

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

UNITED STATES OF AMERICA,
and THE STATE OF WISCONSIN,
ex rel. DR. TOBY TYLER WATSON,

Plaintiffs,

v.

Case No. 11-CV-236

JENNIFER KING VASSEL,

Defendant.

**AFFIDAVIT OF BRADLEY S. FOLEY IN SUPPORT OF DEFENDANT JENNIFER
KING VASSEL'S MOTION IN LIMINE TO PRECLUDE THE PLAINTIFF'S CLAIMS
THAT DR. KING KNOWINGLY CAUSED TO BE SUBMITTED ANY FALSE CLAIMS**

STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)

BRADLEY S. FOLEY, being duly sworn under oath, deposes and states as follows:

1. I am one of the attorneys representing defendant Jennifer King Vassel in the above-referenced action and am authorized to make this affidavit on her behalf.
2. Attached as Exhibit A is a true and accurate copy of the plaintiff's October 24, 2013 email.
3. Attached as Exhibit B is a true and accurate copy of AHFS Titles Issued Pursuant to Each Calendar Year.
4. Attached as Exhibit C is a true and accurate copy of the Managed Health Services Preferred Drug List for 2003-2004.
5. Attached as Exhibit D is a true and accurate copy of the Managed Health Services

Preferred Drug List for 2006.

6. Attached as Exhibit E is a true and accurate copy of the Managed Health Services Preferred Drug List for January 2007.

7. Attached as Exhibit F is a true and accurate copy of a portion of the AHFS current on-line drug reference.

8. Attached as Exhibit G is a true and accurate copy of the AHFS 2005 Drug Information for Risperdal.

s/Bradley S. Foley
Bradley S. Foley

Subscribed and sworn to before me
this 22nd day of November, 2013.

s/Carrie Wentland
Notary Public, State of Wisconsin
My Commission expires: 1/19/14

Brad Foley

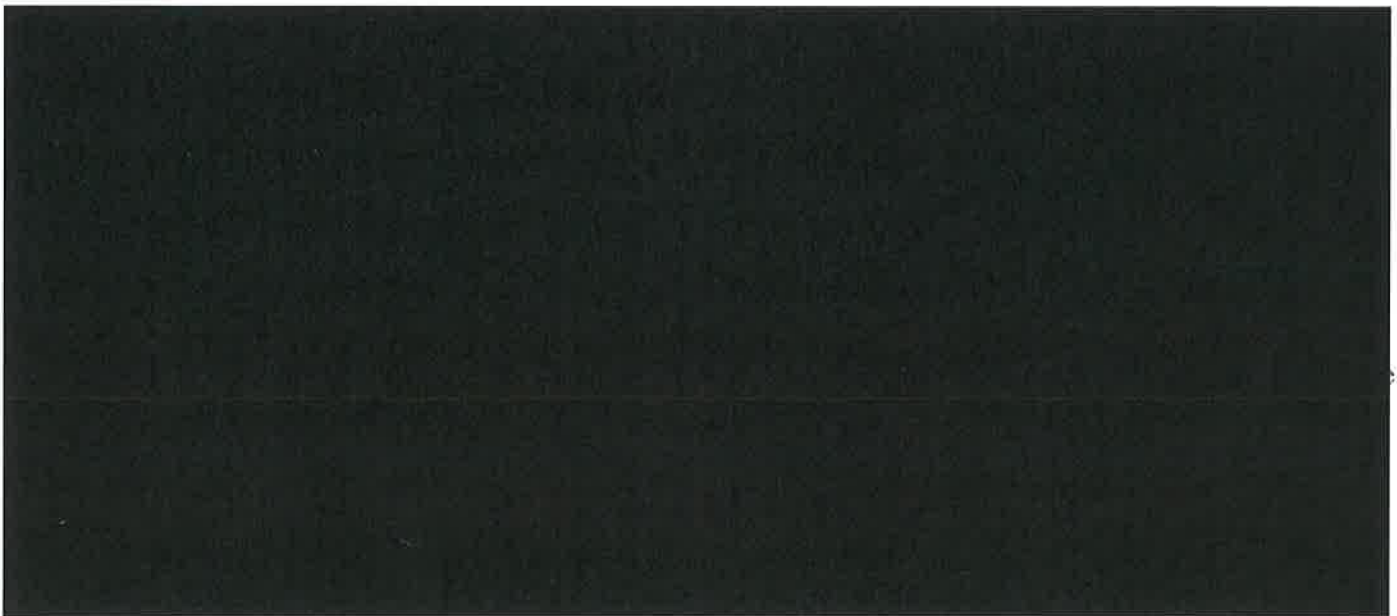
From: Jim Gottstein <jim.gottstein@psychrights.org>
Sent: Thursday, October 24, 2013 9:28 PM
To: Mark Larson
Cc: jim.gottstein@psychrights.org; Brad Foley; Rebecca Gietman; Dr. Toby Watson
Subject: RE: Request for Admission No 3

Hi Mark,

My responses are in red, below.

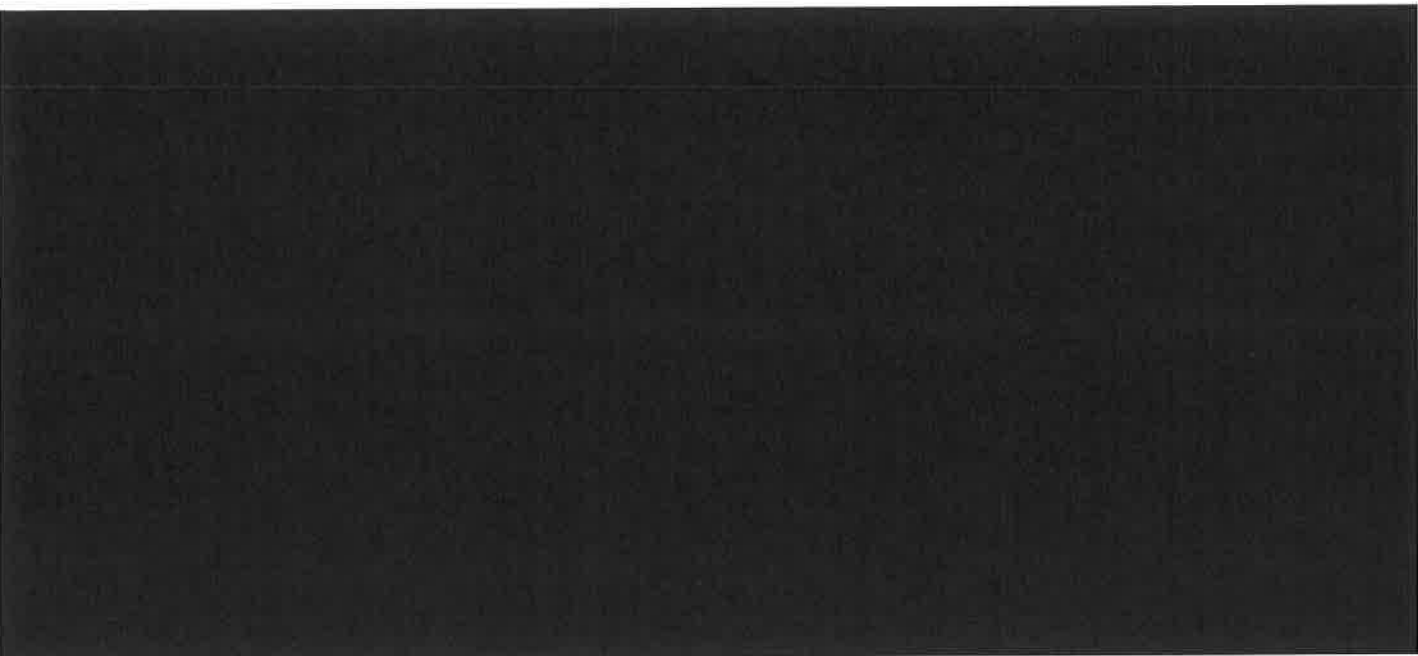
From: Mark Larson [mailto:mark.larson@gebsc.com]
Sent: Thursday, October 24, 2013 11:07 AM
To: Jim Gottstein
Cc: 'Dr. Toby Watson'; 'Rebecca Gietman'; Brad Foley
Subject: RE: Request for Admission No 3

Hi Jim



We are not asserting any knowledge and reliance on the supposed applicable formularies. You are. We are relying on the federal restriction of coverage to medically accepted indications as defined in 42 U.S.C. § 1396r-8(k)(6), § 1396r-8(g)(1)(B)(i). We are just trying to get you to disclose your theory.





Jim Gottstein

Sincerely yours,

*Mark E. Larson
Gutglass, Erickson, Bonville & Larson, S.C.
735 North Water Street, Suite 1400
Milwaukee, WI 53202
direct phone: (414) 908-0226*

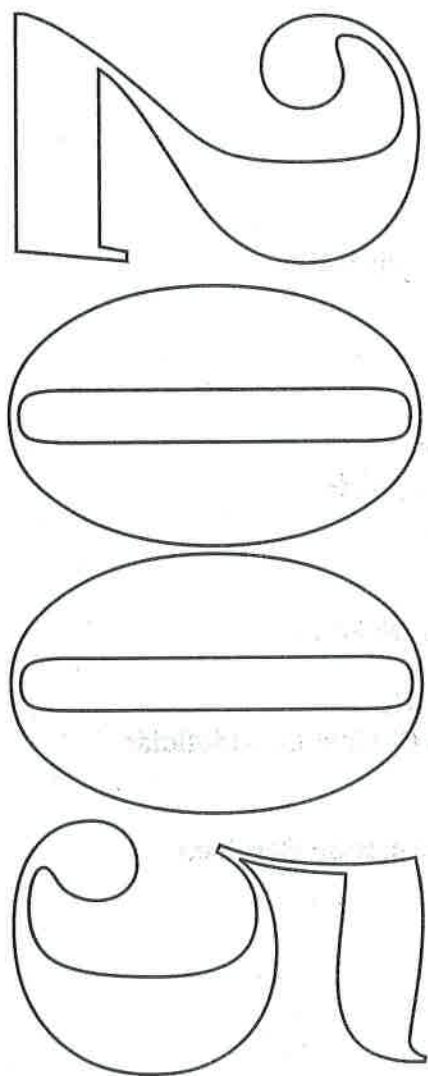
This e-mail message, and any attachment hereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient(s), or the employee or agent responsible for delivery of this message to the intended recipient(s), you are hereby notified that any use, dissemination, distribution or copying of this e-mail message, and/or any attachment hereto, is strictly prohibited. If you have received this e-mail in error, please immediately notify the sender and permanently delete the original and any copy of this message, its attachments, and any printout thereof. Thank you.

AHFS DRUG

2005

INFORMATION

®



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AHFS DRUG

2006

2009

INFORMATION

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2007

INFORMATION[®]

2007

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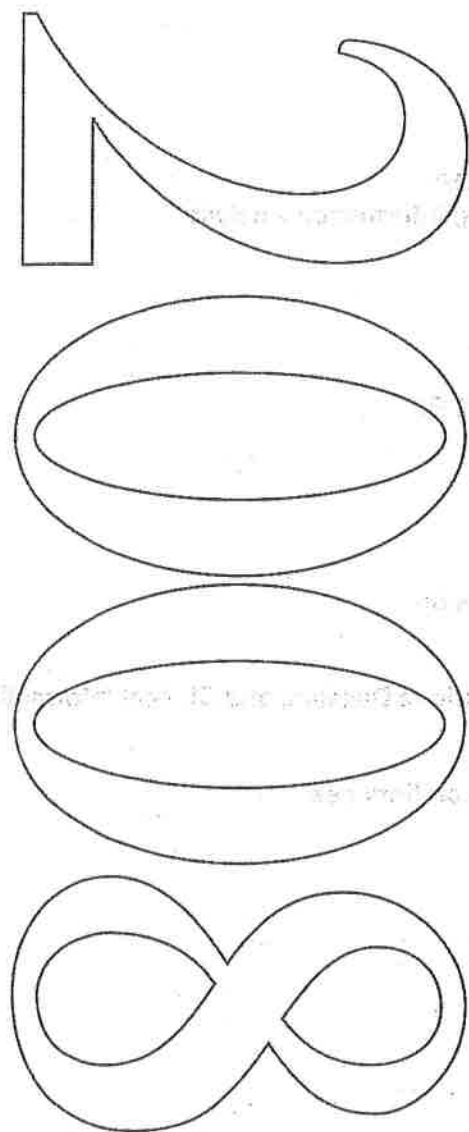
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American Society of Health-System Pharmacists[®]

AHFS DRUG

2008

INFORMATION



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AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS®
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American Society of Health-System Pharmacists®

Managed Health Services (MHS) Preferred Drug List

2003/2004



I. ANTI-INFECTIVE AGENTS

AMINOGLYCOSIDES

neomycin sulfate (generic Mycifradin)
tablet: 500mg

paromomycin (Humatin) PA
capsule: 250mg

ANTIFUNGALS

fluconazole (Diflucan Vaginal) QL
tablet: 150mg (max=1 tab per prescription)

fluconazole (Diflucan Suspension) AL
suspension: 50mg/5ml (age<3yr)

fluconazole (Diflucan) PA
suspension: 200mg/5ml
tablet: 50, 100, 200mg

griseofulvin microsize (generic Grifulvin V)
suspension: 125mg/5ml
tablet: 125, 250, 500mg
ultra tablet: 125, 250mg

griseofulvin ultramicrosize (generic Gris-PEG)
tablet: 125, 165, 250mg

ketoconazole (generic Nizoral)
tablet: 200mg

nystatin (generic Mycostatin)
suspension: 100,000U/5ml
tablet: 500,000U

ANTHELMINTICS

mebendazole (generic Vermox)
chewable tab: 100mg

pyrantel pamoate (generic Antiminth)
suspension: 25mg/5ml

ANTIMALARIAL

chloroquine phosphate (generic Aralen)
tablet: 500mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIMALARIAL cont'd

dapsone (Dapsone)
tablet: 25, 100mg

hydroxychloroquine (generic Plaquenil)
tablet: 200mg

mefloquine (Lariam)
tablet: 250mg

primaquine phosphate (Primaquine)
tablet: 26.3mg

quinine sulfate (generic Quinamm)
capsule: 200, 300, 325mg
tablet: 260mg

ANTITUBERCULOSIS

ethionamide (Trecator)
tablet: 250mg

isoniazid (generic INH)
syrup: 50mg/5ml
tablet: 50, 100, 300mg

pyrazinamide (generic pyrazinamide)
tablet: 500mg

rifampin (generic Rifadin)
capsule: 150, 300mg

ANTIVIRALS

abacavir sulfate (Ziagen)
solution: 20mg/ml
tablet: 300mg

abacavir/lamivudine/zidovudine (Trizivir)
tablet: 300mg-150mg-300mg

acyclovir (generic Zovirax)
capsule: 200mg
suspension: 200mg/5ml
tablet: 400, 800mg

amantadine (generic Symmetrel)
capsule: 100mg
syrup: 50mg/5ml

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

amprenavir (Agenerase)

capsule: 50, 150mg
solution: 15mg/ml

ddC/dideoxycytidine (Hivid)

tablet: 0.375, 0.75mg

ddI/dideoxyinosine (Videx)

chewable tab: 25, 50, 100, 150, 200mg
EC capsule: 125, 200, 250, 400mg
oral solution: 2, 4gm
sachet: 100, 167, 250, 375mg

delavirdine mesylate (Rescriptor)

tablet: 100, 200mg

efavirenz (Sustiva)

capsule: 50, 100, 200mg

ganciclovir (Cytovene)

capsule: 250, 500mg

indinavir (Crixivan)

capsule: 100, 200, 333, 400mg

lamivudine (Epivir)

oral solution: 10mg/ml
tablet: 150mg

lamivudine/zidovudine (Combivir)

tablet: 150mg-300mg

lopanavir/ritonavir (Kaletra)

capsule: 133.3mg-33.3mg
solution: 400mg-100mg/5ml (80mg-20mg/ml)

nelfinavir mesylate (Viracept)

powder: 50mg/gm
tablet: 250mg

nevirapine (Viramune)

suspension: 50mg/5ml
tablet 200mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

retrovir (AZT/zidovudine)

capsule: 100mg
syrup: 50mg/5ml
tablet: 300mg

ritonavir (Norvir)

capsule: 100mg
oral solution: 80mg/ml

saquinavir (Fortovase)

capsule: 200mg

saquinavir mesylate (Invirase)

capsule: 200mg

stavudine (Zerit)

capsule: 15, 20, 30, 40mg
oral solution: 1mg/ml

tenofovir (Viread)

tablet: 300mg

valacyclovir (Valtrex)

tablet: 500mg, 1000mg

CEPHALOSPORINS

cefactor (generic Ceflor)

capsule: 250, 500mg
suspension: 125mg/5ml, 187mg/5ml, 375mg/5ml

cefdinir (Omnicef)

capsule: 300mg
suspension: 125mg/5ml

cefprozil (Cefzil)

suspension: 125mg/5ml, 250mg/5ml
tablet: 250, 500mg

cefuroxime (generic Ceftin) PA

tablet: 250, 500mg

cephalexin (generic Keflex)

capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

I. ANTI-INFECTIVE AGENTS cont'd

MACROLIDES

azithromycin (Zithromax)

capsule: 250mg (Z-pak)
powder pack: 1gm pack
suspension: 100mg/5ml, 200mg/5ml
tablet: 500, 600mg

clarithromycin (Biaxin)

suspension: 125mg/5ml, 187.5mg/5ml,
250mg/5ml
tablet: 250, 500mg

clindamycin (generic Cleocin)

capsule: 150, 300mg

erythromycin base (generic E-Mycin)

EC tablet: 250, 500mg

erythromycin ethylsuccinate (generic E.E.S.)

chewable tab: 200mg
drop: 100mg/2.5ml
granule: 200mg/5ml
suspension: 200mg/5ml, 400mg/5ml
tablet: 400mg

erythromycin stearate (generic Erythrocin)

tablet: 250, 500mg

MISCELLANEOUS ANTI-INFECTIVES

metronidazole (generic Flagyl)

tablet: 250, 500mg

nitrofurantoin microcrystals (generic Macrochantin)

capsule: 50, 100mg

trimethoprim (generic Proloprim)

tablet: 100mg

I. ANTI-INFECTIVE AGENTS cont'd

PENICILLINS

amoxicillin (generic Amoxil)

capsule: 250, 500mg
chewable tab: 125, 250, 400mg
drop: 50mg/ml
suspension: 125mg/5ml, 250mg/5ml,
400mg/5ml
tablet: 875mg

amoxicillin/potassium clavulanate (generic Augmentin)

chewable tab: 125, 200, 250, 400mg
suspension: 200mg/5ml, 400mg/5ml
ES suspension: 600mg/5ml
tablet: 250, 500, 875mg
XR tablet: 1gm

ampicillin (generic Principen)

capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

dicloxacillin (generic Dycill)

capsule: 250mg
suspension: 62.5mg/5mg

penicillin VK (generic PenVee K)

suspension: 125mg/5ml, 250mg/5ml
tablet: 125, 250, 500mg

QUINOLONES

ciprofloxacin (Cipro) PA

cystitis pack: 100mg
tablet: 250, 500, 750mg

levafloxacin (Levaquin)

tablet: 250, 500, 750mg

SULFONAMIDES

sulfasalazine (generic Azulfidine)

tablet: 500mg

sulfisoxazole (Gantrisin)

suspension: 500mg/5ml

I. ANTI-INFECTIVE AGENTS cont'd

SULFONAMIDES cont'd

trimethoprim/sulfamethoxazole (generic Septra)

suspension; 40mg-200mg/5ml
tablet: 80mg-400mg
DS-tablet: 160mg-800mg

TETRACYCLINES

doxycycline (generic Vibramycin)

capsule: 50, 100mg
tablet: 50, 100 mg

minocycline (generic Minocin)

capsule: 50, 75, 100mg

tetracycline (generic Achromycin)

capsule: 250, 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

ANTINEOPLASTIC

altretamine (Hexalen)

capsule: 50mg

anastrozole (Arimidex)

tablet: 1mg

bexarotene (Targretin)

capsule: 75mg

bicalutamide (Casodex)

tablet: 50mg

busulfan (Myleran)

tablet: 2mg

capecitabine (Xeloda)

tablet: 150, 500mg

chlorambucil (Leukeran)

tablet: 2mg

cyclophosphamide (generic Cytosan)

tablet: 25, 50mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

estramustine (Emyct)

capsule: 140mg

etoposide (Vepesid)

capsule: 50mg

exemestane (Aromastin)

tablet: 25mg

fluorouracil (Efudex)

cream: 0.5%
solution: 2%, 5%

flutamide (generic Eulexin)

capsule: 125mg

hydroxyurea (generic Hydrea)

capsule: 500mg

imatinib (Gleevec)

capsule: 100mg

letrozole (Femara)

tablet: 2.5mg

leucovorin calcium (generic leucovorin)

tablet: 5, 10, 15, 25mg

lomustine (CeeNU)

capsule: 10, 40, 100mg

megestrol acetate (generic Megace)

suspension: 40mg/ml
tablet: 20, 40mg

melphalan (Alkeran)

tablet: 2mg

mercaptopurine (Purinethol)

tablet: 50mg

methotrexate (generic methotrexate)

tablet: 2.5mg

mitotane (Lysodren)

tablet: 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

nilutamide (Nilandron)

tablet: 50, 150mg

procarbazine (Matulane)

capsule: 50mg

tamoxifen citrate (generic Nolvadex)

tablet: 10, 20mg

temozolomide (Temodar)

capsule: 5, 20, 100, 250mg

testolactone (Teslac)

tablet: 50mg

thioguanine (Thioguanine)

tablet: 40mg

toremifene citrate (Fareston)

tablet: 60mg

tretinoin (Vesanoid)

capsule: 10mg

IMMUNOSUPPRESSANTS

azathioprine (generic Imuran)

tablet: 50mg

cyclosporine (generic Neoral)

gel capsule: 25, 100mg

cyclosporine (generic Sandimmune)

capsule: 25, 100mg

mycophenolate mofetil (Cellcept)

capsule: 250mg

powder: 200mg/ml

tablet: 500mg

tacrolimus (Prograf)

capsule: 0.5, 1, 5mg

III. CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

amitriptyline (generic Elavil)

tablet: 10, 25, 50, 75, 100, 150mg

bupropion (generic Wellbutrin)

tablet: 75, 100mg

bupropion SR (Wellbutrin-SR)

SR tablet: 100, 150, 200mg

citalopram (Celexa)

solution: 10mg/5ml

tablet: 10, 20, 40mg

desipramine (generic Norpramine)

tablet: 25, 50, 75, 100, 150mg

doxepin (generic Adapin, generic Sinequan)

capsule: 10, 25, 50, 75, 100mg

fluoxetine (generic Prozac)

capsule: 10, 20, 40mg

liquid: 20mg/5ml

tablet: 10, 20mg

imipramine (generic Tofranil)

tablet: 10, 25, 50mg

mirtazapine (generic Remeron)

tablet: 15, 30mg

nortriptyline (generic Aventyl, generic Pamelor)

capsule: 10, 25, 50, 75mg

paroxetine (generic Paxil)

tablet: 10, 20, 30, 40mg

phenelzine (Nardil)

tablet: 15mg

sertraline (Zoloft)

solution: 20mg/ml

tablet: 50, 100mg

tranylcypromine (Parnate)

tablet: 10mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIDEPRESSANTS cont'd

trazodone (generic Desyrel)

tablet: 50, 100, 150mg

venlafaxine (Effexor, Effexor-XR)

tablet: 25, 37.5, 50, 75, 100mg

XR capsules: 37.5, 75, 150mg

ANTIMANIA

divalproex (Depakote)

tablet: 250, 500mg

divalproex ER (Depakote ER)

ER tablet: 250, 500mg

lithium carbonate (generic Eskalith)

capsule: 300mg

lithium carbonate (Lithobid)

SR tablet: 300mg

lithium carbonate CR (Eskalith-CR)

CR tablet: 450mg

ANTIPSYCHOTICS

chlorpromazine (generic Thorazine)

concentrate: 30mg/ml, 100mg/ml

tablet: 10, 25, 50, 100, 200mg

clozapine (generic Clozaril)

tablet: 25, 100mg

fluphenazine (generic Prolixin)

concentrate: 5mg/ml, 2.5mg/5ml

tablet: 1, 2.5, 5, 10mg

haloperidol (generic Haldol)

concentrate: 2mg/ml

tablet: 0.5, 1, 2, 5, 10mg

loxapine (generic Loxitane)

capsule: 5, 10, 25, 50mg

olanzapine (Zyprexa)

tablet: 2.5, 5, 7.5, 10, 15, 20mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIPSYCHOTICS cont'd

perphenazine (generic Trilafon)

concentrate: 16mg/5ml

tablet: 2, 4, 8, 16mg

perphenazine w/amitriptyline (generic Triavil)

tablet: 2/10mg, 2/25mg, 4/10mg, 4/25mg,
4/50mg

quetiapine (Seroquel)

tablet: 25, 100, 200, 300mg

risperidone (Risperdal)

solution: 1mg/ml

tablet: 0.25, 0.5, 1, 2, 3, 4mg

thiothixene (generic Navane)

capsule: 1, 2, 5, 10mg

concentrate: 5mg/ml

trifluoperazine (generic Stelazine)

tablet: 1, 2.5, 5, 10mg

ziprasidone (Geodon) QL

capsule: 20, 40, 60, 80mg (max=60 caps
per month)

ANXIOLYTICS, SEDATIVES & HYPNOTICS

alprazolam (generic Xanax)

tablet: 0.25, 0.50, 1, 2mg

buspirone (generic Buspar)

tablet: 5, 7.5, 10, 15, 30mg

chlordiazepoxide (generic Librium)

capsule: 5, 10, 25mg

clonazepam (generic Klonopin)

tablet: 0.5, 1, 2mg

clorazepate (generic Tranxene)

tablet: 3.75, 7.5, 15mg

diazepam (generic Valium)

tablet: 2, 5, 10mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANXIOLYTICS, SEDATIVES & HYPNOTICS cont'd

lorazepam (generic Ativan)
tablet: 0.5, 1, 2mg

oxazepam (generic Serax)
capsule: 10, 15, 30mg

phenobarbital (generic Luminal)
elixir: 20mg/5ml
tablet: 15, 30, 60, 100mg

temazepam (generic Restoril)
capsule: 7.5, 15, 30mg

zolpidem (Ambien) QL
tablet: 5, 10mg (max=30 tabs per month)

CEREBRAL STIMULANTS

amphetamine/dextroamphetamine (generic Adderall) AL
tablet: 5, 10, 15, 20, 30mg (age 3-18 years only)

amphetamine/dextroamphetamine ER (Adderall-XR) PA, AL
ER capsule: 10, 20, 30mg (age 3-18 years only)

dextroamphetamine (generic Dexedrine) AL
tablet: 5, 10mg (age 3-18 years only)
SR capsule: 5, 10, 15mg (age 3-18 years only)

methylphenidate (generic Ritalin) AL
tablet: 5, 10, 20mg (age 3-18 years only)

methylphenidate CR (Concerta, Metadate-CD) ST, AL
CR tablet: 18, 27, 36, 54mg (age 3-18 years only)
CR capsule: 20mg (age 3-18 years only)

methylphenidate SR (generic Ritalin SR) AL
SR tablet: 20mg (age 3-18 years only)

III. CENTRAL NERVOUS SYSTEM cont'd

CHOLINESTERASE INHIBITORS

donepezil (Aricept)
tablet: 5, 10mg

IV. NEUROMUSCULAR AGENTS

ANTICONSULSANTS

carbamazepine (generic Tegretol)
chewable tab: 100mg
tablet: 200mg
suspension: 100mg/5ml

carbamazepine SR (Tegretol XR)
SR tablet: 100, 200, 400mg

clonazepam (generic Klonopin)
tablet: 0.5, 1, 2mg

divalproex (Depakote)
ER tablet: 250, 500mg
tablet: 125, 250, 500mg

ethosuximide (Zarontin)
capsule: 250mg
syrup: 250mg/5ml

felbamate (Felbatol)
suspension: 600mg/5ml
tablet: 400, 600mg

gabapentin (Neurontin) PA
capsule: 100, 300, 400mg
solution: 250mg/5ml
tablet: 600, 800mg

lamotrigine (Lamictal)
chewable tab: 5, 25mg
tablet: 125, 100, 150, 200mg

levatiracetam (Keppra)
tablet: 250, 500, 750mg

oxcarbazepine (Trileptal)
suspension: 300mg/5ml
tablet: 150, 300, 600mg

IV. NEUROMUSCULAR AGENTS cont'd

ANTICONSULSANTS cont'd

phenobarbital (generic Luminal)

elixir: 20mg/5ml
tablet: 8, 16, 32, 60, 100mg

phenytoin (Dilantin)

capsule: 30, 100mg
chewable tab: 50mg
suspension: 50mg/5ml, 125mg/5ml

primidone (generic Mysoline)

suspension: 250mg/5ml
tablet: 50, 250mg

tiagabine (Gabitril)

tablet: 2, 4, 12, 16mg

topiramate (Topamax) PA

capsule: 15, 25mg
tablet: 25, 100, 200mg

valproic acid (generic Depakene)

capsule: 250mg
syrup: 250mg/5ml

ANTIMYASTHENIC AGENTS

pyridostigmine bromide (generic Mestinon)

tablet: 60, 180mg

riluzole (Rilutek) PA

tablet: 50mg

ANTIPARKINSONS

amantadine (generic Symmetrel)

capsule: 100mg

benztropine mesylate (generic Cogentin)

tablet: 0.5, 1, 2mg

bromocryptine mesylate (Parlodel)

capsules: 5mg
tablet: 2.5mg

carbidopa/levodopa (generic Sinemet)

tablet: 10/100mg, 25/100mg, 25/250mg
CR tablet: 25/100, 50/200mg

IV. NEUROMUSCULAR AGENTS cont'd

ANTIPARKINSONS cont'd

levodopa (Larodopa)

tablet: 100, 250, 500mg

selegiline (generic Eldepryl)

capsules: 5mg
tablet: 5mg

trihexyphenidyl (generic Artane)

elixir: 0.4mg/ml
tablet: 2, 5mg

MUSCLE RELAXANTS

baclofen (generic Lioresal)

tablet: 10, 20mg

carisoprodol (generic Soma)

tablet: 350mg

cyclobenzaprine (generic Flexeril)

tablet: 10mg

dantrolene (Dantrium)

capsule: 25, 50, 100mg

diazepam (generic Valium)

tablet: 2, 5, 10mg

methocarbamol (generic Robaxin)

tablet: 500, 750mg

V. ENDOCRINE & METABOLIC DRUGS

ANDROGENS

fluoxymesterone (generic Halotestin)

tablet: 2, 5, 10mg

methyltestosterone (Methitest)

tablet: 10mg

testosterone patch (Androderm)

patch: 2.5, 5mg/24 hours

V. ENDOCRINE & METABOLIC DRUGS cont'd

ANTIDIABETIC

glimepiride (Amaryl)

tablet: 1, 2, 4mg

glipizide (generic Glucotrol)

tablet: 5, 10mg (NO XL)

glyburide (generic Diabeta, generic Micronase)

tablet: 1.25, 2.5, 5mg

glyburide micronized (generic Glynase)

tablet: 1.5, 3, 6mg

glyburide/metformin (Glucovance)

tablet: 2.5/250mg, 2.5/500mg

human insulin (Humulin, Novolin)

100U/ml /10ml vial

human insulin aspart (Novolog)

100U/ml /10ml vial

human insulin glargine (Lantus)

100U/ml /10ml vial

human insulin lispro (Humalog)

100U/ml /10ml vial

metformin (generic Glucophage)

tablet: 500, 850, 1000mg (NO XR)

pioglitazone (Actos)

tablet: 15, 30mg

rosiglitazone (Avandia)

tablet: 2, 4, 8mg

ANTITHYROID

methimazole (generic Tapazole)

tablet: 5, 10mg

propylthiouracil (generic PTU)

tablet: 50mg

CONDOMS & SPERMICIDES

**All condoms and spermicides are covered.
OTC**

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES

Apri (generic Desogen)

tablet: 0.15mg/30mcg

Enpresse (generic Triphasil)

tablet: 0.05mg/30mcg, 0.075mg/40mcg,
0.125mg/30mcg

ethinyl estradiol/etonogestrel (Nuvaring)

ring: 12mcg/0.015mg

Kariva (generic Mircette)

tablet: 0.15mg/20mcg

Lessina (generic Alesse)

tablet: 0.1mg/20mcg

Levora (generic Nordette)

tablet: 0.15/30mcg

Low-Ogestrel (generic Lo/Ovral)

tablet: 0.3mg/30mcg

Necon (generic Norinyl)

tablet: 1mg/35mcg, 1mg/50mcg

**norelgestromin/ethinyl estradiol (Ortho Evra)
QL**

patch: 0.15mg/20mcg (max=3 patches per
28 days)

norethindrone (generic Nor-QD)

tablet: 0.35mg

**norethindrone/ethinyl estradiol (Estrostep
Fe)**

tablet: 1mg/20mcg, 1mg/30mcg, 1mg/
35mcg

norethindrone/ethinyl estradiol (Ovcon)

tablet: 0.4mg/35mcg, 1mg/50mcg

norethindrone/ethinyl estradiol (Tri-Norinyl)

tablet: 0.5mg/35mcg, 1mg/35mcg, 0.5mg/
35mcg

**norethindrone/ethinyl estradiol (generic
Ortho 777)**

tablet: 0.5 mg/35mcg, 0.75mg/35mcg, 1mg/
35mcg

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES cont'd

norgestimate/ethinyl estradiol (Ortho Tri Cyclen)

tablet: 0.18mg/35mcg, 0.215mg/35mcg,
0.25mg/35mcg

norgestrel (Ovrette)

tablet: 0.075mg

Nortel (generic Brevicon, generic Modicon)

tablet: 0.5mg/35mcg

Ogestrel (generic Ovral)

tablet: 0.5mg/50mcg

Sprintec (generic Ortho Cyclen)

tablet: 0.25 mg/35mcg

Zovia (generic Demulen)

tablet: 1mg/35mcg, 1mg/50mcg

CORTICOSTEROIDS-ORAL

cortisone acetate (generic Cortisone)

tablet 25mg

dexamethasone (generic Decadron)

elixir: 0.5mg/5ml

tablet: 0.25, 0.5, 0.75, 1.5, 2, 4, 6mg

fludrocortisone (generic Florinef)

tablet: 0.1mg

hydrocortisone (generic Cortef)

tablet: 20mg

methylprednisolone (generic Medrol)

dose pak: 4mg

tablet: 4mg

prednisolone (generic Pediapred)

liquid: 6.7mg/5ml

prednisolone (generic Prelone)

syrup: 5mg/5ml, 15mg/5ml

prednisone (generic Deltasone)

tablet: 1, 2.5, 5, 10, 20, 50mg

V. ENDOCRINE & METABOLIC DRUGS cont'd

DIABETIC TESTING SUPPLIES

Blood Glucose Test Strips

Accuchek Advantage

Accuchek Comfort Curve

Accuchek Complete

Accuchek Easy

Accuchek Instant

Chemstrip BG

Glucometer Dex

Glucometer Elite

Glucometer Elite XL

Insulin Syringes

B-D, Sure-Dose

Lancets

Microlet, Softclix, Soft Touch

Miscellaneous - Diabetic Supplies

Glucose Tab, Urine Test Strips, Urine Test Tab

DIAPHRAGMS

Ortho All-Flex

various sizes

ESTROGENS

conjugated estrogen (Premarin)

tablet: 0.3, 0.45, 0.625, 0.9, 1.25, 2.5mg

vaginal cream: 0.625mg/gm

conjugated estrogens/medroxyprogesterone (Prempro)

tablet: 0.3/2.5mg

V. ENDOCRINE & METABOLIC DRUGS cont'd

ESTROGENS cont'd

estradiol (generic Climara)

patch: 0.05, 0.075, 0.1, 0.25mg

estradiol (generic Estrace)

tablet: 0.5, 1mg

estradiol/norethindrone (Combipatch)

patch: 0.05/0.14, 0.05/0.25

estropipate (generic Ogen)

tablet: 0.625, 1.25, 2.5mg

MISCELLANEOUS ENDOCRINE

alendronate (Fosamax) PA

tablet: 5, 10, 70mg

calcitonin (Miacalcin NS)

nasal spray: 200IU

desmopressin acetate (generic DDAVP)

nasal solution: 0.01%, 2.5 and 5ml
nasal spray: 0.01% 5ml

raloxifene (Evista)

tablet: 60mg

OXYTOCICS

methylergonovine (Methergine)

tablet: 0.2mg

PROGESTINS

medroxyprogesterone (generic Provera)

tablet: 2.5, 5, 10mg

**medroxyprogesterone depot (Depo-Provera)
QL**

injection: 150mg/ml (max=1ml per 90 days)

norethindrone acetate (Aygestin)

tablet: 5mg

V. ENDOCRINE & METABOLIC DRUGS cont'd

THYROID REPLACEMENTS

levothyroxine (generic Levoxyl, generic Synthroid)

tablet: 0.025, 0.05, 0.075, 0.088, 0.1, 0.112,
0.125, 0.137, 0.15, 0.175, 0.2, 0.3mg

liotrix (Thyrolar)

tablet: 15, 30, 60, 120, 180mg

thyroid (generic Armour Thyroid)

tablet: 0.25, 0.5, 1, 1.5, 2, 3, 4, 5gr

VI. CARDIOVASCULARS

ANTIANGINALS

isosorbide dinitrate (generic Isordil)

