



2011

THE DRUG FORMULARY

The drug formulary is a list of medications covered by Bashas'. It is intended for use by the plan, providers and pharmacies. The drug formulary applies only to outpatient prescription medications. It does not apply to inpatient medications obtained from or administered by a physician.

The drug formulary is a generically run formulary. Medications listed on the formulary followed by an asterisk (*) must be dispensed with the generic product. **Note:** Generic status of a drug may change throughout the year and may not be reflected on the printed or online drug formulary.

The brand names are listed for all drugs for reference purposes only. For medications without an asterisk, the generic must be dispensed if it becomes available.

The Bashas' drug formulary is subject to change.

PRIOR AUTHORIZATION

Prior authorizations are required in the following situations: Medications not listed on the drug formulary or designated with a (PA) in the drug formulary are not covered unless prior authorization has been obtained from United Drugs.

Prior Authorizations will be approved based on criteria set by the P&T committee and will not be approved based on: physician samples given, inadequate information received, lack of formulary trial, or dosing outside of safety regulations set by the FDA.

Please fax prior authorization forms to (602) 678-0941.

STEP THERAPY

The drug formulary has certain medications listed as step therapy (ST). If a medication is listed as (ST), members are asked to try a formulary medication before requesting the step therapy medication. If these steps are not followed, the physician must fill out a Prior Authorization form before the member is allowed to receive the prescribed medication. Forms are available at: www.uniteddrugs.com.

MAIL ORDER and COMPOUNDED MEDICATIONS

A Maintenance Medication is a medication that you receive continuously to treat a disease state. Medications that you receive for 30 days or longer that are considered a Maintenance Medication may be filled at mail order. Call 1-866-902-2541 to request the *Bashas' Mail Service Pharmacy* Prescription Order Form.

Note: you may also fill a 90 day supply at your local Bashas', Food City, AJ's or United Drugs pharmacy.

A Compounded prescription is a prescription written by your doctor containing 2 or more ingredients (at least one ingredient must be a legend medication requiring a prescription) that are

not commercially available that needs to be specially mixed or "compounded" by a pharmacist. If you have a prescription that requires compounding, contact Food City #154 at 623-872-6201 located at 9020 W Thomas Road. Compounded prescriptions may be delivered to your home for a minimum charge or delivered to your local Bashas'/Food City/AJ's pharmacy with a quick turn around time.

EXCLUSIONS

The following are NOT covered under the Bashas' Prescription Benefit:

1. Pharmaceuticals requiring a prescription that:
 - Have not been approved by the U.S. Food and Drug Administration (FDA); or
 - Are not approved by the FDA for the condition, dose, route & frequency for which they are prescribed; or
 - Are experimental and/or investigational in the definitions chapter of your Medical, Dental, and Vision Plan Benefit Manual.
2. Non-prescription (non-legend or over the counter –OTC) drugs or medicines, unless listed on the drug formulary. OTC medications listed as formulary require a prescription from the doctor.
3. Take-home prescriptions or medicines provided by a hospital, ambulatory surgical center, or other health care facility, with the exception of emergency room.
4. Medications not listed on formulary.
5. Foods and nutritional supplements or nutraceuticals including, but not limited to, home meals, formulas, diet foods, vitamins and minerals (whether they can be purchased over-the-counter or require a prescription), except for prenatal vitamins and minerals requiring a prescription.
6. Naturopathic or homeopathic services and substances.
7. Drugs, medicines, or devices for:
 - Anorexiants and drugs for weight loss except as used for children less than 18 years to treat ADD/ADHD;
 - Contraception, except birth control pills and diaphragms; (see also fertility services in the Schedule of Medical Benefits in your Medical, Dental, and Vision Plan benefit manual for other contraceptive coverage offered from a Doctor);
 - Fertility and/or infertility; (Except as listed in formulary)
 - Fluoride preparations for dental purposes;
 - Hair growth (i.e., Minoxidil, Propecia, Rogaine);
 - Sexual inadequacy or dysfunction such as impotence (i.e., Viagra, Cialis);
 - Vitamin A derivatives (i.e., Retin A, Accutane, Renova) for individuals over age 30;
8. Injectables, except Imitrex, Insulin, Glucagon, Heparin and drugs to treat severe allergic reactions or as authorized by the Prescription Drug Plan. Any request for a biotech injectable drug must be approved PRIOR to dispensing. Failure to do so may result in non-coverage of medication. **Note:** Any request for a biotech injectable drug must be approved PRIOR to dispensing. Failure to do so may result in non-coverage of medication.
9. Vaccinations, immunizations, inoculations or preventative injections, except those provided by the plan for children and/or adults; and those required for treatment of an injury or exposure to disease or infection (such as anti-rabies, tetanus, anti-venom, or immunoglobulin). These are covered under the medical plan and are therefore not covered under the Pharmacy Plan.

