



2009 Formulary

Introduction

The Health Plan of Michigan (HPM) is pleased to provide the 2008 formulary as a reference and informational tool for physicians, pharmacists and patients. The HPM formulary is designed to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

Unless exceptions are noted, generally all applicable dosage forms and strength of the drug sited are included in the formulary.

Extended release formulations (e.g., ER, SR) are not considered formulary drugs unless specified.

HPM will not cover prescription drugs that are prescribed for experimental, investigational or non-FDA approved indications.

The Health Plan of Michigan Pharmacy and Therapeutics Committee (P&T)

The medications on this formulary have been reviewed by the Health Plan of Michigan P&T Committee. The Committee includes physicians, pharmacists and health professionals. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

Product Selection Criteria

The HPM P&T Committee considers clinical information on new to market drugs that are typically included in an outpatient pharmacy benefit. The primary goal of the HPM P&T Committee is to preserve and evaluate the HPM formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness. When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently included in the HPM Formulary. Formulary decisions are communicated quarterly on the HPM internet site.

Notice

The information contained in this formulary is provided by HPM, solely for the convenience of medical providers. HPM does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. Health Plan of Michigan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Generic Substitution

The brand names listed in the formulary are for reference only. Boldface type will be dispensed as generic only. Only FDA approved "AB" rated generic drugs are considered to be therapeutically equivalent.

Medical Exception

The process for requesting non-formulary medication(s) requires faxing of a completed medical exception form to RxAmerica at 1-866-855-2678. The medical exception request will be reviewed the Medical Director and make a decision.

Preface

The HPM formulary is organized by sections. Each section includes therapeutic groups identified by either drug class or disease state. Products are listed by generic name. Brand names are included as a reference to assist in product recognition.

Prior Authorization

Drugs indicated with "PA" require Prior Authorization for coverage. Please call the RxAmerica Help Desk at 1-800-770-8014 or fax a completed Prior Authorization form to 1-866-855-2678.

USING THE HPM 2009 DRUG FORMULARY**Prescription Drug Plan Coverage**

HPM utilizes RxAmerica to manage the member's pharmacy benefit. RxAmerica provides HPM with a pharmacy network, pharmacy claims management services, drug formulary and pharmacy claims adjudication. Prior to authorizing any drug benefit, each member's eligibility is determined.

RxAmerica provides **Provider Support at 1-888-883-0699**. HPM providers may also speak with a clinical pharmacist regarding any pharmaceutical, medication administration or prescribing issues.

Each PCP will receive a copy of the HPM Pharmacy Drug Formulary. The Drug Formulary is also available on our website at www.hpmmich.com or through epocrates.com. This drug formulary should be accessed and be referred to when prescribing medications for HPM members. Medicaid members have both prescription and specific over-the-counter medication coverage. All providers should be prescribing from within the drug formulary. If prescribers go outside of the HPM formulary a drug prior-authorization will have to be obtained from RxAmerica by faxing a completed authorization request form to 1-866-855-2678. There are also a few specialized medications in the drug formulary identified as requiring a prior-authorization.

Covered Benefits

- Federal legend drugs as identified on the formulary
- Select over-the-counter (OTC) items (require a written prescription from a licensed prescriber).
- Family planning devices:
 - Diaphragms
 - Male Condoms (maximum 12 per prescription, 36 per calendar year)
 - Depo-Provera Contraception Injection - 150 mg/ml (dispensing limited to one prescription per member every 75 days)

Non-Covered Benefits

- The following therapeutic classes are not eligible for reimbursement:
 - Agents used for cosmetic purposes
 - Diagnostic Prep Agents
 - Fertility Agents
- The program does not reimburse for drug products acquired for or administered in:
 - An inpatient hospital
 - An outpatient hospital emergency room or clinic
 - A physician's office or clinic (except Depo-Provera)

Prior Authorization Procedures

Although we ask that you prescribe within the formulary, we are aware that certain situations arise when a formulary alternative may not exist. Drugs requiring Prior Authorization are identified in the formulary with a PA designation. HPM requires that you follow the Prior Authorization procedures detailed below for obtaining medically necessary non-formulary/non-covered drug products.

1. In order for a member of HPM to receive a non-formulary/non-covered medication, the prescriber must submit a prior authorization request by fax to RxAmerica at **1-866-855-2678** using the designated HPM form available on this website.
2. RxAmerica may request additional information from the prescriber, to be submitted by fax, in order to complete and process the prior authorization request.
3. RxAmerica will respond by fax to the requesting prescriber within 24 hours of the receipt of the request, Monday through Friday.
4. If the request is approved, RxAmerica will enter the necessary authorization and fax an approval confirmation to the requesting physician.
5. The prescriber may also contact RxAmerica by telephone by calling **1-888-883-0699** if there are any additional questions or concerns dealing with the authorization request submitted. Representatives are available 24 hours a day, except major holidays.

**Click on the link below for the most updated copy of the PA form.*

Health Plan of Michigan Prior Authorization Form

MDL: Managed Drug Limitations/**OTC:** Over-the-Counter/ **PA:** Prior Authorization required (Fax request to 1-866-855-2678)
PSY: Psychotropic Drug/ **boldface:** Generic will be dispensed/ **AGE:** Age restrictions apply/ **ST:** Step Therapy in place/ **SP:** Specialty

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Chapter One

Prior Authorization & Step Therapy Protocols

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Angiotensin Converting Enzyme Inhibitors (ACE)	Altace [®]	<u>(PA) Required</u>	Approved if documented failure of all formulary generic ACE-Inhibitor agents.
	Mavik [®]	<u>PA Required</u>	Approved if documented failure of all formulary generic ACE-Inhibitor agents.
Angiotensin II Receptor Antagonists (ARBs)	Atacand [®] Avalide [®] , Avapro [®] Cozaar [®] , Hyzaar [®] Micardis [®] Teveten [®]	<u>PA Required</u> Must fail ACE, then use Benicar [®] or Benicar [®] HCT	Approve with documented failure of 1 st Line ARB of choice, Benicar [®] or Benicar [®] HCT only.
	Benicar [®] /Benicar [®] HCT	<u>Formulary Step Therapy</u>	Documented history of failure or intolerance to formulary ACE-inhibitor by electronic history or physician provided in the past 18 months.
	Diovan [®] , Diovan [®] HCT	<u>PA Required</u>	Approve with documented failure of 1 st Line ARB of choice, Benicar [®] or Benicar [®] HCT only.
Antibiotics	Vigamox	<u>Age Restricted</u>	PA required for all members over age 16. Provide labs and chart notes to RxAmerica.
	Zyvox [®]	PA Required	Treatment of vancomycin-resistant enterococcus faecium (VRE) Complicated and uncomplicated skin and skin structure infections including diabetic foot without osteomyelitis. Hospital discharge after inpatient Vancomycin for osteomyelitis.

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Anticoagulants	Lovenox [®]	<u>Drug Limit Applies</u> 30 days without PA	Covered for 30 days of initial therapy in a rolling 365 day period. After 30 days of therapy, PA is required. Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611, for the proper prior authorization form with approval criteria.
Antifungals	Noxafil [®]	<u>PA Required</u>	Approved if prescribed by Infectious Disease Physician.
Antineoplastics/ Immunologics (Contact RxAmerica Specialty Pharmacy for specific PA forms)	Intron A [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Leukine [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Leustatin [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Roferon [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Sprycel [®]	<u>PA Required</u>	Approved if prescriber is Oncologist and there is proven failure of Gleevec.
	Tykerb [®]	<u>PA Required</u>	Approve only if HER-2 positive with Xeloda. After treatment with Herceptin/Taxol or Taxotere/Anthracycline.
Antivirals	Famvir [®]	<u>Formulary Step Therapy</u>	Covered after use of formulary 1 st line antiviral acyclovir.
	Valtrex [®]	<u>PA Required</u>	Approved if failed famciclovir.

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Asthma	Brovana [®]	<u>PA Required</u>	Approve for COPD members who have shown failure on Atrovent or Spiriva
	Xopenex [®]	<u>PA Required</u>	Approved for patients that are intolerant to generic abluton inhalation solution due to tachycardia or tremor.
	Foliar [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.

MDL: Managed Drug Limitations/**OTC:** Over-the-Counter/ **PA:** Prior Authorization required (Fax request to 1-866-855-2678)

PSY: Psychotropic Drug/ **boldface:** Generic will be dispensed/ **AGE:** Age restrictions apply/ **ST:** Step Therapy in place/ **SP:** Specialty

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Blood Modifiers (Contact RxAmerica Specialty Pharmacy for specific PA forms)	InFed [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Epoen/Procrit [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Lovenox [®]	<u>Drug Limit</u> After filling the first 30 days supply a PA is required,	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Neupogen [®]	<u>PA Required</u>	Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
Cardiovascular	Letairis [®]	<u>PA Required</u>	Approved for patients with diagnosis of PAH classes II and III, and prescribed by Cardio Pulmonary Specialist.
	Renexa [®]	<u>PA Required</u>	After documented nitrate failure, Prescribed by Cardiologist or from Cardio consult.
COX -2	Celebrex [®]	<u>PA Required</u> Use Formulary NSAID + omeprazole [®]	Approved with documented failure of formulary Naidas and/or severe gastric problems or history of GI bleed after Naidas along with omeprazole.

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Endocrine Agents	Actonel [®]	<u>PA Required</u>	Use alendronate (Fosamax [®])
	Boniva [®]	<u>PA Required</u>	Use alendronate (Fosamax)
	Byetta [®]	<u>PA Required</u>	Prescribed by an endocrinologist Type 2 diabetic with A1C <9% Failed to reach A1C goal with at least metformin 1500mg plus maximum dose of a sulfonylurea and /or insulin
	Januvia [®]	<u>PA Required</u>	Approve only after failure of metformin and either sulfonylurea or TZD alone or in combination at maximum dosing.
	Kuvan [®]	<u>PA Required</u>	Approve for novel therapy for the treatment of Phenylketonuria through RxAmerica Specialty.
	Lupron [®] Lupron Depot [®]	<u>PA Required</u>	Approved for treatment of prostate cancer, precocious puberty, and endometriosis diagnosed by laparoscope. Please contact the RxAmerica Specialty Pharmacy, toll free at 1-866-516-7611 for the proper prior authorization form with approval criteria.
	Miacalcin [®] Nasal Spray	<u>PA Required</u>	Patient has diagnosis of osteoporosis confirmed by decrease in bone density (T-score less than 2.5) and hormone replacement is contraindicated and patient cannot tolerate bisphosphonate – alendronate (Fosamax [®]) is the formulary agent.)
	Amitiza [®]	<u>PA Required</u>	Approve for patients over 65, or if prescribed by GI doctor, after the use of formulary laxatives.
Gastrointestinal	Anzemet [®] Emend [®] Kytril [®] Zofran [®]	<u>PA Required</u>	Ok for short-term treatment of nausea and/or vomiting associated with emetogenic cancer chemotherapy after failure of ondansetron. Length of therapy is short-term and determined on a case by case basis.
	Marinol [®]	<u>PA Required</u>	Approved for treatment of anorexia associated with weight loss in HIV and oncology patients.
Overactive Bladder Agents	Detrol [®] Detrol LA [®]	New Prescriptions Only <u>Step Therapy:</u> Patients electronic history shows use of oxybutinin within the past 3 months.	Approved if patient has been on Detrol or Detrol LA in the past or shows trial and failure or intolerance to oxybutinin, approve for 1 year.