SL tablet: 2.5, 5, 10mg

SR tablet: 40mg

tablet: 5, 10, 20, 30mg

isosorbide mononitrate (generic Imdur)

tablet: 30, 60, 120mg

nitroglycerin (Nitrostat)

ointment: 2%

SL tablet: 0.3, 0.4, 0.6mg

nitroglycerin patch (generic Nitro-Dur)

patch: 0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg/hr

ANTIARRHYTHMICS

amiodarone (generic Cordarone)

tablet: 200mg

digoxin (Lanoxin)

elixir: 0.05mg/ml

tablet: 0.125, 0.25, 0.5mg

disopyramide (generic Norpace)

capsule: 100, 150mg

disopyramide CR (generic Norpace CR)

CR capsule: 150mg

VI. CARDIOVASCULARS cont'd

ANTIARRHYTHMICS cont'd

flecainide (generic Tambocor)

tablet: 50, 100, 150mg

moricizine (Ethmozine)

tablet: 200, 250, 300mg

procainamide (generic Pronestyl)

capsule: 250, 375, 500mg

SR tablet: 250, 500, 750mg, 1gm

propafenone (generic Rhythmol)

tablet: 150, 225, 300mg

quinidine gluconate (generic Quinaglute)

tablet: 324mg

quinidine sulfate (generic Quinidex)

tablet: 100, 200, 300mg

tocainide (Tonocard)

tablet: 400, 600mg

ANTIHYPERTENSIVES

atorvastatin (Lipitor) QL

tablet: 10, 20, 40, 80mg (max=30 per month)

gemfibrozil (generic Lipid)

tablet: 600mg

lovastatin (generic Mevacor) QL

tablet: 20, 40mg (max=30 per month)

Niacin (generic Niacin)

tablet: 500mg

ANTIHYPERTENSIVES

ACE Inhibitors and Combinations

benazepril (Lotensin)

tablet: 5, 10, 20, 40mg

benazepril/HCTZ (Lotensin HCT)

tablet: 5/6.25mg, 10/12.5mg, 20/12.5mg, 20/25mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

captopril (generic Capoten)

tablet: 12.5, 25, 50, 100mg

captopril/HCTZ (generic Capozide)

tablet: 25/15mg, 25/25mg, 50/15mg, 50/25mg

enalapril (generic Vasotec)

tablet: 2.5, 5, 10, 20mg

enalapril/HCTZ (generic Vasoretic)

tablet: 5/12.5mg, 10/25mg

lisinopril (generic Zestril)

tablet: 2.5, 5, 10, 20, 30, 40mg

lisinopril/HCTZ (generic Zestoretic)

tablet: 10/12.5mg, 20/12.5mg, 20/25mg

trandolopril (Mavik)

tablet: 1, 2, 4mg

Angiotensin Receptor Blockers (ARB)

losartan (Cozaar)

tablet: 25, 50, 100mg

valsartan (Diovan)

tablet: 40, 80, 160, 320mg

Sympatholytics & Vasodilators

clonidine (generic Catapres)

tablet: 0.1, 0.2, 0.3mg

guanabenz acetate (generic Wytensin)

tablet: 4, 8mg

guanfacine (generic Tenex)

tablet: 1, 2mg

methyldopa (generic Aldomet)

tablet: 250, 500mg

prazosin (generic Minipres)

tablet: 1, 2, 5mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

terazosin (generic Hytrin)
capsule: 1, 2, 5, 10mg

BETA BLOCKERS

atenolol (generic Tenormin)
tablet: 25, 50, 100mg

atenolol/chlorthalidone (generic Tenoretic)
tablet: 50/25mg, 100/25mg

carvedilol (Coreg)
tablet: 3.125, 6.25, 12.5, 25mg

labetalol (generic Normodyne)
tablet: 100, 200, 300mg

metoprolol (generic Lopressor)
tablet: 50, 100mg

nadolol (generic Corgard)
tablet: 20, 40, 80, 120, 160mg

propranolol (generic Inderal)
tablet: 10, 20, 40, 60, 80, 90mg

propranolol CR (Inderal LA)
capsule: 60, 80, 120, 160mg

propranolol/HCTZ (generic Inderide)
tablet: 40/25mg, 80/25mg

CALCIUM CHANNEL BLOCKERS

amlodipine (Norvasc)
tablet: 2.5, 5, 10mg

amlodipine/benazepril (Lotrel)
tablet: 2.5/10mg, 5/10mg, 5/20mg

diltiazem (generic Cardizem)
tablet: 30, 60, 90, 120mg

diltiazem ER (generic Dilacor XR)
capsule: 120, 180, 240mg/24hr

diltiazem ER (generic Cardizem CD)
capsule: 120, 180, 240, 300mg/24hr

VI. CARDIOVASCULARS cont'd

CALCIUM CHANNEL BLOCKERS cont'd

diltiazem SR (generic Cardizem SR)
capsule: 60, 90, 120mg/12hr

felodipine (generic Plendil)
tablet: 2.5, 5, 10mg

nifedipine (generic Procardia)
capsule: 10, 20mg

nifedipine ER (generic Adalat CC, generic Procardia XL)
tablet: 30, 60, 90mg

verapamil (generic Calan, generic Isoptin)
tablet: 40, 80, 120mg

verapamil CR (generic Calan SR, generic Isoptin SR)
tablet: 120, 180, 240mg

DIURETICS

acetazolamide (generic Diamox)
tablets: 125, 250mg

bumetanide (generic Bumex)
tablet: 0.5, 1.0, 2mg

chlorthalidone (generic Hygroton)
tablet: 25, 50, 100mg

furosemide (generic Lasix)
tablet: 20, 40, 80mg
solution: 10mg/ml, 40mg/5ml

hydrochlorothiazide (generic Hydrodiuril)
tablet: 25, 50, 100mg

indapamide (generic Lozol)
tablet: 1.25, 2.5mg

metozalone (generic Zaroxolyn)
tablet: 2.5, 5, 10mg

spironolactone (generic Aldactone)
tablet: 25, 50, 100mg

VI. CARDIOVASCULARS cont'd

DIURETICS cont'd

spironolactone/HCTZ (generic Aldactazide)
tablet: 25/25mg, 50/50mg

triamterene/HCTZ (generic Dyazide, generic Maxzide)
capsule: 50mg/25mg
tablet: 37.5/25mg, 75/50mg

ANTICOAGULANTS & BLOOD MODIFIERS

clopidogrel (Plavix) PA
tablet: 75mg

dipyridamole (generic Persantine)
tablet: 25, 50, 75mg

pentoxifylline (generic Trental)
tablet: 400mg

warfarin (Coumadin)
tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg

VII. RESPIRATORY AGENTS

ANTIASTHMATICS

albuterol (Proventil)
MDI: 90mcg/puff
solution: 5mg/ml
solution for inhalation: 0.083%
syrup: 2mg/5ml
tablet: 2, 4mg

albuterol/ipratropium (Combivent)
MDI: 90mcg/18mcg/puff

ipratropium bromide (generic Atrovent)
inhalation solution: 0.02%

ipratropium bromide (Atrovent)
MDI: 18mcg/puff

levalbuterol (Xopenex) QL, ST
inhalation solution: 0.021%, 0.042%
(max=288ml per month)

metaproterenol (generic Alupent)
MDI: 65mcg/puff

VII. RESPIRATORY AGENTS cont'd

ANTIASTHMATICS cont'd

metaproterenol (generic Metaprel)
solution for inhalation: 0.4, 0.6, 5%
syrup: 10mg/5ml
tablet: 10, 20mg

pirbuterol (Maxair)
MDI: 0.2mg Autohaler

salmeterol (Serevent Diskus) QL
diskus: 50mcg/dose (max=1 diskus per month)

terbutaline (generic Brethine)
tablets: 2.5/5mg

theophylline (Slo-Phylline)
elixir: 80 mg/15ml
solution: 80mg/15ml
tablet: 100, 200mg

theophylline SR (Theophylline SR)
capsule: 125/300mg
tablet: 125, 200, 300, 450mg

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

bpm/DM/pseudoephedrine (generic Rondec-DM)
syrup: 4mg/15mg/45mg/5ml

bpm/pseudoephedrine (generic Bromfed, generic Rondec)
capsule: 12mg/120mg, 6mg/60mg
syrup: 4mg/45mg/5ml
tablet: 4mg/60mg

carbinoxamine/DM/pseudoephedrine (generic Rondec-DM)
drop: 1mg/4mg/15mg/ml

chlorpheniramine/pseudoephedrine (generic Deconamine)
chewable tab: 1mg/15mg
SR tablet: 8mg/120mg
syrup: 2mg/30mg/5ml
tablet: 4mg/60mg

VII. RESPIRATORY AGENTS cont'd

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS cont'd

cpm/phenylephrine/methoscopolamine (generic Extendryl)

chewable tab: 2/10/1.25mg

CR tablet: 8/20/2.5mg

syrup: 2/10/1.25mg/5ml

cpm/phenylephrine/pyrilamine (generic Rynatan-S)

suspension: 2mg/5mg/12.5mg/5ml

pseudoephedrine (generic Sudafed) OTC

tablet; 30, 60mg

pseudoephedrine/guaifenesin (generic Zephrex LA)

tablet: 120/500mg, 90/600mg, 120/600mg

triprolidine/pseudoephedrine (generic Actifed) OTC

tablet: 2/30mg

ANTI-HISTAMINES

cetirizine (Zyrtec) QL, AL

syrup: 5mg/5ml (max= 300ml per month),
(age limit <12)

chlorpheniramine (generic Chlor-Trimeton) OTC

tablet: 4, 8mg

solution: 2mg/5ml

cypheptadine (generic Periactin)

syrup: 2mg/5ml

tablet: 4mg

dexchlorpheniramine (generic Polaramine)

CR tablet: 4mg, 6mg

syrup: 2mg/5ml

diphenhydramine (generic Benadryl)

capsule: 50mg

VII. RESPIRATORY AGENTS cont'd

ANTI-HISTAMINES cont'd

diphenhydramine (generic Benadryl) OTC

capsule: 25mg

tablet: 25mg

elixir: 12.5mg/5ml

hydroxyzine (generic Atarax)

syrup: 10mg/5ml

tablet: 10, 25, 50mg

hydroxyzine pamoate (generic Vistaril)

capsule: 25, 50, 100mg

loratadine (generic Claritin) OTC, QL

syrup: 10mg/10ml (max=300ml per month)

tablet: 10mg (max=30 per month)

OD tablet: 10mg (max=30 per month)

loratadine/pseudoephedrine (generic Claritin-D) OTC, QL

12 hr. tablet: 5mg/120mg (max=60 per month)

24 hr. tablet: 10mg/240mg (max=30 per month)

ANTITUSSIVES

benzonatate (generic Tessalon Perles)

capsule: 100mg

codeine/guaifenesin (generic Robitussin AC)

syrup: 10mg/100mg/5ml

codeine/promethazine (generic Phenergan w/codeine)

syrup: 10mg/6.25mg/5ml

dextromethorphan/guaifenesin (generic Humibid DM)

tablet: 30mg/600mg

Dextromethorphan/guaifenesin (generic Diabetic Tussin DM, max. strength Diabetic Tussin DM) OTC

liquid: 10mg/100mg/5ml

liquid: 10mg/200mg/5ml

VII. RESPIRATORY AGENTS cont'd

ANTITUSSIVES cont'd

guaifenesin (generic Robitussin) OTC
syrup: 100mg/5ml

guaifenesin CR (generic Duratuss-G, generic Humibid LA)
tablet: 600mg, 1200mg

hydrocodone/homatropine (generic Hycodan)
syrup: 5mg/5ml

promethazine/dextromethorphan (generic Phenergan DM)
syrup: 6.25mg/100mg/5ml

pseudoephedrine/guaifenesin (generic Deconal II)
tablet: 60mg/600mg

pseudoephedrine/hydrocodone/guaifenesin (generic Duratuss HD)
elixir: 30mg/2.5mg/500mg/5ml

INHALED STEROIDS AND ANTI-INFLAMMATORIES

beclomethasone (Vanceril)
MDI: 42mcg/puff

beclomethasone dipropionate (QVAR)
MDI: 40mcg/puff, 80mcg/puff

budesonide (Pulmicort Respules) AL
ampules: 0.25mg/ml, 0.5mg/ml
(age limit <9)

cromolyn sodium (generic Intal)
solution: 20mg/2ml

cromolyn sodium (Intal)
MDI: 800mcg/puff

fluticasone propionate (Flovent)
MDI: 44mcg, 110mcg, 220mcg/puff

VII. RESPIRATORY AGENTS cont'd

INHALED STEROIDS AND ANTI-INFLAMMATORIES cont'd

fluticasone/salmeterol (Advair Diskus) ST, QL
diskus: 100/50, 250/50, 500/50mcg/puff
(max=1diskus/mo)

nedocromil (Tilade)
MDI: 1.75mg/puff

triamcinolone (Azmacort)
MDI: 100mcg/puff

INTRANASAL STEROIDS

beclomethasone (Beconase AQ)
nasal spray: 50mcg/puff

fluticasone (Flonase)
nasal spray: 50mcg/puff

mometasone furoate (generic Nasonex)
nasal spray: 50mcg/puff

triamcinolone (generic Nasacort AQ)
nasal spray: 55mcg/puff

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast (Singulair) ST
chewable tab: 4, 5mg
tablet: 10mg

zafirlukast (Accolate) ST
tablet: 10, 20mg

SPACER DEVICES

Aerochamber

Aerochamber w/Mask

Easivent

EZ-spacer

EZ-spacer w/Mask

Inspirease

VII. RESPIRATORY AGENTS cont'd

SPACER DEVICES cont'd

Optichamber

Optihaler

*sterile normal saline (generic Bronchosaline)
OTC*

VIII. GASTROINTESTINAL AGENTS

ANTIEMETICS

meclizine (generic Antivert)
tablet: 12.5, 25mg

ondansetron (Zofran ODT) QL
tablet: 4, 8mg (max=10 per month)
tablet: 24mg (max=1 per treatment)
OD tablet: 4, 8mg (max=10 per month)
solution: 4mg/5ml (max=50ml per month)

prochlorperazine (generic Compazine)
suppository: 2.5, 5, 25mg
syrup: 5mg/5ml
tablet: 5, 10, 25mg

promethazine (generic Phenergan)
suppository: 25, 50mg
tablet: 12.5, 25, 50mg

ANTISPASMODIC & G.I. MOTILITY

dicyclomine (generic Bentyl)
capsule: 10mg
tablet: 20mg

diphenoxylate/atropine (generic Lomotil)
liquid: 2.5mg/0.025mg/5ml
tablet: 2.5mg/0.025mg

hyoscyamine sulfate (generic Levsin)
drop: 0.125mg/ml
elixir: 0.125mg/5ml
tablet: 0.125mg

hyoscyamine sulfate CR (generic Levsinex)
capsule: 0.375mg

VIII. GASTROINTESTINAL AGENTS cont'd

ANTISPASMODIC & G.I. MOTILITY cont'd

kaolin-pectin (generic Kaopectate) OTC, AL
suspension: 750mg/5ml (age limit <21)

loperamide (generic Imodium AD) OTC, AL
capsule: 2 mg (age limit <21)
liquid: 1mg/5ml (age limit <21)

metoclopramide (generic Reglan)
syrup: 5mg/5ml
tablet: 5, 10mg

BOWEL PREPARATIONS

*polyethylene glycol/electrolytes (generic
CoLyte)*
solution: 4000ml

DIGESTANTS

lactase (Lactaid) OTC, AL
tablet: 3300 units (age limit <21)

*lactase extra strength (Lactaid Extra
Strength) OTC, AL*
tablet: 4500 units (age limit <21)

lactase ultra (Lactaid Ultra) OTC, AL
chewtab: 9000 units (age limit <21)
tablet: 9000 units (age limit <21)

pancrelipase (Cotazym)
capsule: 30KU amylase/8KU lipase/30KU
protease

pancrelipase (generic Pancrease MT-10)
capsule: 30KU amylase/10KU lipase/30KU
protease

pancrelipase (generic Pancrease)
capsule: 20KU amylase/4KU lipase/25KU
protease

pancrelipase (generic Ultrase MT 18)
capsule: 58.5KU amylase/18KU lipase/
58.5KU protease

VIII. GASTROINTESTINAL AGENTS cont'd

DIGESTANTS cont'd

pancrelipase (generic Pancrease MT-16)
capsule: 48KU amylase/16KU lipase/48KU
protease

pancrelipase (generic Ultrase MT 20)
capsule: 65KU amylase/20KU lipase/65KU
protease

pancrelipase (generic Pancrease MT-20)
capsule: 56KU amylase/20KU lipase/44KU
protease

MISCELLANEOUS G.I. AGENTS

bisacodyl (generic Dulcolax) OTC, AL
suppository: 10mg (age limit <21)
tablet: 5mg (age limit <21)

**bismuth subsalicylate (generic Pepto
Bismol) OTC**
suspension: 262, 525mg/15ml
tablet: 262mg

castor oil USP (Castor Oil) OTC, AL
liquid: (age limit <21)

docusate sodium (generic Colace) OTC, AL
capsule: 100, 250mg (age limit <21)
syrup: 60mg/15ml (age limit <21)

**glycerin suppository USP (Glycerin
Suppository) OTC, AL**
suppository: (age limit <21)

hydrocortisone acetate (generic Anusol-HC)
cream: 2.5%
suppository: 25mg

**hydrocortisone acetate/pramoxine
(Analpram-HC)**
cream: 1%
lotion: 2.5%

hydrocortisone enema (generic Cortenema)
retention enema: 100mg/60ml

VIII. GASTROINTESTINAL AGENTS cont'd

MISCELLANEOUS G.I. AGENTS cont'd

lactulose (generic lactulose)
syrup: 10mg/15ml

**magnesium citrate USP (Citraate of
Magnesia) OTC, AL**
solution: 1.75gm/30ml (age limit <21)

**magnesium hydroxide (Milk of Magnesia)
OTC, AL**
suspension: 400mg/5ml (age limit <21)

mesalamine (Asacol)
tablet: 400mg

mesalamine (Pentasa)
capsule: 250mg

mesalamine (Rowasa)
retention enema: 4gm/60ml

phosphate (Fleets Enema) OTC, AL
enema: (age limit <21)

psyllium (generic Metamucil) OTC, AL
powder: 3.4gm/dose (age limit <21)

senna (generic Ex-Lax) OTC, AL
tablet: 15, 25mg (age limit <21)

senna (generic Senokot) OTC, AL
tablet: 50mg (age limit <21)

simethicone (generic Mylicon) OTC
drops: 40mg/0.6ml
tablet: 80mg

sulfasalazine (generic Azulfidine)
tablet: 500mg
EN tablet: 500mg

ULCER TREATMENT & PREVENTION

**alum. hydrox/mag. hydrox/simethicone
(generic Mylanta) OTC**
suspension: 200/225mg/5ml

VIII. GASTROINTESTINAL AGENTS cont'd

ULCER TREATMENT & PREVENTION cont'd

alum. hydrox/mag. Hydroxide (generic Maalox) OTC
suspension: 200/225mg/5ml

cimetidine (generic Tagamet-HB) OTC
tablet: 200mg

cimetidine (generic Tagamet)
solution: 300mg/5ml
tablet: 300, 400, 800mg

famotidine (generic Pepcid AC) OTC
tablet: 10mg

mag. hydrox/calcium carbonate (generic Di-Gel) OTC
suspension: 225/500mg/5ml

omeprazole (generic Prilosec) QL
capsule: 20, 40mg (max=30 per month)

pantoprazole (Protonix) QL
tablet: 20, 40mg (max=30 per month)

ranitidine (generic Zantac-75) OTC
tablet: 75mg

ranitidine (generic Zantac)
tablet: 150, 300mg

ranitidine (Zantac Liquid)
syrup: 15mg/ml

IX. GENITOURINARY AGENTS

ANTI-INFECTIVES AND ANTISPASMODICS

bethanechol (Urecholine)
tablet: 5, 10, 25, 50mg

flavoxate (Urispas)
tablet: 100mg

methenamine (generic Mandelamine)
tablet: 0.5, 1gm

IX. GENITOURINARY AGENTS cont'd

ANTI-INFECTIVES AND ANTISPASMODICS cont'd

oxybutynin (generic Ditropan)
tablet: 5mg

phenazopyridine (generic Pyridium)
tablet: 100, 200mg

potassium citrate (Urocit-K)
tablet 540, 1080mg

tolterodine tartrate (Detrol)
tablet: 1, 2mg
LA capsule: 2, 4mg

VAGINAL PREPARATIONS

clotrimazole (generic Mycelex-7) OTC
vaginal cream: 1%

clotrimazole (generic Mycelex-3) OTC
vaginal cream: 2%

metronidazole (generic Metrogel)
vaginal gel: 0.75%

miconazole (generic Monistat-7) OTC
vaginal cream: 2%
suppository: 100mg

miconazole (Monistat-3) OTC
vaginal cream: 4%
suppository: 200mg

miconazole (generic Monistat-3 Combo Pack) OTC
suppository: 200mg, 2% cream

miconazole (generic Monistat-1) OTC
vaginal ointment: 6.5%

miconazole (Monistat-1 Combo Pack) OTC
suppository: 1200mg, 2% cream

spermicidal cream (contraceptive cream) OTC
cream/suppositories

IX. GENITOURINARY AGENTS cont'd

VAGINAL PREPARATIONS cont'd

terconazole (Terazol-7)

vaginal cream: 0.4%

terconazole Terazol-3)

vaginal cream: 0.8%

vaginal supp: 80mg

X. ANALGESICS AND ANESTHETICS

ANALGESICS

acetaminophen (generic FEVERALL) OTC

suppository: 80, 120, 325, 650mg

acetaminophen (generic Tylenol) OTC

chewtab: 80mg

drops: 80mg/0.8ml

tablet: 325, 500mg

elixir: 160mg/5ml

acetylsalicylic acid (generic aspirin) OTC

tablet: 81, 325mg

EC tablet: 325, 500mg

suppository: 60, 120, 200, 300, 600mg

apap/codeine (generic Tylenol w/codeine)

elixir: 120mg-5mg/5ml

tablet: 325mg-15mg, 325mg-30mg, 325mg-60mg

apap/hydrocodone (generic Lorcet)

tablet: 650mg-10mg

apap/hydrocodone (generic Lortab)

elixir: 167mg-2.5mg/5ml

tablet: 500mg-5mg, 500mg-7.5mg

apap/hydrocodone (generic Vicodin)

ES tablet: 750mg-7.5mg

tablet: 500mg-5mg

apap/oxycodone (generic Percocet)

tablet: 325mg-5mg, 500mg-7.5mg, 650mg-10mg

aspirin/oxycodone (generic Percodan)

tablet: 325mg-4.5mg

X. ANALGESICS AND ANESTHETICS cont'd

ANALGESICS cont'd

codeine sulfate (generic Codeine)

tablet: 15mg, 30mg, 60mg

fentanyl patch (Duragesic) PA, QL

patch: 25, 50, 75, 100mcg (max=10 per month)

hydromorphone (generic Dilaudid)

suppository: 3mg

tablet: 1, 2, 3, 4, 8mg

ibuprofen (generic Advil) OTC

tablet: 200mg

suspension: 100mg/5ml

drops: 50mg/1.25ml

meperidine (generic Demerol)

syrup: 50mg/5ml

tablet: 50, 100mg

morphine sulfate (generic MSIR)

solution: 10mg/5ml, 20mg/5ml

tablet: 15mg, 30mg

morphine sulfate (generic RMS)

suppository: 5, 10, 20, 30mg

morphine sulfate (generic Roxanol)

solution: 20mg/ml

morphine sulfate SR (MS Contin)

tablet: 15, 30, 60, 100, 200mg

naproxen sodium (generic Aleve) OTC

tablets: 220mg

oxycodone (OxyContin) PA, QL

tablet: 10, 20, 40, 80mg (max=60 per month)

oxycodone (generic Roxicodone)

tablet: 5mg

propoxyphene napsylate/apap (generic Darvocet-N)

tablet: 50/325mg, 100/650mg

X. ANALGESICS AND ANESTHETICS cont'd

ANTIGOUT

allopurinol (generic Zyloprim)

tablet: 100, 300mg

colchicine (Colchicine)

tablet: 0.5, 0.6mg

indomethacin (generic Indocin)

capsule: 25, 50, 75mg

probenecid (generic Benemid)

tablet: 500mg

ANTIRHEUMATICS

methotrexate (generic Rheumatrex)

tablet: 2.5mg

penicillamine (Cuprimine)

capsule: 125, 250mg

LOCAL ANESTHETICS

lidocaine (generic Xylocaine Viscous)

solution: 2%

MIGRAINE AND HEADACHE PRODUCTS

apap/butalbital (generic Phrenylin)

capsule: 650/50mg

tablet: 650/50mg

***apap/cafeine/butalbital (generic Fioricet,
generic Esgic)***

capsule, tablet: 325/40/50mg

apap/cafeine/butalbital (generic Esgic Plus)

tablet: 500/40/50mg

***apap/cafeine/butalbital/codeine (generic
Fioricet w/codeine)***

capsule: 325/40/50/30mg

aspirin/cafeine/butalbital (generic Fiorinal)

capsule, tablet: 325/40/50mg

ergotamine/cafeine (Cafergot)

tablet: 1/100mg

X. ANALGESICS AND ANESTHETICS cont'd

MIGRAINE AND HEADACHE PRODUCTS cont'd

***isomethheptene/dichloralphenazone/apap
(generic Midrin)***

capsule: 65/100/325mg

sumatriptan (Imitrex) QL

injection kit: 6mg/0.5ml (max=2kits per
month)

nasal spray: 5mg/spray, 20mg/spray
(max=6ml per month)

tablet: 25, 50, 100mg (max=9 per month)

zolmitriptan (Zomig) QL

OD tablet: 2.5, 5mg (max=6 per month)

tablet: 2.5, 5mg (max=6 per month)

NSAIDS

celecoxib (Celebrex) PA

capsule: 100, 200, 300mg

diclofenac (generic Voltaren)

tablet: 25, 50, 75mg

etodolac (generic Lodine)

capsule: 200, 300mg

tablet: 400, 500mg

Ibuprofen (generic Advil) OTC

tablet: 200mg

Ibuprofen (generic Motrin)

tablet: 400, 600, 800mg

indomethacin (generic Indocin)

capsule: 25, 50, 75mg

nabumetone (generic Relafen)

tablet: 500, 750mg

naproxen (generic Naprosyn)

suspension: 125mg/5ml

tablet: 250, 375, 500mg

naproxen sodium (generic Anaprox)

tablet: 275, 550mg

X. ANALGESICS AND ANESTHETICS cont'd

NSAIDS cont'd

piroxicam (generic Feldene)

capsule: 10, 20mg

rofecoxib (Vioxx) PA

suspension: 12.5mg/5ml, 25mg/5ml

tablet: 12.5, 25, 50mg

salsalate (generic Disalcid)

tablet: 500, 750mg

sulindac (generic Clinoril)

tablet: 150, 200mg

XI. NUTRITIONAL SUPPLEMENTS

MINERALS AND ELECTROLYTES

calcium acetate (Phoslo)

capsule, tablet: 667mg

***calcium carbonate (generic OsCal, TUMS)
OTC***

tablet: 500mg

ferrous gluconate (generic Fergon) OTC, AL

tablet: 330mg (age<50 Female, 21 Male)

ferrous sulfate (generic Feosol) OTC, AL

tablet: 325mg (age<50 Female, <21 Male)

***pediatric electrolytes (generic Pedialyte)
OTC, AL***

liquid: (age limit <21)

potassium chloride (generic K-Tab)

CR capsule: 10mEq

CR tablet: 8mEq

powder: 20mEq

solution 10%, 20%

potassium chloride particles (generic K-Dur)

tablet: 10mEq, 20mEq

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS

calcitriol (Rocaltrol)

capsule: 0.25mcg, 0.5mcg

ergocalciferol (generic Drisdol)

capsule: 50,000U

folic acid (generic Folvite)

tablet: 1mg

multi-vitamins (generic One-A-Day) OTC, AL

all generic multivitamins are covered (age limit <21)

***multi-vitamins w/Iron (generic One-A-Day
w/Fe) OTC, AL***

all generic multivitamins with iron are covered (age limit <21)

***multi-vitamins w/minerals (generic
Theragran-M) OTC, AL***

all generic multi-vitamins with minerals are covered (age<21)

ped vitamins ADC/FL (generic Tri-Vi-Flor)

chewable tab: 1mg

solution: 0.25mg/ml, 0.5mg/ml

***ped vitamins ADC/FL-FE (generic Tri-Vi-Flor
w/Fe)***

solution: 0.25mg/10mg/ml

***ped. multiple vitamins/FL (generic Poly-Vi-
Flor)***

chewable tab: 0.25, 0.5, 1mg

drop: 0.25mg/ml, 0.5mg/ml

***ped. multiple vitamins/FL-FE (generic Poly-
Vi-Flor w/Fe)***

chewable tab: 0.5, 1mg

drop: 0.25mg/ml, 0.5mg/ml

phytonadione (Mephyton)

tablet: 5mg

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS cont'd

prenatal vitamins with FA (generic Materna) AL

all generic prenatal vitamins are covered
(age limit <50, Female only)

pyridoxine (Vitamin B6) OTC

tablet: 50,100, 250mg

sodium fluoride (generic Luride)

chewable tab: 0.25mg
tablet: 5mg

vitamin B complex (Nephrocaps)

capsule: B Complex with C & Folic Acid

XII. OPHTHALMIC & OTIC AGENTS

ANALGESICS

benzocaine/antipyrine (generic Auralgan)

solution: 1.4%/5.5% OTIC

ANTI-INFECTIVES

acetic acid (generic VoSol)

solution: 2% OTIC

acetic acid/HC (VoSol - HC)

solution: 2%/1% OTIC

bacitracin (generic Baciguent)

ointment: 500U/gm OPHTH

bacitracin/neomycin/polymyxin B (Neosporin)

ointment: 400U/35mg/10,000U/gm

chloramphenicol (Chloroptic)

solution: 0.5%
ointment: 1% OPHTH

ciprofloxacin (Ciloxan)

solution: 0.3% OPHTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFECTIVES cont'd

ciprofloxacin/HC (Cipro HC)

solution: 0.3%/1% OTIC

dexamethasone/tobramycin (Tobradex)

ointment: 0.1%/0.3% OPHTH
suspension: 0.1%/0.3% OPHTH

erythromycin (generic Ilotycin)

ointment: 5mg/gm OPHTH

gentamicin (generic Garamycin)

ointment, solution: 3mg/gm OPHTH

gramicidin/neomycin/polymyxin B (generic Neosporin)

solution: 0.025mg/ml/1.75mg/ml/10,000U/
ml OPHTH

neomycin/polymyxin B/dexamethasone (generic Maxitrol)

ointment, suspension: 0.35%/10,000U/0.1%
OPHTH

neomycin/polymyxin B/HC (generic Cortisporin)

solution, suspension: 5mg/10,000U/1%
OTIC

polymyxin B/bacitracin (generic Polysporin)

ointment: 10,000U/500U/gm OPHTH

sulfacetamide (generic Bleph 10)

ointment, solution: 10% OPHTH

sulfacetamide/prednisolone (Blephamide)

ointment: 10%/0.2% OPHTH
suspension: 10%/0.2% OPHTH

tobramycin (generic Tobrex)

solution: 0.3% OPHTH

tobramycin (Tobrex)

ointment: 0.3% OPHTH

triethanolamine oleate (Cerumenex)

solution: 10% OTIC

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFECTIVES cont'd

trifluridine (generic Viroptic)

solution 1% OPTH

trimethoprim/polymyxin B (generic Polytrim)

solution: 0.1%/10,000U/ml OPTH

vidarabine (Vira-A)

ointment: 3% OPTH

ANTI-INFLAMMATORY & ALLERGY

azelastine (Optivar)

drop: 0.05% OPTH

cromolyn sodium (generic Crolom)

solution: 4% OPTH

dexamethasone (generic Decadron)

ointment: 0.05% OPTH

solution: 0.1% OPTH

dexamethasone/neomycin (generic NeoDecadron)

solution: 0.1%/0.5% OPTH

diclofenac (Voltaren)

solution: 0.1% OPTH

fluorometholone (generic FML)

suspension: 0.1% OPTH

flurbiprofen (generic Ocufen)

solution: 0.03% OPTH

ketorolac (Acular)

solution: 0.5% OPTH

lodoxamine (Alomide)

solution 0.1% OPTH

medrysone (generic HMS)

suspension: 1% OPTH

naphazoline (generic Albalon)

solution: 0.1% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFLAMMATORY & ALLERGY cont'd

neomycin/polymyxin/prednisolone

(Polypred)

suspension: 0.5% OPTH

prednisolone acetate (generic Pred Forte)

suspension: 1% OPTH

prednisolone acetate (generic Pred Mild)

suspension: 0.12% OPTH

prednisolone phosphate (generic Inflammase Forte)

solution: 1% OPTH

rimexolone (Vexol)

suspension: 1% OPTH

CYCLOPLEGIC & MYDRIATIC

atropine (generic Isopto Atropine)

ointment: 0.5%, 1% OPTH

solution: 1% OPTH

cyclopentolate (generic Cyclogyl)

solution: 1% OPTH

cyclopentolate (Cyclogyl)

solution: 0.5%, 2% OPTH

homatropine (generic Isopto Homatropine)

solution: 5% OPTH

homatropine (Isopto Homatropine)

solution: 2% OPTH

phenylephrine (generic Neo-Synephrine)

solution: 2.5% OPTH

tropicamide (generic Mydracil)

solution: 0.5%, 1% OPTH

GLAUCOMA

acetazolamide (generic Diamox)

tablet: 125, 250mg

XII. OPHTHALMIC & OTIC AGENTS cont'd

GLAUCOMA cont'd

- apraclonidine (Iopidine)**
solution: 0.5%, 1% OPTH
- betaxolol (Betoptic-S)**
suspension: 0.25% OPTH
- brimonidine tartrate (Alphagan-P)**
solution: 0.15% OPTH
- brinzolamide (Azopt)**
suspension: 1% OPTH
- carbachol (Isopto Carbachol)**
solution: 0.75%, 1.5%, 2.25%, 3% OPTH
- demecarium bromide (Humorsol)**
solution: 0.125%, 0.25% OPTH
- dipivefrin (generic Propine)**
solution: 0.1% OPTH
- dorzolamide (Trusopt)**
solution: 2% OPTH
- dorzolamide/timolol (Cosopt)**
solution 0.5% OPTH
- epinephrine (Epifrin)**
solution: 0.5%, 1% OPTH
- epinephrine (generic Epifrin)**
solution 2% OPTH
- epinephryl borate (Epinal)**
solution: 0.5%, 1% OPTH
- latanoprost (Xalatan)**
solution: 0.005% OPTH
- levobunolol (generic Betagan)**
solution: 0.5% OPTH
- methazolamide (generic Neptazane)**
tablet: 25, 50mg
- pilocarpine (generic Pilocar)**
solution: 0.5, 1, 2, 3, 4, 6% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

GLAUCOMA cont'd

- pilocarpine (Isopto Carpine)**
solution: 0.25%, 8%, 10% OPTH
- timolol hemihydrate (Betimol)**
solution: 0.25%, 0.5%
- timolol maleate (generic Timoptic)**
solution: 0.25%, 0.5% OPTH