CONTACT

United Drugs Customer Service Helpdesk
Phoenix, Arizona

Note: All times are in Mountain Standard Time (MST)

Phone: 1-800-364-8865

Prior Authorization Fax Line:

1-602-678-0941

Email Address: helpdesk@uniteddrugs.com

Hours of Operation:

Monday through Friday 8:00 am to 5:00 pm (MST)

KEY

- * **GENERIC AVAILABLE**—generic co-pay
- PA **PRIOR AUTHORIZATION**—non-preferred co-pay if approved.
- ST **STEP THERAPY REQUIRED**
- L **LIMITED**

CO-PAYS

30 day supply at Retail:

Generic or Brand.....\$25 or 20% of total medication cost with a \$25 minimum and \$100 maximum.

90 day supply at Retail:

Generic or Brand..... \$75 or 20% of medication cost with \$75 minimum and \$300 maximum.

90 day supply at Mail Order:

Generic or Brand.....\$50 or 20% of medication cost with \$50 minimum and \$200 maximum.

Dispense as Written or if member chooses brand when generic is available:

Above guidelines apply –member pays co-pay **plus** the difference between the brand medication cost and generic medication cost.

– ANTINEOPLASTIC and IMMUNOSUPPRESSANTS –

All oral antineoplastic and immunosuppressant agents are covered under the prescription benefit, if FDA approved.

MISCELLANEOUS

interferon alpha-2b	INTRON A (PA)	\$\$\$\$\$
peg interferon alpha –2b	PEG – INTRON (PA)	\$\$\$\$\$

– BLOOD MODIFIERS –

ANTICOAGULANTS

warfarin*	COUMADIN	\$\$
enoxaparin	LOVENOX (L)	\$\$\$\$\$

(L) limit to 10 days supply, then Prior Auth

PLATELET AGGREGATION INHIBITORS

cilostazol	PLETAL	\$\$\$
clopidogrel	PLAVIX	\$\$\$
ticlopidine*	TICLID	\$\$\$\$

MISCELLANEOUS

AGENTS

pentoxifylline, ext-rel.*	TRENTAL	\$\$\$
phytonadione	MEPHYTON	\$\$\$
anagrelide*	AGRYLIN	\$\$\$\$\$
dipyridamole, ext. rel./aspirin	AGGRENOLX	\$\$\$\$
epoetin alfa	PROCRIT	\$\$\$\$\$
filgrastim	NEUPOGEN	\$\$\$\$\$

– CARDIOVASCULAR –

ACE INHIBITORS

captopril*	CAPOTEN	\$
enalapril*	VASOTEC	\$
lisinopril*	ZESTRIL	\$\$
quinapril*	ACCUPRIL	\$\$
ramipril*	ALTACE	\$\$\$
moexipril*	UNIVASC	
trandolapril*	MAVIK	
fosinopril*	MONOPRIL	

COMINATION PRODUCTS

atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
quinapril/hctz*	ACCURETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$
captopril/hctz*	CAPOZIDE	\$\$
enalapril/hctz*	VASERETIC	\$\$
fosinopril/hctz*	MONOPRIL HCT	\$\$
moexipril/hctz*	UNIRETIC	\$\$
amlodipine/benazapril*	LOTREL	\$\$