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Leukotriene Inhibitors	Accolate [®]	Approved for asthma for ages 15 years or older	Not covered for allergic rhinitis
	Singulair [®]	Approved for asthma for ages 15 years or younger	Not covered for allergic rhinitis
Lipid Lowering	Zetia [®]	<u>Step Therapy</u>	Approved with after paid claims for simvastatin 80mg in 120day pharmacy history.
	Lipitor [®]	<u>Step Therapy</u>	Approved with after paid claims for simvastatin 80mg in 120day pharmacy history.
Low Sedating Antihistamines	Allegra [®] (D)	OTC Claritin [®] (loratadine) Or OTC cetirizine (Zyrtec) or 1 st generation antihistamine	1 st line – OTC Claritin [®] , OTC cetirizine (Zyrtec) [®] PA required after failure of 1 st line OTC antihistamines
	Clarinx [®]	OTC Claritin [®] (loratadine) Or OTC cetirizine (Zyrtec) or 1 st generation antihistamine	1 st line – OTC Claritin [®] , OTC cetirizine (Zyrtec) [®] PA required after failure of 1 st line OTC antihistamines
	Patanase [®]	OTC Claritin [®] (loratadine) Or OTC cetirizine (Zyrtec) or 1 st generation antihistamine	Approved for patients 12 and older after oral antihistamine and nasal corticosteroid failure.
Long Acting Opiate Agonists Chronic Pain (non-cancer)			All generically available short acting opiates are covered
	Fentora [®]	<u>PA Required</u>	Approved only for members with tolerance or tolerability issues on formulary agents (codeine, MSIR, Oxy IR)
	MS Contin [®]	Brand Not Covered	Use formulary generic MS Contin [®]
	Opana [®]	<u>PA Required</u>	Approved for patients with tolerance or tolerability issues on formulary agents (MS Contin, methadone, oxycodone IR)
	Methadone [®]	No restrictions	1 st line opiate of choice for chronic pain
	Oxycontin [®]	<u>Step Therapy.</u>	2 nd line opiate of choice for chronic pain or cancer patients- Approved after use of immediate release oxycodone IR [®]
	Duragesic Patch [®]	<u>PA Required</u>	Approved if patient fails Oxycontin CR or unable to tolerate oral tablets or has a diagnosis of Cancer.
	Actiq [®]	Non Formulary Not covered No Exceptions	Non Formulary Not Covered No Exceptions
Ophthalmics	Livostin [®] Patanol [®] Optivir [®] Zaditor [®]	<u>PA Required</u> Formulary Agents Naphcon A [®]	Emadine [®] Alomide [®]
	Alphagan P [®]	Brand Not Covered	Use generic brimonidine No Exceptions
Prostate	Avodart [®]	<u>PA Required</u>	Documented failure of Cardura, Hytrin, Minipres or Uroxatrol is required for approval consideration.
	Flomax [®]	<u>PA Required</u>	Documented failure of Cardura, Hytrin, Minipres or Uroxatrol is required for approval consideration.
	Proscar [®]	<u>Formulary</u> Step Therapy: If electronic history shows at least two alpha-blockers in last 180 days, Proscar [®] will adjudicate without restriction	Approved for treatment of benign prostatic hyperplasia (BPH) and intolerance or failure to at least two formulary alpha blockers, (Hytrin [®] , Cardura [®] , or Minipres [®])

Therapeutic Class	Drug	Restrictions- Prior Authorization (PA)- - Step Therapy (ST)	Coverage Criteria/ Comments
Smoking Cessation	Chantix 0.5 and 1mg	<u>Quantity Limits</u>	HPM covers 90 days therapy in a 365 day period
	Nicotine Nasal Spray	<u>Quantity Limits</u>	Quantity Limits apply (3 bottles max per fill with total max at 9 bottles per 90 days every 6 months)
	Transdermal Nicotine Patch [®] (generic)	<u>Quantity Limit</u>	A maximum of 10 weeks therapy per 365 days.
	Zyban [®] 150mg	<u>Quantity Limit</u> 60 tablets per 30 days for 3 months	Patients may receive 3 refills of 60 tablets each if electronic history of nicotine patch is present. Patients must receive 2 nd and 3 rd fills within 30 days of the previous fill. Note: PA required is not previous or concurrent use of nicotine patches
Thyroid Agents	Levothyroid [®] Synthroid [®]	Use generic levothyroxine	Branded Levothyroid [®] and Synthroid [®] not covered. NO EXCEPTIONS"
Topical Immunomodulator	Elidel [®]	<u>Step Therapy</u> <u>Quantity Limits</u>	Must fail adequate trial of topical formulary corticosteroids./ 30grams/30days limit



November, 2008

Dear Health Plan of Michigan Prescriber,

We appreciate all that you do in keeping our members healthy. Health Plan of Michigan's Cardiovascular Disease Management Program is designed to work in collaboration with physicians to assist our members in focusing on key cardiac risk factors. The focus of this notification is Cholesterol Management.

Current Cholesterol Management Guidelines for cardiovascular disease are:

- Total cholesterol should be less than 200 mg/dl
- HDL should be greater than 40 mg/dl for men and greater than 50 mg/dl for women
- Triglycerides should be less than 150 mg/dl
- LDL should be less than 100 mg/dl

While diet and exercise are the mainstays for improving overall health, medications are often prescribed to supplement these activities. Studies have shown (eg. Kaiser, et al) that 80% of patients can achieve these goals by using up to 80mg of simvastatin daily. Second line agents (Lipitor, Crestor and Vytorin) are available for use through step therapy if there is inadequate response to simvastatin (dispensing history must indicate that simvastatin has been ordered in the past 120 days). Please refer to the attached HMG-CoA Reductase Inhibitors recommendation chart in the event you consider modifying therapy. We hope that you find this a useful reference tool for prescribing LDL cholesterol lowering medications.

If you have any questions, please feel free to contact HPM's Disease Management Department at 1-888-437-0606, Extension 1251 or the Pharmacy Department at Extension 1630.

Sincerely,

Disease Management & Pharmacy Departments
Health Plan of Michigan

Treating Dyslipidemia

Cardiovascular disease is responsible for one out of every 3 deaths in the United States, and coronary heart disease (CHD) comprises more than half of all cardiovascular events, including myocardial infarction, angioplasty, coronary artery bypass surgery and stroke. It is extremely logical to focus on preventative treatments that will reduce these potentially debilitating events. Lowering cholesterol is one of the easiest ways to accomplish this.

Treatment of dyslipidemia, particularly elevated low-density lipoprotein cholesterol (LDL-C) is now considered a core strategy to prevent coronary heart disease (CHD). Along with diet and exercise, there are several effective and safe therapeutic options proven to reduce LDL-C.

As the highly effective HMG-CoA Reductase Inhibitor medication Zocor®, or simvastatin, has become available as a generic, healthcare professionals have been an exceptional tool available to treat low and high risk patients. The Health Plan of Michigan has prepared the following comparison chart that illustrates relative LDL cholesterol lowering potential of the most commonly used statin drugs relative to simvastatin. Please refer to this chart when prescribing treatment to lower LDL-C in your patient.

HMG-CoA Reductase Inhibitors –Recommendation Chart*

Currently Utilized HMG-CoA	Percent LDL Reduction	First Line Agent Equivalent Dose	First Line HMG-CoA LDL Reduction
Generic Zocor			
Atoprev 10mg	24%	Simvastatin 5mg	21-31%
Atoprev 20mg	30%	Simvastatin 10mg	27-36%
Atoprev 40mg	36%	Simvastatin 20mg	18-36%
Atoprev 60mg	40%	Simvastatin 40mg	23-43%
Lescol 20mg	9-19%	Simvastatin 5mg	21-31%
Lescol 40mg	19-33%	Simvastatin 5mg	21-31%
Lescol XL 80mg	22-36%	Simvastatin 20mg	18-38%
Lipitor 10mg	29-40%	Simvastatin 40mg	23-43%
Lipitor 20mg	33-46%	Simvastatin 80mg	43-49%
Lovastatin 10mg	22%	Simvastatin 5mg	21-31%
Lovastatin 20mg	17-29%	Simvastatin 10mg	27-36%
Lovastatin 40mg	28-32%	Simvastatin 20mg	18-38%
Lovastatin 80mg	25-48%	Simvastatin 40mg	23-43%
Pravachol 10mg	17-28%	Simvastatin 5mg	21-31%
Pravachol 20mg	22-32%	Simvastatin 10mg	27-36%
Pravachol 40mg	26-34%	Simvastatin 20mg	18-38%
Pravachol 80mg	38%	Simvastatin 20mg	18-38%
		Second Line Agent Equivalent Dose	2nd Line LDL Reduction
		Lipitor 40mg	27-51%
		Lipitor 80mg	43-54%
		Crestor 10mg	52%
		Crestor 20mg	55%
		Vytorin 10/10	45%
		Vytorin 10/20	52%
		Vytorin 10/40	55%
		Vytorin 10/80	60%

Source: Grundy SM, et.al *Circulation*. 2004 ;110:227-239. , ALLHAT *JAMA*. 2002.; ASCOT [Sever, *Lancet*. 2003]; PROSPER [Sheperd, *Lancet*.2002]; PROVE-IT [Cannon. *NEJM*. 2004]; Facts & Comparisons [Wolters Kluwer, 2007]

2009 Health Plan of Michigan Smoking Cessation Program

The smoking cessation benefits have been enhanced at Health Plan of Michigan. We have added the nicotine gum and nicotine Nasal Spray to our formulary without prior authorization. The coverage details are listed below:

Smoking Cessation	Transdermal Nicotine Patch [®] (generic) (Nicoderm CQ)	Covered: Quantity Limit	A maximum 10 weeks of therapy per rolling 365 days.
	Nicotine polacrilex (Nicorette Gum) (nicotine gum) 2mg & 4mg	Covered: Quantity Limits:	Quantity Limits apply (336 pieces per fill with max at 1008 pieces per 90 days every 6 months.
	Chantix .5 and 1mg tablet	Covered: Quantity Limits:	90 days of therapy allowed every rolling 365 days.
	Nicotine Nasal Spray (Nicotrol NS 10mg/ml)	Covered: Quantity Limits:	Quantity Limits apply (3 bottles max per fill with total max at 9 bottles per 90 days every 6 months.
	Zyban [®] 150mg (Buproban)	Covered: Quantity Limit	60 tablets every 30 days for 3 months every rolling 365 days.

Chapter Four**State of MI medication carve-out program**

Effective October 1, 2004, the Health Plan of Michigan formulary includes drugs that are on the State of Michigan Pharmaceutical Product List (MPPL) and are 100% carved out of the plan's pharmacy benefit coverage. For a listing of these products, please refer to the respective categories listed below. For additional information on the coverage of psychotropic medications, please visit the State of Michigan website at www.michigan.gov/mdch.

Medicaid Health Plan Carve-Out List (Michigan Medicaid)**100% CARVE-OUT:**

THE FOLLOWING DRUGS HAVE TO BE BILLED TO FIRST HEALTH AT POINT-OF-SALE

<u>Generic Name</u>	<u>Name Brand</u>
<u>Antiretrovirals</u>	
abacavir sulfate	ZIAGEN
abacavir sulfate-lamivudine	EPZICOM
abacavir sulfate-lamivudine-zidovudine	TRIZIVIR
amprenavir	AGENERASE
atazanavir sulfate	REYATAZ
darunavir	PREZISTA
delavirsine mesylate	RESCRIPTOR
didanosine chewable tab	VIDEX BUFFER CHW TAB
didanosine delayed release	VIDEX EC
didanosine solution	VIDEX SOLUTION
efavirenz	SUSTIVA
efavirenz-emtricitabine-tenofovir df	ATRIPLA
emtricitabine	EMTRIVA
emtricitabine-tenofovir disoproxil fumarate	TRUVADA
fosamprenavir calcium	LEXIVA
indinavir sulfate	CRIXIVAN
lamivudine	EPIVIR
lamivudine-zidovudine	COMBIVIR
lopinavir-ritonavir	KALETRA
nelfinavir mesylate	VIRACEPT
nevirapine	VIRAMUNE
ritonavir	NORVIR
saquinavir	FORTOVASE
saquinavir mesylate	INVIRASE
stavudine	ZERIT
tenofovir disoproxil fumarate	VIREAD
tipranavir	APTIVUS
zalcitabine	HIVID
zidovudine	RETROVIR
<u>Psychotropic</u>	
acamprosate calcium	CAMPRAL
aripiprazole	ABILIFY
benztropine mesylate	COGENTIN
biperiden	AKINETON
buprenorphine-naloxone sl	SUBOXONE
chlorpromazine	THORAZINE

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Generic Name Brand Name

Psychotropic (cont.)

clozapine	FAZACLO
disulfiram	ANTABUSE
droperidol	INAPSINE
fluphenazine	PROLIXIN
fluphenazine decanoate	PROLIXIN DECANOATE
haloperidol	HALDOL
haloperidol lactate	HALDOL
haloperidol decanoate	HALDOL DECANOATE
loxapine succinate	LOXITANE
molindone	MOBAN
naltrexone	REVIA
olanzapine	ZYPREXA
olanzapine	ZYPREXA ZYDIS
olanzapine/fluoxetine	SYMBYAX
perphenazine	TRILAFON
pimozide	ORAP
procyclidine	KEMADRIN
quetiapine fumarate	SEROQUEL
risperidone	RISPERDAL
risperidone	RISPERDAL M-TAB
risperidone microspheres	RISPERDAL CONSTA
thioridazine	MELLARIL
trifluoperazine	STELAZINE
thiothixene	NAVANE
trihexyphenidyl	ARTANE
ziprasidone	GEODON

Specialty Bio-Pharmaceutical Pharmacy Program

Health Plan of Michigan works exclusively with RxAmerica and their Specialty Pharmacy to provide injectable Bio-Pharmaceutical products to our members. This service eliminates the need for physicians to stock and manage injectables or for the patient to obtain this medication from a retail setting.