OCULAR LUBRICANTS

- artificial tears (generic Tears Naturale) OTC**
solution or ointment

XIII. DERMATOLOGICALS

ACNE PRODUCTS

- benzoyl peroxide (generic Benzac, generic Benzagel)**
gel: 2.5, 5, 10%
liquid: 5%
lotion: 5, 10%
- clindamycin (generic Cleocin-T)**
gel: 1%
lotion: 10mg/ml
solution: 10mg/ml
- erythromycin (generic Emgel)**
gel: 2%
- erythromycin (generic A/T/S, T-Stat)**
solution: 1.5%
- isotretinoin (Accutane)**
capsule: 10, 20, 40mg
- metronidazole (Metrogel, Metrocream, Metro lotion)**
cream: 0.75%
gel: 0.75%
lotion: 0.75%

XIII. DERMATOLOGICALS cont'd

ACNE PRODUCTS cont'd

tretinoin (generic Retin-A)
cream: 0.025, 0.05, 0.1%
gel: 0.01%, 0.025%

ANTIBIOTICS - TOPICAL

bacitracin (generic Baciguent) OTC
ointment:

bacitracin/polymyxin (generic polysporin) OTC
ointment:

gentamicin sulfate (generic Garamycin)
cream: 0.1%
ointment: 0.1%

mupirocin (Bactroban)
cream: 2%
ointment: 2%

neomycin/polymyxin/bacitracin (generic Neosporin) OTC
ointment:

silver sulfadiazine (generic Silvadene)
cream: 10mg/gm

ANTIFUNGALS - TOPICAL

clotrimazole (generic Mycelex) OTC
cream: 1%

ketoconazole (generic Nizoral)
cream: 2%
shampoo: 2%

miconazole (generic Monistat Derm) OTC
cream: 2%

nystatin (generic Mycostatin)
cream: 100,000U/gm
ointment: 100,000U/gm

nystatin/triamcinolone (generic Mycolog)
cream: 100,000U/0.1%

XIII. DERMATOLOGICALS cont'd

ANTIFUNGALS - TOPICAL cont'd

tolnaftate (generic Tinactin) OTC
cream: 1%
powder: 1%

ANTIPARASITICS

crotamiton (Eurax)
cream: 10%
lotion: 10%

permethrin (NIX crème rinse) OTC
creme rinse: 1%

permethrin (generic Elimite)
cream: 5%

ANTIPSORIATICS

anthralin (generic Drithocreme HP)
cream: 1%

anthralin (Drithocreme)
cream: 0.1, 0.5%

calcipotriene (Dovonex) QL
cream: 0.005% (max=120gm per month)
ointment: 0.005% (max=120gm per month)
solution: 0.005% (max=60ml per month)

selenium sulfide (generic Selsun)
shampoo: 2.5%

ANTIVIRALS - TOPICAL

acyclovir (Zovirax)
ointment: 5%

CORTICOSTEROIDS - HIGH POTENCY

betamethasone dipropionate (generic Diprosone)
cream: 0.05%
lotion: 0.05%
ointment: 0.05%

XIII. DERMATOLOGICALS cont'd

CORTICOSTEROIDS - HIGH POTENCY cont'd

desoxymetasone (generic Topicort)

cream: 0.05%, 0.25%
gel: 0.05%
ointment: 0.25%

fluocinonide (generic Lidex)

cream: 0.05%
gel: 0.05%
ointment: 0.05%
solution: 0.05%

CORTICOSTEROIDS - LOW POTENCY

desonide (generic Tridesilon)

cream: 0.05%
ointment: 0.05%

fluocinolone (generic Synalar)

cream: 0.01%, 0.025%
ointment: 0.025%
solution: 0.01%

hydrocortisone (generic CortAid) OTC

cream: 0.5, 1%
ointment: 0.5, 1%

hydrocortisone (generic Hytone)

cream: 2.5%
ointment: 2.5%

CORTICOSTEROIDS - MEDIUM POTENCY

betamethasone valerate (generic Valisone)

cream: 0.1%
lotion: 0.1%
ointment: 0.1%

hydrocortisone valerate (generic Westcort)

cream: 0.2%
ointment: 0.2%

mometasone furoate (generic Elocon)

cream: 0.1%
lotion: 0.1%
ointment: 0.1%

XIII. DERMATOLOGICALS cont'd

CORTICOSTEROIDS - MEDIUM POTENCY cont'd

triamcinolone acetonide (generic Kenalog)

cream: 0.025%, 0.1%, 0.5%
lotion: 0.025%, 0.1%
ointment: 0.025%, 0.1%, 0.5%

CORTICOSTEROIDS - VERY HIGH POTENCY

betamethasone dipropionate augmented (generic Diprolene)

cream: 0.05%
gel: 0.05%
ointment: 0.05%

halobetasol propionate (Ultravate)

cream: 0.05%
ointment: 0.05%

MISCELLANEOUS TOPICALS

ammonium lactate (generic Lac-Hydrin)

cream: 12%

ammonium lactate (generic Lac-Hydrin) OTC

lotion: 12%

calamine USP (generic Calamine) OTC, AL

lotion: (age limit <21)

capsaicin (generic Capsaicin) OTC

cream: 0.25, 0.75%

fluorouracil (Efudex)

cream: 5%

imiquimod (Aldara) QL

cream: 5% (max=1 kit per month)

pimecrolimus (Elidel) QL

cream: 1% (max=60gm per month)

podofilox (generic Condylox)

solution: 0.5%

salicylic acid (generic Keralyt Gel)

gel: 6%

XIII. DERMATOLOGICALS cont'd

MISCELLANEOUS TOPICALS cont'd

vitamin A&D (A&D Ointment) OTC, AL
ointment: (age limit <21)

zinc oxide (Zinc Oxide Ointment) OTC, AL
ointment: 20% (age limit <21)

XIV. SMOKING CESSATION PRODUCTS

bupropion hcl (Zyban) QL
ER tablet: 150mg (max=60 per 30 days x 3)

nicotine gum (Nicorette) OTC, PA
gum: 2, 4mg

nicotine patch (Nicoderm CQ) OTC, QL
patch: 7, 14, 21mg (max=28 per 28 days x3)

nicotine transdermal system (generic Habitrol) QL
patch: 7, 14, 21mg (max=28 per 28 days x3)

XV. MISCELLANEOUS PRODUCTS

Antialcoholic

disulfuram (Antabuse)
tablet: 250mg

naltrexone (generic Revia)
tablet: 50mg

Mouth & Throat Products

chlorhexidine (generic Peridex)
solution: 0.12%

Potassium Lowering Agents

sodium polystyrene sulfonate (generic Kayexalate)
powder: 15gm/60ml
suspension: 15gm/60ml

Vasopressors

epinephrine (Epipen, Epipen Jr.)
injection: 0.3mg, 0.15mg(Jr.)

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Managed Health Services (MHS) Preferred Drug List

Revised 4/2006



MHS

Managed Health Services

**MHS and MHS/NHP refer to the Medicaid/BadgerCare/SSI members of
Managed Health Services and Network Health Plan**



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Managed Health Services Pharmacy Program

Managed Health Services (MHS) covers prescription drugs and certain over-the-counter drugs when ordered by a doctor. Some medications require prior authorization (PA).

Working with our pharmacy benefit managers (PBMs)

MHS works with two PBMs.

Caremark is the preferred provider of biopharmaceuticals and injectables for MHS. US Script (formerly BioScrip/ScripSolutions) administers all other prescribed drugs.

Certain drugs require PA to be approved for payment by MHS. These include:

- All medications not listed on the MHS Preferred Drug List (PDL)
- Some MHS preferred drugs (designated by PA on the PDL)
- Most injectables costing over \$100, including Procrit, Neulasta and Neupogen. (Injectable cancer medications with indications limited to chemotherapy do not require PA.)

Slightly different guidelines for obtaining prior authorization are in place for the two PBMs.

Caremark – Biopharmaceuticals and Injectables

Caremark is the preferred provider of biopharmaceuticals and injectables for MHS.

Most injectables require PA to be approved for payment. Our medical director oversees the clinical review. Follow these guidelines for the most efficient processing of your prior authorization requests:

1. Complete two forms:
 - the MHS *Request for Prior Authorization: Injectables*, and the
 - *CAREMARK Enroll for RX Form* (This is the prescription order)
2. Fax both completed forms to MHS at (414) 921-1718
3. Once the request is approved, MHS staff will notify you by phone or fax, and provide an authorization number.
4. The request is not approved until you receive a PA number.

US Script (formerly BioScrip/ScripSolutions) – All Other Prescriptions

With the exceptions of biopharmaceuticals and injectables, US Script administers all prescribed drugs for MHS.

All medications not listed on the MHS Preferred Drug List (PDL) and some MHS preferred drugs require prior authorization to be approved for payment.

Follow these guidelines efficient processing of your prior authorization requests:

1. Complete the MHS/US Script form:
 - *Request for Prior Authorization: Medication*
2. Fax to US Script at 1-866-399-0929
3. Once approved, US Script notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, US Scrip responds to the prescriber by fax, offering PDL alternatives.
5. For urgent or after-hours requests, a pharmacy can provide up to a 72-hour supply of medication by calling 1-800-460-8988.

We help keep you informed

The MHS Pharmacy Program director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service.

The most current MHS preferred drug list can be downloaded from our website at www.mhswi.com.

The MHS Preferred Drug List (PDL)

The MHS PDL describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program.

The PDL does not:

- a) Require or prohibit the prescribing or dispensing of any medication
- b) Substitute for the independent professional judgment of the physician/clinician or pharmacist, or
- c) Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Pharmacy and Therapeutics Committee

The MHS Pharmacy and Therapeutics Committee continually evaluates the therapeutic classes included in the PDL. The committee is composed of the MHS medical director, pharmacist and several community-based primary care physicians and specialists.

The primary purpose of the committee is to assist in developing and monitoring the MHS PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications.

The P&T committee schedules meetings at least twice yearly, and coordinates reviews with a national P&T committee which meets an additional 4 times a year.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by MHS in accordance with the procedures outlined in Section III. **Experimental drugs, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.**

Prior Authorization Process

The MHS PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the MHS PDL for their patients who are members of MHS and Medicaid and BadgerCare members of NHP.

Some preferred drugs require PA. Medications requiring PA are listed with a "PA" notation throughout the PDL, including the Index. In addition, **all injectable medications (except Insulin, Glucagon Kit, Epi-pen, Ana-Kit, Imitrex, and Depo-Provera) require PA.**

The P & T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all participants covered under the MHS pharmacy program. If a patient requires medication that does not appear on the PDL, the clinician can make a prior authorization request for a non-preferred medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

A phone or fax-in process is available for PA requests.

US Script Contacts

Prior Authorization Fax
Prior Authorization Phone
Clinical Hours

866-399-0929
866-399-0928
M-F: 10 am-7pm (Central Time)

Mail address

US Script
2425 W Shaw Ave
Fresno, CA 93711

When calling, please have patient information, including Medicaid number, complete diagnosis, medication history and current medications readily available.

Upon receipt of all necessary information, US Script will respond by fax or phone within 24 hours except during weekends and holidays.

If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific member to receive this specific drug. **If the request is denied**, information about the denial will be provided to the clinician.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the MHS pharmacy program. If a pharmacist receives a prescription for a drug that requires a prior authorization request, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for MHS Member Services

The above phone and fax lines are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number.

MHS Member Services (888) 713-6180 (Phone) (414) 345-4649 (Fax)

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied.

The pharmacy must call the US Script Pharmacy Help Desk at 800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

Specific Exclusions

The following drug categories are not part of the MHS PDL and **are not covered by the 72-hour emergency supply policy**:

- Allergy Immunotherapy
- Biopharmaceuticals
- Blood and blood plasma
- Cosmetic drugs
- DESI drugs
- Diagnostic products (except those listed in the PDL)
- Experimental drugs
- Fertility drugs
- Immunological agents and vaccines
- Impotence drugs
- Injectables (except for in-home use administered by patient)
- Medical supplies and durable medical equipment (except those listed in the PDL)
- Nutritional and dietary supplements
- OTC products (except those listed in the PDL)
- Topical minoxidil

Newly Approved Products

Newly Approved drug products will not normally be placed on the preferred drug list during their first six months on the market. During this period, access to these medications will be considered through the PA review process.

Step Therapy

Medications requiring step therapy are listed with an "ST" notation throughout the preferred drug list. Preferred drugs that currently require step therapy are:

- Accolate - previous therapy with albuterol or steroid inhaler.
- Ellidel - previous therapy with topical steroids.
- Singulair - previous therapy with albuterol or steroid inhaler.
- Xopenex - previous therapy with aerosolized albuterol.

Tablet Splitting

Zoloft 50mg = Zoloft 100mg (1/2 tablet)

Zoloft 25mg = Zoloft 50mg (1/2 tablet)

citalopram 20mg = citalopram 40mg (1/2 tablet)

citalopram 10mg = citalopram 20mg (1/2 tablet)

Lexapro 10mg = Lexapro 20mg (1/2 tablet) **requires PA**

Lexapro 5mg = Lexapro 10mg (1/2 tablet) **requires PA**

The MHS claims system will automatically check the member profile for evidence of prior or current usage of the required agent. If there is evidence of the required agent on the member's profile, the claim will automatically process. If not, the claims system will notify the pharmacist that a PA is required.

Policy for Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the MHS pharmacy program. **Insulin, Glucagon Kit, Epi-pen, Ana-Kit, Imitrex, and Depo-Provera are covered by MHS and do not require a PA.**
All other injectables require PA.

Dispensing Limits - Quantity and Age

All drugs may be dispensed up to a maximum 30-day supply. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled, i.e., a prescription can be refilled after 24 days.

Medications with a quantity limit are listed with a "QL" notation throughout the PDL. Medications with an age limit are listed with an "AL" notation throughout the PDL. The drugs listed below have quantity or age limits.

Quantity Limits

(Not all drugs listed have PDL status. Please refer to the index for the PDL listings.)

- Aciphex® - max 30 tablets per month
- Advair Diskus® - max 1 diskus (60 inhalations) per month
- Albuterol - max 1 unit per month
- Aldara® - max 1 kit per month
- Allegra® - max 30 tablets per month
- Ambien® - max 30 tablets per month
- Amerge® - max 9 tablets per month
- Amphetamine/Dextroamphetamine ER - max 30 tablets/capsules per month
- Anzemet® - max 1 tablet per month
- Apap/Codeine 325mg-15mg, 325mg-30mg, 325mg-60mg - max 180 tablets per month
- Apap/Hydrocodone 325mg-10mg, 500mg -5mg, 500mg -7.5mg, 650mg -10mg - max 180 tablets per month
- Apap/Hydrocodone 750mg-7.5mg - max 120 tablets per month
- Apap/Oxycodone 325mg-5mg, 500mg-7.5mg, 650mg-10mg - max 180 tablets per month
- Aspirin/Oxycodone 325mg-4.5mg - max 180 tablets per month
- Atrovent® - max 1 unit per month
- Avinza® - max 30 capsules per month

- Axert® - max 6 tablets per month
- Azmacort® Inhaler - max 1 unit per month
- Bupropion SR - max 60 tablets per month
- Celebrex® - max 60 capsules per month
- Clarinex® - max 30 tablets per month
- Combivent® - max 1 unit per month
- Crestor® - max 30 tablets per month
- Depo-Provera® Contraceptive Suspension - 150mg (1ml) every 90 days
- Dovonex® - max 60gm or 60ml per month
- Effexor XR® - max 30 capsules per month
- Elidel® - max 60gm per month **(requires PA)**
- EpiPen®, EpiPen Jr.® - max. 1 unit per fill
- Fentanyl lollipop - max 30 per month
- Fentanyl patches - max 10 per month
- Flovent® - max 1 unit per month
- Foradil® - max 1 unit per month
- Frova® - max 9 tablets per month
- Geodon® - max 60 capsules per month
- Glucagon Kit - max 1 kit per month
- Imitrex® Injection Kit - max 2 kits per month
- Imitrex® Nasal Spray - max 6ml per month
- Imitrex® Oral Tablet - max 9 tablets per month
- Kadian® - max 30 capsules per month
- Kytril® - max 2 tablets per month
- Lescol XL® - max 30 tablets per month
- Lipitor® - max 30 tablets per month
- Loratadine 10mg Tablets - max 30 tablets per month
- Loratadine Syrup - max 300ml per month
- Loratadine w/Pseudoephedrine 12 hr Tablets - max 60 tablets per month
- Loratadine w/Pseudoephedrine 24 hr Tablets - max 30 tablets per month
- Lovastatin - max 30 tablets per month
- Lunesta® - max 30 tablets per month
- Maxair® - max 1 unit per month
- Maxalt® - max 12 (5mg); 6 (10mg) tablets per month
- Methadone 5mg, 10mg - max 120 tablets per month
- Methylphenidate CR, ER, SR - max 30 tablets/capsules per month
- Migranal® - max 2 units per month
- Miralax® - max 255gm per month
- MS Contin® (generic) - max 60 tablets per month
- Nexlum® - max 30 capsules per month
- Nicotine gum - max 2 boxes per month for 3 months lifetime benefit
- Nicotine Patch, Transdermal - max 30 patches per month for 3 months lifetime benefit
- Ofloxacin otic soln - max 5ml per treatment
- Omeprazole - max 30 capsules per month **(requires PA)**
- Ortho-Evra® Patch - 3 patches per 28 days
- Oxycodone 5mg - max 180 tablets per month
- OxyContin CR® - max 60 tablets per month **(requires PA)**
- Pravachol® - max 30 tablets per month

- Prevacid® - max 30 capsules per month
- Protonix® - max 30 tablets per month (requires PA)
- Provigil® - max 60 tablets per month
- Pulmicort Inhaler® - max 120 max 1 unit per month
- Pulmicort Pulvules® - max 120 pulvules (total 1mg per day)
- Relenza® - max 1 unit per month
- Relpax® - max 6 tablets per month
- Risperdal Consta® - max 2 syringes per month
- Rozerem® - max 30 tablets per month
- Serevent Diskus® - max 1 diskus (60 inhalations) per month
- Simvastatin - max 30 tablets per month (applies to all statins)
- Sonata® - max 30 capsules per month
- Spirva® handihaler - max 1 unit per month
- Stadol® - max 2 units (5cc) per month
- Strattera - max 30 capsules per month (requires PA)
- Tamiflu® - max 10 capsules per month
- Toradol® - max 10 tablets per month
- Tramadol - max 120 tablets per month
- Vytorin® - max 30 tablets per month
- Wellbutrin XL® - max 30 tablets per month
- Xopenex® HFA - max 15 gm per month
- Xopenex® Nebulizer Solution - max 288ml per month (requires PA)
- Zetia® - max 30 tablets per month
- Zofran® 24mg Tablet - 1 tablet per treatment
- Zofran® 4, 8mg Tablets - max 10 tablets per month
- Zofran® Solution - max 50ml per month
- Zomig/Zomig ZMT® - max 6 tablets per month
- Zomig® nasal spray - max 6 units per month
- Zyban SR® - max 60 tablets per month for 3 months lifetime benefit
- Zyrtec® - max 30 tablets per month
- Zyrtec® Syrup - max 300ml per month (requires PA)

Age Limits:

Ages 3 - 18 years only

- Amphetamine/Dextroamphetamine, SR
- Dextroamphetamine, SR
- Methylphenidate, CR, ER, SR

Age < 3 years old only

- Diflucan® Suspension

Age < 9 years old only

- Pulmicort Respules®

Age < 12 years old only

- Zyrtec® Syrup

Age < 21 years old only

- OTC drugs covered through HealthCheck "Other Services"

Age < 21 years old, males only

- Ferrous sulfate OTC
- Ferrous gluconate OTC

Age < 35 years old only

- Retin A®

Age < 50 years old, females only

- Prenatal vitamins with FA
- Ferrous sulfate OTC
- Ferrous gluconate OTC

Mandatory Generic Substitution

MHS requires that generic substitution be made when a generic equivalent is available. All branded products that have an A-rated generic equivalent will be reimbursed at the maximum allowable cost price. The provision is waived for the following products due to their narrow therapeutic index:

Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, Warfarin.

Over-The-Counter Medications

The pharmacy program covers a large selection of over-the-counter medications (OTC). All covered OTC's appear in the PDL. **All OTC medications must be written on a valid prescription**, by a licensed physician/clinician, in order to be reimbursed.

DESI or LTE Drugs

DESI drug products and known related drug products are defined as less than effective by the Food and Drug Administration, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. State programs may allow coverage of certain DESI drugs. Any DESI drugs that are covered by MHS are listed in the MHS PDL.

Contacts for Pharmacy Appeals/Grievances

Members

In the event that a member disagrees with the decision regarding coverage of a medication, the member may file a grievance with MHS by calling a MHS member advocate at (888) 713-6180 (Phone) or (414) 345-4649 (Fax).

Physicians / clinicians

In the event that a clinician or member disagrees with the decision regarding coverage of a medication, the clinician may request reconsideration by submitting additional information to US Script. The additional information may be provided verbally or in writing. A decision will be rendered by a US Script clinical pharmacist and the clinician will be notified with a faxed response. If the denial is upheld, the clinician will be notified of the appeal process at that time.

In the event that a clinician or member disagrees with the decision of the clinical pharmacist, the clinician may file a written appeal to the Clinical Coordinator at US Script. Additional information and/or supporting documentation should be included with the request. US Script will notify the clinician in writing with the standard appeal decision. A decision will be rendered within three (3) business days of receipt of complete information.

If the denial is upheld, the clinician will be notified of the MHS appeal process.

An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member. A response will be rendered within the same day as receipt of complete information. In certain circumstances that require research, consultation with the US Script Medical Advisor and/or literature review, a same day response may not be possible. A 72-hour emergency supply of the medication will be provided to the patient until the expedited appeal review is completed.

In the event that the clinician or member disagrees with the appeal decision of the US Script Clinical Coordinator, the clinician may then appeal this decision in writing to the MHS Medical Director via fax at (414) 921-1718.

Annotations

PA = This medication requires prior authorization

ST = This medication requires step therapy

QL = This medication is limited to a specific quantity

AL = This medication is limited to a specific patient age

I. ANTI-INFECTIVE AGENTS

AMINOGLYCOSIDES

neomycin sulfate (generic Mycifradin)
tablet: 500mg

paromomycin (Humatin) PA
capsule: 250mg

ANTIFUNGALS

fluconazole (generic Diflucan)
tablet: 150mg
tablet: 50, 100, 200
suspension: 10mg/ml, 40mg/ml

griseofulvin microsize (generic Grifulvin V)
suspension: 125mg/5ml
tablet: 125, 250, 500mg
ultra tablet: 125, 250mg

griseofulvin ultramicrosize (generic Gris-PEG)
tablet: 165, 250mg

ketoconazole (generic Nizoral)
tablet: 200mg

nystatin (generic Mycostatin)
suspension: 100,000U/5ml
tablet: 500,000U

ANTIHELMINTICS

mebendazole (generic Vermox)
chewable tab: 100mg

thiabendazole (generic Mintezol)
chewable tab: 500mg
suspension: 500mg/5ml

ANTIMALARIAL

chloroquine phosphate (generic Aralen)
tablet: 500mg

dapsone (Dapsone)
tablet: 25, 100mg

hydroxychloroquine (generic Plaquenil)
tablet: 200mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIMALARIAL cont'd

mefloquine (Lariam)
tablet: 250mg

primaquine phosphate (Primaquine)
tablet: 26.3mg

quinine sulfate (generic Quinamm)
capsule: 200, 300, 325mg
tablet: 260mg

ANTITUBERCULOSIS

ethionamide (Trecator)
tablet: 250mg

isoniazid (generic INH)
syrup: 50mg/5ml
tablet: 50, 100, 300mg

pyrazinamide (generic pyrazinamide)
tablet: 500mg

rifampin (generic Rifadin)
capsule: 150, 300mg

ANTIVIRALS

abacavir sulfate (Ziagen)
solution: 20mg/ml
tablet: 300mg

abacavir/lamivudine (Epzicom)
tablet: 600-300mg

abacavir/lamivudine/zidovudine (Trizivir)
tablet: 300mg-150mg-300mg

acyclovir (generic Zovirax)
capsule: 200mg
suspension: 200mg/5ml
tablet: 400, 800mg

amantadine (generic Symmetrel)
capsule: 100mg
syrup: 50mg/5ml

atazanavir (Reyataz)
capsule: 100, 150, 200mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

amprenavir (*Agenerase*)

capsule: 50, 150mg
solution: 15mg/ml

ddC/dideoxycytidine (*Hivid*)

tablet: 0.375, 0.75mg

ddl/dideoxyinosine (*Videx*)

chewable tab: 25, 50, 100, 150, 200mg
EC capsule: 125, 200, 250, 400mg
oral solution: 2, 4gm
sachet: 100, 167, 250, 375mg

delavirdine mesylate (*Rescriptor*)

tablet: 100, 200mg

efavirenz (*Sustiva*)

capsule: 50, 100, 200, 600mg

emtricitabine (*Emtriva*)

capsule: 200mg

emtricitabine/tenofovir (*Truvada*)

tablet: 200-300mg

fosamprenavir (*Lexiva*)

tablet: 700mg

ganciclovir (*Cytovene*)

capsule: 250, 500mg

indinavir (*Crixivan*)

capsule: 100, 200, 333, 400mg

lamivudine (*Epivir*)

oral solution: 10mg/ml
tablet: 150, 300mg

lamivudine/zidovudine (*Combivir*)

tablet: 150mg-300mg

lopanavir/ritonavir (*Kaletra*)

capsule: 133.3mg-33.3mg
solution: 400mg-100mg/5ml

nelfinavir mesylate (*Viracept*)

powder: 50mg/gm
tablet: 250mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

nevirapine (*Viramune*)

suspension: 50mg/5ml
tablet 200mg

retrovir (*AZT/zidovudine*)

capsule: 100mg
syrup: 50mg/5ml
tablet: 300mg

ritonavir (*Norvir*)

capsule: 100mg
oral solution: 80mg/ml

saquinavir (*Fortovase*)

capsule: 200mg

saquinavir mesylate (*Invirase*)

capsule: 200mg

stavudine (*Zerit*)

capsule: 15, 20, 30, 40mg
oral solution: 1mg/ml

tenofovir (*Viread*)

tablet: 300mg

valacyclovir (*Valtrex*)

tablet: 500mg, 1000mg

CEPHALOSPORINS

cefactor (*generic Ceclor*)

capsule: 250, 500mg
suspension: 125mg/5ml, 187mg/5ml,
375mg/5ml

cefdinir (*Omnicef*)

suspension: 125mg/5ml, 250mg/5ml

cefditoren (*spectracef*)

tablet: 200mg

cefprozil (*Cefzil*)

suspension: 125mg/5ml, 250mg/5ml

cefuroxime (*generic Ceftin*)

tablet: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

I. ANTI-INFECTIVE AGENTS cont'd

CEPHALOSPORINS cont'd

cephalexin (generic Keflex)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

MACROLIDES

azithromycin (Zithromax)
capsule: 250mg (Z-pak)
powder pack: 1gm pack
suspension: 100mg/5ml, 200mg/5ml
tablet: 500 x 3 (Tri-Pak)
tablet: 600mg

clarithromycin (generic Biaxin)
suspension: 125mg/5ml, 187.5mg/5ml,
250mg/5ml
tablet: 250, 500mg

clindamycin (generic Cleocin)
capsule: 150, 300mg

clindamycin palmitate (Cleocin Pediatric)
suspension: 75mg/5ml

erythromycin base (generic E-Mycin)
EC tablet: 250, 500mg

erythromycin ethylsuccinate (generic E.E.S.)
chewable tab: 200mg
drop: 100mg/2.5ml
granule: 200mg/5ml
suspension: 200mg/5ml, 400mg/5ml
tablet: 400mg

erythromycin stearate (generic Erythrocin)
tablet: 250, 500mg

MISCELLANEOUS ANTI-INFECTIVES

metronidazole (generic Flagyl)
tablet: 250, 500mg

nitrofurantoin microcrystals (generic Macrochantin)
capsule: 50, 100mg

I. ANTI-INFECTIVE AGENTS cont'd

MISCELLANEOUS ANTI-INFECTIVES cont'd

trimethoprim (generic Proloprim)
tablet: 100mg

PENICILLINS

amoxicillin (generic Amoxil)
capsule: 250, 500mg
chewable tab: 125, 250, 400mg
drop: 50mg/ml
suspension: 125mg/5ml, 250mg/5ml,
400mg/5ml
tablet: 875mg

amoxicillin/potassium clavulanate (generic Augmentin)
chewable tab: 125, 200, 250, 400mg
suspension: 200mg/5ml, 400mg/5ml
ES suspension: 600mg/5ml
tablet: 250, 500, 875mg
XR tablet: 1gm

ampicillin (generic Principen)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

dicloxacillin (generic Dycill)
capsule: 250mg
suspension: 62.5mg/5ml

penicillin VK (generic PenVee K)
suspension: 125mg/5ml, 250mg/5ml
tablet: 125, 250, 500mg

QUINOLONES

ciprofloxacin (generic Cipro)
cystitis pack: 100mg
tablet: 250, 500, 750mg

levafloxacin (Levaquin)
tablet: 250, 500, 750mg

SULFONAMIDES

sulfasalazine (generic Azulfidine)
tablet: 500mg

I. ANTI-INFECTIVE AGENTS cont'd

SULFONAMIDES cont'd

sulfisoxazole (*Gantrisin*)
suspension: 500mg/5ml

trimethoprim/sulfamethoxazole (generic
Septra)
suspension; 40mg-200mg/5ml
tablet: 80mg-400mg
DS-tablet: 160mg-800mg

TETRACYCLINES

doxycycline (generic *Vibramycin*)
capsule: 50, 100mg
tablet: 50, 100 mg

minocycline (generic *Minocin*)
capsule: 50, 75, 100mg

tetracycline (generic *Achromycin V*)
capsule: 250, 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

ANTINEOPLASTIC

altretamine (*Hexalen*)
capsule: 50mg

anastrozole (*Arimidex*)
tablet: 1mg

bexarotene (*Targretin*)
capsule: 75mg

bicalutamide (*Casodex*)
tablet: 50mg

busulfan (*Myleran*)
tablet: 2mg

capecitabine (*Xeloda*)
tablet: 150, 500mg

chlorambucil (*Leukeran*)
tablet: 2mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

cyclophosphamide (generic *Cytosan*)
tablet: 25, 50mg

estramustine (*Emyct*)
capsule: 140mg

etoposide (*Vepesid*)
capsule: 50mg

exemestane (*Aromasin*)
tablet: 25mg

fluorouracil (*Efudex*)
cream: 0.5%
solution: 2%, 5%

flutamide (generic *Eulexin*)
capsule: 125mg

hydroxyurea (generic *Hydrea*)
capsule: 500mg

imatinib (*Gleevec*)
capsule: 100mg

letrozole (*Femara*)
tablet: 2.5mg

leucovorin calcium (generic *leucovorin*)
tablet: 5, 10, 15, 25mg

lomustine (*CeeNU*)
capsule: 10, 40, 100mg

megestrol acetate (generic *Megace*)
suspension: 40mg/ml
tablet: 20, 40mg

melphalan (*Alkeran*)
tablet: 2mg

mercaptopurine (*Purinethol*)
tablet: 50mg

methotrexate (generic *methotrexate*)
tablet: 2.5mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

mitotane (*Lysodren*)
tablet: 500mg

nilutamide (*Nilandron*)
tablet: 50, 150mg

procarbazine (*Matulane*)
capsule: 50mg

tamoxifen citrate (*generic Nolvadex*)
tablet: 10, 20mg

temozolomide (*Temodar*)
capsule: 5, 20, 100, 250mg

testolactone (*Teslac*)
tablet: 50mg

thioguanine (*Thioguanine*)
tablet: 40mg

toremifene citrate (*Fareston*)
tablet: 60mg

tretinoin (*Vesanoid*)
capsule: 10mg

IMMUNOSUPPRESSANTS

azathioprine (*generic Imuran*)
tablet: 50mg

cyclosporine (*generic Neoral*)
gel capsule: 25, 100mg

cyclosporine (*generic Sandimmune*)
capsule: 25, 100mg

mycophenolate mofetil (*Cellcept*)
capsule: 250mg
powder: 200mg/ml
tablet: 500mg

mycophenolate mofetil extended-release
(*Myfortic*)
tablets: 180, 360mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

IMMUNOSUPPRESSANTS cont'd

sirolimus (*Rapamune*)
solution: 1mg/ml
tablet: 1, 2mg

tacrolimus (*Prograf*)
capsule: 0.5, 1, 5mg

III. CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

amitriptyline (*generic Elavil*)
tablet: 10, 25, 50, 75, 100, 150mg

bupropion (*generic Wellbutrin*)
tablet: 75, 100mg

bupropion SR (*Wellbutrin-SR*)
SR tablet: 100, 150, 200mg

citalopram (*generic Celexa*)
solution: 10mg/5ml
tablet: 10, 20, 40mg

desipramine (*generic Norpramine*)
tablet: 25, 50, 75, 100, 150mg

doxepin (*generic Adapin, generic Sinequan*)
capsule: 10, 25, 50, 75, 100mg

fluoxetine (*generic Prozac*)
capsule: 10, 20mg
liquid: 20mg/5ml

fluvoamine (*generic Luvox*)
tablet: 25, 50, 100mg

imipramine (*generic Tofranil*)
tablet: 10, 25, 50mg

mirtazapine (*generic Remeron*)
tablet: 15, 30mg

nortriptyline (*generic Aventyl, generic Pamelor*)
capsule: 10, 25, 50, 75mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIDEPRESSANTS cont'd

paroxetine (generic *Paxil*)
tablet: 10, 20, 30, 40mg

phenelzine (*Nardil*)
tablet: 15mg

sertraline (*Zoloft*)
solution: 20mg/ml
tablet: 25, 50, 100mg

tranylcypromine (*Parnate*)
tablet: 10mg

trazodone (generic *Desyrel*)
tablet: 50, 100, 150mg

venlafaxine (*Effexor*, *Effexor-XR*) **QL**
tablet: 25, 37.5, 50, 75, 100mg
XR capsules: 37.5, 75, 150mg

ANTIMANIA

divalproex (*Depakote*)
tablet: 125, 250, 500mg
capsule: 125mg sprinkle

divalproex ER (*Depakote ER*)
ER tablet: 250, 500mg

lithium carbonate (generic *Eskalith*)
capsule: 300mg

lithium carbonate (*Lithobid*)
SR tablet: 300mg

lithium carbonate CR (*Eskalith-CR*)
CR tablet: 450mg

ANTIPSYCHOTICS

aripiprazole (*Abilify*)
tablet: 5, 10, 15, 20, 30mg
oral solution: 1mg/ml

chlorpromazine (generic *Thorazine*)
concentrate: 30mg/ml, 100mg/ml
tablet: 10, 25, 50, 100, 200mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIPSYCHOTICS cont'd

clozapine (generic *Clozaril*)
tablet: 25, 100mg

fluphenazine (generic *Prolixin*)
concentrate: 5mg/ml, 2.5mg/5ml
tablet: 1, 2.5, 5, 10mg

haloperidol (generic *Haldol*)
concentrate: 2mg/ml
tablet: 0.5, 1, 2, 5, 10mg

loxapine (generic *Loxitane*)
capsule: 5, 10, 25, 50mg

olanzapine (*Zyprexa*)
tablet: 2.5, 5, 7.5, 10, 15, 20mg

perphenazine (generic *Trilafon*)
concentrate: 16mg/5ml
tablet: 2, 4, 8, 16mg

perphenazine w/amitriptyline (generic *Triavil*)
tablet: 2/10mg, 2/25mg, 4/10mg, 4/25mg,
4/50mg

quetiapine (*Seroquel*)
tablet: 25, 100, 200, 300mg

risperidone (*Risperdal*)
solution: 1mg/ml
tablet: 0.25, 0.5, 1, 2, 3, 4mg

thiothixene (generic *Navane*)
capsule: 1, 2, 5, 10mg
concentrate: 5mg/ml

trifluoperazine (generic *Stelazine*)
tablet: 1, 2.5, 5, 10mg

ziprasidone (*Geodon*) **QL=60**
capsule: 20, 40, 60, 80mg

ANXIOLYTICS, SEDATIVES & HYPNOTICS

alprazolam (generic *Xanax*)
tablet: 0.25, 0.50, 1, 2mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANXIOLYTICS, SEDATIVES & HYPNOTICS cont'd

- buspirone** (generic *Buspar*)
tablet: 5, 7.5, 10, 15, 30mg
- chlordiazepoxide** (generic *Librium*)
capsule: 5, 10, 25mg
- clonazepam** (generic *Klonopin*)
tablet: 0.5, 1, 2mg
- clorazepate** (generic *Tranxene*)
tablet: 3.75, 7.5, 15mg
- diazepam** (generic *Valium*)
tablet: 2, 5, 10mg
- lorazepam** (generic *Ativan*)
tablet: 0.5, 1, 2mg
- oxazepam** (generic *Serax*)
capsule: 10, 15, 30mg
- phenobarbital** (generic *Luminal*)
elixir: 20mg/5ml
tablet: 15, 30, 60, 100mg
- temazepam** (generic *Restoril*)
capsule: 7.5, 15, 30mg
- zolpidem** (Ambien) **QL=30**
tablet: 5, 10mg