ALPHA BLOCKERS

prazosin*	MINIPRESS	\$
doxazosin*	CARDURA	\$\$
terazosin*	HYTRIN	\$\$\$

ANGIOTENSIN II ANTAGONISTS

irbesartan	AVAPRO	\$\$\$
irbesartan/hctz	AVALIDE	\$\$\$
losartan*	COZAAR	\$\$
losartan/hctz*	HYZAAR	\$\$

ANTIARRHYTHMICS

Class 1A

disopyramide*	NORPACE	\$
procainamide*	PRONESTYL	\$
quinidine sulfate*		\$
quinidine sulfate ext. rel.*	QUINIDEX	\$\$
disopyramide ext. rel.*	NORPACE CR	\$\$\$
procainamide ext. rel.* (6 hour)		\$\$\$
morizine	ETHMOZINE	\$\$\$\$\$

Class 1B

mexiletine*	MEXITIL	\$\$\$\$
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Class 1C

propafenone*	RYTHMOL	\$\$\$\$\$
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Class II

propranolol*	INDERAL	\$
acebutolol*	SECTRAL	\$\$

Class III

amiodarone* (200mg only)	CORDARONE	\$\$\$\$\$
sotalol*	BETAPACE	\$\$\$\$\$

Class IV

digoxin*	LANOXIN	\$
verapamil*	CALAN	\$

ANTILIPEMICS

Bile Acid Sequestrants

cholestyramine*	QUESTRAN	\$\$\$
colestipol	COLESTID	\$\$\$\$\$
colesevelam	WELCHOL	\$\$\$\$\$

HMG-CoA Reductase Inhibitors

simvastatin*	ZOCOR	\$
pravastatin*	PRAVACHOL	\$\$
atorvastatin (80MG)	LIPITOR	\$\$\$
rosuvastatin (40MG)	CRESTOR	\$\$\$

Generic statins formulary except 80mg Lipitor or 40mg Crestor

Cholesterol Absorption Inhibitor

ezetimibe	ZETIA	\$\$\$\$\$
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Miscellaneous

fenofibrate, micronized	LOFIBRA	\$\$
gemfibrozil* (600mg only)	LOPID	\$\$
niacin, ext. rel. Requires Rx	SLO-NIACIN	\$

Rx

niacin	NIACOR	\$
niacin CR	NIASPAN (NF)	\$\$\$\$
ezetimibe-simvastatin	VYTORIN (PA)	\$\$\$

BETA BLOCKERS

Non-Cardioselective

propranolol*	INDERAL	\$
pindolol*		\$\$
propranolol, ext. rel.*	INDERAL LA	\$\$
propranolol, ext. rel.	INNOPRAN XL	\$\$
nadolol*	CORGARD	\$\$\$

Cardioselective

atenolol*	TENORMIN	\$
metoprolol*	LOPRESSOR	\$\$
metoprolol ext. rel.*	TOPROL XL	\$\$
carvedilol*	COREG	\$\$\$\$
acebutolol*	SECTRAL	\$\$\$

Beta Alpha

labetalol* TRANDATE \$\$\$

CALCIUM CHANNEL BLOCKERS

verapamil* CALAN \$
 verapamil ext. rel.* CALAN SR \$\$
 nifedipine ext. rel.* ADALAT CC \$\$\$
 nisoldipine* SULAR \$\$\$
 amlodipine* NORVASC \$\$\$\$
 diltiazem* CARDIZEM \$\$\$\$
 diltiazem ext. rel.* CARDIZEM CD \$\$\$\$

CARDIAC GLYCOSIDES

digoxin* LANOXIN \$

DIURETICS**Loop Diuretics**

furosemide* LASIX \$
 bumetanide* BUMEX \$\$

Potassium Sparing Diuretics

spironolactone* ALDACTONE \$
 triamterene/hctz* DYAZIDE \$
 triamterene/hctz* MAXZIDE \$

Thiazide and Related**Diuretics**

chlorthalidone* HYGROTON \$
 (25mg and 50mg only)
 hydrochlorothiazide* HYDRODIURIL \$
 metolazone* ZAROXOLYN \$\$

NITRATES**Oral**

isosorbide dinitrate oral* ISORDIL \$
 nitroglycerin ext. rel.* \$
 nitroglycerin sublingual* NITROSTAT \$
 isosorbide mono ext.rel.* IMDUR \$\$\$