To order a specialty medication by fax, send prescriptions and prior authorization form to (877) 889-3401 or call RxAmerica's Specialty Pharmacy department at (866) 516-7611. Please fax your standard prescription form that contains physician's name, address, phone, fax and DEA number. Please give the patient's full name and date of birth.

Once the order is received, RxAmerica's Specialty department will contact the doctor's office to verify receipt of the prescription. Once approval is given for the medication requested, RxAmerica's staff will ship the medication directly to the physician's office or the patient's home. All packages are individually marked for each patient and refrigerated items are shipped in insulated containers. Where appropriate, each shipment includes needles, syringes and alcohol swabs at no additional charge.

If you have any questions about our program, please contact one of the RxAmerica Specialty Pharmacy Member Care Specialist at 866-516-7611.

Listed below are the medications that require a prior authorization under the Specialty Pharmacy Program administered by RxAmerica.

Specialty Medications

Formulary Status	Generic Name	Brand Name
SP, PA	adalimumab	HUMIRA
SP, PA	aldesleukin inj	PROLEUKIN
SP, PA	alefacept	AMEVIVE
SP, PA	amifostine crystalline inj	ETHYOL
SP, PA	anakinra	KINERET
SP, PA	apomorphine inj	APOKYN
SP, PA	arsenic trioxide inj	TRISENOX
SP, PA	basiliximab	SIMULECT
SP, PA	bortezomib inj	VELCADE
SP, PA	botulinum toxin type a for inj	BOTOX
SP, PA	carboplatin inj	PARAPLATIN
SP, PA	cidofovir inj	VISTIDE
SP, PA	corticotropin inj	ACTHAR HP
SP, PA	cyclosporine iv	SANDIMMUNE
SP, PA	cytarabine inj	
SP, PA	cytomegalovirus immune globulin	CYTOGAM
SP, PA	daclizumab	ZENAPAX
SP, PA	dalteparin inj	FRAGMIN
SP, PA	darbepoetin alfa-albumin (human) inj	ARANESP
SP, PA	denileukin diftitox inj	ONTAK
SP, PA	desmopressin inj	DDAVP
SP, PA	dornase alfa inhalation solution	PULMOZYME
SP, PA	efalizumab	RAPTIVA
SP, PA	enoxaparin	LOVENOX
SP, PA	epirubicin inj	ELLENC

Specialty Medications (cont.)

Formulary Status	Generic Name	Brand Name
SP, PA	epoetin alfa	PROCRIT
SP, PA	epoprostenol sodium	FLOLAN
SP, PA	etanercept	ENBREL
SP, PA	filgrastim	NEUPOGEN
SP, PA	fludarabine inj	FLUDARA
SP, PA	fondaparinux sodium	ARIXTRA
SP, PA	fulvestrant inj	FASLODEX
SP, PA	gemcitabine inj	GEMZAR
SP, PA	gemtuzumab ozogamicin inj	MYLOTARG
SP, PA	glatiramer	COPAXONE
SP, PA	goserelin acetate implant	ZOLADEX
SP, PA	ibritumomab tiuxetan for indium-111	ZEVALIN
SP, PA	immune globulin (human) inj,	Baygam
SP, PA	immune globulin (human) iv	GAMMAGARD SD
SP, PA	immune globulin (human) iv	OCTAGAM
SP, PA	interferon alfa-2a	ROFERON-A
SP, PA	interferon alfa-2b	INTRON-A
SP, PA	interferon alfacon-1	INFERGEN
SP, PA	interferon alfa-n3	ALFERON N
SP, PA	interferon beta-1a	AVONEX
SP, PA	interferon beta-1a	REBIF
SP, PA	interferon beta-1b	BETASERON
SP, PA	interferon gamma-1b	ACTIMMUNE
SP, PA	irinotecan inj	CAMPTOSAR
SP, PA	iron dextran inj	INFED, DEXFERRUM
SP, PA	iron sucrose inj	VENOFER
SP, PA	leuprolide acetate	LUPRON DEPOT,
SP, PA	leuprolide acetate	LUPRON 6-PK
SP, PA	leuprolide acetate	ELIGARD
SP, PA	leuprolide acetate implant	VIADUR
SP, PA	melphalan	ALKERAN
SP, PA	mitoxantrone inj	NOVANTRONE
SP, PA	muromonab cd3 inj	ORTHOCLONE
SP, PA	mycophenolate mofetil iv	CELLCEPT IV
SP, PA	nafarelin acetate nasal soln	SOMAVERT
SP, PA	octreotide acetate inj	SANDOSTATIN
SP, PA	ondansetron inj	ZOFRAN
SP, PA	oprelvekin	NEUMEGA
SP, PA	oxaliplatin inj	ELOXATIN
SP, PA	paclitaxel inj	TAXOL
SP, PA	palivizumab	SYNAGIS

Specialty Medications (cont.)

Formulay Status	Generic Name	Brand Name
SP, PA	pamidronate disodium	ARELIA
SP, PA	pegfilgrastim inj	NEULASTA
SP, PA	peginterferon alfa-2a inj	PEGASYS
SP, PA	peginterferon alfa-2b inj	PEG-INTRON
SP, PA	pegvisomant inj	SYNAREL
SP, PA	proteinase inbibitor	ARALAST
SP, PA	ribavirin + interferon alfa 2b	REBETRON
SP, PA	ribavirin, ribasphere	REBETOL
SP, PA	rituximab inj	RITUXAN
SP, PA	sargramostim	LEUKINE
SP, PA	sod ferric gluc cmplx in sucrose iv	FERRLECIT
SP, PA	somatrem	PROTROPIN
SP, PA	somatropin	GENOTROPIN
SP, PA	somatropin	HUMATROPE
SP, PA	somatropin	NUTROPIN DEPOT
SP, PA	somatropin	NUTROPIN/NUTROPIN AQ
SP, PA	somatropin	SAIZEN
SP, PA	somatropin	TEV-TROPIN
SP, PA	teriparatide	FORTEO
SP, PA	tinzaparin inj	INNOHEP
SP, PA	trastuzumab inj	HERCEPTIN
SP, PA	treprostinil sodium	REMODULIN
SP, PA	vincristine inj	
SP, PA	zoledronic acid	ZOMETA

Chapter Six*Antineoplastic & Immunologic Agents*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Alkylating Agents</u>	
	busulfan	Myleran
	<u>Ethylenimines/Methylmelamines</u>	
	altretamine	Hexalen
	<u>Nitrogen Mustards</u>	
	chlorambucil	Leukeran
	cyclophosphamide	Cytoxan
	<u>Nitrosoureas</u>	
	Lomustine	CeeNU
	<u>Antimetabolites</u>	
	<u>Folic Acid Antagonists</u>	
PA	methotrexate	Rheumatrex
	<u>Purine Analogs</u>	
PA	cladribine	Leustatin
	mercaptopurine	Purinethol
	thioguanine	Lanvis
	<u>Pyrimidine Analogs</u>	
	capecitabine	Xeloda
	<u>Epipodophyllotoxins</u>	
	<u>Podophyllotoxin Derivatives</u>	
MDL	etoposide	VePesid
	<u>Epothilones</u>	
PA	ixabepilone	Ixempra
	<u>Hormones</u>	
	<u>Antiandrogens</u>	
	bicalutamide	Casodex
	flutamide	Eulexin
	<u>Antiestrogens</u>	
	toremifene	Fareston
MDL	tamoxifen citrate	Nolvadex
	<u>Aromatase Inhibitors</u>	
MDL	anastrozole	Arimidex
	exemestane	Aromasin
	letrozole	Femara

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	<u>Gonadotropin Releasing Hormone Analog</u>	
PA, ST	leuprolide acetate	
	<u>Progestins</u>	
	megestrol acetate	Megace
	<u>Methylhydrazine Derivatives</u>	
	procarbazine	Matulane
	<u>Miscellaneous</u>	
PA	mitotane	Lysodren
	<u>Protein-Tyrosine Kinase Inhibitors</u>	
PA	dasatinib	Sprycel
	imatinib	Gleevec
PA	lapatinib	Tykerb
PA	nilotinib	Tasigna
	<u>Retinoids</u>	
	tretinoin	Vesanoid
	<u>Substituted Ureas</u>	
	hydroxyurea	Hydrea
	<u>Biologic and Immunologic Agents</u>	
	<u>Immunologic Agents</u>	
	<u>Immunomodulators</u>	
PA	etanercept	Enbrel
PA	interferon alfacon-1	Infergen
PA	interferon alfa-2a	Roferon-A
PA	interferon alfa-2b	Intron-A
PA	interferon alfa-2b and ribavirin	Rebetron
PA	peginterferon alfa-2a	Pegasys
PA	peginterferon alfa-2b	
	<u>Immunosuppressives</u>	
	azathioprine	Imuran
	cyclosporine	Sandimmune
	cyclosporin modified	Neoral
	mycophenolate	Cellcept
PA	sirolimus	Rapamune
	tacrolimus	Prograf

Chapter Seven**Blood Modifiers**

<u>Formulary Status</u>	<u>Drug Class and Generic Name</u>	<u>Name Brand</u>
	<u>Anticoagulants</u>	
	<u>Injectable</u>	
PA/MDL	enoxaparin	Lovenox
	<u>Oral</u>	
	warfarin sodium	Coumadin
	<u>Blood Cell Formation</u>	
	<u>Colony Stimulating Factor</u>	
PA	erythropoietin	Epogen, Procrit
PA	filgrastim	Neupogen
PA	sargramostim	Leukine
	<u>Heparins</u>	
	heparin sodium lock flush	
	heparin sodium	
	<u>Miscellaneous</u>	
	pentoxifylline CR	Trental
	pentoxifylline ER	Pentoxil
	<u>Platelet Aggregation Inhibitors</u>	
	cilostazol	Pletal
	clopidogrel	Plavix
	dipyridamole	Persantine

Chapter Eight**CardiovascularAgents**

Formulary Staus	Drug Class and Generic Name	Name Brand
	<u>Antiadrenergic Agents</u>	
	<u>Centrally Acting</u>	
	clonidine HCl	Catapres(tablet only)
	guanabenz acetate	Wytensin
	methyldopa	Aldomet
	quanfacine HCl	Tenex
	reserpine	
	<u>Peripherally Acting</u>	
	alfuzosin	Uroxatral
	doxazosin mesylate	Cardura
PA	dutasteride	Avodart
	prazosin	Minipress
PA	tamulosin	Flomax
	terazosin HCl	Hytrin
	<u>Pheochromocytoma</u>	
	metyrosine	Demser
	<u>Sympatholytics</u>	
	mecamylamine	Inversine
	<u>Antiarrhythmics</u>	
	amiodarone HCl	Cardarone, Pacerone
	disopyramide phosphate	Norpace
	disopyramide phosphate ER	Norpace CR
	morizine	Ethmozine
	flecainide acetate	Tambocor
	mexiletine HCl	Mexitil
	procainamide HCl	Pronestyl
	procainamide HCl ER	Procan SR
	propafenone HCl	Rythmol
	quinidine gluconate CR	
	quinidine gluconate ER	Quinaglute Dura-Tabs
	quinidine gluconate SA	
	quinidine sulfate	
	quinidine sulfate ER	Quinidex
	<u>Antihyperlipidemics</u>	
	<u>Bile Acid Sequestrants</u>	
	cholestyramine	Questran
	cholestyramine light	Questran Light
	colestipol	Colestid

