsartan</i>	5
VALTRESX . . . . .	.23
VANCOGIN . . . . .	.24
<i>vancomycin</i> . . . . .	.24
<i>varenicline</i> . . . . .	.31
VASERETIC	4
VASOCIDIN . . . . .	.28
VASOTEC	4
VECTICAL OINTMENT . . . . .	.14
VEETIDS . . . . .	.22
VENTOLIN HFA	34
VEPESID	2
<i>verapamil</i>	7, 11
<i>verapamil ext-rel</i>	7
VERMOX . . . . .	.23
VESANOID	2
VESICARE . . . . .	.37
VEXOL . . . . .	.28
VIBRAMYCIN . . . . .	.22
VICODIN ES . . . . .	.10
VICTOZA . . . . .	.18
VIMPAT . . . . .	.12
VINATE AZ EX	36
VINATE III	36
VIROPTIC	30
VISINE-A . . . . .	.28
VISTARIL . . . . .	.16
<i>vitamin ADC/fluoride/</i> <i>+/- iron drops</i>	36
<i>vitamin A OTC</i>	36
<i>vitamin B-1 OTC</i>	36
<i>vitamin B-6 OTC</i>	36
VITAMIN B-12 . . . . .	.35
<i>vitamin B complex/</i> <i>vitamin C/folic acid</i>	36
<i>vitamin C OTC</i>	36
<i>vitamins pediatric</i>	36
VITAPHIL	36
VITUSSIN . . . . .	.33

VIVELLE . . . . .	.27
VOLTAREN	9, 24, 28
<i>vorinostat</i>	2
VOTRIENT.	2
VYTORIN	8

W

<i>warfarin</i>	3
WESTCORT . . . . .	.13
WYTENSIN	8

X

XALATAN . . . . .	.29
XELODA.	1
XENAZINE . . . . .	.12
XOLAIR	34
XOPENEX RESPULES . . .	34
XYLOCAINE	15, 17

Z

ZANAFLEX . . . . .	.25
<i>zanamivir</i>. . . . .	.23
ZANTAC . . . . .	.20
ZARONTIN . . . . .	.12
ZAROXOLYN	7
ZEBETA	6
ZENPEP. . . . .	.20
ZESTORETIC	4
ZESTRIL	4
ZIAC.	6
<i>zinc OTC</i>	36

ZITHROMAX . . . . .	.22
ZOCOR	8
ZOFRAN. . . . .	.19
ZOFRAN ODT . . . . .	.19
ZOLINZA	2
ZORTRESS.	2
ZOVIA . . . . .	.26
ZOVIRAX . . . . .	.23
ZYLOPRIM . . . . .	.25
ZYMAR	30
ZYRTEC D. . . . .	.16
ZYVOX . . . . .	.23