Transdermal

nitroglycerin ointment* \$
 nitroglycerin transdermal patch* NITREK \$\$
 nitroglycerin transdermal NITRO-DUR \$\$

SYMPATHOLYTICS

clonidine* (tablets only) CATAPRES \$
 methyl dopa* ALDOMET \$
 guanfacine* TENEX \$\$

VASODILATORS

hydralazine* \$

ORTHOSTATIC**HYPOTENSIVES**

fludrocortisone acetate * FLORINEF \$\$\$
 midodrine* PROAMATINE \$\$\$\$\$

MISCELLANEOUS

benazepril/amlodipine* LOTREL \$\$\$\$
 amlodipine/olmesartan AZOR \$\$\$\$
 atorvastatin-amlodipine CADUET (PA) \$\$\$\$

- CENTRAL NERVOUS SYSTEM -

ALCOHOL ABUSE DETERRANTS

disulfiram ANTABUSE \$
 buprenorphine HCL- SUBOXONE (PA) \$\$\$
 nalmoxone HCL

*Not approved to treat pain***ALZHEIMER'S AGENTS**

donepezil * ARICEPT \$\$\$\$\$
 23mg not covered
 rivastigmine EXELON \$\$\$\$\$
 galantamine RAZADYNE \$\$\$\$\$

ANALGESICS**NSAIDs****Propionic Acid Derivatives**

ibuprofen* (rx strengths) MOTRIN \$
 naproxen* NAPROSYN \$\$
 oxaprozin* DAYPRO \$\$\$

Acetic Acid Derivatives

indomethacin* INDOCIN \$
 diclofenac sodium VOLTAREN \$\$
 ext.rel.*
 diclofenac patch FLECTOR PATCH \$\$\$\$

(PA)

diflunisal* DOLOBID \$\$
 sulindac* CLINORIL \$\$
 etodolac* LODINE \$\$\$\$
 etodolac ext. rel.* LODINE XL \$\$\$\$

Non-Acetic Acid Derivatives

nabumetone * RELAFEN \$\$\$\$

Oxicam Derivatives

piroxicam* FELDENE \$\$
 meloxicam* MOBIC \$

Salicylic Acid Derivatives

salsalate* \$\$

Cox-2 Selective Inhibitors

celecoxib CELEBREX \$\$\$\$

Narcotic Combination**Agents**

codeine/APAP* TYLENOL \$
 w/CODEINE (CIII)
 hydrocodone/APAP* VICODIN (CIII) \$
 oxycodone/APAP* (5/325 PERCOCET (CII) \$
 tablets only)
 oxycodone/APAP* (5/500 TYLOX (CII) \$
 capsules only)
 oxycodone/ASA* PERCODAN (CII) \$
 hydrocodone/APAP* LORTAB (CIII) \$\$
 pentazocine/naloxone* TALWIN NX \$

Non-Narcotic Combination Agents

butalbital/APAP* PHRENILIN \$
 butalbital/caffeine/APAP* FIORICET \$
 butalbital/caffeine/aspirin* FIORINAL (CIII) \$

Opioids

codeine sulfate* (CII) \$\$\$
 hydromorphone* DILAUDID (CII) \$\$\$
 morphine sulfate* MSIR (CII) \$\$
 (tablets)
 meperidine* DEMEROL (CII) \$\$\$
 morphine, ext. rel.* MS CONTIN (CII) \$\$
 oxycodone, ext. rel.* OXYCONTIN (CII) \$\$\$\$