	<u>Combinations</u>	
ST	ezetimibe/simvastatin	Vytorin
	<u>Fibric Acid Derivatives</u>	
	gemfibrozil	Lopid
	fenofibrate	Tricor
	<u>HMG-CoA Reductase Inhibitors</u>	
PA	lovastatin SR	Altoprev
ST	atorvastatin	Lipitor
PA	lovastatin	Mevacor
ST	rosuvastatin	Crestor
	simvastatin	Zocor
	<u>Miscellaneous</u>	
ST	ezetimibe	Zetia
	niacin CR	Niaspan
	Antihypertensives	
	<u>Angiotensin Converting Enzyme Inhibitors</u>	
	benazepril	Lotensin
	captopril	Capoten
	enalapril maleate	Vasotec
	fosinopril sodium	Monopril
	lisinopril	Prinivil, Zestril
	moexipril HCl	Univasc
PA	quinapril	Accupril
PA	ramapril	Altace
	<u>Angiotensin II Receptor Antagonists</u>	
PA	losartan	Cozaar
PA, ST	olmesartan	Benicar
PA	valsartan	Diovan
	<u>Combinations</u>	
PA	amlodipine/benazepril	Lotrel
	atenolol/chlorthalidone	Tenoretic
	benazepril HCl/hydrochlorothiazide	Lotension HCT
	bisoprolol fumarate/hydrochlorothiazide	Ziac
	captopril/hydrochlorothiazide	Capozide
	clonidine/chlorthalidone	Clorpres
	deserpine/methylchlorothiazide	Enduronyl Forte
	enalapril maleate/hydrochlorothiazide	Vaseretic
	hydralazine/hydrochlorothiazide	Apresazide
	hydralazine/reserpine/hydrochlorothiazide	Ser-Ap-Es
	lisinopril/hydrochlorothiazide	Prinzide, Zestoretic
	methyldopa/chlorothiazide	Aldoclor
	methyldopa/hydrochlorothiazide	Aldoril

	naldolol/bendroflumethiazide	Corzide
PA, ST	olmesartan/hydrochlorothiazide	Benicar HCT
	propranolol/hydrochlorothiazide	Inderide
PA	quinapril/hydrochlorothiazide	Accuretic
	rauwolfia/bendroflumethiazide	
	reserpine/hydrochlorothiazide	Hydropres
	timolol/hydrochlorothiazide	Timolide 10/25
PA	valsartan/hydrochlorothiazide	Diovan HCT
	<u>Beta Blockers</u>	
	acebutolol HCl	Sectral
	atenolol	Tenormin
	carvedilol	Coreg
	labetalol HCl	Trandate, Normodyne
	metoprolol tartrate	Lopressor
	nadolol	Corgard
	pindolol	Visken
	propranolol HCl	Inderal
	propranolol HCl XL	Innopran XL
	sotalol HCl	Betapace
	timolol maleate	Blocadren
	<u>Calcium Blockers</u>	
	amlodipine	Norvasc
	diltiazem HCl	Cardizem
	diltiazem HCl CD	Cardizem CD
	diltiazem HCl ER	Tiazac
	diltiazem HCl SR	
	diltiazem HCl XR	Dilacor XR
PA	felodipine	Plendil
	isradipine	Dynacirc
	nicardipine HCl	Cardene
	nifedipine	Procardia
	nifedipine ER	Adalat CC
	nimodipine	Nimotop
	verapamil HCl	Calan
	verapamil HCl ER	Verelan
	verapamil HCl SA	Covera HS
	verapamil HCl SR	Isoptin SR
	<u>Inotropic Agents</u>	
	<u>Cardiac Glycosides</u>	
	digoxin	Digitek, Lanoxin, Lanoxicaps
	digoxin pediatric	Lanoxin
	<u>Diuretics</u>	
	acetazolamide	Diamox
	amiloride HCl	Midamor
	amiloride/hydrochlorothiazide	Moduretic

bendroflumethiazide	Naturetin
bumetanide	Bumex
chlorthalidone	Hygroton
chlorothiazide	Diuril
ethacrynic acid	Edecrin
furosemide	Lasix
hydrochlorothiazide	Hydrodiuril
hydroflumethiazide	Saluron
indapamide	Lozol
methazolamide	Neptazane
methyclothiazide	Enduron
metolazone	Zaroxolyn
spironolactone	Aldactone
spironolactone/hydrochlorothiazide	Altactazide
torsemide	Demadex
triamterene/hydrochlorothiazide	Dyazide, Maxide
triamterene	Dyrenium

Vasodilators

Endothelin Receptor

PA

ambrisentan

Letairis

Nitrates

isosorbide dinitrate
isosorbide dinitrate CR
isosorbide dinitrate ER, SA, TR,SR
isosorbide dinitrate SR
isosorbide mononitrate
isosorbide mononitrate ER
nitroglycerin CR
nitroglycerin ER, SR, TD
 nitroglycerin translingual
nitroglycerin 2% topical
nitroglycerin trandermal
nitroglycerin SL
 ranolazine

PA

Isordil
 Isochron

 Dilatrate SR
 Ismo
 Imdur
 Nitrogard

 Nitrolingual
 Nitrobid 2%
 Minitran, Nitro-Dur, Transderm-Nitro
 Nitrostat
 Renexa

Peripheral Vasodilators

hydralazine HCl
isoxsuprine HCl
minoxidil
papaverine HCl CR

Apresoline
 Vasodilan
 Loniten
 Pavabid

Vasopressors

epinephrine
midodrine HCl

Epi-Pen, Epi-Pen Jr
 ProAmatine

Chapter Nine**Central Nervous System Agents**

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Narcotics</u>	
MDL	acetaminophen/codeine	
MDL	acetaminophen/codeine #2	Tylenol #2
MDL	acetaminophen/codeine #3	Tylenol #3
MDL	acetaminophen/codeine #4	Tylenol #4
MDL	acetaminophen/hydrocodone	Lortab
MDL	acetaminophen/hydrocodone	Vicodin
MDL	acetaminophen/oxycodone	Tylox
MDL	acetaminophen/oxycodone	Percocet
	aspirin/butalbital/caffeine	Fiorinal
	aspirin/butalbital/caffeine/codeine	Fiorinal with Codeine
	aspirin/codeine	
	aspirin/codeine #3	
	aspirin/oxycodone	Percodan
	codeine phosphate	
	codeine sulfate	
PA	fentanyl	Actiq
PA	fentanyl	Duragesic
PA	fentanyl	Fentora
	hydromorphone HCl	Dilaudid
	levorphanol tartrate	Levo-Dromoran
	meperidine HCl	Demerol
	methadone HCl	Dolophine
	morphine sulfate	MSIR
	morphine sulfate	Roxanol
	morphine sulfate	RMS
	morphine sulfate ER	Oramorph SR
	naltrexone HCl	ReVia
ST	oxycodone HCl CR	OxyContin
	oxycodone HCl	OxyIR
	oxycodone HCl	Oxydose
	oxycodone HCl	Roxicodone
PA	oxymorphone hydrochloride	Opana
	propoxyphene HCl	Darvon
MDL	propoxyphene N/acetaminophen	Darvocet N-100
MDL	propoxyphene/acetaminophen	Darvocet A
	propoxyphene/aspirin/caffeine	Darvon Compound
MDL	tramadol HCl	Ultram
	<u>Non-Narcotic</u>	
OTC	acetaminophen	Tylenol
OTC	acetaminophen extra strength	
OTC	aspirin	
OTC	aspirin adult low strength	
OTC	aspirin enteric coated	Ecotrin
OTC	aspirin enteric coated extra strength	Norwich

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OTC	aspirin enteric coated maximum strength	
OTC	buffered aspirin	Bufferin
	butalbital compound	
	butalbital/acetaminophen	Phrenilin
	butalbital/acetaminophen/caffeine	Esgic
	butalbital/aspirin/caffeine	Farbital
	choline magnesium trisalicylate	Trilisate
	diflunisal	Dolobid
	magnesium salicylate	Magan
	meprobamate/aspirin	Equagesic
	salsalate	Disalcid
	zero-order release aspirin	Zorprin

Antianxiety Agents

PSY	alprazolam	Xanax
PA, PSY	alprazolam XR	Xanax XR
PSY	buspirone HCl	Buspar
PA, PSY	clorazepate dipotassium	
MDL, PSY	chlordiazepoxide HCl	Librium
MDL, PSY	diazepam	Valium
PSY	droperidol	Inapsine
	hydroxyzine HCl	Atarax
	hydroxyzine pamoate	Vistaril
PSY	lorazepam	Ativan
PSY	lorazepam intensol	Ativan
PA, PSY	meprobamate	Miltown
PSY	oxazepam	Serax
PSY	paxipam	Malazepam

Anticonvulsants

PSY	carbamazepine	Tegretol
PSY	carbamazepine extended release	Carbatrol
PSY	clonazepam	Klonopin
PSY	diazepam	
PSY	ethoin	Peganone
PSY	ethosuximide	Zarontin
PSY	felbamate	Felbatol
PSY	fosphenytoin	Cerebyx
PSY	gabapentin	Neurontin
PSY	lamotrigine	Lamictal
PSY	levetiracetam	Kepra
PSY	valproic acid	Depakene, Depakote
PSY	valproic acid extended release	Depakote ER
PSY	methsuximide	Celontin
PSY	oxcarbazepine	Trileptal
PSY	phenytoin	

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PSY	phenytoin ER	Phenytek
PSY	pregabalin	Lyrica
PSY	primidone	Mysoline
PSY	tiagabine	Gabitril
PSY	topiramate	Topamax
PSY	zonisamide	Zonegran

Antidepressants**Miscellaneous**

PSY/PA	bupropion HCl	Wellbutrin
PSY	bupropion HCl SR	Wellbutrin SR
PSY	bupropion HCl XL	
PSY	nefazodone HCl	Serzone
PSY	trazodone HCl	

Monoamine Oxidase Inhibitors

PA, PSY	isocarboxazid	Marplan
PA, PSY	phenelzine	Nardil
PA, PSY	tranylcypromide	Parnate

Selective Serotonin Reuptake Inhibitors

MDL, PSY	citalopram	Celexa
PSY	escitalopram	Lexapro
MDL, PSY	fluoxetine HCl (except 40mg)	Prozac
PSY	fluoxetine HCl	
MDL, PSY	fluvoxamine maleate	Luvox
MDL, PSY	paroxetine HCl	Paxil, Paxil CR
MDL, PSY	sertraline	Zoloft
PSY	venlafaxine	Effexor
PSY	venlafaxine XR	Effexor XR

Tetracyclic

PSY	amitriptyline HCl	Elavil
PSY	amoxapine	Asendin
PSY	clomipramine HCl	Anafranil
MDL, PSY	desipramine HCl	Norpramin
MDL, PSY	doxepin HCl	Sinequan
PSY	imipramine HCl	Tofranil,
	imipramine pamoate	Tofranil-PM
PSY	maprotiline HCl	Ludiomil
PSY	mirtazapine	
MDL, PSY	nortriptyline HCl	Aventyl, Pamelor
MDL, PSY	protriptyline HCl	Vivactyl
PSY	trimipramine	Surmontil

Antiemetics

PA	aprepitant	Emend
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OTC	dimenhydrinate	Dramamine
PA	dolasetron	Anzemet
PA	dronabinol	Marinol
PA	granisetron	Kytril
	meclizine HCl	Antivert, Bonine
PA	ondansetron	Zofran, Zofran ODT
	prochlorperazine	Compazine
	promethazine	Phenergan
	scopolamine	Transderm-Scop
	thiethylperazine	Torecan

Antiparkinson Agents

	amantadine HCl	Symmetrel
PSY	benztropine mesylate	Cogentin
PSY	biperiden	Akineton
	bromocriptine mesylate	Parlodel
	carbidopa	Lodosyn
	carbidopa/levodopa, CR	
	pergolide mesylate	Permax
PSY	pramipexole	Mirapex
	procyclidine	Kemadrin
MDL	ropinirole	Requip
	selegiline HCl	Eldepryl
PSY	trihexyphenidyl HCl	Artane

Antipsychotics**Benzisoxazole Derivatives**

PSY	aripiprazole	Abilify
PSY	resperidone	
PSY	ziprasidone	Geodon

Dibenzapine Derivatives

PSY	clozapine	Clozaril
PSY	loxapine succinate	Loxitane
PSY	quetiapine	Seroquel
PSY	olanzapine	

Dihydroindolone Derivatives

PSY	molindone	Moban
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Lithium

PSY	lithium carbonate	Eskalith, Eskalith Cr
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Phenothiazines