CEREBRAL STIMULANTS

- amphetamine/dextroamphetamine** (generic *Adderall*) **AL**
tablet: 5, 10, 15, 20, 30mg (age 3-18 years only)
- amphetamine/dextroamphetamine ER** (*Adderall-XR*) **AL, QL=30**
ER capsule: 5, 10, 15, 20, 25, 30mg (age 3-18 years only)
- atomoxetine** (Strattera) **PA, QL**
capsule: 10, 18, 25, 40, 60mg

III. CENTRAL NERVOUS SYSTEM cont'd

CEREBRAL STIMULANTS cont'd

- dextroamphetamine** (generic *Dexedrine*) **AL**
tablet: 5, 10mg (age 3-18 years only)
SR capsule: 5, 10, 15mg (age 3-18 years only)
- methylphenidate** (generic *Ritalin*) **AL**
tablet: 5, 10, 20mg (age 3-18 years only)
- methylphenidate CR** (*Concerta, Metadate-CD*) **AL, QL=30**
CR tablet: 18, 27, 36, 54mg (age 3-18 years only)
CR capsule: 20, 40, 50, 60mg (age 3-18 years only)
- methylphenidate SR** (generic *Ritalin SR, Methylin ER*) **AL, QL=30**
ER tablet: 10, 20mg (age 3-18 years only)
SR tablet: 20mg (age 3-18 years only)

CHOLINESTERASE INHIBITORS

- donepezil** (Aricept)
tablet: 5, 10mg

IV. NEUROMUSCULAR AGENTS

ANTICONVULSANTS

- carbamazepine** (generic *Tegretol*)
chewable tab: 100mg
tablet: 200mg
suspension: 100mg/5ml
- carbamazepine SR** (*Tegretol XR*)
SR tablet: 100, 200, 400mg
- clonazepam** (generic *Klonopin*)
tablet: 0.5, 1, 2mg
- divalproex** (*Depakote*)
ER tablet: 250, 500mg
tablet: 125, 250, 500mg
capsule: 125mg sprinkle

IV. NEUROMUSCULAR AGENTS cont'd

ANTICONVULSANTS cont'd

ethosuximide (*Zarontin*)

capsule: 250mg
syrup: 250mg/5ml

felbamate (*Felbatol*)

suspension: 600mg/5ml
tablet: 400, 600mg

gabapentin (generic *Neurontin*) **PA**

capsule: 100, 300, 400mg
solution: 250mg/5ml
tablet: 600, 800mg

lamotrigine (*Lamictal*)

chewable tab: 5, 25mg
tablet: 125, 100, 150, 200mg

levatiracetam (*Keppra*)

tablet: 250, 500, 750mg

oxcarbazepine (*Trileptal*)

suspension: 300mg/5ml
tablet: 150, 300, 600mg

phenobarbital (generic *Luminal*)

elixir: 20mg/5ml
tablet: 8, 16, 32, 60, 100mg

phenytoin (*Dilantin*)

capsule: 30, 100mg
chewable tab: 50mg
suspension: 50mg/5ml, 125mg/5ml

primidone (generic *Mysoline*)

suspension: 250mg/5ml
tablet: 50, 250mg

tiagabine (*Gabitril*)

tablet: 2, 4, 12, 16mg

topiramate (*Topamax*) **PA**

capsule: 15, 25mg
tablet: 25, 50, 100, 200mg

IV. NEUROMUSCULAR AGENTS cont'd

ANTICONVULSANTS cont'd

valproic acid (generic *Depakene*)

capsule: 250mg
syrup: 250mg/5ml

ANTIMYASTHENIC AGENTS

pyridostigmine bromide (generic *Mestinon*)

tablet: 60, 180mg

riluzole (*Rilutek*) **PA**

tablet: 50mg

ANTIPARKINSONS

amantadine (generic *Symmetrel*)

capsule: 100mg

benztropine mesylate (generic *Cogentin*)

tablet: 0.5, 1, 2mg

bromocriptine mesylate (*Parlodel*)

capsules: 5mg
tablet: 2.5mg

carbidopa/levodopa (generic *Sinemet*)

tablet: 10/100mg, 25/100mg, 25/250mg
CR tablet: 25/100, 50/200mg

levodopa (*Larodopa*)

tablet: 100, 250, 500mg

selegiline (generic *Eldepryl*)

capsules: 5mg
tablet: 5mg

trihexyphenidyl (generic *Artane*)

elixir: 0.4mg/ml
tablet: 2, 5mg

MUSCLE RELAXANTS

baclofen (generic *Lioresal*)

tablet: 10, 20mg

carisoprodol (generic *Soma*)

tablet: 350mg

IV. NEUROMUSCULAR AGENTS cont'd

MUSCLE RELAXANTS cont'd

cyclobenzaprine (generic Flexeril)
tablet: 10mg

dantrolene (Dantrium)
capsule: 25, 50, 100mg

diazepam (generic Valium)
tablet: 2, 5, 10mg

methocarbamol (generic Robaxin)
tablet: 500, 750mg

V. ENDOCRINE & METABOLIC DRUGS

ANDROGENS

fluoxymesterone (generic Halotestin)
tablet: 2, 5, 10mg

methyltestosterone (Methitest)
tablet: 10mg

testosterone patch (Androderm)
patch: 2.5, 5mg/24 hours

ANTIDIABETIC

glimepiride (Amaryl)
tablet: 1, 2, 4mg

glipizide (generic Glucotrol)
tablet: 5, 10mg (NO XL)

glyburide (generic Diabeta, generic Micronase)
tablet: 1.25, 2.5, 5mg

glyburide/metformin (Glucovance)
tablet: 2.5/250mg, 2.5/500mg

human insulin (Humulin, Novolin)
100U/ml /10ml vial

human insulin aspart (Novolog)
100U/ml /10ml vial

V. ENDOCRINE & METABOLIC DRUGS cont'd

ANTIDIABETIC cont'd

human insulin glargine (Lantus)
100U/ml /10ml vial

human insulin lispro (Humalog)
100U/ml /10ml vial

metformin (generic Glucophage)
tablet: 500, 850, 1000mg (NO XR)

pioglitazone (Actos)
tablet: 15, 30mg

rosiglitazone (Avandia)
tablet: 2, 4, 8mg

roiglitazone/metformin (Avandamet)
tablet: 2mg/500mg, 4mg/500mg

ANTITHYROIDS

methimazole (generic Tapazole)
tablet: 5, 10mg

propylthiouracil (generic PTU)
tablet: 50mg

CONDOMS & SPERMICIDES

**All condoms and spermicides are covered.
OTC**

CONTRACEPTIVES

Apri (generic Desogen)
tablet: 0.15mg/30mcg

Enpresse (generic Triphasil)
tablet: 0.05mg/30mcg, 0.075mg/40mcg,
0.125mg/30mcg

ethinyl estradiol/etonogestrel (Nuvaring)
ring: 12mcg/0.015mg

Kariva (generic Mircette)
tablet: 0.15mg/20mcg

Lessina (generic Alesse)
tablet: 0.1mg/20mcg

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES cont'd

Levora (generic Nordette)
tablet: 0.15/30mcg

Low-Ogestrel (generic Lo/Ovral)
tablet: 0.3mg/30mcg

Necon (generic Norinyl)
tablet: 1mg/35mcg, 1mg/50mcg

norelgestromin/ethinyl estradiol (Ortho Evra)
QL
patch: 0.15mg/20mcg (max=3 patches per
28 days)

norethindrone (generic Nor-QD)
tablet: 0.35mg

norethindrone/ethinyl estradiol (Estrostep Fe)
tablet: 1mg/20mcg, 1mg/30mcg, 1mg/
35mcg

norethindrone/ethinyl estradiol (generic
Ovcon)
tablet: 0.4mg/35mcg, 1mg/50mcg

norethindrone/ethinyl estradiol (Tri-Norinyl)
tablet: 0.5mg/35mcg, 1mg/35mcg, 0.5mg/
35mcg

norethindrone/ethinyl estradiol (generic
Ortho 777)
tablet: 0.5 mg/35mcg, 0.75mg/35mcg, 1mg/
35mcg

norgestrel (Ovrette)
tablet: 0.075mg

Nortel (generic Brevicon, generic Modicon)
tablet: 0.5mg/35mcg

Ogestrel (generic Ovral)
tablet: 0.5mg/50mcg

Sprintec (generic Ortho Cyclen)
tablet: 0.25 mg/35mcg

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES cont'd

tri-sprintec (generic Ortho Tri-Cyclen)
tablet: 0.18, 0.215, 0.25mg/35mcg

Zovia (generic Demulen)
tablet: 1mg/35mcg, 1mg/50mcg

CORTICOSTEROIDS-ORAL

cortisone acetate (generic Cortisone)
tablet 25mg

dexamethasone (generic Decadron)
elixir: 0.5mg/5ml
tablet: 0.25, 0.5, 0.75, 1.5, 2, 4, 6mg

fludrocortisone (generic Florinef)
tablet: 0.1mg

hydrocortisone (generic Cortef)
tablet: 20mg

methylprednisolone (generic Medrol)
dose pak: 4mg
tablet: 4mg

prednisolone (generic Pediapred)
liquid: 6.7mg/5ml
solution: 15mg/5ml

prednisolone (generic Prelone)
syrup: 5mg/5ml, 15mg/5ml

prednisone (generic Deltasone)
tablet: 1, 2.5, 5, 10, 20, 50mg

DIABETIC TESTING SUPPLIES

Blood Glucose Monitoring Kits

FS System

Freestyle Kit Flash

One Touch Basic

One Touch Ultra

One Touch Ultra Smart

V. ENDOCRINE & METABOLIC DRUGS cont'd

DIABETIC TESTING SUPPLIES cont'd

Precision Kit

Surestep Kit

Blood Testing Strips and Lancets

Fasttake testing strips

Freestyle testing strips and lancets

One Touch testing strips and lancets

One Touch Ultra testing strips

Penlet lancet device

Precision teststrips

Precision Extra teststrips

Surestep testing strips

Thin lancets (Abbott)

Insulin Syringes

B-D, Sure-Dose

Miscellaneous - Diabetic Supplies

Glucose Tab, Urine Test Strips, Urine Test Tab

DIAPHRAGMS

Ortho All-Flex
various sizes

ESTROGENS

conjugated estrogen (Premarin)
tablet: 0.3, 0.45, 0.625, 0.9, 1.25, 2.5mg
vaginal cream: 0.625mg/gm

conjugated estrogens/medroxyprogesterone (Prempro)
tablet: 0.3/1.5mg, 0.45/1.5mg, 0.625/2.5mg,
0.625/5mg

V. ENDOCRINE & METABOLIC DRUGS cont'd

ESTROGENS cont'd

estradiol (generic Climara)
patch: 0.05, 0.075, 0.1, 0.25mg

estradiol (generic Estrace)
tablet: 0.5, 1mg

estradiol/norethindrone (Combipatch)
patch: 0.05/0.14, 0.05/0.25

estropipate (generic Ogen)
tablet: 0.625, 1.25, 2.5mg

MISCELLANEOUS ENDOCRINE

alendronate (Fosamax) PA
tablet: 5, 10, 70mg

calcitonin (Miacalcin NS)
nasal spray: 200IU

desmopressin acetate (generic DDAVP)
nasal solution: 0.01%, 2.5 and 5ml
nasal spray: 0.01% 5ml
tablet: 0.1, 0.2mg

raloxifene (Evista)
tablet: 60mg

OXYTOCICS

methylergonovine (Methergine)
tablet: 0.2mg

PROGESTINS

medroxyprogesterone (generic Provera)
tablet: 2.5, 5, 10mg

medroxyprogesterone depot (generic Depo-Provera) QL
injection: 150mg/ml (max=1ml per 90 days)

norethindrone acetate (Aygestin)
tablet: 5mg

V. ENDOCRINE & METABOLIC DRUGS cont'd

THYROID REPLACEMENTS

levothyroxine (generic *Levoxyl*, generic *Synthroid*)
tablet: 0.025, 0.05, 0.075, 0.088, 0.1, 0.112,
0.125, 0.137, 0.15, 0.175, 0.2, 0.3mg

liotrix (*Thyrolar*)
tablet: 15, 30, 60, 120, 180mg

thyroid (generic *Armour Thyroid*)
tablet: 0.25, 0.5, 1, 1.5, 2, 3, 4, 5gr

VI. CARDIOVASCULARS

ANTIANGINALS

isosorbide dinitrate (generic *Isordil*)
SL tablet: 2.5, 5, 10mg
SR tablet: 40mg
tablet: 5, 10, 20, 30mg

isosorbide mononitrate (generic *Imdur*)
tablet: 30, 60, 120mg

nitroglycerin (*Nitrostat*)
ointment: 2%
SL tablet: 0.3, 0.4, 0.6mg

nitroglycerin patch (generic *Nitro-Dur*)
patch: 0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg/hr

ANTIARRHYTHMICS

amiodarone (generic *Cordarone*)
tablet: 200mg

digoxin (*Lanoxin*)
elixir: 0.05mg/ml
tablet: 0.125, 0.25, 0.5mg

disopyramide (generic *Norpace*)
capsule: 100, 150mg

disopyramide CR (generic *Norpace CR*)
CR capsule: 150mg

VI. CARDIOVASCULARS cont'd

ANTIARRHYTHMICS cont'd

flecainide (generic *Tambocor*)
tablet: 50, 100, 150mg

moricyzine (*Ethmozine*)
tablet: 200, 250, 300mg

procainamide (generic *Pronestyl*)
capsule: 250, 375, 500mg
SR tablet: 250, 500, 750mg, 1gm

propafenone (generic *Rhythmol*)
tablet: 150, 225, 300mg

quinidine gluconate (generic *Quinaglute*)
tablet: 324mg

quinidine sulfate (generic *Quinidex*)
tablet: 100, 200, 300mg

tocainide (*Tonocard*)
tablet: 400, 600mg

ANTIHYPERLIPIDEMICS

cholestyramine (generic *Questran*)
packets, powder

gemfibrozil (generic *Lopid*)
tablet: 600mg

lovastatin (generic *Mevacor*) **QL=30**
tablet: 20, 40mg

niacin, controlled-release (*Slo-Niacin*) **OTC**
tablet: 500, 750, 1000mg

simvastatin (generic *Zocor*) **QL=30**
tablet: 10, 20, 40, 80mg (max=30 per
month)

ANTIHYPERTENSIVES

ACE Inhibitors and Combinations

benazepril (generic *Lotensin*)
tablet: 5, 10, 20, 40mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

benazepril/HCTZ (generic Lotensin HCT)
tablet: 5/6.25mg, 10/12.5mg, 20/12.5mg,
20/25mg

captopril (generic Capoten)
tablet: 12.5, 25, 50, 100mg

captopril/HCTZ (generic Capozide)
tablet: 25/15mg, 25/25mg, 50/15mg, 50/
25mg

enalapril (generic Vasotec)
tablet: 2.5, 5, 10, 20mg

enalapril/HCTZ (generic Vasoretic)
tablet: 5/12.5mg, 10/25mg

lisinopril (generic Zestril)
tablet: 2.5, 5, 10, 20, 30, 40mg

lisinopril/HCTZ (generic Zestoretic)
tablet: 10/12.5mg, 20/12.5mg, 20/25mg

trandolopril (Mavik)
tablet: 1, 2, 4mg

Angiotensin Receptor Blockers (ARB)

losartan (Cozaar)
tablet: 25, 50, 100mg

losartan/HCTZ (Hyzaar)
tablet: 12.5/50mg, 12.5/100mg, 25/100mg

olmesartan (Benicar)
tablet: 5, 20, 40mg

olmesartan/HCTZ (Benicar HCT)
tablet: 12.5/20, 12.5/40, 25/40mg

valsartan (Diovan)
tablet: 40, 80, 160, 320mg

Sympatholytics & Vasodilators

clonidine (generic Catapres)
tablet: 0.1, 0.2, 0.3mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

doxazosin (generic Cardura)
tablet: 1, 2, 4, 8mg

guanabenz acetate (generic Wytensin)
tablet: 4, 8mg

guanfacine (generic Tenex)
tablet: 1, 2mg

methyldopa (generic Aldomet)
tablet: 250, 500mg

prazosin (generic Minipres)
tablet: 1, 2, 5mg

terazosin (generic Hytrin)
capsule: 1, 2, 5, 10mg

BETA BLOCKERS

atenolol (generic Tenormin)
tablet: 25, 50, 100mg

atenolol/chlorthalidone (generic Tenoretic)
tablet: 50/25mg, 100/25mg

carvedilol (Coreg)
tablet: 3.125, 6.25, 12.5, 25mg

labetalol (generic Normodyne)
tablet: 100, 200, 300mg

metoprolol (generic Lopressor)
tablet: 50, 100mg

nadolol (generic Corgard)
tablet: 20, 40, 80, 120, 160mg

propranolol (generic Inderal)
tablet: 10, 20, 40, 60, 80, 90mg

propranolol CR (Inderal LA)
capsule: 60, 80, 120, 160mg

propranolol/HCTZ (generic Inderide)
tablet: 40/25mg, 80/25mg

VI. CARDIOVASCULARS cont'd

CALCIUM CHANNEL BLOCKERS

- amlodipine** (Norvasc)
tablet: 2.5, 5, 10mg
- amlodipine/benazepril** (Lotrel)
tablet: 2.5/10mg, 5/10mg, 5/20mg
- diltiazem** (generic Cardizem)
tablet: 30, 60, 90, 120mg
- diltiazem ER** (generic Dilacor XR)
capsule: 120, 180, 240mg/24hr
- diltiazem ER** (generic Cardizem CD)
capsule: 120, 180, 240, 300mg/24hr
- diltiazem SR** (generic Cardizem SR)
capsule: 60, 90, 120mg/12hr
- felodipine** (generic Plendil)
tablet: 2.5, 5, 10mg
- nifedipine** (generic Procardia)
capsule: 10, 20mg
- nifedipine ER** (generic Adalat CC, generic Procardia XL)
tablet: 30, 60, 90mg
- verapamil** (generic Calan, generic Isoptin)
tablet: 40, 80, 120mg
- verapamil CR** (generic Calan SR, generic Isoptin SR)
tablet: 120, 180, 240mg

DIURETICS

- acetazolamide** (generic Diamox)
tablets: 125, 250mg
- bumetanide** (generic Bumex)
tablet: 0.5, 1.0, 2mg
- chlorthalidone** (generic Hygroton)
tablet: 25, 50, 100mg

VI. CARDIOVASCULARS cont'd

DIURETICS cont'd

- furosemide** (generic Lasix)
tablet: 20, 40, 80mg
solution: 10mg/ml, 40mg/5ml
- hydrochlorothiazide** (generic Hydrodiuril)
tablet: 25, 50, 100mg
- indapamide** (generic Lozol)
tablet: 1.25, 2.5mg
- metozalone** (generic Zaroxolyn)
tablet: 2.5, 5, 10mg
- spironolactone** (generic Aldactone)
tablet: 25, 50, 100mg
- spironolactone/HCTZ** (generic Aldactazide)
tablet: 25/25mg, 50/50mg
- triamterene/HCTZ** (generic Dyazide, generic Maxzide)
capsule: 50mg/25mg
tablet: 37.5/25mg, 75/50mg

ANTICOAGULANTS & BLOOD MODIFIERS

- clopidogrel** (Plavix) **PA**
tablet: 75mg
- dipyridamole** (generic Persantine)
tablet: 25, 50, 75mg
- pentoxifylline** (generic Trental)
tablet: 400mg

- warfarin** (Coumadin)
tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg

VII. RESPIRATORY AGENTS

ANTIASTHMATICS

- albuterol** (Proventil) **QL**
MDI: 90mcg/puff
solution: 5mg/ml
solution for inhalation: 0.083%
syrup: 2mg/5ml
tablet: 2, 4mg

VII. RESPIRATORY AGENTS cont'd

ANTIASTHMATICS cont'd

albuterol/ipratropium (Combivent) **QL**

MDI: 90mcg/18mcg/puff

formoterol (generic Foradil) **QL**

powder capsules for inhalation

ipratropium bromide (generic Atrovent) **QL**

inhalation solution: 0.02%

MDI: 18mcg/puff

levalbuterol (Xopenex) **QL, ST**

inhalation solution: 0.021%, 0.042%
(max=288ml per month)

metaproterenol (generic Alupent)

MDI: 65mcg/puff

metaproterenol (generic Metaprel)

solution for inhalation: 0.4, 0.6, 5%
syrup: 10mg/5ml
tablet: 10, 20mg

pirbuterol (Maxair) **QL**

MDI: 0.2mg Autohaler

salmeterol (Serevent Diskus) **QL**

diskus: 50mcg/dose (max=1 diskus per month)

terbutaline (generic Brethine)

tablets: 2.5/5mg

theophylline (Slo-Phylline)

elixir: 80 mg/15ml
solution: 80mg/15ml
tablet: 100, 200mg

theophylline SR (Theophylline SR)

capsule: 125/300mg
tablet: 125, 200, 300, 450mg

theophylline SR (Uniphyll)

tablet: 400, 600mg

tiotropium (Spiriva) **QL**

powder for inhalation (capsules)

VII. RESPIRATORY AGENTS cont'd

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

bpm/pseudoephedrine (generic Bromfed, generic Rondec)

capsule: 12mg/120mg, 6mg/60mg

syrup: 4mg/45mg/5ml

tablet: 4mg/60mg

chlorpheniramine/pseudoephedrine (generic Deconamine)

chewable tab: 1mg/15mg

SR tablet: 8mg/120mg

syrup: 2mg/30mg/5ml

tablet: 4mg/60mg

cpm/phenylephrine/methoscopolamine

(generic Extendryl)

chewable tab: 2/10/1.25mg

CR tablet: 8/20/2.5mg

syrup: 2/10/1.25mg/5ml

cpm/phenylephrine/pyrilamine (generic

Rynatan-S)

suspension: 2mg/5mg/12.5mg/5ml

phenylephrine, chlorpheniramine, dextromethorphan (generic Rondec DM

Drops)

solution: 3.5/1/3mg/ml

phenylephrine, chlorpheniramine,

dextromethorphan (Trital DM, Corfen DM, Norel DM)

syrup: 10/4/15mg/5ml

pseudoephedrine (generic Sudafed) **OTC**

tablet: 30, 60mg

pseudoephedrine/guaifenesin (generic

Zephrex LA)

tablet: 120/500mg, 90/600mg, 120/600mg

triprolidine/pseudoephedrine (generic

Actifed) **OTC**

tablet: 2/30mg

VII. RESPIRATORY AGENTS cont'd

ANTI-HISTAMINES

cetirizine (Zyrtec) **QL, AL, PA**

syrup: 5mg/5ml (max= 300ml per month),
(age limit <12)

chlorpheniramine (generic Chlor-Trimeton)
OTC

tablet: 4, 8mg
solution: 2mg/5ml

ciproheptadine (generic Periactin)
syrup: 2mg/5ml
tablet: 4mg

dexchlorpheniramine (generic Polaramine)
CR tablet: 4mg, 6mg
syrup: 2mg/5ml

diphenhydramine (generic Benadryl)
capsule: 50mg

diphenhydramine (generic Benadryl) **OTC**
capsule: 25mg
tablet: 25mg
elixir: 12.5mg/5ml

hydroxyzine (generic Atarax)
syrup: 10mg/5ml
tablet: 10, 25, 50mg

hydroxyzine pamoate (generic Vistaril)
capsule: 25, 50, 100mg

loratadine (generic Claritin) **OTC, QL**
syrup: 10mg/10ml (max=300ml per month)
tablet: 10mg (max=30 per month)
OD tablet: 10mg (max=30 per month)

loratadine/pseudoephedrine (generic Claritin-D) **OTC, QL**
12 hr. tablet: 5mg/120mg (max=60 per month)
24 hr. tablet: 10mg/240mg (max=30 per month)

VII. RESPIRATORY AGENTS cont'd

ANTITUSSIVES

benzonatate (generic Tessalon Perles)
capsule: 100mg

codeine/guaifenesin (generic Robitussin AC)
syrup: 10mg/100mg/5ml

codeine/promethazine (generic Phenergan w/
codeine)
syrup: 10mg/6.25mg/5ml

dextromethorphan/guaifenesin (generic
Humibid DM)
tablet: 30mg/600mg

Dextromethorphan/guaifenesin (generic
Diabetic Tussin DM, max. strength Diabetic
Tussin DM) **OTC**
liquid: 10mg/100mg/5ml
liquid: 10mg/200mg/5ml

guaifenesin (generic Robitussin) **OTC**
syrup: 100mg/5ml

guaifenesin CR (generic Duratuss-G, generic
Humibid LA)
tablet: 600mg, 1200mg

hydrocodone/guaifenesin (generic Duratuss
HD)
elixir:

hydrocodone/homatropine (generic Hycodan)
syrup: 5mg/5ml

promethazine/dextromethorphan (generic
Phenergan DM)
syrup: 6.25mg/100mg/5ml

pseudoephedrine/guaifenesin (generic
Deconal II)
tablet: 60mg/600mg

phenylephrine/hydrocodone/guaifenesin
(generic Duratuss HD)
elixir: 10mg/2.5mg/225mg/5ml

VII. RESPIRATORY AGENTS cont'd

INHALED STEROIDS AND ANTI-INFLAMMATORIES

beclomethasone (*Vanceril*)

MDI: 42mcg/puff

beclomethasone dipropionate HFA (QVAR)

MDI: 40mcg/puff, 80mcg/puff

budesonide (*Pulmicort*) **QL**

pulvules: 0.25mg/ml, 0.5mg/ml AL<9

inhaler: 0.2mg/puff

cromolyn sodium (generic *Intal*)

solution: 20mg/2ml

cromolyn sodium (*Intal*)

MDI: 800mcg/puff

fluticasone propionate (*Flovent*) **QL**

MDI: 44mcg, 110mcg, 220mcg/puff

fluticasone/salmeterol (*Advair Diskus*) **QL=1**

diskus: 100/50, 250/50, 500/50mcg/puff

nedocromil (*Tilade*)

MDI: 1.75mg/puff

triamcinolone (*Azmacort*) **QL**

MDI: 100mcg/puff

INTRANASAL STEROIDS

beclomethasone (*Beconase AQ*)

nasal spray: 50mcg/puff

fluticasone (*Flonase*)

nasal spray: 50mcg/puff

mometasone furoate (generic *Nasonex*)

nasal spray: 50mcg/puff

triamcinolone (generic *Nasacort AQ*)

nasal spray: 55mcg/puff

VII. RESPIRATORY AGENTS cont'd

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast (*Singulair*) **ST**

chewable tab: 4, 5mg

granules: 4mg

tablet: 10mg

zafirlukast (*Accolate*) **ST**

tablet: 10, 20mg

SPACER DEVICES

Aerochamber

Aerochamber w/Mask

Easivent

EZ-spacer

EZ-spacer w/Mask

Inspirease

Optichamber

Optihaler

sterile normal saline (generic *Bronchosaline*)
OTC

VIII. GASTROINTESTINAL AGENTS

ANTIEMETICS

meclizine (generic *Antivert*)

tablet: 12.5, 25mg

ondansetron (*Zofran ODT*) **QL**

tablet: 4, 8mg (max=10 per month)

tablet: 24mg (max=1 per treatment)

OD tablet: 4, 8mg (max=10 per month)

solution: 4mg/5ml (max=50ml per month)

prochlorperazine (generic *Compazine*)

suppository: 2.5, 5, 25mg

syrup: 5mg/5ml

tablet: 5, 10, 25mg

VIII. GASTROINTESTINAL AGENTS cont'd

ANTIEMETICS cont'd

promethazine (generic Phenergan)
suppository: 25, 50mg
tablet: 12.5, 25, 50mg

ANTISPASMODIC & G.I. MOTILITY

dicyclomine (generic Bentyl)
capsule: 10mg
tablet: 20mg

difenoxylate/atropine (generic Lomotil)
liquid: 2.5mg/0.025mg/5ml
tablet: 2.5mg/0.025mg

hyoscyamine sulfate (generic Levsin)
drop: 0.125mg/ml
elixir: 0.125mg/5ml
tablet: 0.125mg

hyoscyamine sulfate CR (generic Levsinex)
capsule: 0.375mg

kaolin-pectin (generic Kaopectate) **OTC, AL**
suspension: 750mg/5ml (age limit <21)

loperamide (generic Imodium AD) **OTC, AL**
capsule: 2 mg (age limit <21)
liquid: 1mg/5ml (age limit <21)

metoclopramide (generic Reglan)
syrup: 5mg/5ml
tablet: 5, 10mg

BOWEL PREPARATIONS

polyethylene glycol/electrolytes (generic CoLyte)
solution: 4000ml

DIGESTANTS

lactase (Lactaid) **OTC, AL**
tablet: 3300 units (age limit <21)

lactase extra strength (Lactaid Extra Strength) **OTC, AL**
tablet: 4500 units (age limit <21)

VIII. GASTROINTESTINAL AGENTS cont'd

DIGESTANTS cont'd

lactase ultra (Lactaid Ultra) **OTC, AL**
chewtab: 9000 units (age limit <21)
tablet: 9000 units (age limit <21)

pancrelipase (Cotazym)
capsule: 30KU amylase/8KU lipase/30KU protease

pancrelipase (generic Pancrease MT-10)
capsule: 30KU amylase/10KU lipase/30KU protease

pancrelipase (generic Pancrease)
capsule: 20KU amylase/4KU lipase/25KU protease

pancrelipase (generic Ultrase MT 18)
capsule: 58.5KU amylase/18KU lipase/58.5KU protease

pancrelipase (generic Pancrease MT-16)
capsule: 48KU amylase/16KU lipase/48KU protease

pancrelipase (generic Ultrase MT 20)
capsule: 65KU amylase/20KU lipase/65KU protease

pancrelipase (generic Pancrease MT-20)
capsule: 56KU amylase/20KU lipase/44KU protease

MISCELLANEOUS G.I. AGENTS

bisacodyl (generic Dulcolax) **OTC, AL**
suppository: 10mg (age limit <21)
tablet: 5mg (age limit <21)

bismuth subsalicylate (generic Pepto Bismol) **OTC**
suspension: 262, 525mg/15ml
tablet: 262mg

castor oil USP (Castor Oil) **OTC, AL**
liquid: (age limit <21)

VIII. GASTROINTESTINAL AGENTS cont'd

MISCELLANEOUS G.I. AGENTS cont'd

docusate sodium (generic Colace) **OTC, AL**
capsule: 100, 250mg (age limit <21)
syrup: 60mg/15ml (age limit <21)

glycerin suppository USP (Glycerin Suppository) **OTC, AL**
suppository: (age limit <21)

hydrocortisone acetate (generic Anusol-HC)
cream: 2.5%
suppository: 25mg

hydrocortisone acetate/pramoxine
(Analpram-HC)
cream: 1%
lotion: 2.5%

hydrocortisone enema (generic Cortenema)
retention enema: 100mg/60ml

lactulose (generic lactulose)
syrup: 10mg/15ml

magnesium citrate USP (Citraate of Magnesia) **OTC, AL**
solution: 1.75gm/30ml (age limit <21)

magnesium hydroxide (Milk of Magnesia) **OTC, AL**
suspension: 400mg/5ml (age limit <21)

mesalamine (Asacol)
tablet: 400mg

mesalamine (Pentasa)
capsule: 250mg

mesalamine (Rowasa)
retention enema: 4gm/60ml

phosphate (Fleets Enema) **OTC, AL**
enema: (age limit <21)

polyethylene glycol 335 (generic Miralax)
QL=255gm

VIII. GASTROINTESTINAL AGENTS cont'd

MISCELLANEOUS G.I. AGENTS cont'd

psyllium (generic Metamucil) **OTC, AL**
powder: 3.4gm/dose (age limit <21)

senna (generic Ex-Lax) **OTC, AL**
tablet: 15, 25mg (age limit <21)

senna (generic Senokot) **OTC, AL**
tablet: 50mg (age limit <21)

simethicone (generic Mylicon) **OTC**
drops: 40mg/0.6ml
tablet: 80mg

sulfasalazine (generic Azulfidine)
tablet: 500mg
EN tablet: 500mg

ULCER TREATMENT & PREVENTION

alum. hydrox/mag. hydrox/simethicone
(generic Mylanta) **OTC**
suspension: 200/225mg/5ml

alum. hydrox/mag. Hydroxide (generic Maalox) **OTC**
suspension: 200/225mg/5ml

cimetidine (generic Tagamet-HB) **OTC**
tablet: 200mg

cimetidine (generic Tagamet)
solution: 300mg/5ml
tablet: 300, 400, 800mg

famotidine (generic Pepcid AC) **OTC**
tablet: 10mg

mag. hydrox/calcium carbonate (generic Di-Gel) **OTC**
suspension: 225/500mg/5ml

omeprazole (Prilosec) **OTC**
tablet: 20mg

omeprazole (generic Prilosec) **PA**
capsule: 20, 40mg

VIII. GASTROINTESTINAL AGENTS cont'd

ULCER TREATMENT & PREVENTION cont'd

pantoprazole (Protonix) **PA**
tablet: 20, 40mg

ranitidine (generic Zantac-75) **OTC**
tablet: 75mg

ranitidine (generic Zantac)
tablet: 150, 300mg

ranitidine (Zantac Liquid)
syrup: 15mg/ml

IX. GENITOURINARY AGENTS

ANTI-INFECTIVES AND ANTISPASMODICS

bethanechol (Urecholine)
tablet: 5, 10, 25, 50mg

flavoxate (Urispas)
tablet: 100mg

methenamine (generic Mandelamine)
tablet: 0.5, 1gm

oxybutynin (generic Ditropan)
tablet: 5mg

phenazopyridine (generic Pyridium)
tablet: 100, 200mg

potassium citrate (Urocit-K)
tablet 540, 1080mg

tolterodine tartrate (Detrol)
tablet: 1, 2mg
LA capsule: 2, 4mg

VAGINAL PREPARATIONS

clotrimazole (generic Mycelex-7) **OTC**
vaginal cream: 1%

clotrimazole (generic Mycelex-3) **OTC**
vaginal cream: 2%

IX. GENITOURINARY AGENTS cont'd

VAGINAL PREPARATIONS cont'd

metronidazole (generic Metrogel)
vaginal gel: 0.75%

miconazole (generic Monistat-7) **OTC**
vaginal cream: 2%
suppository: 100mg

miconazole (Monistat-3) **OTC**
vaginal cream: 4%
suppository: 200mg

miconazole (generic Monistat-3 Combo Pack) **OTC**
suppository: 200mg, 2% cream

miconazole (generic Monistat-1) **OTC**
vaginal ointment: 6.5%

miconazole (Monistat-1 Combo Pack) **OTC**
suppository: 1200mg, 2% cream

spermicidal cream (contraceptive cream) **OTC**
cream/suppositories

terconazole (generic Terazol-7)
vaginal cream: 0.4%

terconazole (generic Terazol-3)
vaginal cream: 0.8%

X. ANALGESICS AND ANESTHETICS

ANALGESICS

acetaminophen (generic Feverall) **OTC**
suppository: 80, 120, 325, 650mg

acetaminophen (generic Tylenol) **OTC**
chewtab: 80mg
drops: 80mg/0.8ml
tablet: 325, 500mg
elixir: 160mg/5ml

acetylsalicylic acid (generic aspirin) **OTC**
tablet: 81, 325mg
EC tablet: 325, 500mg
suppository: 60, 120, 200, 300, 600mg

X. ANALGESICS AND ANESTHETICS cont'd

ANALGESICS cont'd

apap/codeine (generic Tylenol w/codeine)

QL=180

elixir: 120mg - 12mg/5mg

tablet: 325mg-15mg, 325mg-30mg, 325mg-60mg

apap/hydrocodone (generic Lorcet) **QL=180**

tablet: 650mg-10mg

apap/hydrocodone (generic Lortab) **QL=180**

elixir: 167mg-2.5mg/5ml

tablet: 500mg-5mg, 500mg-7.5mg

apap/hydrocodone (generic Vicodin)