(PA) (L)*(L) if approved- max of #60 per month*

fentanyl transdermal*	DURAGESIC (CII) (PA) (L)	\$\$\$\$
<i>(PA) Reserved for opioid tolerant members (L) if approved- max of #10 per month</i>		
Migraine Agents		
isometheptene/APAP/ dichloralphenone*	DURADRIN (CIV)	\$\$
divalproex sodium, ext. rel.	DEPAKOTE ER	\$\$\$
butorphanol*	STADOL (CIV) (L)	\$\$\$\$
<i>(L) limit 3 bottles/month-nasal spray only</i>		
ergotamine tartrate/caffeine	CAFERGOT	\$\$\$\$
dihydroergotamine mesylate	D.H.E. 45	\$\$\$\$\$
dihydroergotamine nasal	MIGRANAL	\$\$\$\$\$\$
zolmitriptan	ZOMIG (L)	\$\$\$\$\$\$
<i>(L) limit 12 tabs/month</i>		
sumatriptan	IMITREX (L)	\$\$\$\$\$\$
<i>(L) limit 9 tabs, 2 syringes /month, 6 nasal spray devices/month</i>		
ANTI-ANXIETY AGENTS		
Benzodiazepines		
alprazolam* (not XR)	XANAX (CIV)	\$
diazepam*	VALIUM (CIV)	\$
oxazepam* (caps only)	SERAX (CIV)	\$
lorazepam*	ATIVAN (CIV)	\$\$
Miscellaneous		
bupirone*	BUSPAR	\$\$\$\$
ANTICONVULSANT MEDICATIONS		
Barbiturates		
phenobarbital*	(CIV)	\$
Benzodiazepines		
clonazepam* (not wafers)	KLONOPIN (CIV)	\$\$\$
diazepam	DIASTAT (CIV) (L)	\$\$\$\$
<i>(L) Limit 2 boxes per month</i>		
Hydantoin		
phenytoin*	DILANTIN	\$
Succinimides		
ethosuximide*	ZARONTIN	\$\$\$
Adjuvant Anticonvulsants		
primidone*	MYSOLINE	\$\$
divalproex sodium ext. rel.*	DEPAKOTE	\$\$\$
gabapentin*	NEURONTIN	\$\$\$
valproic acid*	DEPAKENE	\$\$\$
lamotrigine*	LAMICTAL	\$\$\$\$
topiramate	TOPAMAX	\$\$\$\$
levetiracetam*	KEPPRA	\$\$\$\$
Sulfonamides		
zonisamide*	ZONEGRAN	\$\$
Miscellaneous		
carbamazepine*	TEGRETOL	\$
carbamazepine	TEGRETOL XR	\$\$
oxcarbazepine*	TRILEPTAL	\$\$\$
ANTIDEPRESSANTS		
Tricyclic Antidepressants		
amitriptyline*	ELAVIL	\$

imipramine* (tabs only)	TOFRANIL	\$
nortriptyline*	PAMELOR	\$
desipramine*	NORPRAMIN	\$\$
protriptyline	VIVACTIL	\$\$
amoxapine*		\$\$\$
clomipramine*	ANAFRANIL	\$\$\$
doxepin*	SINEQUAN	\$\$\$
MAO Inhibitors		
phenelzine	NARDIL	\$\$
tranylcypromine	PARNATE	\$\$
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram*	CELEXA	\$
fluoxetine*	PROZAC (L)	\$
<i>(L) 10, 20mg capsules and tablets only</i>		
sertraline*	ZOLOFT	\$\$
paroxetine* (not CR)	PAXIL	\$\$
escitalopram	LEXAPRO	\$\$\$
Serotonin Norepinephrine Reuptake Inhibitors		
venlafaxine*	EFFEXOR	\$\$\$\$
venlafaxine ext. rel.	EFFEXOR-XR	\$\$\$
duloxetine	CYMBALTA	\$\$\$
Miscellaneous		
trazodone* (150mg tabs only)	DESYREL	\$
bupropion*	WELLBUTRIN	\$\$\$
bupropion ext. rel.*	WELLBUTRIN SR	\$\$\$
bupropion ext. rel.	WELLBUTRIN XL	\$\$\$
mirtazapine*	REMERON	\$\$\$
mirtazapine	REMERON SOLTABS	\$\$\$\$
ANTIPARKINSON AGENTS		
amantadine*		\$
benztropine*	COGENTIN	\$
trihexyphenidyl*	ARTANE	\$
carbidopa/levodopa*	SINEMET	\$\$\$
pramipexole	MIRAPEX	\$\$\$\$
ropinirole	REQUIP	\$\$\$\$
pergolide	PERMAX	\$\$\$\$\$
bromocriptine*	PARLODEL	\$\$\$\$\$
entacapone	COMTAN	\$\$\$\$\$
selegiline*	ELDEPRYL	\$\$\$\$\$
carbidopa/levodopa/ entacapone	STALEVO (ST)	\$\$\$\$\$
ANTIPSYCHOTICS		
Phenothiazine Derivatives		
thioridazine*	MELLARIL	\$
fluphenazine*	PROLIXIN	\$\$
perphenazine*		\$\$
trifluoperazine*	STELAZINE	\$\$
chlorpromazine*	THORAZINE	\$\$\$
Thioxanthene Derivatives		
thiothixene*	NAVANE	\$\$
Butyrophenones		
haloperidol*	HALDOL	\$
OTHER AGENTS		
Psychosis/Bipolar		