PSY	chlorpromazine HCl	Thorazine
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PSY	fluphenazine HCl	Prolixin
PSY	mesoridazine	Serentil
PSY	perphenazine	Trilafon
PSY	prochlorperazine	Compazine
PSY	thioridazine HCl	Mellaril
PSY	thioridazine HCl intensol	
PSY	trifluoperazine HCl	Stelazine

Phenylbutylpiperadine Derivatives

PSY	haloperidol	Haldol
PSY	pimozide	Orap

Thioxanthine Derivatives

PSY	thiothixene	Navane
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Migraine Products

Combinations

	ergotamine with caffeine	Cafergot
	isometheptane/apap/dichloralphenazone	Midrin

Ergotamine Derivatives

	ergotamine	Ergomar
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Serotonin 5-HT1 Receptor Agonists

MDL	almotriptan	Axert
MDL	naratriptan	Amerge
MDL	rizatriptan	Maxalt
MDL	sumatriptan	
MDL	zolmitriptan	Zomig

Miscellaneous

	ergoloid mesylates	Hydergine
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Antialcoholic Agents

PSY	acamprosate	Campral
PSY	disulfiram	Antabuse
PSY	naltrexone	Vivitrol

Cholinesterase Inhibitors

	donepezil	Aricept
	galantamine	Reminyl
	rivastigmine	Exelon
	tacrine	Cognex

Combinations

PSY	amitriptyline/chlordiazepoxide	
PA, PSY	olanzapine/fluoxetine	Symbyax
PSY	perphenazine/amitriptyline	Triavil

	<u>ADHD Agents</u>	
AGE/MDL	atomoxetine	Strattera

	<u>NMDA Receptor Antagonists</u>	
MDL, PSY	memantine	Namenda

	<u>Muscle Relaxants</u>	
	baclofen	Lioresal
	carisoprodol	Soma
	chlorzoxazone	Parafon Forte
	cyclobenzaprine	Flexeril
	methocarbamol	Robaxin
	orphenadrine citrate ER	Norflex
	tizanidine HCl	Zanaflex

	<u>Sedatives and Hypnotics</u>	
MDL, PSY	butabarbital	Butisol sodium
PSY	chloral hydrate	Somnote
PSY	estazolam	Prosom
PA	eszopiclone	Luenesta
MDL, PSY	flurazepam HCl	Dalmane
PSY	mephobarbital	Mebaral
PSY	phenobarbital	Luminal
PA, PSY	quazepam	Doral
PA	ramelteon	Rozerem
PA, PSY	temazepam	Restoril
PA, PSY	triazolam	Halcion
PSY	secobarbital	Seconal
MDL, PSY	zaleplon	Sonata
MDL, PSY	zolpidem	Ambien

	<u>Smoking Deterrents</u>	
MDL	bupropion HCl	Buproban
MDL	bupropion HCl SR	Zyban 150mg
MDL/ST	nicotine gum	
MDL/ST	nicotine nasal spray	Nicotrol NS
MDL/ST	nicotine transdermal	Nicoderm, Habitrol, Nicotrol
MDL	varenicline	Chantix

	<u>Stimulants & ADHD</u>	
AGE,PA,MDL	atomoxetine	Strattera

Amphetamines

MDL,PA,AGE	amphetamine salt combo	Adderall, Adderall XR
MDL,PA,AGE	dexmethylphenidate	Focalin
MDL,PA,AGE	dextroamphetamine sulfate	Dexedrine, Detrostat
MDL,PA,AGE	methylphenidate	Methylin, Ritalin
MDL,PA,AGE	methylphenidate ER	
MDL,PA,AGE	methylphenidate SA	Concerta
MDL,PA,AGE	methylphenidate HCl SR	Ritalin LA
PA	modafinil	Provigil
PA	pemoline	Cylert

Chapter Ten

Dermatologic Agents

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Acne Products</u>	
	benzoyl peroxide	
PA	clindamycin phosphate	Cleocin T
	clindamycin/tretinoin	Ziana
	erythromycin	A/T/S, T-Stat
	erythromycin/benzoyl peroxide	Benzamycin
	isotretinoin	Accutane
	metronidazole	Noritate, MetroGel
	tretinoin	Avita, Retin-A
	<u>Antibiotics</u>	
	bacitracin	
	bacitracin zinc	
	bacitracin/neomycin/polymixin B	Neosporin
	bacitracin/neomycin/polymixin B/lidocaine	Campho-Phenique
	mupirocin	Bactroban
	hydrocortison, neomycin, polymixin B	Cortisporin
	gentamicin sulfate	Garamycin
	<u>Antifungals</u>	
	clioquinol/hydrocortisone	Analpram-HC Cream
	clotrimazole	Lotrimin, AF
	econazole nitrate	Spectazole
	ketoconazole	Nizoral
	miconazole	Micatin, Monistat Derm
	nystatin	Mycostatin
PA	posaconazole	Noxafil
	nystatin/triamcinolone	Mycolog
	sodium thiosulfate/salicylic acid	Exoderm
	undecylenic acid	SteriNail
	tolnaftate	Tinactin
	<u>Antineoplastics</u>	
	fluorouracil	Efudex, Fluoroplex
	<u>Antipruritics</u>	
	doxepin	Prudoxin
	<u>Antiseborrheic Products</u>	
	chloroxine	Capitrol
	selenium sulfide	Selsun
	<u>Antiseptics and Disinfectants</u>	
	hexachlorophene	PhisoHex
	povidone-iodine	Betadine

MDL: Managed Drug Limitations/OTC: Over-the-Counter/ PA: Prior Authorization required (Fax request to 1-866-855-2678)

PSY: Psychotropic Drug/ **boldface**: Generic will be dispensed/ AGE: Age restrictions apply/ ST: Step Therapy in place/ SP: Specialty

Antiviralsacyclovir
penciclovirZovirax
Denavir**Burn Products**mafenide
nitrofurantoin
silver sulfadiazineSulfamylon
Furacin, Furacin Soluble
Dressing
Silvadene Cream**Corticosteroids**

augmented betamethasone dipropionate	Diprolene, Diprolene AF
betamethasone dipropionate	Diprosone
betamethasone valerate	Beta-Val
clobetasol propionate	Temovate
fluocinolone acetonide	Derma-smoothe/FS
desonide	Tridesilon
desoximetasone	Topicort, Topicort P
diflorasone diacetate	Psorcon
fluocinolone acetonide	Synalar, Derma- Smoothe/FS
fluocinonide	Lidex, Lidex E
hydrocortisone	
hydrocortisone acetate	Lanacort
hydrocortisone valerate	Westcort
hydrocortisone with aloe	Cortisone-10
hydrocortisone with pramoxine	Pramosone
triamcinolone acetonide	Aristocort

Immunosuppressive Agents

pimecrolimus Elidel

Keratolytics/Antimitotics

imiquimod	Aldara
sodofilox solution	Condylox(solution only)
salicylic acid	Gets-It

Local Anesthetics

capsaicin	Zostrix
lidocaine HCl	Topicaine, Xylocaine
lidocaine/prilocaine	EMLA
tetracaine	Pontocaine

Miscellaneous

aluminum chloride Drysol

Scabicides & Pediculicides

crotamiton	Eurax
malathione	Ovide
permethrin	Elimite
pyrethrins/piperonyl butoxide	Tisit, A-200

Tar Products

coal tar
crotamiton

Zetar
Eurax

Chapter Eleven*Respiratory Agents*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Antiasthmatics</u>	
	albuterol	Accuneb
MDL	fluticasone/salmeterol	Advair Diskus
MDL	albuterol	Proventil, Proventil HFA
	albuterol/ipratropium	Combivent
	albuterol/ipratropium	Duoneb
	aminophylline	
PA	arformoterol tartrate	Brovana
	beclomethasone	QVAR
MDL	budesonide	Pulmicort
		Intal Inhaler, Intal 112, Intal 200
	cromolyn sodium	
	dyphylline	
	dyphylline/guaifenesin	
	fluticasone	Flovent
MDL	ipratropium bromide	Atrovent, Atrovent Inhaler
PA	levalbuterol	Xopenex
	metaproterenol	
	mometasone	Asmanex Twisthaler
MDL/PA/AGE	montelukast	Singulair
	neodocromil	Tilade
PA	omalizumab	Xolair
	oxytriphylline	Choledyl SA
	salmeterol	Serevent. Serevent Diskus
	terbutaline sulfate	
	theophylline	
	theophylline SR	
	theophylline/guaifenesin	Elixophyllin, Theo 24
	theophylline/guaifenesin	Slo-bid Gyrocaps Elixophyllin-GG, Quibron, Quibron T
	tiotropium	Elixophyllin-KI
	triamcinolone	Spiriva
AGE	zafirlukast	Azmacort Accolate
	<u>Antihistamines</u>	
	cetirizine	
		Zyrtec
OTC	chlorpheniramine maleate	Chlortrimeton, Chlortrimeton Repetabs
OTC	clemastine fumarate	Tavist
	cyproheptadine HCl	Periactin
	dexchlorpheniramine maleate	Polaramine
OTC	diphenhydramine HCl	Benadryl
OTC	loratadine	Claritin RediTabs, Alavert
PA	olopatadine	Patanase
	promethazine HCl	Phenergan
	<u>Cough/Cold/Allergy</u>	

MDL: Managed Drug Limitations/**OTC:** Over-the-Counter/ **PA:** Prior Authorization required (Fax request to 1-866-855-2678)
PSY: Psychotropic Drug/ **boldface:** Generic will be dispensed/ **AGE:** Age restrictions apply/ **ST:** Step Therapy in place/ **SP:** Specialty

	acetylcysteine	Mucomyst
	acrivastine/pseudoephedrine	Semprex-D
	benzonatate	Tessalon
	brompheniramine/pseudoephedrine CR	Bromfed PD
	chlorpheniramine/pseudoephedrine/methscopolamine	Dallergy, Extendryl
	chlorpheniramine/phenylephrine	Rynatan
	chlorpheniramine/pseudoephedrine SR	Deconamine SR
	chlorpheniramine/pyrilamine/pseudoephedrine	Phena- Plus, Tri-Tann
	dexbrompheniramine/pseudoephedrine	Drixoral
	dextromethorphan HBr	Benylin
	guaifenesin	Guiatuss
	guaifenesin SR	Duratuss G
	guaifenesin/dextromethorphan	Cheracol D, Robitussin DM
	guaifenesin/pseudoephedrine	Novahistine
	loratadine/pseudoephedrine	Alavert Allergy Sinus
	phenylephrin/hydrocodone	Rhinacon
	phenylephrine/guaifenesin	Entex
	phenylephrine/guaifenesin SR	Entex LA
	promethazine VC	Phenergan VC
	promethazine/codeine	Phenergan-Doseine
	pseudoephedrin/codeine	Histussin D
	pseudoephedrine HCl	Sudafed
	pseudoephedrine/brompheniramine/ dextromethorphan	
	pseudoephedrine/chlorpheniramine/ codeine	
	pseudoephedrine/codeine	
	pseudoephedrine/guaifenesin/ dextromethorphan	
	pseudoepherine/carbinoxamine/ dextromethorphan	Rondec DM
	pseudoepherine/guaifenesin/hydrocodone	
	sodium chloride	
	triprolidine/pseudoephedrine	Actifed

Systemic & Topical Nasal

	cromolyn sodium	Intal
	fluticasone	Flonase
	fluticasone	Flovent HFA
	ipratropium bromide	Atrovent
PA	mometasone	Nasonex
PA	triamcinolone	Nasacort AQ

Chapter Twelve**Endocrine & Metabolic Agents**

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Androgen-anabolics</u>	
	danazol	Danocrine
	fluoxymesterone	Halotestin
	methyltestosterone	Methitest
	Antidiabetics	
	<u>1st generation sulfonylurea</u>	
	chlorpropamide	Diabinese
	tolazamide	Tolinase
	tolbutamine	Orinase
	<u>2nd generation sulfonylurea</u>	
	glimepiride	Amaryl
	glipizide	Glucotrol
	glipizide XL	Glucotrol XL
	glyburide	Diabeta, Micronase
	glyburide micronized	Glynase
	<u>Alpha-flucosidase</u>	
	acarbose	Precose
	<u>Biguanide</u>	
	metformin HCl	Glucophage
	metformin SR	Glucophage XR
	<u>Meglitinide</u>	
	repaglinide	Prandin
	<u>Thiazolidinedione</u>	
	pioglitazone	Actos
	rosiglitazone	Avandia
	<u>Thiazolidinedione/biguanide</u>	
	rosiglitazone/metformin	Avandamet
	<u>Miscellaneous</u>	
	glucagon	Glucagon Emergency Kit
	<u>Emetic</u>	
OTC	Ipecac	
	<u>Heavy metal chelating agent</u>	
	succimer	Chemet