ES tablet: 750mg-7.5mg QL=120

tablet: 500mg-5mg QL=180

apap/oxycodone (generic Percocet) **QL=180**

tablet: 325mg-5mg, 500mg-7.5mg, 650mg-10mg

aspirin/oxycodone (generic Percodan) **QL=180**

tablet: 325mg-4.5mg

codeine sulfate (generic Codeine)

tablet: 15mg, 30mg, 60mg

fentanyl patch (generic Duragesic) **PA, QL=10**

patch: 25, 50, 75, 100mcg

hydromorphone (generic Dilaudid)

suppository: 3mg

tablet: 1, 2, 3, 4, 8mg

ibuprofen (generic Advil) **OTC**

tablet: 200mg

suspension: 100mg/5ml

drops: 50mg/1.25ml

meperidine (generic Demerol)

syrup: 50mg/5ml

tablet: 50, 100mg

methadone (generic Dolophine) **QL=120**

tablet: 5, 10mg

X. ANALGESICS AND ANESTHETICS cont'd

ANALGESICS cont'd

morphine sulfate (generic MSIR)

solution: 10mg/5ml, 20mg/5ml

tablet: 15mg, 30mg

morphine sulfate (generic RMS)

suppository: 5, 10, 20, 30mg

morphine sulfate (generic Roxanol)

solution: 20mg/ml

morphine sulfate SR (MS Contin) **QL=60**

tablet: 15, 30, 60, 100, 200mg

naproxen sodium (generic Aleve) **OTC**

tablets: 220mg

oxycodone (generic OxyContin) **PA, QL**

tablet: 10, 20, 40, 80mg (max=60 per month)

oxycodone (generic Roxicodone) **QL=180**

tablet: 5mg

propoxyphene napsylate/apap (generic Darvocet-N)

tablet: 50/325mg, 100/650mg

tramadol (generic Ultram) **QL=120**

tablet: 50mg

ANTIGOUT

allopurinol (generic Zyloprim)

tablet: 100, 300mg

colchicine (Colchicine)

tablet: 0.5, 0.6mg

indomethacin (generic Indocin)

capsule: 25, 50, 75mg

probenecid (generic Benemid)

tablet: 500mg

X. ANALGESICS AND ANESTHETICS cont'd

ANTIRHEUMATICS

methotrexate (generic *Rheumatrex*)
tablet: 2.5mg

penicillamine (*Cuprimine*)
capsule: 125, 250mg

LOCAL ANESTHETICS

lidocaine (generic *Xylocaine Viscous*)
solution: 2%

MIGRAINE AND HEADACHE PRODUCTS

almotriptan (*Axert*) **QL=6**
tablet: 1, 2.5mg

apap/butalbital (generic *Phrenylin*)
capsule: 650/50mg
tablet: 650/50mg

apap/caffeine/butalbital (generic *Fioricet*,
generic *Esgic*)
capsule, tablet: 325/40/50mg

apap/caffeine/butalbital (generic *Esgic Plus*)
tablet: 500/40/50mg

apap/caffeine/butalbital/codeine (generic
Fioricet w/codeine)
capsule: 325/40/50/30mg

aspirin/caffeine/butalbital (generic *Fiorinal*)
capsule, tablet: 325/40/50mg

ergotamine/caffeine (*Cafergot*)
tablet: 1/100mg

isomethheptene/dichloralphenazone/apap
(generic *Midrin*)
capsule: 65/100/325mg

sumatriptan (*Imitrex*) **QL**
injection kit: 6mg/0.5ml **QL=2**
nasal spray: 5mg/spray, 20mg/spray **QL=6**
tablet: 25, 50, 100mg **QL=9**

X. ANALGESICS AND ANESTHETICS cont'd

MIGRAINE AND HEADACHE PRODUCTS cont'd

zolmitriptan (*Zomig*) **QL=6**
nasal spray: 5mg/spray
OD tablet: 2.5, 5mg
tablet: 2.5, 5mg

NSAIDS

celecoxib (*Celebrex*) **PA**
capsule: 100, 200, 300mg

diclofenac (generic *Voltaren*)
tablet: 25, 50, 75mg

etodolac (generic *Lodine*)
capsule: 200, 300mg
tablet: 400, 500mg

Ibuprofen (generic *Advil*) **OTC**
tablet: 200mg

Ibuprofen (generic *Motrin*)
tablet: 400, 600, 800mg

indomethacin (generic *Indocin*)
capsule: 25, 50, 75mg

nabumetone (generic *Relafen*)
tablet: 500, 750mg

naproxen (generic *Naprosyn*)
suspension: 125mg/5ml
tablet: 250, 375, 500mg

naproxen sodium (generic *Anaprox*)
tablet: 275, 550mg

piroxicam (generic *Feldene*)
capsule: 10, 20mg

salsalate (generic *Disalcid*)
tablet: 500, 750mg

sulindac (generic *Clinoril*)
tablet: 150, 200mg

XI. NUTRITIONAL SUPPLEMENTS

MINERALS AND ELECTROLYTES

calcium acetate (*Phoslo*)

capsule, tablet: 667mg

calcium carbonate (*generic OsCal, TUMS*)

OTC

tablet: 500mg

ferrous gluconate (*generic Fergon*) **OTC, AL**

tablet: 330mg (age<50 Female, 21 Male)

ferrous sulfate (*generic Feosol*) **OTC, AL**

tablet: 325mg (age<50 Female, <21 Male)

pediatric electrolytes (*generic Pedialyte*) **OTC, AL**

liquid: (age limit <21)

potassium chloride (*generic K-Tab*)

CR capsule: 10mEq

CR tablet: 8mEq

powder: 20mEq

solution 10%, 20%

potassium chloride particles (*generic K-Dur*)

tablet: 10mEq, 20mEq

VITAMINS

calcitriol (*Rocaltrol*)

capsule: 0.25mcg, 0.5mcg

ergocalciferol (*generic Drisdol*)

capsule: 50,000U

folic acid (*generic Folvite*)

tablet: 1mg

multi-vitamins (*generic One-A-Day*) **OTC, AL**

all generic multivitamins are covered (age limit <21)

multi-vitamins w/Iron (*generic One-A-Day w/ Fe*) **OTC, AL**

all generic multivitamins with iron are covered (age limit <21)

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS cont'd

multi-vitamins w/minerals (*generic*

Theragran-M) **OTC, AL**

all generic multi-vitamins with minerals are covered (age<21)

ped vitamins ADC/FL (*generic Tri-Vi-Flor*)

chewable tab: 1mg

solution: 0.25mg/ml, 0.5mg/ml

ped vitamins ADC/FL-FE (*generic Tri-Vi-Flor w/Fe*)

solution: 0.25mg/10mg/ml

ped. multiple vitamins/FL (*generic Poly-Vi-Flor*)

chewable tab: 0.25, 0.5, 1mg

drop: 0.25mg/ml, 0.5mg/ml

ped. multiple vitamins/FL-FE (*generic Poly-Vi-Flor w/Fe*)

chewable tab: 0.5, 1mg

drop: 0.25mg/ml, 0.5mg/ml

phytonadione (*Mephyton*)

tablet: 5mg

prenatal vitamins with FA (*generic Materna*) **AL**

all generic prenatal vitamins are covered (age limit <50, Female only)

pyridoxine (*Vitamin B6*) **OTC**

tablet: 50,100, 250mg

sodium fluoride (*generic Luride*)

chewable tab: 0.25mg

tablet: 5mg

vitamin B complex (*Nephrocaps*)

capsule: B Complex with C & Folic Acid

XII. OPHTHALMIC & OTIC AGENTS

ANALGESICS

benzocaine/antipyrine (generic Auralgan)
solution: 1.4%/5.5% OTIC

ANTI-INFECTIVES

acetic acid (generic VoSol)
solution: 2% OTIC

acetic acid/HCl (VoSol - HCl)
solution: 2%/1% OTIC

bacitracin (generic Baciguent)
ointment: 500U/gm OPHTH

bacitracin/neomycin/polymyxin B (Neosporin)
ointment: 400U/35mg/10,000U/gm

chloramphenicol (Chloroptic)
solution: 0.5%
ointment: 1% OPHTH

ciprofloxacin (generic Ciloxan)
solution: 0.3% OPHTH

ciprofloxacin/dexamethasone (Ciprodex)
solution: 0.3%/0.1% OTIC

dexamethasone/tobramycin (Tobradex)
ointment: 0.1%/0.3% OPHTH
suspension: 0.1%/0.3% OPHTH

erythromycin (generic Ilotycin)
ointment: 5mg/gm OPHTH

gentamicin (generic Garamycin)
ointment, solution: 3mg/gm OPHTH

gramicidin/neomycin/polymyxin B (generic Neosporin)
solution: 0.025mg/ml/1.75mg/ml/10,000U/ml OPHTH

neomycin/polymyxin B/dexamethasone (generic Maxitrol)
ointment, suspension: 0.35%/10,000U/0.1% OPHTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFECTIVES cont'd

neomycin/polymyxin B/HCl (generic Cortisporin)
solution, suspension: 5mg/10,000U/1% OTIC, OPHTH

ofloxacin (Floxin OTIC) **QL=10ml**
solution: .3% OTIC

polymyxin B/bacitracin (generic Polysporin)
ointment: 10,000U/500U/gm OPHTH

sulfacetamide (generic Bleph 10)
ointment, solution: 10% OPHTH

sulfacetamide/prednisolone (Blephamide)
ointment: 10%/0.2% OPHTH
suspension: 10%/0.2% OPHTH

tobramycin (generic Tobrex)
solution: 0.3% OPHTH

tobramycin (Tobrex)
ointment: 0.3% OPHTH

triethanolamine oleate (Cerumenex)
solution: 10% OTIC

trifluridine (generic Viroptic)
solution 1% OPHTH

trimethoprim/polymyxin B (generic Polytrim)
solution: 0.1%/10,000U/ml OPHTH

vidarabine (Vira-A)
ointment: 3% OPHTH

ANTI-INFLAMMATORY & ALLERGY

azelastine (Optivar)
drop: 0.05% OPHTH

cromolyn sodium (generic Crolom)
solution: 4% OPHTH

dexamethasone (generic Decadron)
ointment: 0.05% OPHTH
solution: 0.1% OPHTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFLAMMATORY & ALLERGY cont'd

dexamethasone/neomycin (generic
NeoDecadron)
solution: 0.1%/0.5% OPTH

diclofenac (*Voltaren*)
solution: 0.1% OPTH

fluorometholone (generic *FML*)
suspension: 0.1% OPTH

flurbiprofen (generic *Ocufen*)
solution: 0.03% OPTH

ketorolac (*Acular*)
solution: 0.5% OPTH

iodoxamine (*Alomide*)
solution 0.1% OPTH

medrysone (generic *HMS*)
suspension: 1% OPTH

naphazoline (generic *Albalon*)
solution: 0.1% OPTH

neomycin/polymyxin/prednisolone (*Polypred*)
suspension: 0.5% OPTH

prednisolone acetate (generic *Pred Forte*)
suspension: 1% OPTH

prednisolone acetate (generic *Pred Mild*)
suspension: 0.12% OPTH

prednisolone phosphate (generic *Inflammase
Forte*)
solution: 1% OPTH

rimexolone (*Vexol*)
suspension: 1% OPTH

CYCLOPLEGIC & MYDRIATIC

atropine (generic *Isopto Atropine*)
ointment: 0.5%, 1% OPTH
solution: 1% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

CYCLOPLEGIC & MYDRIATIC cont'd

cyclopentolate (generic *Cyclogyl*)
solution: 1% OPTH

cyclopentolate (*Cyclogyl*)
solution: 0.5%, 2% OPTH

homatropine (generic *Isopto Homatropine*)
solution: 5% OPTH

homatropine (*Isopto Homatropine*)
solution: 2% OPTH

phenylephrine (generic *Neo-Synephrine*)
solution: 2.5% OPTH

tropicamide (generic *Mydracil*)
solution: 0.5%, 1% OPTH

GLAUCOMA

acetazolamide (generic *Diamox*)
tablet: 125, 250mg

apraclonidine (*Iopidine*)
solution: 0.5%, 1% OPTH

betaxolol (*Betoptic-S*)
suspension: 0.25% OPTH

brimonidine tartrate (*Alphagan-P*)
solution: 0.15% OPTH

brinzolamide (*Azopt*)
suspension: 1% OPTH

carbachol (*Isopto Carbachol*)
solution: 0.75%, 1.5%, 2.25%, 3% OPTH

demecarium bromide (*Humorsol*)
solution: 0.125%, 0.25% OPTH

dipivefrin (generic *Propine*)
solution: 0.1% OPTH

dorzolamide (*Trusopt*)
solution: 2% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

GLAUCOMA cont'd

dorzolamide/timolol (Cosopt)
solution 0.5% OPTH

epinephrine (Epifrin) **QL**
solution: 0.5%, 1% OPTH

epinephrine (generic Epifrin)
solution 2% OPTH

epinephryl borate (Epinal)
solution: 0.5%, 1% OPTH

latanoprost (Xalatan)
solution: 0.005% OPTH

levobunolol (generic Betagan)
solution: 0.5% OPTH

methazolamide (generic Neptazane)
tablet: 25, 50mg

pilocarpine (generic Pilocar)
solution: 0.5, 1, 2, 3, 4, 6% OPTH

pilocarpine (Isopto Carpine)
solution: 0.25%, 8%, 10% OPTH

timolol hemihydrate (Betimol)
solution: 0.25%, 0.5%

timolol maleate (generic Timoptic)
solution: 0.25%, 0.5% OPTH

OCULAR LUBRICANTS

artificial tears (generic Tears Naturale) **OTC**
solution or ointment

XIII. DERMATOLOGICALS

ACNE PRODUCTS

benzoyl peroxide (generic Benzac, generic Benzagel)
gel: 2.5, 5, 10%
liquid: 5%
lotion: 5, 10%

XIII. DERMATOLOGICALS cont'd

ACNE PRODUCTS cont'd

clindamycin (generic Cleocin-T)
gel: 1%
lotion: 10mg/ml
solution: 10mg/ml

erythromycin (generic Emgel)
gel: 2%

erythromycin (generic A/T/S, T-Stat)
solution: 1.5%

isotretinoin (Accutane)
capsule: 10, 20, 40mg

metronidazole (Metrogel, generic Metrocream, Metrolotion)
cream: 0.75%
gel: 0.75%
lotion: 0.75%

tretinoin (generic Retin-A)
cream: 0.025, 0.05, 0.1%
gel: 0.01%, 0.025%

ANTIBIOTICS - TOPICAL

bacitracin (generic Baciguent) **OTC**
ointment:

bacitracin/polymyxin (generic polysporin) **OTC**
ointment:

gentamicin sulfate (generic Garamycin)
cream: 0.1%
ointment: 0.1%

mupirocin (generic Bactroban)
cream: 2%
ointment: 2%

neomycin/polymyxin/bacitracin (generic Neosporin) **OTC**
ointment:

silver sulfadiazine (generic Silvadene)
cream: 10mg/gm

XIII. DERMATOLOGICALS cont'd

ANTIFUNGALS - TOPICAL

clotrimazole (generic Mycelex) **OTC**
cream: 1%

ketoconazole (generic Nizoral)
cream: 2%
shampoo: 2%

miconazole (generic Monistat Derm) **OTC**
cream: 2%

nystatin (generic Mycostatin)
cream: 100,000U/gm
ointment: 100,000U/gm

nystatin/triamcinolone (generic Mycolog)
cream: 100,000U/0.1%

tolnaftate (generic Tinactin) **OTC**
cream: 1%
powder: 1%

ANTIPARASITICS

crotamiton (Eurax)
cream: 10%
lotion: 10%

permethrin (NIX crème rinse) **OTC**
creme rinse: 1%

permethrin (generic Elimite)
cream: 5%

ANTIPSORIATICS

anthralin (generic Drithocrema HP)
cream: 1%

anthralin (Drithocrema)
cream: 0.1, 0.5%

calcipotriene (Dovonex) **QL**
cream: 0.005% (max=120gm per month)
ointment: 0.005% (max=120gm per month)
solution: 0.005% (max=60ml per month)

selenium sulfide (generic Selsun)
shampoo: 2.5%

XIII. DERMATOLOGICALS cont'd

ANTIVIRALS - TOPICAL

acyclovir (Zovirax)
ointment: 5%

CORTICOSTEROIDS - HIGH POTENCY

betamethasone dipropionate (generic Diprosone)
cream: 0.05%
lotion: 0.05%
ointment: 0.05%

desoxymetasone (generic Topicort)
cream: 0.05%, 0.25%
gel: 0.05%
ointment: 0.25%

fluocinonide (generic Lidex)
cream: 0.05%
gel: 0.05%
ointment: 0.05%
solution: 0.05%

CORTICOSTEROIDS - LOW POTENCY

desonide (generic Tridesilon)
cream: 0.05%
ointment: 0.05%

fluocinolone (generic Synalar)
cream: 0.01%, 0.025%
ointment: 0.025%
solution: 0.01%

hydrocortisone (generic CortAid) **OTC**
cream: 0.5, 1%
ointment: 0.5, 1%

hydrocortisone (generic Hytone)
cream: 2.5%
ointment: 2.5%

CORTICOSTEROIDS - MEDIUM POTENCY

betamethasone valerate (generic Valisone)
cream: 0.1%
lotion: 0.1%
ointment: 0.1%

XIII. DERMATOLOGICALS cont'd

CORTICOSTEROIDS - MEDIUM POTENCY cont'd

hydrocortisone valerate (generic Westcort)
cream: 0.2%
ointment: 0.2%

mometasone furoate (generic Elocon)
cream: 0.1%
lotion: 0.1%
ointment: 0.1%

triamcinolone acetonide (generic Kenalog)
cream: 0.025%, 0.1%, 0.5%
lotion: 0.025%, 0.1%
ointment: 0.025%, 0.1%, 0.5%

CORTICOSTEROIDS - VERY HIGH POTENCY

betamethasone dipropionate augmented
(generic Diprolene)
cream: 0.05%
gel: 0.05%
ointment: 0.05%

halobetasol propionate (generic Ultravate)
cream: 0.05%
ointment: 0.05%

MISCELLANEOUS TOPICALS

ammonium lactate (generic Lac-Hydrin)
cream: 12%

ammonium lactate (generic Lac-Hydrin) **OTC**
lotion: 12%

calamine USP (generic Calamine) **OTC, AL**
lotion: (age limit <21)

capsaicin (generic Capsaicin) **OTC**
cream: 0.25, 0.75%

fluorouracil (Efudex)
cream: 5%

imiquimod (Aldara) **QL**
cream: 5% (max=1 kit per month)

XIII. DERMATOLOGICALS cont'd

MISCELLANEOUS TOPICALS cont'd

lidocaine gel
gel: 2%

pimecrolimus (Elidel) **QL, ST**
cream: 1% (max=60gm per month)

podofilox (generic Condylox)
solution: 0.5%

salicylic acid (generic Keralyt Gel)
gel: 6%

vitamin A&D (A&D Ointment) **OTC, AL**
ointment: (age limit <21)

zinc oxide (Zinc Oxide Ointment) **OTC, AL**
ointment: 20% (age limit <21)

XIV. SMOKING CESSATION PRODUCTS

bupropion hcl (generic Zyban) **QL**
ER tablet: 150mg (max=60 per 30 days x 3)

nicotine gum (Nicorette) **OTC, PA, QL**
gum: 2, 4mg

nicotine patch (Nicoderm CQ) **OTC, QL**
patch: 7, 14, 21mg (max=28 per 28 days x3)

nicotine transdermal system (generic Habitrol) **QL**
patch: 7, 14, 21mg (max=28 per 28 days x3)

XV. MISCELLANEOUS PRODUCTS

Antialcoholic

disulfuram (Antabuse)
tablet: 250mg

naltrexone (generic Revia)
tablet: 50mg

XV. MISCELLANEOUS PRODUCTS
cont'd

Mouth & Throat Products

chlorhexidine (*generic Peridex*)
solution: 0.12%

Potassium Lowering Agents

sodium polystyrene sulfonate (*generic Kayexalate*)
powder: 15gm/60ml
suspension: 15gm/60ml

XV. MISCELLANEOUS PRODUCTS
cont'd

Vasopressors

epinephrine (*Epipen, Epipen Jr.*) **QL**
injection: 0.3mg, 0.15mg(Jr.)

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Estrace	19	flurbiprofen	33
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ethionamide	9	folic acid	31
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Polaramine	24	pseudoephedrine OTC	23
polyethylene glycol 335 QL=255gm	27	pseudoephedrine/guaifenesin	23
polyethylene glycol/electrolytes	26	pseudoephedrine/guaifenesin	24
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Polypred	33	PTU	17
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polysporin OTC	34	Purinethol	12
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Tridesilon	35	Vira-A	32
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Managed Health Services (MHS) Preferred Drug List

Revised 1/2007



MHS and MHS/NHP refer to the Medicaid/BadgerCare/SSI members of
Managed Health Services and Network Health Plan



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Managed Health Services Pharmacy Program

Managed Health Services (MHS) covers prescription drugs and certain over-the-counter drugs when ordered by a doctor. Some medications require prior authorization (PA).

Working with our pharmacy benefit managers (PBMs)

MHS works with two PBMs.

Caremark is the preferred provider of biopharmaceuticals and injectables for MHS. US Script (formerly BioScrip/ScripSolutions) administers all other prescribed drugs.

Certain drugs require PA to be approved for payment by MHS. These include:

- All medications not listed on the MHS Preferred Drug List (PDL)
- Some MHS preferred drugs (designated by PA on the PDL)
- Most injectables costing over \$100, including Procrit, Neulasta and Neupogen. (Injectable cancer medications with indications limited to chemotherapy do not require PA.)

Slightly different guidelines for obtaining prior authorization are in place for the two PBMs.

Caremark – Biopharmaceuticals and Injectables

Caremark is the preferred provider of biopharmaceuticals and Injectables for MHS.

Most injectables require PA to be approved for payment. Our medical director oversees the clinical review. Follow these guidelines for the most efficient processing of your prior authorization requests:

1. Complete two forms:
 - the MHS *Request for Prior Authorization: Injectables*, and the
 - CAREMARK *Enroll for RX Form* (This is the prescription order)
2. Fax both completed forms to MHS at 414-259-2155
3. Once the request is approved, MHS staff will notify you by phone or fax, and provide an authorization number.
4. The request is not approved until you receive a PA number.

US Script (formerly BioScrip/ScripSolutions) – All Other Prescriptions

With the exceptions of biopharmaceuticals and injectables, US Script administers all prescribed drugs for MHS.

All medications not listed on the MHS Preferred Drug List (PDL) and some MHS preferred drugs require prior authorization to be approved for payment.

Follow these guidelines for efficient processing of your prior authorization requests:

1. Complete the MHS/US Script form:
 - *Request for Prior Authorization: Medication*
2. Fax to US Script at 1-866-399-0929
3. Once approved, US Script notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, US Script responds to the prescriber by fax, offering PDL alternatives.
5. For urgent or after-hours requests, a pharmacy can provide up to a 72-hour supply of medication by calling 1-800-460-8988.

We help keep you informed

The MHS Pharmacy Program director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current MHS preferred drug list can be downloaded from our website at www.mhswi.com.

The MHS Preferred Drug List (PDL)

The MHS PDL describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program.

The PDL does not:

- a) Require or prohibit the prescribing or dispensing of any medication
- b) Substitute for the Independent professional judgment of the physician/clinician or pharmacist, or
- c) Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Pharmacy and Therapeutics Committee

The MHS Pharmacy and Therapeutics Committee continually evaluates the therapeutic classes included in the PDL. The committee is composed of the MHS medical director, pharmacist and several community-based primary care physicians and specialists.

The primary purpose of the committee is to assist in developing and monitoring the MHS PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications.

The P&T committee schedules meetings at least twice yearly, and coordinates reviews with a national P&T committee which meets an additional 4 times a year.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by MHS in accordance with the procedures outlined in Section III. **Experimental drugs, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.**

Prior Authorization Process

The MHS PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the MHS PDL for their patients who are members of MHS and Medicaid and BadgerCare members of NHP.

Some preferred drugs require PA. Medications requiring PA are listed with a "PA" notation throughout the PDL, including the index. In addition, **all injectable medications (except Insulin, Glucagon Kit, Epi-pen, Ana-Kit, Imitrex, and Depo-Provera) require PA.**

The P & T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all participants covered under the MHS pharmacy program. If a patient requires medication that does not appear on the PDL, the clinician can make a prior authorization request for a non-preferred medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

A phone or fax-in process is available for PA requests.

US Script Contacts

Prior Authorization Fax	866-399-0929
Prior Authorization Phone	866-399-0928
Clinical Hours	M-F: 10 am-7pm (Central Time)
Mail address	US Script 2425 W Shaw Ave Fresno, CA 93711

When calling, please have patient information, including Medicaid number, complete diagnosis, medication history and current medications readily available.

Upon receipt of all necessary information, US Script will respond by fax or phone within 24 hours except during weekends and holidays.

If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific member to receive this specific drug. **If the request is denied**, information about the denial will be provided to the clinician.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the MHS pharmacy program. If a pharmacist receives a prescription for a drug that requires a prior authorization request, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for MHS Member Services

The above phone and fax lines are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number.

MHS Member Services (888) 713-6180 (Phone) (414) 345-4649 (Fax)

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied.

The pharmacy must call the US Script Pharmacy Help Desk at 800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

Specific Exclusions

The following drug categories are not part of the MHS PDL and **are not covered by the 72-hour emergency supply policy**:

- Allergy immunotherapy
- Biopharmaceuticals
- Blood and blood plasma
- Cosmetic drugs
- DESI drugs
- Diagnostic products (except those listed in the PDL)
- Experimental drugs
- Fertility drugs
- Immunological agents and vaccines
- Impotence drugs
- Injectables (except for in-home use administered by patient)
- Medical supplies and durable medical equipment (except those listed in the PDL)
- Nutritional and dietary supplements
- OTC products (except those listed in the PDL)
- Topical minoxidil

Newly Approved Products

Newly Approved drug products will not normally be placed on the preferred drug list during their first six months on the market. During this period, access to these medications will be considered through the PA review process.

Step Therapy

Medications requiring step therapy are listed with an "ST" notation throughout the preferred drug list. Preferred drugs that currently require step therapy are:

- Abilify - new prescribing requires prior use of Risperdal, Geodon, or Seroquel.
- Accolate - previous therapy with albuterol or steroid inhaler.
- Elidel - previous therapy with topical steroids.
- Omnicef Suspension - previous therapy with cephalexin, amoxicillin, or generic Augmentin.
- Singulair - previous therapy with albuterol or steroid inhaler.
- Xopenex - previous therapy with aerosolized albuterol.
- Zyprexa - new prescribing requires prior use of Risperdal, Geodon, or Seroquel.

The MHS claims system will automatically check the member profile for evidence of prior or current usage of the required agent. If there is evidence of the required agent on the member's profile, the claim will automatically process. If not, the claims system will notify the pharmacist that a PA is required.

Tablet Splitting

The following drugs have opportunities for tablet splitting and it is requested that they be ordered as 1/2 tablets of higher strengths when appropriate. Drug classes such as the statins may become mandatory with time.

Abilify (aripiprazole)
Atacand (candesartan)
Avapro (irbesartan)
Benicar (olmesartan)
Benicar HCTZ
Cozaar (losartan)
Crestor (rosuvastatin)
Diovan (valsartan)
Diovan HCTZ
Effexor (venlafaxine)
Hyzaar (losartan/HCTZ)
Lexapro (escitalopram)
Lipitor (atorvastatin)
Micardis (telmisartan)
Risperdal (risperidone)
Seroquel (quetiapine)
Zocor (simvastatin)
Zoloft (sertraline)

Policy for Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the MHS pharmacy program. **Insulin, Glucagon Kit, Epi-pen, Ana-Kit, Imitrex, and Depo-Provera are covered by MHS and do not require a PA.**
All other injectables require PA.

Dispensing Limits - Quantity and Age

All drugs may be dispensed up to a maximum 30-day supply. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled, i.e., a prescription can be refilled after 24 days.

Medications with a quantity limit are listed with a "QL" notation throughout the PDL. Medications with an age limit are listed with an "AL" notation throughout the PDL. The drugs listed below have quantity or age limits.

Quantity Limits

(Not all drugs listed have PDL status. Please refer to the index for the PDL listings.)

- Abilify - max 30 tablets per month
- Abilify discmelts 10/15mg - max 30 tablets per month

- Aciphex - max 30 tablets per month (requires PA)
- Advair Diskus - max 1 diskus (60 inhalations) per month
- Albuterol - max 1 unit per month
- Albuterol HFA - max 1 unit per month
- Albuterol nebulizer solution - max 300ml per month
- Aldara - max 1 kit per month
- Allegra - max 30 tablets per month (requires PA)
- Ambien - max 30 tablets per month
- Amerge - max 9 tablets per month (requires PA)
- Amlodipine - max 30 tablets per month
- Amphetamine/Dextroamphetamine ER - max 30 tablets/capsules per month
- Anzemet - max 1 tablet per month (requires PA)
- Apap/Codeine 325mg-15mg, 325mg-30mg, 325mg-60mg - max 180 tablets per month
- Apap/Hydrocodone 325mg-10mg, 500mg -5mg, 500mg -7.5mg, 650mg -10mg - max 180 tablets per month
- Apap/Hydrocodone 750mg-7.5mg - max 120 tablets per month
- Apap/Oxycodone 325mg-5mg, 500mg-7.5mg, 650mg-10mg - max 180 tablets per month
- Aricept - max 30 tablets per month
- Aspirin/Oxycodone 325mg-4.5mg - max 180 tablets per month
- Atripla - max 30 tablets per month
- Atrovent - max 1 unit per month
- Avinza - max 30 capsules per month (requires PA)
- Axert - max 6 tablets per month
- Azithromycin 250mg tablet - max 6 tablets per month
- Azithromycin 500mg tablet - max 3 tablets per month
- Azmacort Inhaler - max 1 unit per month
- Bupropion SR - max 60 tablets per month
- Catapres - max 4 patches per month
- Celebrex - max 60 capsules per month (requires PA)
- Cipro - max 56 tablets per month
- Ciprodex HC OTIC - max 7.5ml per month
- Clarinex - max 30 tablets per month (requires PA)
- Clopidogrel - max 30 tablets per month
- Clozapine - max 90 tablets per month
- Combivent - max 1 unit per month
- Cortisporin OTIC - max 10ml per month
- Cough and Cold drops - max 30ml per month
- Cough and Cold liquids - max 240ml per month
- Cough and Cold long acting liquids - max 120ml per fill
- Cough and Cold long acting tablets/capsules - max 20-60 per fill
- Cough and Cold tablets/capsules - max 60 tablets/capsules per month
- Crestor - max 30 tablets per month (requires PA)
- Daytrana® - max 30 patches per month
- Depakote 125mg sprinkle capsule - max 120 capsules per month
- Depakote 125mg - max 60 tablets per month
- Depakote 250mg - max 90 tablets per month
- Depakote 500mg - max 60 tablets per month
- Depakote ER 250/500mg - max 60 tablets per month

- Depo-Provera Contraceptive Suspension - 150mg (1ml) every 90 days
- Desmopressin Acetate - max 5ml per month
- Dovonex - max 60gm or 60ml per month
- Effexor XR - max 30 capsules per month
- Elidel - max 30gm per month **(requires PA)**
- Epipen, Epipen Jr. - max. 1 unit per fill
- Fazaclo 25/100mg - 90 tablets per month
- Felodipine ER - max 30 tablets per month
- Fentanyl lollipop - max 30 per month **(requires PA)**
- Fentanyl patches - max 10 per month **(requires PA)**
- Flovent - max 1 unit per month
- Floxin OTIC - max 10ml per treatment
- Focalin XR - max 30 capsules per month
- Foradil - max 1 unit per month
- Frova - max 9 tablets per month **(requires PA)**
- Geodon - max 60 capsules per month
- Glucagon Kit - max 1 kit per month
- Glucose testing meters - max 1 meter per 365 days
- Imitrex Injection Kit - max 2 kits per month
- Imitrex Nasal Spray - max 6ml per month
- Imitrex Oral Tablet - max 9 tablets per month
- Insulin Syringes - max 100 syringes per month
- Insulin vials - max 4 vials per month
- Kadian - max 30 capsules per month **(requires PA)**
- Kytrel - max 2 tablets per month **(requires PA)**
- Lancets - max 200 per month
- Lescol XL - max 30 tablets per month **(requires PA)**
- Levaquin - max 14 tablets per month
- Lipitor - max 30 tablets per month **(requires PA)**
- Loratadine 10mg Tablets - max 30 tablets per month
- Loratadine Syrup - max 300ml per month
- Loratadine w/Pseudoephedrine 12 hr Tablets - max 60 tablets per month
- Loratadine w/Pseudoephedrine 24 hr Tablets - max 30 tablets per month
- Lotrel - max 30 tablets per month
- Lovastatin - max 30 tablets per month
- Lovenox - max 10 syringes per 5 day **(requires PA for further fills)**
- Lunesta - max 30 tablets per month **(requires PA)**
- Lyrica 25/50/100/150/200mg capsules - max 90 capsules per month
- Lyrica 75/225/300mg capsules - max 60 capsules per month
- Maxair - max 1 unit per month
- Maxalt - max 12 (5mg); 6 (10mg) tablets per month **(requires PA)**
- Methadone 5mg, 10mg - max 120 tablets per month
- Methylphenidate CR, ER, SR - max 30 tablets/capsules per month
- Migranal - max 2 units per month **(requires PA)**
- Miralax - max 255gm per month
- MS Contin (generic) - max 60 tablets per month
- Nexium - max 30 capsules per month **(requires PA)**
- Nicotine gum - max 2 boxes per month for 3 months lifetime benefit

- Nicotine Patch, Transdermal - max 30 patches per month for 3 months lifetime benefit
- Ofloxacin OPTH - max 30ml per month
- Ofloxacin 200mg and 300mg tablets - max 14 tablets per month
- Ofloxacin 400mg tablets - max 28 tablets per month
- Omeprazole - max 30 capsules per month (requires PA)
- Ortho-Evra Patch - 3 patches per 28 days
- Oxycodone 5mg - max 180 tablets per month
- OxyContin CR - max 60 tablets per month (requires PA)
- Pioglitazone - max 30 tablets per month
- Pravachol - max 30 tablets per month (requires PA)
- Prevacid - max 30 capsules per month (requires PA)
- Proair HFA - max 1 unit per month
- Protonix - max 30 tablets per month (requires PA)
- Protopic® - max 30gm per month
- Provigil 200mg tablets - max 30 tablets per month (requires PA)
- Provigil 100mg tablets - max 60 tablets per month (requires PA)
- Pulmicort Inhaler - max 1 unit per month
- Pulmicort Respules - max 120 respules per month (total 1mg per day)
- Relenza - max 1 unit per month (requires PA)
- Relpax - max 6 tablets per month (requires PA)
- Risperdal - max 30 tablets per month
- Risperdal Consta - max 2 syringes per month (requires PA)
- Rosiglitazone - max 30 tablets per month
- Rozerem - max 30 tablets per month (requires PA)
- Serevent Diskus - max 1 diskus (60 inhalations) per month
- Seroquel - max 60 tablets per month
- Simvastatin - max 30 tablets per month (applies to all statins)
- Singulair - max 30 tablets per month
- Sonata - max 30 capsules per month (requires PA)
- Spiriva handihaler - max 1 unit per month
- Stadol - max 2 units (5cc) per month (requires PA)
- Stratterra - max 30 capsules per month (requires PA)
- Symbyax - max 30 capsules per month
- Tamiflu - max 10 capsules per month (requires PA)
- Tegretol XR 100/200/400mg - max 60 tablets per month
- Test Strips - max 150 strips per month
- Toradol - max 10 tablets per month (requires PA)
- Topamax 25/50/100/200mg tablets - max 60 tablets per month
- Topamax 15/25mg sprinkle capsules - max 120 capsules per month
- Topamax 50mg sprinkle capsules - max 60 capsules per month
- Tramadol - max 120 tablets per month
- Trandolopril - max 30 tablets per month
- Trileptal 150/300mg tablets - max 60 tablets per month
- Trileptal 600mg tablets - max 120 tablets per month
- Valtrex - max 42 tablets per month
- VoSol HC - max 20ml per month
- Vytorin - max 30 tablets per month (requires PA)
- Wellbutrin XL - max 30 tablets per month (requires PA)

- Xopenex HFA - max 15 gm per month
- Xopenex Nebulizer Solution - max 288ml per month (requires PA)
- Zetia - max 30 tablets per month (requires PA)
- Zofran 24mg Tablet - 1 tablet per treatment
- Zofran 4, 8mg Tablets - max 10 tablets per month
- Zofran Solution - max 50ml per month
- Zomig/Zomig ZMT - max 6 tablets per month
- Zomig nasal spray - max 6 units per month
- Zyban SR - max 60 tablets per month for 3 months lifetime benefit
- Zyprexa 2.5/5/7.5/10mg tablets - max 30 tablets per month
- Zyprexa 15mg tablets - max 60 tablets per month
- Zyprexa 20mg tablets - max 90 tablets per month
- Zyprexa Zydys 5/10mg tablets - max 30 tablets per month
- Zyprexa Zydys 15mg tablets - max 60 tablets per month
- Zyprexa Zydys 20mg tablets - max 90 tablets per month
- Zyrtec - max 30 tablets per month
- Zyrtec Syrup - max 300ml per month (requires PA)

Age Limits:

Age > 2 years old only

- Promethazine syrup

Ages 3 - 18 years only

- Amphetamine/Dextroamphetamine, SR
- Dextroamphetamine, SR
- Methylphenidate, CR, ER, SR

Age < 3 years old only

- Diflucan® Suspension

Age < 6 years old only

- Pulmicort Respules®
- Xopenex Nebulizer solution

Age < 12 years old only

- Zyrtec® Syrup

Age < 21 years old only

- OTC drugs covered through HealthCheck "Other Services"

Age < 21 years old, males only

- Ferrous sulfate OTC
- Ferrous gluconate OTC

Age < 35 years old only

- Retin A®

Age < 50 years old, females only

- Prenatal vitamins with FA
- Ferrous sulfate OTC
- Ferrous gluconate OTC

Mandatory Generic Substitution

MHS requires that generic substitution be made when a generic equivalent is available. All branded products that have an A-rated generic equivalent will be reimbursed at the maximum allowable cost price. The provision is waived for the following products due to their narrow therapeutic index:

Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, Warfarin.