olanzapine	ZYPREXA	\$\$\$\$
quetiapine	SEROQUEL	\$\$\$\$
risperidone *	RISPERDAL (L)	\$\$\$
(L) tablet splitting required		
ANTIVERTIGO/MOTION SICKNESS AGENTS		
meclizine*	ANTIVERT	\$
promethazine*	PHENERGAN	\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
methylphenidate* (not LA)	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
amphetamine-mixed salts*	ADDERALL XR	\$\$
methylphenidate ext. rel.	CONCERTA (CII)	\$\$\$
methylphenidate ext. rel	METADATE CD (CII)	\$\$\$
atomoxetine	STRATTERA	\$\$\$\$
BIPOLAR AGENTS		
lithium carbonate*		\$
lithium carbonate ext. rel.*	LITHOBID	\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$
FIBROMYALGIA		
pregabalin	LYRICA	\$\$\$\$
MULTIPLE SCLEROSIS		
interferon beta-1a	AVONEX (PA)	\$\$\$\$\$
interferon beta-1a	REBIF (PA)	\$\$\$\$\$
interferon beta-1b	BETASERON (PA)	\$\$\$\$\$
glatiramer	COPAXONE (PA)	\$\$\$\$\$
MYASTHENIA GRAVIS AGENTS		
pyridostigmine*	MESTINON	\$\$\$\$
SEDATIVES/HYPNOTICS		
chloral hydrate*(syrup only)	(CIV)	\$
temazepam* (generic only)	RESTORIL (CIV)	\$
triazolam*	HALCION	\$
zaleplon	SONATA (CIV) (L)	\$\$\$
(L) 14 tablets/month, 42 tablets per year		
zolpidem* (not CR)	AMBIEN (CIV)	\$
SMOKING CESSATION		
<i>For members 18 years of age and older</i>		
<i>For additional assistance contact:</i>		
http://ashline.org/ 1-800-55-66-222		
http://www.smokefree.gov/		
<i>Only products listed below are covered</i>		
bupropion HCL	ZYBAN	\$
<i>Limits: 60 per month, 12 weeks covered then prior auth required</i>		
<i>(Caution: do not use if currently on Wellbutrin or other Bupropion products)</i>		
nicotine patches	HABITROL	\$\$
<i>Limits: 28 per 28 days, 8 weeks covered then prior auth required</i>		
varenicline tartrate	CHANTIX	\$\$\$\$
<i>Step Therapy: 8 week trial of patches or 7 week trial of bupropion required before Chantix approved</i>		
STIMULANTS		
methylphenidate*	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
modafinil	PROVIGIL (CIV) (PA)	\$\$\$\$\$
(PA) approved for narcolepsy only		

- DERMATOLOGY -

ACNE

Combination products require prior auth and will not be authorized if separate formulary alternatives are available.