Contraceptives**Monophasic**

MDL	Camila
MDL	Errin
MDL	Junel 1.5/30
MDL	Junel 1/20
MDL	Junel FE 1.5/30
MDL	Junel FE 1/20
MDL	Kariva
MDL	Lessina-28
MDL	Levora 0.15/30-28
MDL	Low-Ogestrel
MDL	medroxyprogesterone IM inj
MDL	Microgestin
MDL	Microgestin FE
MDL	MonoNessa
MDL	Necon 0.5/35-28
MDL	Necon 1/35-28
MDL	Necon 1/50-28
MDL	Nora-BE
MDL	Nortrel 0.5/35-28
MDL	Nortrel 1/35-21
MDL	Nortrel 1/35-28
MDL	Ovrette 28
MDL	Portia-28
MDL	Solia
MDL	Sprintec 28
MDL	Zovia 1/35
MDL	Zovia 1/50

Biphasic

MDL	Apri
MDL	Avaine-28
MDL	Enpresse-28
MDL	Necon 10/11-28
MDL	Ogestrel

Triphasic

MDL	Cryselle-28
MDL	Jolivette
MDL	Necon 7/7/7
MDL	Nortrel 7/7/7
MDL	TriNessa
MDL	Tri-Previfem
MDL	Tri-Sprintec
MDL	Trivora-28
MDL	Velivet

	<u>Corticosteroids</u>	
	betamethasone	Celestone
	cortisone acetate	Cortone
MDL	dexamethasone	Decadron, Dexpak
	fludrocortisone acetate	Florinef
	hydrocortisone	Cortef, Hydrocortone
	methylprednisolone	Medrol
	methylprednisolone dose pak	Medrol Dose Pak
	prednisolone	Prelone
	prednisolone sodium phosphate	Pediapred
	prednisone	Deltasone
	<u>Estrogens</u>	
MDL	conjugated estrogens	Premarin
MDL	conjugated estrogens/medroxyprogesterone	Premphase, Prempro
MDL	ethinyl estradiol	Estinyl
MDL	ethinyl estradiol/norethindrone	FemHRT 1/5
MDL	esterified estrogen/medroxy progesterone	Syntest D.S.
MDL	estradiol	Alora, Estrace. Gynodiol
MDL	estradiol/norethindrone	Combipatch
MDL	estrogens (esterified) & methyl testosterone	Estratest, Estratest H.S.
MDL	estropipate	Ogen, Ortho-Est
	<u>Gout</u>	
MDL	allopurinol	Zyloprim
	colchicine	
	probenecid	Benemid
	probenecid/colchicine	Colbenemid
	sulfinpyrazone	
	<u>Insulins</u>	
	Buffered regular	
	Velosulin BR	
	<u>Intermediate-acting</u>	
OTC	Humulin L	
OTC	Humulin N	
OTC	Humulin N U-100 Pen	
OTC	Iletin II Lente/Pork	
OTC	Iletin II NPH/Pork	
OTC	Novolin N	
OTC	Novolin N Innolet	
OTC	Novolin N U-100	
OTC	Novolin N U-100 Penfill	
OTC	Relion N	
OTC	Relion N Innolet	

Long-acting
 OTC Humulin U
 Lantus

Rapid-acting
 OTC Humalog
 Humalog Pen
 Humulin R
 Iletin II Regular/Pork
 Novolin R
 OTC Novolin R Innolet
 OTC Novolin R U-100 Penfill
 OTC Novolog
 Novolog Penfill
 Relion R

Miscellaneous
 PA Byetta
 OTC Humalog Mix 75/25
 Humalog Mix 75/25 Pen
 Humulin 50/50
 OTC Humulin 70/30
 OTC Humulin 70/30 Pen
 Levemir
 OTC Novolin 70/30
 OTC Novolin 70/30 Innolet
 OTC Novolin 70/30 Penfill
 OTC Novolog Mix 70/30
 Novolog Mix 70/30 Penfill
 Novolog Mix 70/30 Prefill
 Relion 70/30
 OTC Relion 70/30 Innolet

Miscellaneous Endocrine
Bone Resorption Inhibitor

	alendronate	Fosamax
PA	calcitonin	Miacalcin
	etidronate	Didronel
PA	ibandronate	Boniva
PA	risedronate	Actonel

Phenylketonuria
 PA sapropterin Kuvan

Selective Estrogen Receptor Modulator
 raloxifene Evista

Vitamin D analog
 OTC doxercalciferol Hectorol

Miscellaneous

	cabergoline	Dostinex
MDL	desmopressin acetate	DDAVP
MDL	phenypbutyrate sodium	Buphenyl

Oxytocics

MDL	methergine	Hydergine
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Progestins

MDL	medroxyprogesterone acetate	Provera
MDL	norethindrone acetate	Aygestin

Thyroid

	levothyroxine sodium	
	liotrix	Thyrolar -1/4, -1/2,-1,-2,-3
	liothyronine	Cytomel
	methimazole	Tapazole
	propylthiouracil	PTU
MDL	thyroid	Armour Thyroid, Westhroid

Vaginal Products

	conjugated estrogens	Premarin Vaginal Cream
	dienestrol	Ortho-Dienestrol
	estradiol	Estrace, Estring

Chapter Thirteen**Gastrointestinal Agents**

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Anorectal</u>	
	hemorrhoidal HC	Anusol HC Cream
	hydrocortisone	Colocort
	hydrocortisone acetate	Anucort-HC, Cortifoam
	hydrocortisone acetate/pramoxine	Proctofoam HC
	<u>Antacids</u>	
OTC	aluminum hydroxide/magnesium hydroxide	Alamag
OTC	aluminum hydroxide/magnesium hydroxide/simethicone	Alamag-plus, Di-Gel
OTC	calcium antacid	Tums
OTC	magnesium oxide	Mag Ox 400
OTC	sodium bicarbonate	
	<u>Antidiarrheals</u>	
	<u>Narcotic Agonist</u>	
	camphorated tincture of opium	Paregoric
	<u>Antiemetics</u>	
	aprepitant	Emend
OTC	dimenhydrinate	Dramamine
PA	dolasetron	Anzemet
PA	dronabinol	Marinol
PA	granisetron	Kytril
	meclizine HCl	Antivert, Bonine
PA	ondansetron	Zofran, Zofran ODT
	prochlorperazine	Compazine
	scopolamine	Transderm-Scop
	thiethylperazine	Torecan
	<u>Miscellaneous</u>	
OTC	bismuth subsalicylate	Pepto Bismol
	diphenoxylate/atropine	Lomotil
OTC	kaolin/pectin	Kapectolin
	loperamide HCl	Imodium
	opium tincture	DTO
	<u>Digestive Aids</u>	
	<u>Digestive Enzymes</u>	
	amylase, lipase, protease	
	pancrelipase	
	pancrelipase SR	Palipase
	protease, lipase, amylase	Pancrease

	<u>Miscellaneous</u>	
	digestive enzymes	Gastrinex
OTC	glutamic acid HCl	
	<u>Laxatives</u>	
OTC	bisacodyl	Dulcolax
OTC	bisacodyl EC	Correctal
OTC	docusate sodium	Colace
OTC	docusate sodium/casanthranol	Docusil
	lactulose	Cephulac, Enulose
	PEG 3350 Electrolytes	Colyte, Golytely
	polycarbophil	FiberCon
	polyethylene glycol	Glycolax
OTC	psyllium, powder	
	<u>Miscellaneous GIs</u>	
	Gallstone Solubilizing Agents	
	ursodiol	Actigall
	<u>Miscellaneous</u>	
	calcium acetate	Phoslo
PA	infiximab	Remicade
	lactulose	Enulose
PA	lubiprostone	
	mesalamine	
	metoclopramide HCl	Reglan
	olsalamine	Dipentum
	sulfasalazine	Azulfidine
	sulfasalazine EC	Azulfidine-EN-Tabs
PA, ST	tegaserod	Zelnorm
	<u>Mouth and Throat (local)</u>	
	<u>Anti-fungal</u>	
	amphotericin B	Fungizone
	clotrimazole	Mycelex
	<u>Anti-Infective</u>	
	nystatin	Mycostatin
	<u>Miscellaneous</u>	
	cevimeline	Evoxac
	chlorhexadine gluconate	Peridex
MDL	fluoride	Luride
	lidocaine viscous	Xylocaine Viscous
	pilocarpine	Salagen
	triamcinolone in orabase	Kenalog in Orabase

<u>Ulcer Drugs</u>	
Anticholinergic Combinations	
belladonna alkaloids/phenobarbital	Donnatal
chlordiazepoxide/clidinium	Librax
<u>Antimuscarinic/Anticholinergic</u>	
glycopyrrolate	Robinul, Robinul Forte
<u>Antispasmodics</u>	
dicyclomine HCl	Bentyl
<u>Belladonna Alkaloids</u>	
belladonna alkaloids/opium	B&O Suppositories
belladonna alkaloids/phenobarbital	Donnatal Extentabs
hyoscyamine	Cystospaz
hyoscyamine sulfate	Levsin
hyoscyamine sulfate	NuLev
hyoscyamine sulfate ER	Levbid
hyoscyamine sulfate SR	Levsinex
<u>H2 Receptor Blockers</u>	
cimetidine HCL	Tagamet
famotidine	Pepcid
ranitidine	Zantac
<u>Prostaglandins</u>	
misoprostol	Cytotec
<u>Proton Pump Inhibitors</u>	
omeprazole	Prilosec
<u>Quartenary Anticholinergics</u>	
mepenzolate	Cantil
methscopolamine	Pamine
propantheline bromide	Probanline
<u>Miscellaneous</u>	
sucralfate	Carafate

Chapter Fourteen*Infectious Disease*

	<u>Amebicides</u>	
	Iodoquinol	Yodoxin
	<u>Anthelmintics</u>	
	mebendazole	Vermox
OTC	pyrantel pamoate	Pin X
	<u>Antibiotics</u>	
	<u>Aminoglycosides</u>	
	gentamicin sulfate	Garamycin
	neomycin sulfate	Neo-Rx
	paromomycin sulfate	Humatin
	<u>Cephalosporins</u>	
	<u>First Generation</u>	
	cefadroxil	Duricef
	cephalexin monohydrate	Keflex
	cephalexin HCL	Keftab
	cephradine	Velosef
	<u>Second Generation</u>	
	cefaclor	Ceclor
	cefuroxime axetil	Ceftin
	<u>Third Generation</u>	
	cefdinir	Omnicef
	cefixime	Suprax
	cefopodoxime proxetil	Vantin
	ceftibuten	Cedax
	ceftriaxone	Rocephin
	<u>Combinations</u>	
	erythromycin/sulfisoxazole	Pediazole
	sulfamethoxazole/trimethoprim	Bactrim, Septra
	sulfamethoxazole/trimethoprim DS	Bactrim DS, Septra DS
	<u>Flouroquinolones</u>	
MDL/AGE	ciprofloxacin	Cipro
MDL	gatifloxacin	Tequin
MDL	moxifloxacin	Avelox, Avelox ABC Pak
MDL	norfloxacin	Noroxin
	<u>Lincosamides</u>	
	clindamycin HCl	Cleocin

	<u>Macrolides</u>	
	azithromycin	Zithromax, Z-Pak
	clarithromycin	Biaxin
	dirithromycin	Dynabac
	erythromycin	
	erythromycin base delayed release	ERYC
	erythromycin base	PCE
	erythromycin delayed release	Ery-Tab
	erythromycin EC	E-mycin
	erythromycin estolate	
	erythromycin ethylsuccinate	E.E.S
	erythromycin ethylsuccinate	Ery-Ped
	erythromycin stearate	Erythrocin
	<u>Miscellaneous</u>	
	metronidazole	Flagyl
	vancomycin	Vancocin HCL
	<u>Oxazolidinone</u>	
PA	linezolid	Zyvox
	<u>Penicillins</u>	
	amoxicillin	Amoxil, Trimox
ST	amoxicillin/potassium clavulanate	Augmentin, Augmentin ES, Augmentin XR
	ampicillin	Polycillin, Principen
	cloxacillin sodium	
	dicloxacillin	Dycill, Pathocil
	carbenicillin	Geocillin
	oxacillin sodium	Prostaphilin
	penicillin V potassium	Pen-Vee K, Veetids
PA	piperacillin/tazobactam	Zosyn
	ticarcillin	Ticar
	<u>Sulfonamides</u>	
	sulfadiazine	
	sulfisoxazole	
	sulfisoxazole	Gantrisin Pediatric
	<u>Tetracyclines</u>	
	demeclocycline HCl	Declomycin
	doxycycline	Doxy-Caps, Vibramycin, Vibra-tab
	minocycline HCl	Dynacin, Minocin
	tetracycline HCl	Sumycin