Over-The-Counter Medications

The pharmacy program covers a large selection of over-the-counter medications (OTC). All covered OTC's appear in the PDL. **All OTC medications must be written on a valid prescription**, by a licensed physician/clinician, in order to be reimbursed.

DESI or LTE Drugs

DESI drug products and known related drug products are defined as less than effective by the Food and Drug Administration, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. State programs may allow coverage of certain DESI drugs. Any DESI drugs that are covered by MHS are listed in the MHS PDL.

Contacts for Pharmacy Appeals/Grievances

Members

In the event that a member disagrees with the decision regarding coverage of a medication, the member may file a grievance with MHS by calling a MHS member advocate at (888) 713-6180 (Phone) or (414) 345-4649 (Fax).

Physicians / clinicians

In the event that a clinician or member disagrees with the decision regarding coverage of a medication, the clinician may request reconsideration by submitting additional information to US Script. The additional information may be provided verbally or in writing. A decision will be rendered by a US Script clinical pharmacist and the clinician will be notified with a faxed response. If the denial is upheld, the clinician will be notified of the appeal process at that time.

In the event that a clinician or member disagrees with the decision of the clinical pharmacist, the clinician may file a written appeal to the Clinical Coordinator at US Script. Additional information and/or supporting documentation should be included with the request. US Script will notify the clinician in writing with the standard appeal decision. A decision will be rendered within three (3) business days of receipt of complete information.

If the denial is upheld, the clinician will be notified of the MHS appeal process.

An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member. A response will be rendered within the same day as receipt of complete information. In certain circumstances that require research, consultation with the US Script Medical Advisor and/or literature review, a same day response may not be possible. A 72-hour emergency supply of the medication will be provided to the patient until the expedited appeal review is completed.

In the event that the clinician or member disagrees with the appeal decision of the US Script Clinical Coordinator, the clinician may then appeal this decision in writing to the MHS Medical Director via fax at 414-259-2155.

Annotations

PA = This medication requires prior authorization

ST = This medication requires step therapy

QL = This medication is limited to a specific quantity

AL = This medication is limited to a specific patient age

I. ANTI-INFECTIVE AGENTS

AMINOGLYCOSIDES

neomycin sulfate (generic Mycifradin)
tablet: 500mg

paromomycin (Humatin) PA
capsule: 250mg

ANTIFUNGALS

fluconazole (generic Diflucan)
tablet: 150mg
tablet: 50, 100, 200
suspension: 10mg/ml, 40mg/ml

griseofulvin microsize (generic Grifulvin V)
suspension: 125mg/5ml
tablet: 125, 250, 500mg
ultra tablet: 125, 250mg

griseofulvin ultramicrosize (generic Gris-PEG)
tablet: 165, 250mg

ketoconazole (generic Nizoral)
tablet: 200mg

nystatin (generic Mycostatin)
suspension: 100,000U/5ml
tablet: 500,000U

ANTIHELMINTICS

mebendazole (generic Vermox)
chewable tab: 100mg

thiabendazole (generic Mintezol)
chewable tab: 500mg
suspension: 500mg/5ml

ANTIMALARIAL

chloroquine phosphate (generic Aralen)
tablet: 500mg

dapsone (Dapsone)
tablet: 25, 100mg

hydroxychloroquine (generic Plaquenil)
tablet: 200mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIMALARIAL cont'd

mefloquine (Lariam)
tablet: 250mg

primaquine phosphate (Primaquine)
tablet: 26.3mg

quinine sulfate (generic Quinamm)
capsule: 200, 300, 325mg
tablet: 260mg

ANTITUBERCULOSIS

ethionamide (Trecator)
tablet: 250mg

isoniazid (generic INH)
syrup: 50mg/5ml
tablet: 50, 100, 300mg

pyrazinamide (generic pyrazinamide)
tablet: 500mg

rifampin (generic Rifadin)
capsule: 150, 300mg

ANTIVIRALS

abacavir sulfate (Ziagen)
solution: 20mg/ml
tablet: 300mg

abacavir/lamivudine (Epzicom)
tablet: 600-300mg

abacavir/lamivudine/zidovudine (Trizivir)
tablet: 300mg-150mg-300mg

acyclovir (generic Zovirax)
capsule: 200mg
suspension: 200mg/5ml
tablet: 400, 800mg

amantadine (generic Symmetrel)
capsule: 100mg
syrup: 50mg/5ml

atazanavir (Reyataz)
capsule: 100, 150, 200mg

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

amprenavir (Agenerase)

capsule: 50, 150mg
solution: 15mg/ml

ddC/dideoxycytidine (Hivid)

tablet: 0.375, 0.75mg

ddI/dideoxyinosine (Videx)

chewable tab: 25, 50, 100, 150, 200mg
EC capsule: 125, 200, 250, 400mg
oral solution: 2, 4gm
sachet: 100, 167, 250, 375mg

delavirdine mesylate (Rescriptor)

tablet: 100, 200mg

efavirenz (Sustiva)

capsule: 50, 100, 200, 600mg

efavirenz/emtricitabine/tenofovir (Atripla) **QL**

tablet: 600-200-300mg

emtricitabine (Emtriva)

capsule: 200mg

emtricitabine/tenofovir (Truvada)

tablet: 200-300mg

fosamprenavir (Lexiva)

tablet: 700mg

ganciclovir (Cytovene)

capsule: 250, 500mg

indinavir (Crixivan)

capsule: 100, 200, 333, 400mg

lamivudine (Epivir)

oral solution: 10mg/ml
tablet: 150, 300mg

lamivudine/zidovudine (Combivir)

tablet: 150mg-300mg

lopanavir/ritonavir (Kaletra)

capsule: 133.3mg-33.3mg
solution: 400mg-100mg/5ml

I. ANTI-INFECTIVE AGENTS cont'd

ANTIVIRALS cont'd

nelfinavir mesylate (Viracept)

powder: 50mg/gm
tablet: 250mg

nevirapine (Viramune)

suspension: 50mg/5ml
tablet 200mg

retrovir (AZT/zidovudine)

capsule: 100mg
syrup: 50mg/5ml
tablet: 300mg

ritonavir (Norvir)

capsule: 100mg
oral solution: 80mg/ml

saquinavir (Fortovase)

capsule: 200mg

saquinavir mesylate (Invirase)

capsule: 200mg

stavudine (Zerit)

capsule: 15, 20, 30, 40mg
oral solution: 1mg/ml

tenofovir (Viread)

tablet: 300mg

valacyclovir (Valtrex) **QL**

tablet: 500mg, 1000mg

CEPHALOSPORINS

cefactor (generic Ceclor)

capsule: 250, 500mg
suspension: 125mg/5ml, 187mg/5ml,
375mg/5ml

cefdinir (Omnicef) **ST**

suspension: 125mg/5ml, 250mg/5ml

cefditoren (spectracef)

tablet: 200mg

I. ANTI-INFECTIVE AGENTS cont'd

CEPHALOSPORINS cont'd

cefprozil (generic Cefzil)
suspension: 125mg/5ml, 250mg/5ml
tablets: 250, 500mg

cefuroxime (generic Ceftin)
tablet: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

cephalexin (generic Keflex)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

MACROLIDES

azithromycin (generic Zithromax) **QL**
capsule: 250mg x 6 (Z-pak)
powder pack: 1gm pack
suspension: 100mg/5ml, 200mg/5ml
tablet: 500mg x 3 (Tri-Pak)

clarithromycin (generic Biaxin)
suspension: 125mg/5ml, 187.5mg/5ml,
250mg/5ml
tablet: 250, 500mg

clindamycin (generic Cleocin)
capsule: 150, 300mg

clindamycin palmitate (Cleocin Pediatric)
suspension: 75mg/5ml

erythromycin base (generic E-Mycin)
EC tablet: 250, 500mg

erythromycin ethylsuccinate (generic E.E.S.)
chewable tab: 200mg
drop: 100mg/2.5ml
granule: 200mg/5ml
suspension: 200mg/5ml, 400mg/5ml
tablet: 400mg

erythromycin stearate (generic Erythrocin)
tablet: 250, 500mg

I. ANTI-INFECTIVE AGENTS cont'd

MISCELLANEOUS ANTI-INFECTIVES

metronidazole (generic Flagyl)
tablet: 250, 500mg

nitrofurantoin microcrystals (generic
Macrochantin)
capsule: 50, 100mg

trimethoprim (generic Proloprim)
tablet: 100mg

PENICILLINS

amoxicillin (generic Amoxil)
capsule: 250, 500mg
chewable tab: 125, 250, 400mg
drop: 50mg/ml
suspension: 125mg/5ml, 250mg/5ml,
400mg/5ml
tablet: 875mg

amoxicillin/potassium clavulanate (generic
Augmentin)
chewable tab: 125, 200, 250, 400mg
suspension: 200mg/5ml, 400mg/5ml
ES suspension: 600mg/5ml
tablet: 250, 500, 875mg
XR tablet: 1gm

ampicillin (generic Principen)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

dicloxacillin (generic Dycill)
capsule: 250mg
suspension: 62.5mg/5mg

penicillin VK (generic PenVee K)
suspension: 125mg/5ml, 250mg/5ml
tablet: 125, 250, 500mg

QUINOLONES

ciprofloxacin (generic Cipro) **QL**
tablet: 250, 500, 750mg

levofloxacin (Levaquin) **QL**
tablet: 250, 500, 750mg

I. ANTI-INFECTIVE AGENTS cont'd

SULFONAMIDES

sulfasalazine (generic Azulfidine)
tablet: 500mg

sulfisoxazole (Gantrisin)
suspension: 500mg/5ml

trimethoprim/sulfamethoxazole (generic Septra)
suspension: 40mg-200mg/5ml
tablet: 80mg-400mg
DS-tablet: 160mg-800mg

TETRACYCLINES

doxycycline (generic Vibramycin)
capsule: 50, 100mg
tablet: 50, 100 mg

minocycline (generic Minocin)
capsule: 50, 75, 100mg

tetracycline (generic Achromycin V)
capsule: 250, 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

ANTINEOPLASTIC

altretamine (Hexalen)
capsule: 50mg

anastrozole (Arimidex)
tablet: 1mg

bexarotene (Targretin)
capsule: 75mg

bicalutamide (Casodex)
tablet: 50mg

busulfan (Myleran)
tablet: 2mg

capecitabine (Xeloda)
tablet: 150, 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

chlorambucil (Leukeran)
tablet: 2mg

cyclophosphamide (generic Cytoxan)
tablet: 25, 50mg

estramustine (Emyct)
capsule: 140mg

etoposide (Vepesid)
capsule: 50mg

exemestane (Aromastin)
tablet: 25mg

fluorouracil (Efudex)
cream: 0.5%
solution: 2%, 5%

flutamide (generic Eulexin)
capsule: 125mg

hydroxyurea (generic Hydrea)
capsule: 500mg

imatinib (Gleevec)
capsule: 100mg

letrozole (Femara)
tablet: 2.5mg

leucovorin calcium (generic leucovorin)
tablet: 5, 10, 15, 25mg

lomustine (CeeNU)
capsule: 10, 40, 100mg

megestrol acetate (generic Megace)
suspension: 40mg/ml
tablet: 20, 40mg

melfalan (Alkeran)
tablet: 2mg

mercaptopurine (Purinethol)
tablet: 50mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

ANTINEOPLASTIC cont'd

methotrexate (generic methotrexate)
tablet: 2.5mg

mitotane (Lysodren)
tablet: 500mg

nilutamide (Nilandron)
tablet: 50, 150mg

procarbazine (Matulane)
capsule: 50mg

tamoxifen citrate (generic Nolvadex)
tablet: 10, 20mg

temozolomide (Temodar)
capsule: 5, 20, 100, 250mg

testolactone (Teslac)
tablet: 50mg

thioguanine (Thioguanine)
tablet: 40mg

toremifene citrate (Fareston)
tablet: 60mg

tretinoin (Vesanoid)
capsule: 10mg

IMMUNOSUPPRESSANTS

azathioprine (generic Imuran)
tablet: 50mg

cyclosporine (generic Neoral)
gel capsule: 25, 100mg

cyclosporine (generic Sandimmune)
capsule: 25, 100mg

mycophenolate mofetil (Cellcept)
capsule: 250mg
powder: 200mg/ml
tablet: 500mg

II. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS cont'd

IMMUNOSUPPRESSANTS cont'd

mycophenolate mofetil extended-release (Myfortic)
tablets: 180, 360mg

sirolimus (Rapamune)
solution: 1mg/ml
tablet: 1, 2mg

tacrolimus (Prograf)
capsule: 0.5, 1, 5mg

III. CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

amitriptyline (generic Elavil)
tablet: 10, 25, 50, 75, 100, 150mg

bupropion (generic Wellbutrin)
tablet: 75, 100mg

bupropion SR (Wellbutrin-SR) QL
SR tablet: 100, 150, 200mg

citalopram (generic Celexa)
solution: 10mg/5ml
tablet: 10, 20, 40mg

desipramine (generic Norpramine)
tablet: 25, 50, 75, 100, 150mg

doxepin (generic Adapin, generic Sinequan)
capsule: 10, 25, 50, 75, 100mg

fluoxetine (generic Prozac)
capsule: 10, 20mg
liquid: 20mg/5ml

fluvoxamine (generic Luvox)
tablet: 25, 50, 100mg

imipramine (generic Tofranil)
tablet: 10, 25, 50mg

mirtazapine (generic Remeron)
tablet: 15, 30mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIDEPRESSANTS cont'd

nortriptyline (generic Aventyl, generic Pamelor)
capsule: 10, 25, 50, 75mg

paroxetine (generic Paxil)
tablet: 10, 20, 30, 40mg

phenelzine (Nardil)
tablet: 15mg

sertraline (generic Zoloft)
solution: 20mg/ml
tablet: 25, 50, 100mg

tranylcypromine (Parnate)
tablet: 10mg

trazodone (generic Desyrel)
tablet: 50, 100, 150mg

venlafaxine (Effexor, Effexor-XR) **QL**
tablet: 25, 37.5, 50, 75, 100mg
XR capsules: 37.5, 75, 150mg

ANTIMANIA

divalproex (Depakote)
tablet: 125, 250, 500mg
capsule: 125mg sprinkle

divalproex ER (Depakote ER)
ER tablet: 250, 500mg

lithium carbonate (generic Eskalith)
capsule: 300mg

lithium carbonate (Lithobid)
SR tablet: 300mg

lithium carbonate CR (Eskalith-CR)
CR tablet: 450mg

ANTIPSYCHOTICS

aripiprazole (Abilify) **ST, QL**
tablet: 5, 10, 15, 20, 30mg
oral solution: 1mg/ml

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIPSYCHOTICS cont'd

chlorpromazine (generic Thorazine)
concentrate: 30mg/ml, 100mg/ml
tablet: 10, 25, 50, 100, 200mg

clozapine (generic Clozaril)
tablet: 25, 100mg

fluphenazine (generic Prolixin)
concentrate: 5mg/ml, 2.5mg/5ml
tablet: 1, 2.5, 5, 10mg

haloperidol (generic Haldol)
concentrate: 2mg/ml
tablet: 0.5, 1, 2, 5, 10mg

loxapine (generic Loxitane)
capsule: 5, 10, 25, 50mg

olanzapine (Zyprexa) **ST**
tablet: 2.5, 5, 7.5, 10, 15, 20mg

perphenazine (generic Trilafon)
concentrate: 16mg/5ml
tablet: 2, 4, 8, 16mg

perphenazine w/amitriptyline (generic Triavil)
tablet: 2/10mg, 2/25mg, 4/10mg, 4/25mg,
4/50mg

quetiapine (Seroquel)
tablet: 25, 50, 100, 200, 300, 400mg

risperidone (Risperdal)
solution: 1mg/ml
tablet: 0.25, 0.5, 1, 2, 3, 4mg

thiothixene (generic Navane)
capsule: 1, 2, 5, 10mg
concentrate: 5mg/ml

trifluoperazine (generic Stelazine)
tablet: 1, 2.5, 5, 10mg

ziprasidone (Geodon) **QL=60**
capsule: 20, 40, 60, 80mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANXIOLYTICS, SEDATIVES & HYPNOTICS

- alprazolam** (generic *Xanax*)
tablet: 0.25, 0.50, 1, 2mg
- buspirone** (generic *Buspar*)
tablet: 5, 7.5, 10, 15, 30mg
- chlordiazepoxide** (generic *Librium*)
capsule: 5, 10, 25mg
- clonazepam** (generic *Klonopin*)
tablet: 0.5, 1, 2mg
- clorazepate** (generic *Tranxene*)
tablet: 3.75, 7.5, 15mg
- diazepam** (generic *Valium*)
tablet: 2, 5, 10mg
- lorazepam** (generic *Ativan*)
tablet: 0.5, 1, 2mg
- oxazepam** (generic *Serax*)
capsule: 10, 15, 30mg
- phenobarbital** (generic *Luminal*)
elixir: 20mg/5ml
tablet: 15, 30, 60, 100mg
- temazepam** (generic *Restoril*)
capsule: 7.5, 15, 30mg
- zolpidem** (*Ambien*) **QL=30**
tablet: 5, 10mg

CEREBRAL STIMULANTS

- amphetamine/dextroamphetamine** (generic *Adderall*) **AL**
tablet: 5, 10, 15, 20, 30mg (age 3-18 years only)
- amphetamine/dextroamphetamine ER** (*Adderall-XR*) **AL, QL=30**
ER capsule: 5, 10, 15, 20, 25, 30mg (age 3-18 years only)

III. CENTRAL NERVOUS SYSTEM cont'd

CEREBRAL STIMULANTS cont'd

- atomoxetine** (*Strattera*) **PA, QL**
capsule: 10, 18, 25, 40, 60, 80, 100mg
- dextroamphetamine** (generic *Dexedrine*) **AL**
tablet: 5, 10mg (age 3-18 years only)
SR capsule: 5, 10, 15mg (age 3-18 years only)
- methylphenidate** (generic *Ritalin*) **AL**
tablet: 5, 10, 20mg (age 3-18 years only)
- methylphenidate CR** (*Concerta, Metadate-CD*) **AL, QL=30**
CR tablet: 18, 27, 36, 54mg (age 3-18 years only)
CR capsule: 10, 20, 30, 40, 50, 60mg (age 3-18 years only)
- methylphenidate SR** (generic *Ritalin SR, Methylin ER*) **AL, QL=30**
ER tablet: 10, 20mg (age 3-18 years only)
SR tablet: 20mg (age 3-18 years only)

CHOLINESTERASE INHIBITORS

- donepezil** (*Aricept*) **QL**
tablet: 5, 10mg

IV. NEUROMUSCULAR AGENTS

ANTICONSULSANTS

- carbamazepine** (generic *Tegretol*)
chewable tab: 100mg
tablet: 200mg
suspension: 100mg/5ml
- carbamazepine SR** (*Tegretol XR*)
SR tablet: 100, 200, 400mg
- clonazepam** (generic *Klonopin*)
tablet: 0.5, 1, 2mg

IV. NEUROMUSCULAR AGENTS cont'd

ANTICONVULSANTS cont'd

divalproex (*Depakote*)
ER tablet: 250, 500mg
tablet: 125, 250, 500mg
capsule: 125mg sprinkle

ethosuximide (*Zarontin*)
capsule: 250mg
syrup: 250mg/5ml

felbamate (*Felbatol*)
suspension: 600mg/5ml
tablet: 400, 600mg

gabapentin (generic *Neurontin*)
capsule: 100, 300, 400mg
solution: 250mg/5ml
tablet: 600, 800mg

lamotrigine (*Lamictal*)
chewable tab: 5, 25mg
tablet: 125, 100, 150, 200mg

levatiracetam (*Keppra*)
tablet: 250, 500, 750mg

oxcarbazepine (*Trileptal*)
suspension: 300mg/5ml
tablet: 150, 300, 600mg

phenobarbital (generic *Luminal*)
elixir: 20mg/5ml
tablet: 8, 16, 32, 60, 100mg

phenytoin (*Dilantin*)
capsule: 30, 100mg
chewable tab: 50mg
suspension: 50mg/5ml, 125mg/5ml

primidone (generic *Mysoline*)
suspension: 250mg/5ml
tablet: 50, 250mg

tiagabine (*Gabitril*)
tablet: 2, 4, 12, 16mg

IV. NEUROMUSCULAR AGENTS cont'd

ANTICONVULSANTS cont'd

topiramate (*Topamax*) **PA**
capsule: 15, 25mg
tablet: 25, 50, 100, 200mg

valproic acid (generic *Depakene*)
capsule: 250mg
syrup: 250mg/5ml

ANTIMYASTHENIC AGENTS

pyridostigmine bromide (generic *Mestinon*)
tablet: 60, 180mg

riluzole (*Rilutek*) **PA**
tablet: 50mg

ANTIPARKINSONS

amantadine (generic *Symmetrel*)
capsule: 100mg

benztropine mesylate (generic *Cogentin*)
tablet: 0.5, 1, 2mg

bromocryptine mesylate (*Parlodel*)
capsules: 5mg
tablet: 2.5mg

carbidopa/levodopa (generic *Sinemet*)
tablet: 10/100mg, 25/100mg, 25/250mg
CR tablet: 25/100, 50/200mg

levodopa (*Larodopa*)
tablet: 100, 250, 500mg

selegiline (generic *Eldepryl*)
capsules: 5mg
tablet: 5mg

trihexyphenidyl (generic *Artane*)
elixir: 0.4mg/ml
tablet: 2, 5mg

MUSCLE RELAXANTS

baclofen (generic *Lioresal*)
tablet: 10, 20mg

IV. NEUROMUSCULAR AGENTS cont'd

MUSCLE RELAXANTS cont'd

carisoprodol (generic Soma)
tablet: 350mg

cyclobenzaprine (generic Flexeril)
tablet: 10mg

dantrolene (Dantrium)
capsule: 25, 50, 100mg

diazepam (generic Valium)
tablet: 2, 5, 10mg

methocarbamol (generic Robaxin)
tablet: 500, 750mg

V. ENDOCRINE & METABOLIC DRUGS

ANDROGENS

fluoxymesterone (generic Halotestin)
tablet: 2, 5, 10mg

methyltestosterone (Methitest)
tablet: 10mg

testosterone patch (Androderm)
patch: 2.5, 5mg/24 hours

ANTIDIABETIC

glimepiride (generic Amaryl)
tablet: 1, 2, 4mg

glipizide (generic Glucotrol)
tablet: 5, 10mg (NO XL)

glyburide (generic Diabeta, generic Micronase)
tablet: 1.25, 2.5, 5mg

glyburide/metformin (Glucovance)
tablet: 2.5/250mg, 2.5/500mg

human insulin (Humulin, Novolin)
100U/ml /10ml vial

V. ENDOCRINE & METABOLIC DRUGS cont'd

ANTIDIABETIC cont'd

human insulin aspart (Novolog)
100U/ml /10ml vial

human insulin glargine (Lantus)
100U/ml /10ml vial

human insulin lispro (Humalog)
100U/ml /10ml vial

metformin (generic Glucophage)
tablet: 500, 850, 1000mg (NO XR)

pioglitazone (Actos)
tablet: 15, 30mg

rosiglitazone (Avandia)
tablet: 2, 4, 8mg

roiglitazone/metformin (Avandamet)
tablet: 2mg/500mg, 4mg/500mg

ANTITHYROIDS

methimazole (generic Tapazole)
tablet: 5, 10mg

propylthiouracil (generic PTU)
tablet: 50mg

CONDOMS & SPERMICIDES

All condoms and spermicides are covered.
OTC

CONTRACEPTIVES

Apri (generic Desogen)
tablet: 0.15mg/30mcg

Enpresse (generic Triphasil)
tablet: 0.05mg/30mcg, 0.075mg/40mcg,
0.125mg/30mcg

ethinyl estradiol/etonogestrel (Nuvaring)
ring: 12mcg/0.015mg

Kariva (generic Mircette)
tablet: 0.15mg/20mcg

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES cont'd

Lessina (generic Alesse)
tablet: 0.1mg/20mcg

Levora (generic Nordette)
tablet: 0.15/30mcg

Low-Ogestrel (generic Lo/Ovral)
tablet: 0.3mg/30mcg

Necon (generic Norinyl)
tablet: 1mg/35mcg, 1mg/50mcg

norelgestromin/ethinyl estradiol (Ortho Evra)
QL
patch: 0.15mg/20mcg (max=3 patches per
28 days)

norethindrone (generic Nor-QD)
tablet: 0.35mg

norethindrone/ethinyl estradiol (Estrstep Fe)
tablet: 1mg/20mcg, 1mg/30mcg, 1mg/
35mcg

norethindrone/ethinyl estradiol (generic
Ovcon)
tablet: 0.4mg/35mcg, 1mg/50mcg

norethindrone/ethinyl estradiol (Tri-Norinyl)
tablet: 0.5mg/35mcg, 1mg/35mcg, 0.5mg/
35mcg

norethindrone/ethinyl estradiol (generic
Ortho 777)
tablet: 0.5 mg/35mcg, 0.75mg/35mcg, 1mg/
35mcg

norgestrel (Ovrette)
tablet: 0.075mg

Nortel (generic Brevicon, generic Modicon)
tablet: 0.5mg/35mcg

Ogestrel (generic Ovral)
tablet: 0.5mg/50mcg

V. ENDOCRINE & METABOLIC DRUGS cont'd

CONTRACEPTIVES cont'd

Sprintec (generic Ortho Cyclen)
tablet: 0.25 mg/35mcg

tri-sprintec (generic Ortho Tri-Cyclen)
tablet: 0.18, 0.215, 0.25mg/35mcg

Zovia (generic Demulen)
tablet: 1mg/35mcg, 1mg/50mcg

CORTICOSTEROIDS-ORAL

cortisone acetate (generic Cortisone)
tablet 25mg

dexamethasone (generic Decadron)
elixir: 0.5mg/5ml
tablet: 0.25, 0.5, 0.75, 1.5, 2, 4, 6mg

fludrocortisone (generic Florinef)
tablet: 0.1mg

hydrocortisone (generic Cortef)
tablet: 20mg

methylprednisolone (generic Medrol)
dose pak: 4mg
tablet: 4mg

prednisolone (generic Pediapred)
liquid: 6.7mg/5ml
solution: 15mg/5ml

prednisolone (generic Prelone)
syrup: 5mg/5ml, 15mg/5ml

prednisone (generic Deltasone)
tablet: 1, 2.5, 5, 10, 20, 50mg

DIABETIC TESTING SUPPLIES

Blood Glucose Monitoring Kits

FS System

Freestyle Kit Flash

One Touch Basic

V. ENDOCRINE & METABOLIC DRUGS cont'd

DIABETIC TESTING SUPPLIES cont'd

One Touch Ultra

One Touch Ultra Smart

Precision Kit

Surestep Kit

Blood Testing Strips and Lancets

Fasttake testing strips

Freestyle testing strips and lancets

One Touch testing strips and lancets

One Touch Ultra testing strips

Penlet lancet device

Precision teststrips

Precision Extra teststrips

Surestep testing strips

Thin lancets (Abbott)

Insulin Syringes

B-D, Sure-Dose

Miscellaneous - Diabetic Supplies

*Glucose Tablets, Acetone Urine Test Strips,
Urine Test Tablets*

DIAPHRAGMS

Ortho All-Flex
various sizes

ESTROGENS

conjugated estrogen (Premarin)
tablet: 0.3, 0.45, 0.625, 0.9, 1.25, 2.5mg
vaginal cream: 0.625mg/gm

V. ENDOCRINE & METABOLIC DRUGS cont'd

ESTROGENS cont'd

*conjugated estrogens/medroxyprogesterone
(Prempro)*
tablet: 0.3/1.5mg, 0.45/1.5mg, 0.625/2.5mg,
0.625/5mg

estradiol (generic Climara)
patch: 0.05, 0.075, 0.1, 0.25mg

estradiol (generic Estrace)
tablet: 0.5, 1mg

estradiol/norethindrone (Combipatch)
patch: 0.05/0.14, 0.05/0.25

estropipate (generic Ogen)
tablet: 0.625, 1.25, 2.5mg

MISCELLANEOUS ENDOCRINE

alendronate (Fosamax) PA
tablet: 5, 10, 70mg

calcitonin (Miacalcin NS)
nasal spray: 200IU

desmopressin acetate (generic DDAVP)
nasal solution: 0.01%, 2.5 and 5ml
nasal spray: 0.01% 5ml
tablet: 0.1, 0.2mg

raloxifene (Evista)
tablet: 60mg

OXYTOCICS

methylergonovine (Methergine)
tablet: 0.2mg

PROGESTINS

medroxyprogesterone (generic Provera)
tablet: 2.5, 5, 10mg

*medroxyprogesterone depot (generic Depo-
Provera) QL*
injection: 150mg/ml (max=1ml per 90 days)

V. ENDOCRINE & METABOLIC DRUGS cont'd

PROGESTINS cont'd

norethindrone acetate (Aygestin)
tablet: 5mg

THYROID REPLACEMENTS

levothyroxine (generic Levoxyl, generic Synthroid)
tablet: 0.025, 0.05, 0.075, 0.088, 0.1, 0.112,
0.125, 0.137, 0.15, 0.175, 0.2, 0.3mg

liotrix (Thyrolar)
tablet: 15, 30, 60, 120, 180mg

thyroid (generic Armour Thyroid)
tablet: 0.25, 0.5, 1, 1.5, 2, 3, 4, 5gr

VI. CARDIOVASCULARS

ANTIANGINALS

isosorbide dinitrate (generic Isordil)
SL tablet: 2.5, 5, 10mg
SR tablet: 40mg
tablet: 5, 10, 20, 30mg

isosorbide mononitrate (generic Imdur)
tablet: 30, 60, 120mg

nitroglycerin (Nitrostat)
ointment: 2%
SL tablet: 0.3, 0.4, 0.6mg

nitroglycerin patch (generic Nitro-Dur)
patch: 0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg/hr

ANTIARRHYTHMICS

amiodarone (generic Cordarone)
tablet: 200mg

digoxin (Lanoxin)
elixir: 0.05mg/ml
tablet: 0.125, 0.25, 0.5mg

disopyramide (generic Norpace)
capsule: 100, 150mg

VI. CARDIOVASCULARS cont'd

ANTIARRHYTHMICS cont'd

disopyramide CR (generic Norpace CR)
CR capsule: 150mg

flecainide (generic Tambocor)
tablet: 50, 100, 150mg

moricizine (Ethmozine)
tablet: 200, 250, 300mg

procainamide (generic Pronestyl)
capsule: 250, 375, 500mg
SR tablet: 250, 500, 750mg, 1gm

propafenone (generic Rhythmol)
tablet: 150, 225, 300mg

quinidine gluconate (generic Quinaglute)
tablet: 324mg

quinidine sulfate (generic Quinidex)
tablet: 100, 200, 300mg

tocainide (Tonocard)
tablet: 400, 600mg

ANTIHYPERLIPIDEMICS

cholestyramine (generic Questran)
packets, powder

gemfibrozil (generic Lopid)
tablet: 600mg

lovastatin (generic Mevacor) **QL=30**
tablet: 20, 40mg

niacin, controlled-release (Slo-Niacin) **OTC**
tablet: 500, 750, 1000mg

simvastatin (generic Zocor) **QL=30**
tablet: 10, 20, 40, 80mg (max=30 per
month)

ANTIHYPERTENSIVES

ACE Inhibitors and Combinations

benazepril (generic Lotensin)
tablet: 5, 10, 20, 40mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

benazepril/HCTZ (generic Lotensin HCT)
tablet: 5/6.25mg, 10/12.5mg, 20/12.5mg,
20/25mg

captopril (generic Capoten)
tablet: 12.5, 25, 50, 100mg

captopril/HCTZ (generic Capozide)
tablet: 25/15mg, 25/25mg, 50/15mg, 50/
25mg

enalapril (generic Vasotec)
tablet: 2.5, 5, 10, 20mg

enalapril/HCTZ (generic Vasoretic)
tablet: 5/12.5mg, 10/25mg

lisinopril (generic Zestril)
tablet: 2.5, 5, 10, 20, 30, 40mg

lisinopril/HCTZ (generic Zestoretic)
tablet: 10/12.5mg, 20/12.5mg, 20/25mg

trandolopril (Mavik)
tablet: 1, 2, 4mg

Angiotensin Receptor Blockers (ARB)

losartan (Cozaar)
tablet: 25, 50, 100mg

losartan/HCTZ (Hyzaar)
tablet: 12.5/50mg, 12.5/100mg, 25/100mg

olmesartan (Benicar)
tablet: 5, 20, 40mg

olmesartan/HCTZ (Benicar HCT)
tablet: 12.5/20, 12.5/40, 25/40mg

valsartan (Diovan)
tablet: 40, 80, 160, 320mg

Sympatholytics & Vasodilators

clonidine (generic Catapres)
tablet: 0.1, 0.2, 0.3mg

VI. CARDIOVASCULARS cont'd

ANTIHYPERTENSIVES cont'd

doxazosin (generic Cardura)
tablet: 1, 2, 4, 8mg

guanabenz acetate (generic Wytensin)
tablet: 4, 8mg

guanfacine (generic Tenex)
tablet: 1, 2mg

methyldopa (generic Aldomet)
tablet: 250, 500mg

prazosin (generic Minipres)
tablet: 1, 2, 5mg

terazosin (generic Hytrin)
capsule: 1, 2, 5, 10mg

BETA BLOCKERS

atenolol (generic Tenormin)
tablet: 25, 50, 100mg

atenolol/chlorthalidone (generic Tenoretic)
tablet: 50/25mg, 100/25mg

carvedilol (Coreg)
tablet: 3.125, 6.25, 12.5, 25mg

labetalol (generic Normodyne)
tablet: 100, 200, 300mg

metoprolol (generic Lopressor)
tablet: 50, 100mg

nadolol (generic Corgard)
tablet: 20, 40, 80, 120, 160mg

propranolol (generic Inderal)
tablet: 10, 20, 40, 60, 80, 90mg

propranolol CR (Inderal LA)
capsule: 60, 80, 120, 160mg

propranolol/HCTZ (generic Inderide)
tablet: 40/25mg, 80/25mg

VI. CARDIOVASCULARS cont'd

CALCIUM CHANNEL BLOCKERS

amlodipine (Norvasc)
tablet: 2.5, 5, 10mg

amlodipine/benazepril (Lotrel) **QL**
tablet: 2.5/10mg, 5/10mg, 5/20mg, 5/40mg,
10/40mg

diltiazem (generic Cardizem)
tablet: 30, 60, 90, 120mg

diltiazem ER (generic Dilacor XR)
capsule: 120, 180, 240mg/24hr

diltiazem ER (generic Cardizem CD)
capsule: 120, 180, 240, 300mg/24hr

diltiazem SR (generic Cardizem SR)
capsule: 60, 90, 120mg/12hr

felodipine (generic Plendil)
tablet: 2.5, 5, 10mg

nifedipine (generic Procardia)
capsule: 10, 20mg

nifedipine ER (generic Adalat CC, generic
Procardia XL)
tablet: 30, 60, 90mg

verapamil (generic Calan, generic Isoptin)
tablet: 40, 80, 120mg

verapamil CR (generic Calan SR, generic
Isoptin SR)
tablet: 120, 180, 240mg

DIURETICS

acetazolamide (generic Diamox)
tablets: 125, 250mg

bumetanide (generic Bumex)
tablet: 0.5, 1.0, 2mg

chlorthalidone (generic Hygroton)
tablet: 25, 50, 100mg

VI. CARDIOVASCULARS cont'd

DIURETICS cont'd

furosemide (generic Lasix)
tablet: 20, 40, 80mg
solution: 10mg/ml, 40mg/5ml

hydrochlorothiazide (generic Hydrodiuril)
tablet: 25, 50, 100mg

indapamide (generic Lozol)
tablet: 1.25, 2.5mg

metozalone (generic Zaroxolyn)
tablet: 2.5, 5, 10mg

spironolactone (generic Aldactone)
tablet: 25, 50, 100mg

spironolactone/HCTZ (generic Aldactazide)
tablet: 25/25mg, 50/50mg

triamterene/HCTZ (generic Dyazide, generic
Maxzide)
capsule: 50mg/25mg
tablet: 37.5/25mg, 75/50mg