Antifungals

fluconazole susp
fluconazole 50mg, 100mg, 200mg
fluconazole 150mg
 griseofulvin microsized
griseofulvin ultramicrosize
ketoconazole
nystatin
 posaconazole
 voriconazole

Diflucan suspension
 Diflucan
 Diflucan
 Grifulvin V
 Gris-Peg, Fulvicin P/G
 Nizoral
 Mycostatin
 Noxafil
 Vfend

PA
 PA

Antifungals Vaginal Products

butoconazole
clotrimazole
miconazole
terconazole

Femstat 3
 Gyne-Lotrimin, Mycelex
 Monistat 3, Monistat 7
 Terazole 3, Terazole 7

Antimalarials

chloroquine phosphate
hydroxychloroquine sulfate
primaquine phosphate
 pyrimethamine
quinine sulfate
 sulfadoxine and pyrimethamine

Aralen
 Plaquenil
 Daraprim
 Fansidar

Antiprotazoals

Atovaquone
 pentamidine isethionate

Mepron
 NebuPent

All drug listed in the section below are apart of the MI Health Plan Carveout

Antiretrovirals

abacavir
 abacavir, lamivudine, zidovudine
 amprenavir
 atazanavir
 delavirdine
 didanosine
 efavirenz
 etravirine
 indinavir
 lamivudine
 lopinavir and ritonavir
 nelfinavir
 nevirapine
 raltegravir
 ritonavir
 saquinavir
 saquinavir base

Ziagen
 Trizivir
 Agenerase
 Reyataz
 Rescriptor
 Videx, Videx EC
 Sustiva
 Intelence
 Crixivan
 Epivir
 Kaletra
 Viracept
 Viramune
 Isentress
 Norvir
 Fortovase
 Invirase

stavudine	Zerit
tenofovir	Viread
tipranavir	Aptivus
zalcitabine	Hivid
zidovudine	Retrovir
zidovudine and lamivudine	Combivir

Antituberculosal Agents

cycloserine	Seromycin
ethambutol HCl	Myambutol
ethionamide	Trecator-SC
isoniazid	Nydrazid
isoniazid rifampin, pyrazinamide	Rifater
pyrazinamide	Tebrazide
rifabutin	Mycobutin
rifampin	Rifadin

Antivirals**Cytomegalovirus**

PA	ganciclovir	Cytovene
PA	valganciclovir	Valcyte

Hepatitis B

PA	lamivudine	Epivir HBV
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Hepatitis C

PA	Ribavirin	Copegus, Rebetol
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Herpes Virus

	acyclovir	Zovirax
ST	famciclovir	Famvir
PA	valacyclovir	Valtrex

Influenza

amantadine	Symmetrel
rimantadine HCl	Flumadine

Folate Antagonists

trimethoprim	Proloprim
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Leprostatics

dapsone	
clofazimine	Lamprene

Chapter Fifteen*Musculoskeletal*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Analgesics</u>	
	<u>Anti-Inflammatory</u>	
	diclofenac potassium	Cataflam
	diclofenac sodium	
	diclofenac sodium EC- DR	Voltaren
	diclofenac sodium XR	Voltaren XR
	etodolac	Lodine
	etodolac ER	Lodine XL
	fenoprofen calcium	Nalfon
	flurbiprofen	Ansaid
MDL	ibuprofen	Advil, Motrin IB
MDL	ibuprofen	Motrin
MDL	ibuprofen children's	Children's, Advil, Children's
MDL	ibuprofen infant's	Motrin
	ibuprofen infant's	Motrin Infants
	indomethacin	Indocin
	indomethacin SR	Indocin SR
	ketoprofen	Orudis
	ketoprofen ER	Oruvail
	ketorolac tromethamine	Toradol
	meclofenamate sodium	Meclomen
	menfenamic acid	Ponstel
	nabumetone	Relafen
	naproxen	Naprosyn EC, Aleve
	naproxen	Naprosyn, Aleve
	naproxen sodium	Anaprox
	oxaprozin	Daypro
	piroxicam	Feldene
	sulindac	Clinoril
	tolmetin sodium	Tolectin, Tolectin DS
	<u>Cox-2 Inhibitors</u>	
PA	celecoxib	Celebrex
	<u>Migraine Products</u>	
	<u>Combinations</u>	
	ergotamine with caffeine	Cafergot
	isometheptane/apap/dichloralphenazone	Midrin
	<u>Ergotamine Derivatives</u>	
	ergotamine	Ergomar
	<u>Serotonin 5-HT1 Receptor Agonists</u>	
MDL	almotriptan	Axert

MDL: Managed Drug Limitations/**OTC:** Over-the-Counter/ **PA:** Prior Authorization required (Fax request to 1-866-855-2678)

PSY: Psychotropic Drug/ **boldface:** Generic will be dispensed/ **AGE:** Age restrictions apply/ **ST:** Step Therapy in place/ **SP:** Specialty

MDL	naratriptan	Amerge
MDL	rizatriptan	Maxalt
MDL	sumatriptan	
MDL	zolmitriptan	Zomig

Miscellanenous

ergoloid mesylates	Hydergine
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Muscle Relaxants

baclofen	Lioresal
carisoprodol	Soma
chlorzoxazone	Parafon Forte
cyclobenzaprine	Flexeril
methocarbamol	Robaxin
orphenadrine citrate ER	Norflex
tizanidine HCl	Zanaflex

Chapter Sixteen*Ophthalmic and Otic Agents*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Ophthalmics</u>	
	<u>Agents for Glaucoma</u>	
	apraclonidine	Iopidine
	betaxolol HCl	Betoptic S
	brimonidine tartrate	Alphagan P
	carbachol	Carbotopic
	carteolol HCl	Ocupress
	dipivefrin HCl	Propine
	dorzolamide	Trusopt
	echothiophate iodide	Phospholine Iodide
	latanoprost	Xalatan
	levobunolol HCl	Betagan
	metipranolol	OptiPranolol
	pilocarpine HCl	Pilocar, Pilopine HS Gel
	pilocarpine/epinephrine	P1E1, P2E1, P4E1, P6E1
	timolol maleate	Timoptic XE, Timoptic
	<u>Anesthetics</u>	
	proparacaine	Alcaine
	tetracaine	Pontocaine
	<u>Antibiotic</u>	
	bacitracin	AK-Tracin
	bacitracin/neomycin/polymixin B	Neosporin Ophthalmic Ointment
	bacitracin/polymixin B	Polysporin Ophthalmic Ointment
	chloramphenicol	Chloroptic
	ciprofloxacin HCl	Ciloxan
	erythromycin	Romycin
	gentamicin sulfate	Garamycin
	gramicidin/neomycin/polymixin B	Neosporin
AGE	moxifloxacin	Vigamox
	ofloxacin	Floxin
	oxytetracycline/polymixin B	Terramycin with Polymixin B
	polymixin B sulfate/trimethoprim	Polytrim
	tobramycin sulfate	Tobrex
	ofloxacin	Floxin
	<u>Anti-Inflammatory</u>	
	diclofenac	Voltaren
	flurbiprofen sodium	Ocufen
	ketorolac	Acular, Acular PF
	<u>Antiviral</u>	
	trifluridine	Viroptic

Combinations**bacitracin/neomycin/polymixin B/hydrocortisone**

sulfacetamide/prednisolone
 sulfacetamide/fluorometholone
neomycin/polymixin B/dexamethasone
neomycin/polymixin B/hydrocortisone
neomycin/polymixin B/prednisolone
prednisolone/garamycin
tobramycin/dexamethasone

Blephamide S.O.P Blephamide, Blephamide Liquifilm,
 FML-S Liquifilm
 Maxitrol
 Cortisporin
 Poly-Pred
 Pred-G, Pred-G S.O.P.
 Tobradex

Corticosteroids

dexamethasone sodium phosphate
fluorometholone
 medrysone
prednisolone
 rimexolone

Decadron, Maxidex
 Flarex, FML Forte, FML S.O.P
 HMS Liquifilm
 Inflamase Mild, Pred-Mild
 Vexol

Cycloplegic Mydriatics

atropine sulfate
 cyclopentolate/phenylephrine
cyclopentolate HCl
homatropine
scopolamine
tropicamide

Isopto Atropine
 Cyclomydril
 Cyclogyl
 Isopto Homatropine
 Isopto Hyoscine
 Mydracyl

Decongestant

cromolyn sodium
 iodoxamide
naphazoline
 OTC **naphazoline/phenylephrine**
phenylephrine HCl

Crolom
 Alomide
 Naphcon
 Naphcon-A, Opcon-A
 AK-Dilate

Lubricant

OTC **artificial tears**

Tears Naturale
 Lacrisert

Sulfonamides

sodium sulfacetamide
 sulfacetamide/phenylephrine

Bleph-10
 Vasosulf

Otic

acetic acid
acetic acid/aluminum acetate

Vosol
 Domeboro

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acetic acid/hydrocortisone	Vosol HC
antipyrine/benzocaine	Auralgan
benzocaine	Americaine Otic
ciprofloxacin/dexamethasone	Ciprodex Otic
ciprofloxacin/hydrocortisone	Cipro HC
neomycin/polymixin B/hydrocortisone	Cortisporin
neomycin/polymixin B/hydrocortisone/thonzonium	Coly-mycin S
ofloxacin	Floxin Otic, Floxin Otic Singles
triethanolamine	Cerumenex
ciprofloxacin/hydrocortisone	Cipro HC

Chapter Seventeen*Psychiatric*

Formulary Status	Drug Class and Generic Name	Name Brand
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Antianxiety Agents

PSY	alprazolam	Xanax
PA, PSY	alprazolam XR	Xanax XR
PSY	bupirone HCl	Buspar
PA, PSY	clorazepate dipotassium	Tranxene, Tranxene SD
MDL, PSY	chlordiazepoxide HCl	Librium
MDL, PSY	diazepam	Valium
PSY	droperidol	Inapsine
	hydroxyzine HCl	Atarax
	hydroxyzine pamoate	Vistaril
PSY	lorazepam	Ativan
PSY	lorazepam intensol	Atvan
PA, PSY	meprobamate	Miltown
PSY	oxazepam	Serax
PSY	paxipam	Malazepam

Anticonvulsants

PSY	carbamazepine	Tegretol
PSY	carbamazepine extended release	Carbatrol
PSY	clonazepam	Klonopin
PSY	diazepam	Diastat Adult, Pediatric
PSY	ethoin	Peganone
PSY	ethosuximide	Zarontin
PSY	felbamate	Felbatol
PSY	fosphenytoin	Cerebyx
PSY	gabapentin	Neurontin
PSY	lamotrigine	Lamictal
PSY	levetiracetam	Kepra
PSY	valproic acid	Depakene, Depakote
PSY	valproic acid extended release	Depakote ER
PSY	methsuximide	Celontin
PSY	oxacarbazepine	Trileptal
PSY	phenytoin	Dilantin, Dilantin Infatab
PSY	phenytoin ER	Phenytek
PSY	primidone	Mysoline
PSY	tiagabine	Gabitril
PSY	topiramate	Topamax
PSY	zonisamide	Zonegran

Antidepressants**Miscellaneous**

PSY/PA	bupropion HCl	Wellbutrin
PSY	bupropion HCl SR	Wellbutrin SR
PSY	bupropion HCl XL	