ANTICOAGULANTS & BLOOD MODIFIERS

clopidogrel (Plavix) **PA**
tablet: 75mg

dipyridamole (generic Persantine)
tablet: 25, 50, 75mg

enoxaparin (Lovenox) **PA, QL**
solution: 30, 40, 60, 80, 100, 120, 150,
300mg

pentoxifylline (generic Trental)
tablet: 400mg

warfarin (Coumadin)
tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg

VII. RESPIRATORY AGENTS

ANTIASTHMATICS

albuterol (generic Proventil) **QL**

MDI: 90mcg/puff
solution: 5mg/ml
solution for inhalation: 0.083%
syrup: 2mg/5ml
tablet: 2, 4mg

albuterol HFA (Proair HFA) **QL**

MDI: 108mcg/puff

albuterol/ipratropium (Combivent) **QL**

MDI: 90mcg/18mcg/puff

formoterol (Foradil) **QL**

DPI: 12mcg/puff

ipratropium bromide (generic Atrovent) **QL**

Inhalation solution: 0.02%
MDI: 18mcg/puff

levalbuterol (Xopenex) **QL, ST, AL**

inhalation solution: 0.021%, 0.042%
(max=288ml per month)

metaproterenol (generic Alupent)

MDI: 65mcg/puff

metaproterenol (generic Metaprel)

solution for inhalation: 0.4, 0.6, 5%
syrup: 10mg/5ml
tablet: 10, 20mg

pirbuterol (Maxair) **QL**

MDI: 0.2mg Autohaler

salmeterol (Serevent Diskus) **QL**

diskus: 50mcg/dose (max=1diskus per month)

terbutaline (generic Brethine)

tablets: 2.5/5mg

theophylline (Slo-Phylline)

elixir: 80 mg/15ml
solution: 80mg/15ml
tablet: 100, 200mg

VII. RESPIRATORY AGENTS cont'd

ANTIASTHMATICS cont'd

theophylline SR (Theophylline SR)

capsule: 125/300mg
tablet: 125, 200, 300, 450mg

theophylline SR (Uniphyll)

tablet: 400, 600mg

tiotropium (Spiriva) **QL**

powder for inhalation (capsules)

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

bpm/pseudoephedrine (generic Bromfed, generic Rondec)

capsule: 12mg/120mg, 6mg/60mg
syrup: 4mg/45mg/5ml
tablet: 4mg/60mg

chlorpheniramine/pseudoephedrine (generic Deconamine)

chewable tab: 1mg/15mg
SR tablet: 8mg/120mg
syrup: 2mg/30mg/5ml
tablet: 4mg/60mg

cpm/phenylephrine/methoscopolamine (generic Extendryl)

chewable tab: 2/10/1.25mg
CR tablet: 8/20/2.5mg
syrup: 2/10/1.25mg/5ml

cpm/phenylephrine/pyrilamine (generic Rynatan-S)

suspension: 2mg/5mg/12.5mg/5ml

phenylephrine, chlorpheniramine, dextromethorphan (generic Rondec DM Drops)

solution: 3.5/1/3mg/ml

phenylephrine, chlorpheniramine, dextromethorphan (Trital DM, Corfen DM, Norel DM)

syrup: 10/4/15mg/5ml

VII. RESPIRATORY AGENTS cont'd

ANTIHISTAMINE/DECONGESTANT COMBINATIONS cont'd

pseudoephedrine (generic Sudafed) **OTC**
tablet: 30, 60mg

pseudoephedrine/guaifenesin (generic Zephrex LA)
tablet: 120/500mg, 90/600mg, 120/600mg

triprolidine/pseudoephedrine (generic Actifed) **OTC**
tablet: 2/30mg

ANTIHISTAMINES

cetirizine (Zyrtec) **QL, AL, PA**
syrup: 5mg/5ml (max= 300ml per month),
(age limit <12)

chlorpheniramine (generic Chlor-Trimeton) **OTC**
tablet: 4, 8mg
solution: 2mg/5ml

cycloheptadine (generic Periactin)
syrup: 2mg/5ml
tablet: 4mg

dexchlorpheniramine (generic Polaramine)
CR tablet: 4mg, 6mg
syrup: 2mg/5ml

diphenhydramine (generic Benadryl)
capsule: 50mg

diphenhydramine (generic Benadryl) **OTC**
capsule: 25mg
tablet: 25mg
elixir: 12.5mg/5ml

hydroxyzine (generic Atarax)
syrup: 10mg/5ml
tablet: 10, 25, 50mg

hydroxyzine pamoate (generic Vistaril)
capsule: 25, 50, 100mg

VII. RESPIRATORY AGENTS cont'd

ANTIHISTAMINES cont'd

loratadine (generic Claritin) **OTC, QL**
syrup: 10mg/10ml (max=300ml per month)
tablet: 10mg (max=30 per month)
OD tablet: 10mg (max=30 per month)

loratadine/pseudoephedrine (generic Claritin-D) **OTC, QL**
12 hr. tablet: 5mg/120mg (max=60 per month)
24 hr. tablet: 10mg/240mg (max=30 per month)

promethazine (generic Phenergan) **AL>2 years**
syrup: 6.25mg/5ml

ANTITUSSIVES

benzonatate (generic Tessalon Perles)
capsule: 100mg

codeine/guaifenesin (generic Robitussin AC)
syrup: 10mg/100mg/5ml

codeine/promethazine (generic Phenergan w/ codeine)
syrup: 10mg/6.25mg/5ml

dextromethorphan/guaifenesin (generic Humibid DM)
tablet: 30mg/600mg

Dextromethorphan/guaifenesin (generic Diabetic Tussin DM, max. strength Diabetic Tussin DM) **OTC**
liquid: 10mg/100mg/5ml
liquid: 10mg/200mg/5ml

guaifenesin (generic Robitussin) **OTC**
syrup: 100mg/5ml

guaifenesin CR (generic Duratuss-G, generic Humibid LA)
tablet: 600mg, 1200mg

VII. RESPIRATORY AGENTS cont'd

ANTITUSSIVES cont'd

hydrocodone/guaifenesin (generic Duratuss HD)
elixir:

hydrocodone/homatropine (generic Hycodan)
syrup: 5mg/5ml

promethazine/dextromethorphan (generic Phenergan DM)
syrup: 6.25mg/100mg/5ml

pseudoephedrine/guaifenesin (generic Deconal II)
tablet: 60mg/600mg

phenylephrine/hydrocodone/guaifenesin (generic Duratuss HD)
elixir: 10mg/2.5mg/225mg/5ml

INHALED STEROIDS AND ANTI-INFLAMMATORIES

beclomethasone (Vanceril)
MDI: 42mcg/puff

beclomethasone dipropionate HFA (QVAR)
MDI: 40mcg/puff, 80mcg/puff

budesonide (Pulmicort) **QL**
pulvules: 0.25mg/ml, 0.5mg/ml **AL<6**
inhaler: 0.2mg/puff

cromolyn sodium (generic Intal)
solution: 20mg/2ml

cromolyn sodium (Intal)
MDI: 800mcg/puff

fluticasone propionate (Flovent) **QL**
MDI: 44mcg, 110mcg, 220mcg/puff

fluticasone/salmeterol (Advair Diskus) **QL=1**
diskus: 100/50, 250/50, 500/50mcg/puff

nedocromil (Tilade)
MDI: 1.75mg/puff

VII. RESPIRATORY AGENTS cont'd

INHALED STEROIDS AND ANTI-INFLAMMATORIES cont'd

triamcinolone (Azmacort) **QL**
MDI: 100mcg/puff

INTRANASAL STEROIDS

beclomethasone (Beconase AQ)
nasal spray: 50mcg/puff

fluticasone (Flonase)
nasal spray: 50mcg/puff

mometasone furoate (generic Nasonex)
nasal spray: 50mcg/puff

triamcinolone (generic Nasacort AQ)
nasal spray: 55mcg/puff

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast (Singulair) **ST, QL**
chewable tab: 4, 5mg
granules: 4mg
tablet: 10mg

zafirlukast (Accolate) **ST**
tablet: 10, 20mg

SPACER DEVICES

Aerochamber

Aerochamber w/Mask

Easivent

EZ-spacer

EZ-spacer w/Mask

Inspirease

Optichamber

Optihaler

sterile normal saline (generic Bronchosaline)
OTC

VIII. GASTROINTESTINAL AGENTS

ANTIEMETICS

meclizine (generic Antivert)

tablet: 12.5, 25mg

ondansetron (Zofran ODT) **QL**

tablet: 4, 8mg (max=10 per month)

tablet: 24mg (max=1 per treatment)

OD tablet: 4, 8mg (max=10 per month)

solution: 4mg/5ml (max=50ml per month)

prochlorperazine (generic Compazine)

suppository: 2.5, 5, 25mg

syrup: 5mg/5ml

tablet: 5, 10, 25mg

promethazine (generic Phenergan)

suppository: 25, 50mg

tablet: 12.5, 25, 50mg

ANTISPASMODIC & G.I. MOTILITY

dicyclomine (generic Bentyl)

capsule: 10mg

tablet: 20mg

diphenoxylate/atropine (generic Lomotil)

liquid: 2.5mg/0.025mg/5ml

tablet: 2.5mg/0.025mg

hyoscyamine sulfate (generic Levsin)

drop: 0.125mg/ml

elixir: 0.125mg/5ml

tablet: 0.125mg

hyoscyamine sulfate CR (generic Levsinex)

capsule: 0.375mg

kaolin-pectin (generic Kaopectate) **OTC, AL**

suspension: 750mg/5ml (age limit <21)

loperamide (generic Imodium AD) **OTC, AL**

capsule: 2 mg (age limit <21)

liquid: 1mg/5ml (age limit <21)

metoclopramide (generic Reglan)

syrup: 5mg/5ml

tablet: 5, 10mg

VIII. GASTROINTESTINAL AGENTS

cont'd

BOWEL PREPARATIONS

polyethylene glycol/electrolytes (generic CoLyte)

solution: 4000ml

DIGESTANTS

lactase (Lactaid) **OTC, AL**

tablet: 3300 units (age limit <21)

lactase extra strength (Lactaid Extra Strength) **OTC, AL**

tablet: 4500 units (age limit <21)

lactase ultra (Lactaid Ultra) **OTC, AL**

chewtab: 9000 units (age limit <21)

tablet: 9000 units (age limit <21)

pancrelipase (Cotazym)

capsule: 30KU amylase/8KU lipase/30KU protease

pancrelipase (generic Pancrease MT-10)

capsule: 30KU amylase/10KU lipase/30KU protease

pancrelipase (generic Pancrease)

capsule: 20KU amylase/4KU lipase/25KU protease

pancrelipase (generic Ultrase MT 18)

capsule: 58.5KU amylase/18KU lipase/58.5KU protease

pancrelipase (generic Pancrease MT-16)

capsule: 48KU amylase/16KU lipase/48KU protease

pancrelipase (generic Ultrase MT 20)

capsule: 65KU amylase/20KU lipase/65KU protease

pancrelipase (generic Pancrease MT-20)

capsule: 56KU amylase/20KU lipase/44KU protease

VIII. GASTROINTESTINAL AGENTS cont'd

MISCELLANEOUS G.I. AGENTS

bisacodyl (generic *Dulcolax*) **OTC, AL**
suppository: 10mg (age limit <21)
tablet: 5mg (age limit <21)

bismuth subsalicylate (generic *Pepto Bismol*)
OTC
suspension: 262, 525mg/15ml
tablet: 262mg

castor oil USP (*Castor Oil*) **OTC, AL**
liquid: (age limit <21)

docusate sodium (generic *Colace*) **OTC, AL**
capsule: 100, 250mg (age limit <21)
syrup: 60mg/15ml (age limit <21)

glycerin suppository USP (*Glycerin Suppository*) **OTC, AL**
suppository: (age limit <21)

hydrocortisone acetate (generic *Anusol-HC*)
cream: 2.5%
suppository: 25mg

hydrocortisone acetate/pramoxine
(*Analpram-HC*)
cream: 1%
lotion: 2.5%

hydrocortisone enema (generic *Cortenema*)
retention enema: 100mg/60ml

lactulose (generic *lactulose*)
syrup: 10mg/15ml

magnesium citrate USP (*Citrate of Magnesia*)
OTC, AL
solution: 1.75gm/30ml (age limit <21)

magnesium hydroxide (*Milk of Magnesia*)
OTC, AL
suspension: 400mg/5ml (age limit <21)

mesalamine (*Asacol*)
tablet: 400mg

VIII. GASTROINTESTINAL AGENTS cont'd

MISCELLANEOUS G.I. AGENTS cont'd

mesalamine (*Pentasa*)
capsule: 250, 500mg

mesalamine (*Rowasa*)
retention enema: 4gm/60ml

phosphate (*Fleets Enema*) **OTC, AL**
enema: (age limit <21)

polyethylene glycol 3350 (generic *Miralax*)
QL=255gm

psyllium (generic *Metamucil*) **OTC, AL**
powder: 3.4gm/dose (age limit <21)

senna (generic *Ex-Lax*) **OTC, AL**
tablet: 15, 25mg (age limit <21)

senna (generic *Senokot*) **OTC, AL**
tablet: 50mg (age limit <21)

simethicone (generic *Mylicon*) **OTC**
drops: 40mg/0.6ml
tablet: 80mg

sulfasalazine (generic *Azulfidine*)
tablet: 500mg
EN tablet: 500mg

ULCER TREATMENT & PREVENTION

alum. hydrox/mag. hydrox/simethicone
(generic *Mylanta*) **OTC**
suspension: 200/225mg/5ml

alum. hydrox/mag. Hydroxide (generic *Maalox*) **OTC**
suspension: 200/225mg/5ml

cimetidine (generic *Tagamet-HB*) **OTC**
tablet: 200mg

cimetidine (generic *Tagamet*)
solution: 300mg/5ml
tablet: 300, 400, 800mg

VIII. GASTROINTESTINAL AGENTS cont'd

ULCER TREATMENT & PREVENTION cont'd

famotidine (generic *Pepcid AC*) **OTC**
tablet: 10mg

mag. hydrox/calcium carbonate (generic *Di-Gel*) **OTC**
suspension: 225/500mg/5ml

omeprazole (*Prilosec*) **OTC**
tablet: 20mg

omeprazole (generic *Prilosec*) **PA**
capsule: 20, 40mg

pantoprazole (*Protonix*) **PA, QL**
tablet: 20, 40mg

ranitidine (generic *Zantac-75*) **OTC**
tablet: 75mg

ranitidine (generic *Zantac*)
tablet: 150, 300mg

ranitidine (*Zantac Liquid*)
syrup: 15mg/ml

IX. GENITOURINARY AGENTS

ANTI-INFECTIVES AND ANTISPASMODICS

bethanechol (*Urecholine*)
tablet: 5, 10, 25, 50mg

flavoxate (*Urispas*)
tablet: 100mg

methenamine (generic *Mandelamine*)
tablet: 0.5, 1gm

oxybutynin (generic *Ditropan*)
tablet: 5mg

phenazopyridine (generic *Pyridium*)
tablet: 100, 200mg

potassium citrate (*Urocit-K*)
tablet 540, 1080mg

IX. GENITOURINARY AGENTS cont'd

ANTI-INFECTIVES AND ANTISPASMODICS cont'd

tolterodine tartrate (*Detrol*)
tablet: 1, 2mg
LA capsule: 2, 4mg

VAGINAL PREPARATIONS

clotrimazole (generic *Mycelex-7*) **OTC**
vaginal cream: 1%

clotrimazole (generic *Mycelex-3*) **OTC**
vaginal cream: 2%

metronidazole (generic *Metrogel*)
vaginal gel: 0.75%

miconazole (generic *Monistat-7*) **OTC**
vaginal cream: 2%
suppository: 100mg

miconazole (*Monistat-3*) **OTC**
vaginal cream: 4%
suppository: 200mg

miconazole (generic *Monistat-3 Combo Pack*) **OTC**
suppository: 200mg, 2% cream

miconazole (generic *Monistat-1*) **OTC**
vaginal ointment: 6.5%

miconazole (*Monistat-1 Combo Pack*) **OTC**
suppository: 1200mg, 2% cream

spermicidal cream (contraceptive cream) **OTC**
cream/suppositories

terconazole (generic *Terazol-7*)
vaginal cream: 0.4%

terconazole (generic *Terazol-3*)
vaginal cream: 0.8%

X. ANALGESICS AND ANESTHETICS

ANALGESICS

acetaminophen (generic *Feverall*) **OTC**
suppository: 80, 120, 325, 650mg

acetaminophen (generic *Tylenol*) **OTC**
chewtab: 80mg
drops: 80mg/0.8ml
tablet: 325, 500mg
elixir: 160mg/5ml

acetylsalicylic acid (generic *aspirin*) **OTC**
tablet: 81, 325mg
EC tablet: 325, 500mg
suppository: 60, 120, 200, 300, 600mg

apap/codeine (generic *Tylenol w/codeine*)
QL=180
elixir: 120mg - 12mg/5mg
tablet: 325mg-15mg, 325mg-30mg, 325mg-60mg

apap/hydrocodone (generic *Lorcet*) **QL=180**
tablet: 650mg-10mg

apap/hydrocodone (generic *Lortab*) **QL=180**
elixir: 167mg-2.5mg/5ml
tablet: 500mg-5mg, 500mg-7.5mg

apap/hydrocodone (generic *Vicodin*)
ES tablet: 750mg-7.5mg **QL=120**
tablet: 500mg-5mg **QL=180**

apap/oxycodone (generic *Percocet*) **QL=180**
tablet: 325mg-5mg, 500mg-7.5mg, 650mg-10mg

aspirin/oxycodone (generic *Percodan*) **QL=180**
tablet: 325mg-4.5mg

codeine sulfate (generic *Codeine*)
tablet: 15mg, 30mg, 60mg

fentanyl patch (generic *Duragesic*) **PA, QL=10**
patch: 25, 50, 75, 100mcg

hydromorphone (generic *Dilaudid*)
suppository: 3mg
tablet: 1, 2, 3, 4, 8mg

X. ANALGESICS AND ANESTHETICS cont'd

ANALGESICS cont'd

ibuprofen (generic *Advil*) **OTC**
tablet: 200mg
suspension: 100mg/5ml
drops: 50mg/1.25ml

meperidine (generic *Demerol*)
syrup: 50mg/5ml
tablet: 50, 100mg

methadone (generic *Dolophine*) **QL=120**
tablet: 5, 10mg

morphine sulfate (generic *MSIR*)
solution: 10mg/5ml, 20mg/5ml
tablet: 15mg, 30mg

morphine sulfate (generic *RMS*)
suppository: 5, 10, 20, 30mg

morphine sulfate (generic *Roxanol*)
solution: 20mg/ml

morphine sulfate SR (*MS Contin*) **QL=60**
tablet: 15, 30, 60, 100, 200mg

naproxen sodium (generic *Aleve*) **OTC**
tablets: 220mg

oxycodone (generic *OxyContin*) **PA, QL**
tablet: 10, 20, 40, 80mg (max=60 per month)

oxycodone (generic *Roxicodone*) **QL=180**
tablet: 5mg

propoxyphene napsylate/apap (generic *Darvocet-N*)
tablet: 50/325mg, 100/650mg

tramadol (generic *Ultram*) **QL=120**
tablet: 50mg

ANTIGOUT

allopurinol (generic *Zyloprim*)
tablet: 100, 300mg

X. ANALGESICS AND ANESTHETICS cont'd

ANTIGOUT cont'd

colchicine (Colchicine)
tablet: 0.5, 0.6mg

indomethacin (generic Indocin)
capsule: 25, 50, 75mg

probenecid (generic Benemid)
tablet: 500mg

ANTIRHEUMATICS

methotrexate (generic Rheumatrex)
tablet: 2.5mg

penicillamine (Cuprimine)
capsule: 125, 250mg

LOCAL ANESTHETICS

lidocaine (generic Xylocaine Viscous)
solution: 2%

MIGRAINE AND HEADACHE PRODUCTS

almotriptan (Axert) **QL=6**
tablet: 6.25, 12.5mg

apap/butalbital (generic Phrenylin)
capsule: 650/50mg
tablet: 650/50mg

apap/caffeine/butalbital (generic Fioricet,
generic Esgic)
capsule, tablet: 325/40/50mg

apap/caffeine/butalbital (generic Esgic Plus)
tablet: 500/40/50mg

apap/caffeine/butalbital/codeine (generic
Fioricet w/codeine)
capsule: 325/40/50/30mg

aspirin/caffeine/butalbital (generic Fiorinal)
capsule, tablet: 325/40/50mg

ergotamine/caffeine (Cafergot)
tablet: 1/100mg

X. ANALGESICS AND ANESTHETICS cont'd

MIGRAINE AND HEADACHE PRODUCTS cont'd

isomethheptene/dichloralphenazone/apap
(generic Midrin)
capsule: 65/100/325mg

sumatriptan (Imitrex) **QL**
injection kit: 4mg, 6mg/0.5ml **QL=2**
nasal spray: 5mg/spray, 20mg/spray **QL=6**
tablet: 25, 50, 100mg **QL=9**

zolmitriptan (Zomig) **QL=6**
nasal spray: 5mg/spray
OD tablet: 2.5, 5mg
tablet: 2.5, 5mg

NSAIDS

celecoxib (Celebrex) **PA**
capsule: 100, 200, 300mg

diclofenac (generic Voltaren)
tablet: 25, 50, 75mg

etodolac (generic Lodine)
capsule: 200, 300mg
tablet: 400, 500mg

Ibuprofen (generic Advil) **OTC**
tablet: 200mg

Ibuprofen (generic Motrin)
tablet: 400, 600, 800mg

indomethacin (generic Indocin)
capsule: 25, 50, 75mg

nabumetone (generic Relafen)
tablet: 500, 750mg

naproxen (generic Naprosyn)
suspension: 125mg/5ml
tablet: 250, 375, 500mg

naproxen sodium (generic Anaprox)
tablet: 275, 550mg

X. ANALGESICS AND ANESTHETICS cont'd

NSAIDS cont'd

piroxicam (generic Feldene)
capsule: 10, 20mg

salsalate (generic Disalcid)
tablet: 500, 750mg

sulindac (generic Clinoril)
tablet: 150, 200mg

XI. NUTRITIONAL SUPPLEMENTS

MINERALS AND ELECTROLYTES

calcium acetate (Phoslo)
capsule, tablet: 667mg

calcium carbonate (generic OsCal, TUMS)
OTC
tablet: 500mg

ferrous gluconate (generic Fergon) **OTC, AL**
tablet: 330mg (age<50 Female, <21 Male)

ferrous sulfate (generic Feosol) **OTC, AL**
tablet: 325mg (age<50 Female, <21 Male)

pediatric electrolytes (generic Pedialyte) **OTC, AL**
liquid: (age limit <21)

potassium chloride (generic K-Tab)
CR capsule: 10mEq
CR tablet: 8mEq
powder: 20mEq
solution 10%, 20%

potassium chloride particles (generic K-Dur)
tablet: 10mEq, 20mEq

VITAMINS

calcitriol (Rocaltrol)
capsule: 0.25mcg, 0.5mcg

ergocalciferol (generic Drisdol)
capsule: 50,000U

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS cont'd

folic acid (generic Folvite)
tablet: 1mg

multi-vitamins (generic One-A-Day) **OTC, AL**
all generic multivitamins are covered (age limit <21)

multi-vitamins w/iron (generic One-A-Day w/ Fe) **OTC, AL**
all generic multivitamins with iron are covered (age limit <21)

multi-vitamins w/minerals (generic Theragran-M) **OTC, AL**
all generic multi-vitamins with minerals are covered (age limit <21)

ped vitamins ADC/FL (generic Tri-Vi-Flor)
chewable tab: 1mg
solution: 0.25mg/ml, 0.5mg/ml

ped vitamins ADC/FL-FE (generic Tri-Vi-Flor w/Fe)
solution: 0.25mg/10mg/ml

ped. multiple vitamins/FL (generic Poly-Vi-Flor)
chewable tab: 0.25, 0.5, 1mg
drop: 0.25mg/ml, 0.5mg/ml

ped. multiple vitamins/FL-FE (generic Poly-Vi-Flor w/Fe)
chewable tab: 0.5, 1mg
drop: 0.25mg/ml, 0.5mg/ml

phytonadione (Mephyton)
tablet: 5mg

prenatal vitamins with FA (generic Materna) **AL**
all generic prenatal vitamins are covered (age limit <50, Female only)

pyridoxine (Vitamin B6) **OTC**
tablet: 50, 100, 250mg

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS cont'd

sodium flouride (generic *Luride*)
chewable tab: 0.25mg
tablet: 5mg

vitamin B complex (*Nephrocaps*)
capsule: B Complex with C & Folic Acid

XII. OPHTHALMIC & OTIC AGENTS

ANALGESICS

benzocaine/antipyrine (generic *Auralgan*)
solution: 1.4%/5.5% OTIC

ANTI-INFECTIVES

acetic acid (generic *VoSol*)
solution: 2% OTIC

acetic acid/HCl (*VoSol - HCl*) **QL**
solution: 2%/1% OTIC

bacitracin (generic *Baciguent*)
ointment: 500U/gm OPHTH

bacitracin/neomycin/polymyxin B (*Neosporin*)
ointment: 400U/35mg/10,000U/gm

chloramphenicol (*Chloroptic*)
solution: 0.5%
ointment: 1% OPHTH

ciprofloxacin (generic *Ciloxan*)
solution: 0.3% OPHTH

ciprofloxacin/dexamethasone (*Ciprodex*) **QL**
solution: 0.3%/0.1% OTIC

dexamethasone/tobramycin (*Tobradex*)
ointment: 0.1%/0.3% OPHTH
suspension: 0.1%/0.3% OPHTH

erythromycin (generic *Ilotycin*)
ointment: 5mg/gm OPHTH

gentamicin (generic *Garamycin*)
ointment, solution: 3mg/gm OPHTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFECTIVES cont'd

gramicidin/neomycin/polymyxin B (generic *Neosporin*)
solution: 0.025mg/ml/1.75mg/ml/10,000U/
ml OPHTH

neomycin/polymyxin B/dexamethasone
(generic *Maxitrol*)
ointment, suspension: 0.35%/10,000U/0.1%
OPHTH

neomycin/polymyxin B/HCl (generic *Cortisporin*) **QL**
solution, suspension: 5mg/10,000U/1%
OTIC, OPHTH

ofloxacin (*Floxin OTIC*) **QL=10ml**
solution: .3% OTIC

ofloxacin (generic *Ocuflax*) **QL**
solution: 0.3% OPHTH

polymyxin B/bacitracin (generic *Polysporin*)
ointment: 10,000U/500U/gm OPHTH

sulfacetamide (generic *Bleph 10*)
ointment, solution: 10% OPHTH

sulfacetamide/prednisolone (*Blephamide*)
ointment: 10%/0.2% OPHTH
suspension: 10%/0.2% OPHTH

tobramycin (generic *Tobrex*)
solution: 0.3% OPHTH

tobramycin (*Tobrex*)
ointment: 0.3% OPHTH

triethanolamine oleate (*Cerumenex*)
solution: 10% OTIC

trifluridine (generic *Viroptic*)
solution 1% OPHTH

trimethoprim/polymyxin B (generic *Polytrim*)
solution: 0.1%/10,000U/ml OPHTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFECTIVES cont'd

vidarabine (*Vira-A*)
ointment: 3% OPTH

ANTI-INFLAMMATORY & ALLERGY

azelastine (*Optivar*)
drop: 0.05% OPTH

cromolyn sodium (*generic Crolom*)
solution: 4% OPTH

dexamethasone (*generic Decadron*)
ointment: 0.05% OPTH
solution: 0.1% OPTH

dexamethasone/neomycin (*generic NeoDecadron*)
solution: 0.1%/0.5% OPTH

diclofenac (*Voltaren*)
solution: 0.1% OPTH

fluorometholone (*generic FML*)
suspension: 0.1% OPTH

flurbiprofen (*generic Ocufen*)
solution: 0.03% OPTH

ketorolac (*Acular*)
solution: 0.5% OPTH

lodoxamine (*Alomide*)
solution 0.1% OPTH

medrysone (*generic HMS*)
suspension: 1% OPTH

naphazoline (*generic Albalon*)
solution: 0.1% OPTH

neomycin/polymyxin/prednisolone (*Polypred*)
suspension: 0.5% OPTH

prednisolone acetate (*generic Pred Forte*)
suspension: 1% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

ANTI-INFLAMMATORY & ALLERGY cont'd

prednisolone acetate (*generic Pred Mild*)
suspension: 0.12% OPTH

prednisolone phosphate (*generic Inflammase Forte*)
solution: 1% OPTH

rimexolone (*Vexol*)
suspension: 1% OPTH

CYCLOPLEGIC & MYDRIATIC

atropine (*generic Isopto Atropine*)
ointment: 0.5%, 1% OPTH
solution: 1% OPTH

cyclopentolate (*generic Cyclogyl*)
solution: 1% OPTH

cyclopentolate (*Cyclogyl*)
solution: 0.5%, 2% OPTH

homatropine (*generic Isopto Homatropine*)
solution: 5% OPTH

homatropine (*Isopto Homatropine*)
solution: 2% OPTH

phenylephrine (*generic Neo-Synephrine*)
solution: 2.5% OPTH

tropicamide (*generic Mydrilacil*)
solution: 0.5%, 1% OPTH

GLAUCOMA

acetazolamide (*generic Diamox*)
tablet: 125, 250mg

apraclonidine (*Iopidine*)
solution: 0.5%, 1% OPTH

betaxolol (*Betoptic-S*)
suspension: 0.25% OPTH

brimonidine tartrate (*Alphagan-P*)
solution: 0.15% OPTH

XII. OPHTHALMIC & OTIC AGENTS cont'd

GLAUCOMA cont'd

- brinzolamide** (Azopt)
suspension: 1% OPTH
- carbachol** (Isopto Carbachol)
solution: 0.75%, 1.5%, 2.25%, 3% OPTH
- dipivefrin** (generic Propine)
solution: 0.1% OPTH
- dorzolamide** (Trusopt)
solution: 2% OPTH
- dorzolamide/timolol** (Cosopt)
solution 0.5% OPTH
- epinephryl borate** (Epinal)
solution: 0.5%, 1% OPTH
- latanoprost** (Xalatan)
solution: 0.005% OPTH
- levobunolol** (generic Betagan)
solution: 0.5% OPTH
- methazolamide** (generic Neptazane)
tablet: 25, 50mg
- pilocarpine** (generic Pilocar)
solution: 0.5, 1, 2, 3, 4, 6% OPTH
- pilocarpine** (Isopto Carpine)
solution: 0.25%, 8%, 10% OPTH
- timolol hemihydrate** (Betimol)
solution: 0.25%, 0.5%
- timolol maleate** (generic Timoptic)
solution: 0.25%, 0.5% OPTH

OCULAR LUBRICANTS

- artificial tears** (generic Tears Naturale) **OTC**
solution or ointment

XIII. DERMATOLOGICALS

ACNE PRODUCTS

- benzoyl peroxide** (generic Benzac, generic Benzagel)
gel: 2.5, 5, 10%
liquid: 5%
lotion: 5, 10%
- clindamycin** (generic Cleocin-T)
gel: 1%
lotion: 10mg/ml
solution: 10mg/ml
- erythromycin** (generic Emgel)
gel: 2%
- erythromycin** (generic A/T/S, T-Stat)
solution: 1.5%
- isotretinoin** (Accutane)
capsule: 10, 20, 40mg
- metronidazole** (Metrogel, generic Metrocream, Metrolotion)
cream: 0.75%
gel: 0.75%
lotion: 0.75%
- tretinoin** (generic Retin-A)
cream: 0.025, 0.05, 0.1%
gel: 0.01%, 0.025%

ANTIBIOTICS - TOPICAL

- bacitracin** (generic Baciguent) **OTC**
ointment:
- bacitracin/polymyxin** (generic polysporin) **OTC**
ointment:
- gentamicin sulfate** (generic Garamycin)
cream: 0.1%
ointment: 0.1%
- mupirocin** (generic Bactroban)
cream: 2%
ointment: 2%

XIII. DERMATOLOGICALS cont'd

ANTIBIOTICS - TOPICAL cont'd

neomycin/polymyxin/bacitracin (generic Neosporin) **OTC**
ointment:

silver sulfadiazine (generic Silvadene)
cream: 10mg/gm

ANTIFUNGALS - TOPICAL

clotrimazole (generic Mycelex) **OTC**
cream: 1%

ketoconazole (generic Nizoral)
cream: 2%
shampoo: 2%

miconazole (generic Monistat Derm) **OTC**
cream: 2%

nystatin (generic Mycostatin)
cream: 100,000U/gm
ointment: 100,000U/gm

nystatin/triamcinolone (generic Mycolog)
cream: 100,000U/0.1%

tolnaftate (generic Tinactin) **OTC**
cream: 1%
powder: 1%

ANTIPARASITICS

crotamiton (Eurax)
cream: 10%
lotion: 10%

permethrin (NIX crème rinse) **OTC**
crème rinse: 1%

permethrin (generic Elimite)
cream: 5%

ANTIPSORIATICS

anthralin (generic Drithocreme HP)
cream: 1%

XIII. DERMATOLOGICALS cont'd

ANTIPSORIATICS cont'd

anthralin (Drithocreme)
cream: 0.1, 0.5%

calcipotriene (Dovonex) **QL**
cream: 0.005% (max=120gm per month)
ointment: 0.005% (max=120gm per month)
solution: 0.005% (max=60ml per month)

selenium sulfide (generic Selsun)
shampoo: 2.5%

ANTIVIRALS - TOPICAL

acyclovir (Zovirax)
ointment: 5%

CORTICOSTEROIDS - HIGH POTENCY

betamethasone dipropionate (generic Diprosone)
cream: 0.05%
lotion: 0.05%
ointment: 0.05%

desoxymetasone (generic Topicort)
cream: 0.05%, 0.25%
gel: 0.05%
ointment: 0.25%

fluocinonide (generic Lidex)
cream: 0.05%
gel: 0.05%
ointment: 0.05%
solution: 0.05%

CORTICOSTEROIDS - LOW POTENCY

desonide (generic Tridesilon)
cream: 0.05%
ointment: 0.05%

fluocinolone (generic Synalar)
cream: 0.01%, 0.025%
ointment: 0.025%
solution: 0.01%

XIII. DERMATOLOGICALS cont'd

CORTICOSTEROIDS - LOW POTENCY cont'd

hydrocortisone (generic CortAid) **OTC**

cream: 0.5, 1%

ointment: 0.5, 1%

hydrocortisone (generic Hytone)

cream: 2.5%

ointment: 2.5%

CORTICOSTEROIDS - MEDIUM POTENCY

betamethasone valerate (generic Valisone)

cream: 0.1%

lotion: 0.1%

ointment: 0.1%

hydrocortisone valerate (generic Westcort)

cream: 0.2%

ointment: 0.2%

mometasone furoate (generic Elocon)

cream: 0.1%

lotion: 0.1%

ointment: 0.1%

triamcinolone acetonide (generic Kenalog)

cream: 0.025%, 0.1%, 0.5%

lotion: 0.025%, 0.1%

ointment: 0.025%, 0.1%, 0.5%

CORTICOSTEROIDS - VERY HIGH POTENCY

betamethasone dipropionate augmented
(generic Diprolene)

cream: 0.05%

gel: 0.05%

ointment: 0.05%

halobetasol propionate (generic Ultravate)

cream: 0.05%

ointment: 0.05%

MISCELLANEOUS TOPICALS

ammonium lactate (generic Lac-Hydrin)

cream: 12%

XIII. DERMATOLOGICALS cont'd

MISCELLANEOUS TOPICALS cont'd

ammonium lactate (generic Lac-Hydrin) **OTC**

lotion: 12%

calamine USP (generic Calamine) **OTC, AL**

lotion: (age limit <21)

capsaicin (generic Capsaicin) **OTC**

cream: 0.25, 0.75%

fluorouracil (Efudex)

cream: 5%

imiquimod (Aldara) **QL**

cream: 5% (max=1 kit per month)

lidocaine (generic)

gel: 2%

ointment: 5%

pimecrolimus (Elidel) **QL, ST**

cream: 1% (max=30gm per month)

podofilox (generic Condylox)

solution: 0.5%

salicylic acid (generic Keralyt Gel)

gel: 6%

vitamin A&D (A&D Ointment) **OTC, AL**

ointment: (age limit <21)

zinc oxide (Zinc Oxide Ointment) **OTC, AL**

ointment: 20% (age limit <21)

XIV. SMOKING CESSATION PRODUCTS

bupropion hcl (generic Zyban) **QL**

ER tablet: 150mg (max=60 per 30 days x 3)

nicotine gum (Nicorette) **OTC, PA, QL**

gum: 2, 4mg

nicotine patch (Nicoderm CQ) **OTC, QL**

patch: 7, 14, 21mg (max=28 per 28 days x3)

XIV. SMOKING CESSATION PRODUCTS cont'd

*nicotine transdermal system (generic
Habitrol) QL*

patch: 7, 14, 21mg (max=28 per 28 days x3)

XV. MISCELLANEOUS PRODUCTS

Antialcoholic

disulfuram (Antabuse)

tablet: 250mg

naltrexone (generic Revia)

tablet: 50mg

Mouth & Throat Products

chlorhexidine (generic Peridex)

solution: 0.12%

XV. MISCELLANEOUS PRODUCTS cont'd

Potassium Lowering Agents

*sodium polystyrene sulfonate (generic
Kayexalate)*

powder: 15gm/60ml

suspension: 15gm/60ml

Vasopressors

epinephrine (Epipen, Epipen Jr.) QL

injection: 0.3mg, 0.15mg(Jr.)

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Clonidine, from Stat Ref AHFS Drug Information 2013

Attention Deficit Hyperactivity Disorder

For the management of attention deficit hyperactivity disorder (ADHD), the initial oral daily dosage of clonidine hydrochloride in pediatric patients is 0.05 mg given as a single dose at bedtime.¹⁶² Thereafter, dosages may be cautiously increased over a period of 2-4 weeks, in order to minimize development of adverse effects (e.g., sedation).¹⁶² Maintenance dosages of clonidine hydrochloride range from 0.05-0.4 mg daily (depending on tolerance and patient's weight).¹⁶² Usually, pediatric patients may receive the maximum tolerated dosages of clonidine hydrochloride for 2-8 weeks in order to assess treatment response, although it should be considered that onset of action of clonidine may be more variable than that associated with stimulants or antidepressants.¹⁶² The American Heart Association (AHA) states that ECG monitoring is not required in pediatric patients receiving clonidine for ADHD;¹⁶² however, several experts recommend weekly office visits during clonidine titration period to monitor both erect and supine blood pressure and heart rate.¹⁶²

Fluoxetine (Prozac)

Pediatric Considerations. The clinical presentation of depression in children and adolescents can differ from that in adults and generally varies with the age and developmental stages of the child.^{345, 356} Younger children may exhibit behavioral problems such as social withdrawal, aggressive behavior, apathy, sleep disruption, and weight loss; adolescents may present with somatic complaints, self esteem problems, rebelliousness, poor performance in school, or a pattern of engaging in risky or aggressive behavior.³⁴⁵

Data from controlled clinical studies evaluating various antidepressant agents in children and adolescents are less extensive than with adults, and many of these studies have methodologic limitations (e.g., nonrandomized or uncontrolled, small sample size, short duration, nonspecific inclusion criteria).^{356, 387, 388} However, there is some evidence that the response to antidepressants in pediatric patients may differ from that seen in adults, and caution should be used in extrapolating data from adult studies when making treatment decisions for pediatric patients.^{356, 387, 388} Results of several studies evaluating tricyclic antidepressants (e.g., amitriptyline,



desipramine, imipramine, nortriptyline) in preadolescent and adolescent patients with major depression indicate a lack of overall efficacy in this age group.^{387, 388}

Based on the lack of efficacy data regarding use of tricyclic antidepressants and MAO inhibitors in pediatric patients and because of the potential for life-threatening adverse effects associated with the use of these drugs, many experts consider selective serotonin-reuptake inhibitors, including fluoxetine, the drugs of choice when antidepressant therapy is indicated for the treatment of major depressive disorder in children and adolescents.^{356, 387, 388, 389, 407} However, the US Food and Drug Administration (FDA) states that, while efficacy of fluoxetine has been established in pediatric patients, efficacy of other newer antidepressants (i.e., citalopram, desvenlafaxine, duloxetine, escitalopram, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine) was not conclusively established in clinical trials in pediatric patients with major depressive disorder.^{1, 442, 443, 445, 446, 470, 502, 503, 515} In addition, FDA now warns that antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder and other psychiatric disorders.^{1, 470, 471, 476} [See Cautions: Pediatric Precautions.] FDA currently states that anyone considering using an antidepressant in a child or adolescent for any clinical use must balance the potential risk of therapy with the clinical need.^{1, 470, 476} [See Cautions: Precautions and Contraindications.]

Quetiapine (Seroquel)

Pediatric Use. Safety and efficacy not established in children younger than 18 years of age.²⁵

FDA warns that a greater risk of suicidal thinking or behavior (suicidality) occurred during first few months of antidepressant treatment (4%) compared with placebo (2%) in children and adolescents with major depressive disorder, obsessive-compulsive disorder (OCD), or other psychiatric disorders based on pooled analyses of 24 short-term, placebo-controlled trials of 9 antidepressant drugs (selective serotonin-reuptake inhibitors [SSRIs] and other antidepressants).^{100, 102, 103} However, a more recent meta-analysis of 27 placebo-controlled trials of 9 antidepressants (SSRIs and others) in patients younger than 19 years of age with major depressive disorder, OCD, or non-OCD anxiety disorders suggests that the benefits of antidepressant therapy in treating these conditions may outweigh the risks of suicidal behavior or suicidal ideation.¹⁰² No suicides occurred in these pediatric trials.^{100, 102, 103}

Carefully consider these findings when assessing potential benefits and risks of quetiapine in a child or adolescent for any clinical use.^{100, 101, 102, 103} [See Worsening of Depression and Suicidality Risk under Warnings/Precautions: Warnings, in Cautions.]

Atomoxetine (Strattera)

Atomoxetine hydrochloride is used as an adjunct to psychological, educational, social, and other remedial measures in the treatment of ADHD (hyperkinetic disorder, hyperkinetic syndrome of childhood, minimal brain dysfunction) in adults and children 6 years of age and older.¹ Efficacy of the drug for this indication was established in short-term (6-9 weeks) controlled clinical studies in children and adolescents 6-18 years of age^{1, 4, 10, 12} and also in 10-week controlled clinical studies in adults who met DSM-IV criteria for ADHD.^{1, 11} Efficacy of atomoxetine in the treatment of ADHD also was established in one longer-term (12 months) controlled clinical study in children and adolescents 6-15 years of age.^{1, 13, 18}

In controlled clinical studies in children 7-13 years of age with ADHD, therapy with atomoxetine (mean final dosage of 1.6 mg/kg daily, administered in 2 divided doses in the morning and late afternoon for 9 weeks) was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHD Rating Scale-IV-Parent Version (ADHDRS), Clinical Global Impressions-ADHD-Severity (CGI-ADHD-S), and Conners Parent Rating Scale-Revised: Short Form (CPRS-R:S).^{1, 10} In another controlled clinical study in children and adolescents 6-16 years of age with ADHD, therapy with atomoxetine (mean final dosage of 1.3 mg/kg once daily in the morning for 6 weeks) was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHDRS, Conners Parent Rating Scale, and Conners Teacher Rating Scale.^{1, 4}

In a randomized, placebo-controlled, dose-response study with atomoxetine (0.5, 1.2, or 1.8 mg/kg daily, administered in 2 divided doses in the morning and late afternoon for 8 weeks) in children and adolescents 8-18 years of age with ADHD, therapy with atomoxetine 1.2 or 1.8 mg/kg daily was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHDRS, and improving social and family functioning, as measured by the Child Health Questionnaire (CHQ).¹² Patients receiving atomoxetine 0.5 mg/kg daily exhibited responses intermediate to those observed in patients receiving placebo or atomoxetine at higher dosages (1.2 or 1.8 mg/kg daily), but no differences in response were observed between patients receiving dosages of 1.2 versus 1.8 mg/kg daily.¹²

In an open-label, multicenter study in boys 7-15 years of age and girls 7-9 years of age with ADHD, therapy with atomoxetine (up to 2 mg/kg daily, administered in 2 divided doses in the morning and late afternoon) or methylphenidate (up to 60 mg daily, administered once daily or in 2 or 3 divided doses) for 10 weeks produced similar results in the reduction of ADHD symptoms; however, double-blind clinical studies are needed to establish the comparative efficacy and tolerance of these therapies.⁹

In a randomized, double-blind, placebo-controlled maintenance study, 604 children and adolescents 6-15 years of age with ADHD initially received open-label atomoxetine (1.2-1.8 mg/kg daily in 2 divided doses) for 10 weeks.^{1, 13, 18} Patients who responded to therapy during the open-label phase were randomized at week 12 to receive either atomoxetine (at the same dosage) or placebo for an additional 9 months.^{1, 13, 18} At study end point, relapse (defined as an increase in ADHDRS total score to 90% of baseline score *and* an increase of 2 or more points on the CGI-S scale) occurred in fewer patients receiving atomoxetine compared with those receiving placebo (22 versus 38%).¹⁸ When the more sensitive secondary definition of relapse (an increase in ADHDRS total score to 50% of baseline score *and* an increase of 2 or more points on the CGI-S scale) was used, the relapse rate also was substantially lower in atomoxetine-treated patients (28%) than in placebo-treated patients (48%).¹⁸ In addition, patients who continued receiving atomoxetine experienced a longer time to relapse^{1, 18} and achieved superior psychosocial functioning compared to those receiving placebo.¹⁸

Sertraline (Zoloft)

Pediatric Considerations. The clinical presentation of depression in children and adolescents can differ from that in adults and generally varies with the age and developmental stages of the child.^{59, 276} Younger children may exhibit behavioral problems such as social withdrawal, aggressive behavior, apathy, sleep disruption, and weight loss; adolescents may present with somatic complaints, self esteem problems, rebelliousness, poor performance in school, or a pattern of engaging in risky or aggressive behavior.⁵⁹

Only limited data are available to date from controlled clinical studies evaluating various antidepressant agents in children and adolescents, and many of these studies have methodologic limitations (e.g., nonrandomized or uncontrolled, small sample size, short duration, nonspecific inclusion criteria).^{273, 275, 276} However, there is some evidence that the response to antidepressants in pediatric patients may differ from that seen in adults, and caution should be used in extrapolating data from adult studies when making treatment decisions for pediatric patients.^{273, 275, 276} Results of several studies evaluating tricyclic antidepressants (e.g., amitriptyline, desipramine, imipramine, nortriptyline) in preadolescent and adolescent patients with major depression indicate a lack of overall efficacy in this age group.^{273, 275} Based on the lack of efficacy data regarding use of tricyclic antidepressants and MAO inhibitors in pediatric patients and because of the potential for life-threatening adverse effects associated with the use of these drugs, many experts consider selective serotonin-reuptake inhibitors, including sertraline, the drugs of choice when antidepressant therapy is indicated for the treatment of major depressive disorder in children and adolescents.^{59, 273, 275, 276} However, the US Food and Drug Administration (FDA) states that, while efficacy of fluoxetine has been established in pediatric patients, efficacy of other newer antidepressants (i.e., sertraline,

citalopram, desvenlafaxine, duloxetine, escitalopram, fluvoxamine, mirtazapine, nefazodone, paroxetine, venlafaxine) was not conclusively established in clinical trials in pediatric patients with major depressive disorder.^{1, 283, 284, 286, 287, 304, 343, 346, 347, 355} In addition, FDA now warns that antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder and other psychiatric disorders.^{1, 304, 305, 310, 344} (See Cautions: Pediatric Precautions.) FDA currently states that anyone considering using an antidepressant in a child or adolescent for any clinical use must balance the potential risk of therapy with the clinical need.^{1, 304, 310, 344} (See Cautions: Precautions and Contraindications.)

Risperdal

• Autistic Disorder

Risperidone is used for the management of irritability associated with autistic disorder in children and adolescents, including symptoms of aggression towards others, deliberate self-injuriousness, temper tantrums, and quickly changing moods.^{31, 33, 104, 105, 106, 107, 108}

Short-term efficacy of risperidone in children and adolescents with autistic disorder has been demonstrated in 2 placebo-controlled trials of 8 weeks' duration in children and adolescents (aged 5-16 years) who met the DSM-IV criteria for autistic disorder.^{31, 104, 105} Over 90% of the patients in these 2 trials were under 12 years of age and the majority weighed over 20 kg (weight range: 16-104.3 kg).^{31, 104, 105} The principal rating instruments used for assessing efficacy in these trials were the Aberrant Behavior Checklist (ABC) and the Clinical Global Impression-Change (CGI-C) scale.^{31, 104, 105} The primary outcome measure in both trials was the change from baseline to endpoint in the Irritability subscale of the ABC (ABC-I), which measures the emotional and behavioral symptoms of autism, including aggression toward others, deliberate self-injuriousness, temper tantrums, and rapidly changing moods.^{31, 104, 105} The CGI-C rating at endpoint was a co-primary outcome measure in one of the studies.^{31, 104}

In the first 8-week, placebo-controlled trial, children and adolescents with autistic disorder aged from 5 to 16 years received twice daily placebo or risperidone 0.5-3.5 mg daily on a weight-adjusted basis, starting at 0.25 mg daily or 0.5 mg daily if baseline weight was less than 20 kg or 20 kg or greater, respectively; dosage was then titrated according to clinical response.^{31, 104} Risperidone (mean modal dosage of 1.9 mg/day; equivalent to 0.06 mg/kg daily) was found to substantially improve scores on the ABC-I subscale and the CGI-C scale compared with placebo in this study.^{31, 104}

In the second 8-week, placebo-controlled trial, children and adolescents with autistic disorder aged from 5-12 years were given an initial risperidone dosage of

0.01 mg/kg daily, which was then titrated up to 0.02-0.06 mg/kg daily based on clinical response.^{104, 105} Risperidone (mean modal dosage of 0.05 mg/kg daily; equivalent to 1.4 mg daily) improved scores on the ABC-I subscale compared with placebo.^{104, 105}

The efficacy of risperidone for long-term use (i.e., longer than 8 weeks) in children and adolescents with autistic disorder has been demonstrated in an open-label extension of the first 8-week, placebo-controlled trial in which patients received risperidone for 4 or 6 months (depending on whether they received risperidone or placebo in the double-blind study).^{31, 104, 106} During the open-label treatment period, patients were maintained on a mean modal risperidone dosage of 1.8-2.1 mg daily (equivalent to 0.05-0.07 mg/kg daily).^{104, 106}

Children and adolescents who maintained their positive response to risperidone (defined as at least a 25% improvement on the ABC-I subscale and a CGI-C rating of much improved or very much improved) during the 4-6 month open-label treatment period (average duration of therapy was 140 days) were randomized to receive either risperidone or placebo during an 8-week, double-blind withdrawal trial.^{104, 107} A substantially lower relapse rate was observed in the risperidone group compared with the placebo group during the pre-planned interim analysis of data from this trial.^{104, 107} Based on the interim analysis results, the study was terminated since a statistically significant effect on relapse prevention was demonstrated.^{104, 107} Relapse was defined as at least a 25% worsening on the most recent assessment of the ABC-I subscale (in relation to baseline for the randomized withdrawal phase).^{104, 107} The manufacturers state that clinicians who elect to use risperidone in children and adolescents with autistic disorder for extended periods should periodically re-evaluate the long-term risks and benefits of the drug for the individual patient.^{104, 115}

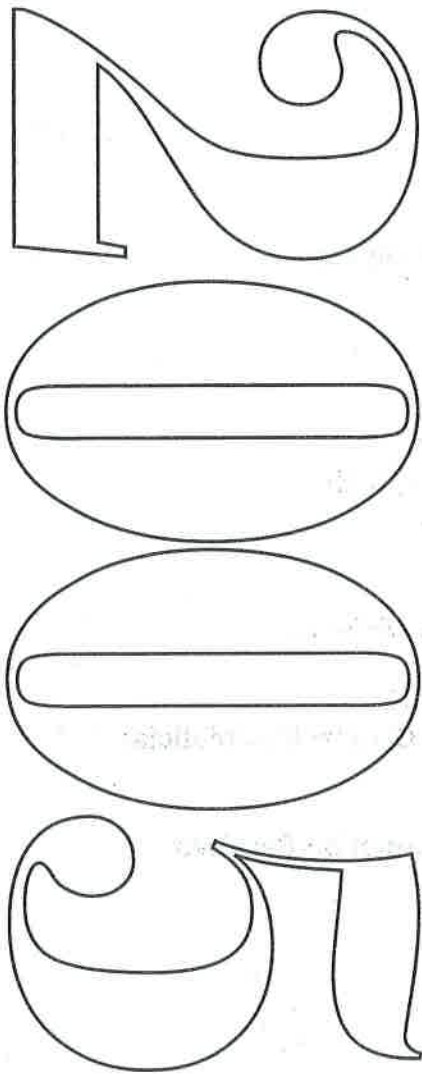
Although not curative, pharmacologic agents, such as risperidone, generally are used in children and adolescents with autistic disorder to reduce behavioral disturbances associated with autism and to help facilitate the child's or adolescent's adjustment and engagement in intensive, targeted educational interventions.^{32, 34, 104, 105, 106, 107, 108} In clinical studies, risperidone was not found to improve certain core symptoms of autism (e.g., language deficits, impaired social relatedness).^{31, 32, 33, 34, 108} However, the drug was more effective than placebo for improving scores on subscales for sensory motor behaviors, affectual reactions, and sensory responses in a controlled study.¹⁰⁸ The possible risks, including clinically important weight gain, tardive dyskinesia, withdrawal dyskinesia, and other extrapyramidal reactions associated with the drug, should be considered.^{31, 34, 104}

Risperidone also has been used in a limited number of adults for the treatment of autistic disorder and other pervasive developmental disorders.¹⁰⁹

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INFORMATION



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Preparations

Quetiapine Fumarate

Oral Tablets, film-coated.	25 mg (of quetiapine)	Seroquel* (with povidone), AstraZeneca
	100 mg (of quetiapine)	Seroquel* (with povidone), AstraZeneca
	200 mg (of quetiapine)	Seroquel* (with povidone), AstraZeneca
	300 mg (of quetiapine)	Seroquel* (with povidone), AstraZeneca

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Risperidone

■ Risperidone has been described as an atypical antipsychotic agent.

Uses

■ **Psychotic Disorders** Risperidone is used for the symptomatic management of psychotic disorders. Drug therapy is integral to the management of acute psychotic episodes and accompanying violent behavior in patients with schizophrenia and generally is required for long-term stabilization to improve symptoms between episodes and to minimize the risk of recurrent acute episodes. Antipsychotic agents are the principal class of drugs used for the management of all phases of schizophrenia and generally are effective in all subtypes of the disorder and subgroups of patients. Patient response and tolerance to antipsychotic agents are variable, and patients who do not respond to or tolerate one drug may be successfully treated with an agent from a different class or with a different adverse effect profile.

Schizophrenia and Other Psychotic Disorders Efficacy of risperidone for the management of psychotic disorders has been established by controlled studies of 4–8 weeks' duration principally in patients with schizophrenic disorders in hospital settings. Schizophrenia is a major psychotic disorder that frequently has devastating effects on various aspects of the patient's life and carries a high risk of suicide and other life-threatening behaviors. Manifestations of schizophrenia involve multiple psychologic processes, including perception (e.g., hallucinations), ideation, reality testing (e.g., delusions), emotion (e.g., flatness, inappropriate affect), thought processes (e.g., loose associations), behavior (e.g., catatonia, disorganization), attention, concentration, motivation (e.g., avolition, impaired intention and planning), and judgment. The principal manifestations of this disorder usually are described in terms of positive and negative (deficit) symptoms, and more recently, disorganized symptoms. Positive symptoms include hallucinations, delusions, bizarre behavior, hostility, uncooperativeness, and paranoid ideation, while negative symptoms include restricted range and intensity of emotional expression (affective flattening), reduced thought and speech productivity (alogia), anhedonia, apathy, and decreased initiation of goal-directed behavior (avolition). Disorganized symptoms include disorganized speech (thought disorder) and behavior and poor attention. For additional information on the symptomatic management of schizophrenia, see Uses: Psychoneurologic Disorders, in the Phenothiazines General Statement 28:16.08.24.

In clinical studies principally in patients with schizophrenia, risperidone was more effective than placebo and at least as effective as typical (e.g., haloperidol, perphenazine) and certain atypical (e.g., olanzapine) antipsychotics in the treatment of schizophrenia. Data from limited clinical studies indicate that risperidone improves both positive and negative manifestations of schizophrenia, but that such improvements may not be substantially greater than those achieved by haloperidol, a typical antipsychotic. Risperidone was more effective than haloperidol in preventing relapse in adult outpatients with clinically stable schizophrenia or schizoaffective disorders who were assigned to receive either drug for a minimum of 1 year. In this study, approximately 25% of patients who received usual dosages of risperidone had relapsed by the end of the study compared with approximately 40% of those receiving usual dosages of haloperidol. In these studies, improvement in manifestations of schizophrenia was based on the results of various psychiatric rating scales, including the Brief Psychiatric Rating Scale (BPRS) that assesses factors such as anergy, thought disturbances, activation, hostility/suspiciousness, and anxiety/depression; the BPRS psychosis cluster that assesses factors such as conceptual disorganization, hallucinatory behavior, suspiciousness, and unusual thought content in actively psychotic schizophrenic patients; the Scale for the Assessment of Negative Symptoms (SANS); the Positive and Negative Syndrome Scale (PANSS); and the Clinical Global Impressions (CGI) scale.

Because of their safety and efficacy, some authorities consider conventional antipsychotic agents or risperidone to be reasonable first-line drugs for the management of the acute phase of schizophrenia. Risperidone may be particularly useful in patients who experience extrapyramidal reactions with typical

antipsychotic agents since the drug appears to cause fewer extrapyramidal reactions at clinically effective dosages. Some authorities state that risperidone or newer atypical antipsychotic agents (such as olanzapine) also may be advantageous in patients who have not responded adequately to therapy with a conventional antipsychotic agent. However, the efficacy of atypical antipsychotics, other than clozapine, in treatment-resistant schizophrenia has yet to be established, and the possible clinical benefits of risperidone therapy should be weighed against the potential drawbacks, including its higher cost compared with standard agents and the lack of a parenteral preparation of the drug.

Geriatric Considerations. Although risperidone has been studied for use in the management of psychosis and aggression in institutionalized geriatric patients with moderate to severe dementia of the Alzheimer's† type (Alzheimer's disease, presenile or senile dementia), vascular dementia†, or a combination of the 2 types of dementia (i.e., mixed dementia†), there is evidence that use of the drug in geriatric patients with dementia may be associated with an increased risk of adverse cerebrovascular events. In randomized, placebo-controlled studies in nursing home residents with dementia, risperidone at a dosage of approximately 1 mg daily was more effective than placebo in decreasing psychotic and behavioral symptoms (e.g., aggression, agitation) of dementia, as assessed by the Behavioral Pathology in Alzheimer's Disease scale (BEHAVE-AD) and the Cohen-Mansfield Agitation Inventory (CMAI). However, evidence from these studies showed a significantly higher incidence of adverse cerebrovascular events such as stroke and transient ischemic attacks (TIAs) relative to placebo. (See Cautions: Geriatric Precautions.) Consequently, the manufacturer states that risperidone has not been shown to be safe or effective in the management of psychosis in patients with dementia.

■ **Autistic Disorders** Risperidone has been used for the management of severe behavioral problems associated with autistic disorders†. Results of an open-label study and a separate, randomized, double-blind, placebo-controlled study indicate that risperidone is an effective treatment for decreasing some of the more disruptive behavioral problems (e.g., aggression, anger/uncooperativeness, hyperactivity, self-injurious behavior, tantrums) in children and adolescents (5–17 years of age†) with autistic disorder. Although not curative, pharmacologic agents, such as risperidone, generally are used to facilitate the child's adjustment and engagement in intensive, targeted educational interventions. Risperidone has not been shown to improve the core symptoms of autism (e.g., language deficits, social withdrawal) and some clinicians state the drug should be reserved for treatment of moderate to severe behavioral problems associated with autistic disorders. In addition, the possible risks of clinically important weight gain, tardive dyskinesia, withdrawal dyskinesia, and other extrapyramidal reactions associated with the drug should be considered.

Dosage and Administration

■ **Administration** Risperidone is administered orally, either in a once-daily dose or in 2 equally divided doses daily. Because risperidone can cause orthostatic hypotension, twice-daily administration may be preferable during initiation of therapy and in patients who may be more susceptible to orthostatic hypotension, such as geriatric or debilitated patients. If once-daily dosing is being considered in geriatric or debilitated patients, it is recommended that the patient be titrated on a twice-daily regimen for 2–3 days at the target dose. Subsequent switching to the once-daily dosing regimen can be done thereafter. Some experts state that once-daily administration of risperidone may be sufficient in most patients receiving maintenance therapy because of the extended half-life of the drug's principal active metabolite (9-hydroxyrisperidone). Since food reportedly does not affect the rate or extent of GI absorption of risperidone, the drug can be administered without regard to meals. Compatibility tests show that risperidone oral solution is compatible in the following beverages: water, coffee, orange juice, and low-fat milk; such testing also indicates that risperidone oral solution is not compatible in cola or tea.

Patients receiving risperidone orally disintegrating tablets should be instructed not to remove a tablet from the blister until just prior to dosing. The tablet should not be pushed through the foil. With dry hands, the blister backing should be peeled completely off the blister. The tablet should then be gently removed and immediately placed on the tongue, where it rapidly disintegrates in saliva, and then subsequently swallowed with or without liquid. Risperidone orally disintegrating tablets should not be divided or chewed.

■ **Dosage Schizophrenia** Risperidone has a bell-shaped dose-response curve, with therapeutic efficacy of dosages of 12–16 mg daily lower than that of dosages of 4–8 mg daily. Because dosage information contained in the manufacturer's labeling principally is derived from early clinical studies of the drug in patients not typical of the general population of patients treated in the community (i.e., in hospitalized, chronically-ill schizophrenic patients accustomed to high-dose antipsychotic therapies), dosage of risperidone should be individualized according to the patient's response and tolerance. Clinicians also may consider consulting published protocols for specific dosage information, particularly in geriatric or younger patients, and in those experiencing their first psychotic episode.

The manufacturer's labeling states that the initial dosage of risperidone generally is 1 mg twice daily, with dosage increase in increments of 1 mg twice daily on the second and third day, as tolerated, to a target dosage of 6–8 mg

Dosage Dosage of apomorphine hydrochloride must be individualized carefully according to the patient's response and tolerance. The manufacturer states that dosage of apomorphine hydrochloride should always be expressed in mL to avoid confusion, since dose is expressed on the injection pen in terms of mL.

Adults **Parkinsonian Syndrome.** *Subcutaneous:* For the acute, intermittent management of episodes of hypomobility (i.e., "off" episodes) associated with advanced parkinsonian syndrome, an initial test dose of 0.2 mL (2 mg) should be administered in a medical setting where blood pressure can be closely monitored by a health-care provider. Both supine and standing blood pressures should be measured prior to and at 20, 40, and 60 minutes after administration of the test dose. Patients who develop clinically important orthostatic hypotension in response to the initial 0.2-mL (2-mg) test dose should not be considered candidates for apomorphine therapy. If the 0.2-mL (2-mg) dose is effective and well tolerated, this dose may be used on an as-needed, outpatient basis to treat existing "off" episodes; if necessary, doses can be increased in 0.1-mL (1-mg) increments every few days on an outpatient basis. If the initial 0.2-mL (2-mg) test dose is tolerated but ineffective, the general principle guiding subsequent apomorphine hydrochloride dosing is to determine a dose (0.3 or 0.4 mL [3 or 4 mg, respectively]) that the patient can tolerate as a test dose under monitored conditions and then begin an outpatient trial (periodically assessing both efficacy and tolerability) using a dose that is 0.1 mL (1 mg) lower than the tolerated test dose.

For patients who tolerate but do not respond to the initial 0.2-mL (2-mg) test dose, a second test dose of 0.4 mL (4 mg) may be administered at the next observed "off" period, but no sooner than 2 hours after the initial test dose. If this dose is effective and well tolerated, a 0.3-mL (3-mg) dose may be used on an as-needed, outpatient basis to treat existing "off" episodes. If necessary, the dose can be increased in 0.1-mL (1-mg) increments every few days on an outpatient basis.

If the patient, however, responds to but does not tolerate a test dose of 0.4 mL (4 mg), a third test dose of 0.3 mL (3 mg) may be administered during a separate "off" period, but no sooner than 2 hours after the previous 0.4-mL (4-mg) test dose. If the 0.3-mL (3-mg) dose is well tolerated and effective, a 0.2-mL (2 mg) dose may be used on an as-needed, outpatient basis to treat existing "off" episodes. If the 0.2-mL (2-mg) dose is tolerated, the dose can be increased, if necessary, to 0.3 mL (3-mg) after a few days. In such a patient, the dose ordinarily should not be increased to 0.4 mL (4 mg) on an outpatient basis.

In clinical trials of apomorphine hydrochloride in patients with parkinsonian syndrome, most patients responded to doses of 0.3–0.6 mL (3–6 mg); average frequency of dosing was 3 times daily. Doses exceeding 0.6 mL (6 mg) have not been shown to result in additional therapeutic effect and are not recommended by the manufacturer. In addition, there is limited experience with single doses exceeding 0.6 mL (6 mg), administration of more than 5 doses daily, or total daily doses exceeding 2 mL (20 mg).

Safety and efficacy of a second dose of apomorphine hydrochloride in patients who did not respond to an initial dose during the same hypomotility episode have not been established. Therefore, no more than one dose of apomorphine hydrochloride should be administered for the treatment of a single "off" episode.

If apomorphine therapy has been interrupted for more than one week and reinitiation of the drug is not contraindicated, therapy should be reinitiated at a dose of 0.2 mL (2 mg) and gradually titrated to effect.

The manufacturer recommends that the initial test dose and subsequent starting dose be reduced to 0.1 mL (1 mg) in patients with mild or moderate renal impairment. Because increased exposure to apomorphine may occur in patients with mild to moderate hepatic impairment, the drug should be used with caution in such patients. Apomorphine hydrochloride has not been studied in patients with severe hepatic or renal impairment.

Cautions

Contraindications Only contraindications are included in AHFS[®]First Releases. Consult the manufacturer's prescribing information for details on the usual cautions, precautions, and warnings associated with this drug.

Concomitant use with selective 5-HT₃ receptor antagonists (e.g., alosetron, dolasetron, granisetron, ondansetron, palonosetron).

Known hypersensitivity to apomorphine hydrochloride or any ingredient in the formulation (e.g., sodium metabisulfite).

Description

Apomorphine hydrochloride is a nonergot-derivative dopamine receptor agonist that is structurally and pharmacologically related to dopamine. In vitro studies, apomorphine hydrochloride demonstrated a higher affinity for the dopamine D₄ receptor than for dopamine D₂, D₃, or D₅ receptors. Apomorphine hydrochloride binds with moderate affinity to α -adrenergic (α_{1D} , α_{2B} , α_{2C}) receptors but has little or no affinity for dopamine D₁ receptors, serotonergic (5-HT_{1A}, 5-HT_{2A}, 5-HT_{2B}, 5-HT_{2C}) receptors, β_1 - or β_2 -adrenergic receptors, or histamine H₁ receptors.

The exact mechanism of action of apomorphine hydrochloride as an antiparkinsonian agent has not been fully elucidated but may involve stimulation of postsynaptic dopamine D₂ receptors within the caudate-putamen in the brain. Apomorphine has been shown to improve motor function in an animal model

of parkinsonian syndrome. In particular, apomorphine attenuates the motor deficits associated with neurotoxin (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP))-induced lesions in the ascending nigrostriatal dopaminergic pathway in primates.

Apomorphine also exhibits potent emetic activity via direct stimulation of the medullary chemoreceptor trigger zone (CTZ).

Routes of apomorphine metabolism in humans are not known. Potential metabolic routes include sulfation, *N*-demethylation, glucuronidation, and oxidation. Apomorphine reportedly undergoes rapid auto-oxidation in vitro.

AHFS[®]First Release (see Users Guide). For additional information until a more detailed monograph is developed and published, the manufacturer's labeling should be consulted. It is essential that the manufacturer's labeling be consulted for more detailed information on usual uses, cautions, precautions, contraindications, potential drug interactions, laboratory test interferences, and acute toxicity.

Preparations

Apomorphine Hydrochloride (Hemihydrate)

Parenteral

Injection, for subcutaneous use only 10 mg/mL

Apokyn[®] (with sodium metabisulfite; preservative-free in ampuls or with benzyl alcohol 0.5% in cartridges), Mylan Bertek

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Atomoxetine Hydrochloride

■ Atomoxetine is a selective norepinephrine-reuptake inhibitor.

Uses

Attention Deficit Hyperactivity Disorder Atomoxetine hydrochloride is used as an adjunct to psychological, educational, social, and other remedial measures in the treatment of attention-deficit hyperactivity disorder (ADHD) (hyperkinetic disorder, hyperkinetic syndrome of childhood, minimal brain dysfunction) in adults and children 6 years of age and older. Efficacy of the drug for this indication was established in short-term (6–9 weeks) controlled clinical studies in children and adolescents 6–18 years of age and also in 10-week controlled clinical studies in adults who met DSM-IV criteria for ADHD.

In controlled clinical studies in children 7–13 years of age with ADHD, therapy with atomoxetine (mean final dosage of 1.6 mg/kg daily, administered in 2 divided doses in the morning and late afternoon for 9 weeks) was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHD Rating Scale-IV-Parent Version (ADHDRS), Clinical Global Impressions-ADHD-Severity (CGI-ADHD-S), and Conners Parent Rating Scale-Revised: Short Form (CPRS-R:S). In another controlled clinical study in children and adolescents 6–16 years of age with ADHD, therapy with atomoxetine (mean final dosage of 1.3 mg/kg once daily in the morning for 6 weeks) was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHDRS, Conners Parent Rating Scale, and Conners Teacher Rating Scale.

In a randomized, placebo-controlled, dose-response study with atomoxetine (0.5, 1.2, or 1.8 mg/kg daily, administered in 2 divided doses in the morning and late afternoon for 8 weeks) in children and adolescents 8–18 years of age with ADHD, therapy with atomoxetine 1.2 or 1.8 mg/kg daily was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the ADHDRS, and improving social and family functioning, as measured by the Child Health Questionnaire (CHQ). Patients receiving atomoxetine 0.5 mg/kg daily exhibited responses intermediate to those observed in patients receiving placebo or atomoxetine at higher dosages (1.2 or 1.8 mg/kg daily), but no differences in response were observed between patients receiving dosages of 1.2 versus 1.8 mg/kg daily.

In an open-label, multicenter study in boys 7–15 years of age and girls 7–9 years of age with ADHD, therapy with atomoxetine (up to 2 mg/kg daily, administered in 2 divided doses in the morning and late afternoon) or methylphenidate (up to 60 mg daily, administered once daily or in 2 or 3 divided doses) for 10 weeks produced similar results in the reduction of ADHD symptoms; however, double-blind clinical studies are needed to establish the comparative efficacy and tolerance of these therapies.

In controlled clinical studies in adults with ADHD, therapy with atomoxetine (mean final dosage of 95 mg daily, administered in 2 equally divided doses in the morning and late afternoon/early evening for 10 weeks) was more effective than placebo in decreasing inattention and hyperactive/impulsive symptoms, as measured by the Conners Adult ADHD Rating Scale (CAARS).

Dosage and Administration

■ **General** Atomoxetine hydrochloride may be administered orally once daily in the morning or in 2 equally divided doses in the morning and late