PSY	nefazodone HCl	Serzone
PSY	trazodone HCl	Desyrel, Desyrel Dividose
<u>Monoamine Oxidase Inhibitors</u>		
PA, PSY	isocarboxazid	Marplan
PA, PSY	phenelzine	Nardil
PA, PSY	tranylcypromide	Parnate
MDL, PSY	citalopram	Celexa
PSY	escitalopram	Lexapro
MDL, PSY	fluoxetine HCl (except 40mg)	Prozac
PSY	fluoxetine HCl	Prozac Weekly, Sarafem
MDL, PSY	fluvoxamine maleate	Luvox
MDL, PSY	paroxetine HCl	Paxil, Paxil CR
MDL, PSY	sertraline	Zoloft
PSY	venlafaxine	Effexor
PSY	venlafaxine XR	Effexor XR
<u>Tetracyclic</u>		
PSY	amitriptyline HCl	Elavil
PSY	amoxapine	Asendin
PSY	clomipramine HCl	Anafranil
MDL, PSY	desipramine HCl	Norpramin
MDL, PSY	doxepin HCl	Sinequan
PSY	imipramine HCl	Tofranil,
	imipramine pamoate	Tofranil_PM
PSY	maprotiline HCl	Ludiomil
PSY	mirtazapine	Remeron, Remeron Soltab
MDL, PSY	nortriptyline HCl	Aventyl, Pamelor
MDL, PSY	protriptyline HCl	Vivactyl
PSY	trimipramine	Surmontil
<u>Antiparkinson Agents</u>		
	amantadine HCl	Symmetrel
PSY	benzotropine mesylate	Cogentin
PSY	biperiden	Akineton
	bromocriptine mesylate	Parlodel
	carbidopa	Lodosyn
	carbidopa/levodopa, CR	Sinemet, Sinemet CR
	pergolide mesylate	Permax
PSY	pramipexole	Mirapex
	procyclidine	Kemadrin
MDL	ropinirole	Requip
	selegiline HCl	Eldepryl
PSY	trihexyphenidyl HCl	Artane

<u>Antipsychotics</u>		
<u>Benzisoxazole Derivatives</u>		
PSY	aripiprazole	Abilify
PSY	risperidone	Risperdal, Risperdal M-tab
PSY	ziprasidone	Geodon
<u>Dibenzapine Derivatives</u>		
PSY	clozapine	Clozaril
PSY	loxapine succinate	Loxitane
PSY	quetiapine	Seroquel
PSY	olanzapine	Zyprexa, Zyprexa Zydis
<u>Dihydroindolone Derivatives</u>		
PSY	molindone	Moban
<u>Lithium</u>		
PSY	lithium carbonate	Eskalith, Eskalith Cr
<u>Phenothiazines</u>		
PSY	chlorpromazine HCl	Thorazine
PSY	fluphenazine HCl	Prolixin
PSY	mesoridazine	Serentil
PSY	perphenazine	Trilafon
PSY	prochlorperazine	Compazine
PSY	thioridazine HCl	Mellaril
PSY	thioridazine HCl intensol	
PSY	trifluoperazine HCl	Stelazine
<u>Phenylbutylpiperadine Derivatives</u>		
PSY	haloperidol	Haldol
PSY	pimozide	Orap
<u>Thioxanthine Derivatives</u>		
PSY	thiothixene	Navane
<u>Antialcoholic Agents</u>		
PSY	acamprosate	Campral
PSY	disulfiram	Antabuse
PSY	naltrexone	Vivitrol
<u>Cholinesterase Inhibitors</u>		
	donepezil	Aricept
	galantamine	Reminyl
	rivastigmine	Exelon
	tacrine	Cognex

Combinations

	amitriptyline/chlordiazepoxide	Limbitrol, Limbitrol DS
PSY	olanzapine/fluoxetine	Symbyax
PA, PSY	perphenazine/amitriptyline	Triavil

NMDA Receptor Antagonists

MDL, PSY	memantine	Namenda
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Sedatives and Hypnotics

	butabarbital	Butisol sodium
MDL, PSY	chloral hydrate	Somnote
PSY	estazolam	Prosom
PSY	flurazepam HCl	Dalmane
MDL, PSY	mephobarbital	Mebaral
PSY	phenobarbital	Luminal
PSY	quazepam	Doral
PA, PSY	temazepam	Restoril
PSY	triazolam	Halcion
PSY	secobarbital	Seconal
PSY	zaleplon	Sonata
MDL, PSY	zolpidem	Ambien

Sedative Misc

PA	ramelteon	Rozerem
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Smoking Deterrents

	bupropion HCl	Buproban
MDL	bupropion HCl SR	Zyban 150mg
MDL	nicotine gum	Nicorette
MDL	nicotine nasal spray	Nicotrol NS
MDL	nicotine transdermal	Nicoderm, Habitrol, Nicotrol
MDL	varenicline	Chantix

Age restrictions apply for all medications listed belowStimulants & ADHD

PSY/MDL	atomoxetine	Strattera
	Amphetamines	
MDL,PA,PSY	amphetamine salt combo	Adderall, Adderall XR
MDL,PA,PSY,	dextroamphetamine sulfate	Dexedrine, Detrolstat
MDL,PA,PSY	dexmethylphenidate	Focalin
MDL,PA,PSY	lisdexamfetamine	Vyvanse
MDL/PA/PSY	methylphenidate	Daytrana
MDL,PSY	methylphenidate	Methylin, Ritalin
MDL,PSY	methylphenidate ER	Metadate CD, Metadate ER, Methylin ER
MDL,PSY	methylphenidate SA	Concerta
MDL,PSY	methylphenidate HCl SR	Ritalin LA
MDL, PA,PSY	modafinil	Provigil
MDL, PA,PSY	pemoline	Cylert

Chapter Eighteen***Vitamins-Supplements***

<u>Nutrients and Nutritional Agents</u>		
<u>Hematopoietic Agents</u>		
	cyanocobalamin	Nascobal
	iron/vitamin B12	Feogen
	iron/vitamin B12/folic acid/vitaminC	Feogen Forte
	iron/vitamin/calcium	Ferrex 150 Forte
OTC	ferrous gluconate	Ferlecit
OTC	ferrous sulfate	Fer-In-Sol
	folic acid	Folacin
	iron, intrinsic factor, B1,B2,B3, C,folate	Foltrin
PA	iron dextran complex	INFeD
	polysaccharide iron forte	Niferex, Fe-Tinic
<u>Minerals and Electrolytes</u>		
OTC	calcium 500/vitamin D	Oscal 500 +D
OTC	calcium glubionate	Calcionate
	magnesium-SR	Mag-SR
	magnesium-SR+Calcium	Mag-SR Plus Calcium
	oyster shell calcium	
	oyster shell calcium/vitamin D	Calcitrate 600 plus Vitamin D
OTC	pediatric electrolytes	Pedialyte, Pedialyte Freezer Pops
	potassium chloride	Klor-Con M10, Klor-Con M20
	potassium phosphate/sodium phosphate	K-Phos, K-Phos Neutral
	PIMA	potassium iodide
	potassium chloride, CR, ER	Klotrix, K-Tab, K-dur
MDL	sodium fluoride	Luride Lozitab, Flouritab
	zinc sulfate	Orazinc, Zincate
<u>Prenatal Vitamins</u>		
	prenatal vitamins	Prenate 90

	<u>Vitamins</u>	
	antioxidant A/C & E	
MDL	calcitriol	Rocaltrol
	dihydrotachysterol	DHT
	leucovorin calcium	Folinic Acid
	phytonadione	Mephyton
OTC	multivitamin	
OTC	multivitamin children's	
MDL	multivitamin/fluoride	
OTC	multivitamin/fluoride/iron	
OTC	niacin	
OTC	niacin CR	Slo Niacin
OTC	niacin ER	Niaspan
	Renal	
	Renaphro	
MDL	poly vitamins with flouride	Solvite F
	Stress C Compex	
OTC	Stress Formula + Iron	
	vitamin A	
OTC	vitamin B-1	
OTC	vitamin B-3	
OTC	vitamin B-6	
MDL	vitamin D	
MDL	vitamins A/D/C/Fluoride	

Chapter Nineteen*Renal & Genitourinary Agents*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Renal and Genitourinary Agents</u>	
	<u>Anti-Infectives</u>	
	nitrofurantoin	Furadantin
	nitrofurantoin macrocrystals	Macrochantin
	methenamine hippurate	Hiprex
	methenamine mandelate	Madelamine
	methenamine/belladonna alkaloids/methylene blue/phenyl salicylate	Uriseptic
	nalidixic acid	Neggram
	<u>Antispasmodics</u>	
	bethanechol chloride	Urecholine
PA	tolterodine	Detrol
PA	tolterodine LA	Detrol LA
	flavoxate HCl	Urispas
	hyoscyamine	Cystospaz
	oxybutynin chloride	Ditropan
	<u>Benign Prostatic Hyperplasia (BPH)</u>	
	alfuzosin	Uroxatral
	doxazosin	Cardura
PA	dutasteride	Avodart
	prazosin	Minipress
PA	tamsulosin	Flomax
	terazosin	Hytrin
	<u>Diuretics</u>	
	acetazolamide	Diamox
	amiloride HCl	Midamor
	amiloride/hydrochlorothiazide	Modurectin
	bendroflumethiazide	Naturetin
	bumetanide	Bumex
	chlorthalidone	Hygroton
	chlorothiazide	Diuril
	ethacrynic acid	Edecrin
	furosemide	Lasix
	hydrochlorothiazide	Hydrodiuril
	hydroflumethiazide	Saluron
	indapamide	Lozol
	methazolamide	Neptazane
	methyclothiazide	Enduron
	metolazone	Zaroxolyn
	spironolactone	Aldactone
	spironolactone/hydrochlorothiazide	Altactazide
	torsemide	Demadex
	triamterene/hydrochlorothiazide	Dyazide, Maxide

MDL: Managed Drug Limitations/**OTC:** Over-the-Counter/ **PA:** Prior Authorization required (Fax request to 1-866-855-2678)

PSY: Psychotropic Drug/ **boldface:** Generic will be dispensed/ **AGE:** Age restrictions apply/ **ST:** Step Therapy in place/ **SP:** Specialty

triamterene

Dyrenium

Miscellaneous

citric acid/potassium citrate
citric acid/potassium citrate/sodium
citrate

Polycitra-K

citric acid/sodium citrate

Polycitra

finasteride

Bicitra

phenazopyridine HCl

Proscar

pentosan polysulfate sodium

Pyridium

potassium phosphate

K-Phos MF, K-Phos No 2

sodium chloride

Elmiron

Phosphate Binder

calcium acetate

Phoslo

MDL

calcitriol

Rocaltrol

PA

sevelamer

Renagel

PA

sevelamer carbonate

Renvela

Vaginal Products**acetic acid**

Acid Jelly

cervical amino acid

Amino-Serv

clindamycin

Cleocin

clotrimazole

Gyne-Lotrimin, Mycelex

contraceptive

KY Plus

butoconazole

Femstat 3

nonoxynol- 9

Gynol II, Gynol II Extra Strength

metronidazole

Metrogel Vaginal

miconazole

Monistat

nystatin

Mycostatin

octoxynol

Ortho-Gynol

terconazole

Terazol 3, Terazol 7

Chapter Twenty*Miscellaneous*

Formulary Status	Drug Class and Generic Name	Name Brand
	<u>Antimyasthenic Agents</u>	
	neostigmine	Prostigmin
	pyridostigmine bromide	Mestinon, Mestinon Timespan
	<u>Cation-exchange Resins</u>	
	sodium polystyrene sulfonate	Kayexalate
	<u>Chemical Debridement Agents</u>	
	<u>Enzymes</u>	
	collagenase ointment	Santyl
	<u>Chemicals</u>	
	chlorhexidine gluconate	Peridex
	<u>Detoxification Agents</u>	
	penicillamine	Cuprimine
	trientine	Syprine
	<u>Diagnostic Aids</u>	
PA	blood glucose test strips	
		Glucagon
		Hema-Chek
		Telepaque
	<u>Local Anesthetics - Parenteral</u>	
	lidocaine/epinephrine	

Medical Devices/Supplies

Asthma Spacers

Aerochamber
Aerochamber Mask
Aerochamber MV
Aerochamber Pla
Aerochamber Plus/Flow Signal
Aerotrach
Aerovent II
Breathrite
Easivent
Ellipse Compact Spacer
E-Z Space
Inspirease Bags
Inspirease
Inspirease Reservoir Bags
Microchamber
Nebulizer Pediatric Mask
Optichamber
Optihaler
Space Chamber
Zoey Optichamber

MDL

Contraceptives

condoms

diaphragms

Diabetic Supplies

alcohol prep pads

insulin pen needles

insulin syringes

lancets

Pharmaceutical Adjuvants

bacteriostatic sodium chorlide

Sorbitol