Oral

tetracycline*		\$
erythromycin*		\$\$
minocycline* (caps only)	MINOCIN	\$\$\$
isotretinoin *	ACCUTANE (L)	\$\$\$\$\$

(L) approved for less than 30 years of age

Topical

benzoyl peroxide*	DESQAM-E	\$
erythromycin*	A/T/S	\$
tretinoin*	AVITA (L)	\$
adapalene	DIFFERIN (L)	\$\$\$

(L) limit to age <30

benzoyl peroxide*	TRIAZ	\$\$
sulfacetamide/sulfur	PLEXION	\$\$
	PLEXION TS	\$\$
	CLEOCIN T	\$\$
clindamycin*	METROCREAM	\$\$\$
metronidazole*	METROGEL	\$\$\$
	METROLOTION	\$\$\$
sulfacetamide/sulfur *	NOVACET	\$\$\$
benzoyl peroxide/erythromycin*	BENZAMYCIN	\$\$\$\$
azelaic acid*	AZELEX (PA)	\$\$\$\$\$

ANTIBACTERIALS – TOPICAL

silver sulfadiazine*	SILVADENE	\$\$
mupirocin*	BACTROBAN	\$\$\$\$

ANTIFUNGALS – TOPICAL

nystatin*	MYCOSTATIN	\$
nystatin/triamcinolone acetamide*	MYCOLOG II	\$
ciclopirox*	LOPROX	\$\$
oxiconazole	OXISTAT	\$\$
butenafine	MENTAX	\$\$\$
clotrimazole/betamethasone*	LOTRISONE	\$\$\$
ketoconazole*	NIZORAL	\$\$\$

CORTICOSTEROIDS

Listed by potency: Group I is least potent, Group V is most potent.

Group I

hydrocortisone 2.5%*		\$
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Group II

fluocinolone acetonide 0.01%*	SYNALAR	\$
triamcinolone acetonide 0.025%*	KENALOG	\$
alclometasone 0.05% 0.025%*	ACLOVATE	\$\$\$
hydrocortisone valerate*	WESTCORT	\$\$\$

Group III

betamethasone valerate 0.1%*	BETA-VAL	\$
fluocinolone acetonide 0.1%*	SYNALAR	\$
triamcinolone acetonide 0.1%*	KENALOG	\$

flurandrenolide	CORDRAN	\$\$\$
fluticasone propionate* (cream and oint only)	CUTIVATE	\$\$\$\$
mometasone furoate crm	ELOCON	\$\$\$\$
mometasone furoate oint*	ELOCON	\$\$\$\$

Group IV

betamethasone dipropionate 0.05%* (not aerosol)	DIPROSONE	\$
fluocinonide 0.05%*	LIDEX	\$
triamcinolone acetonide 0.5%*	KENALOG	\$

Group V

clobetasol propionate*	TEMOVATE	\$\$
clobetasol foam	OLUX (NF)	\$\$\$\$
<i>Foam is not covered</i>		
halobetasol propionate*	ULTRAVATE	\$\$
betamethasone dipropionate oint.*	DIPROLENE	\$\$\$\$
dipropionate cream	DIPROLENE AF	\$\$\$

ECZEMA and PSORIASIS

selenium sulfide* (L) for eczema treatment only	SELSUN (L)	\$
chloroxine	CAPITROL	\$\$
sulfacetamide lotion	SEBIZON	\$\$
calcipotriene	DOVONEX	\$\$\$\$\$\$
tazarotene	TAZORAC	\$\$\$\$
methotrexate*		\$\$\$\$

SCABICIDES and PEDICULICIDES

lindane*		\$
crotamiton	EURAX	\$\$\$
malathion	OVIDE	\$\$\$
permethrin*	ELIMITE	\$\$\$

POST-HERPETIC NEURALGIA

lidocaine patch	LIDODERM PATCH (PA)	\$\$\$\$\$\$
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Approved for post-herpetic neuralgia only

MISCELLANEOUS AGENTS

trypsin/balsam/castor oil *	GRANULEX	\$\$
fluorouracil	EFUDEX	\$\$\$\$\$\$
imiquimod	ALDARA	\$\$\$\$
tacrolimus	PROTOPIC	\$\$\$\$

- EENT -

ALLERGY/COUGH/COLD

Antihistamines

Piperidines (oral, non-sedating)

loratidine*	CLARITIN (NF)	\$
fexofenadine *	ALLEGRA (NF)	\$\$\$
levocetirizine	XYZAL (NF)	\$\$\$\$
cetirizine* (OTC)	ZYRTEC (NF)	\$\$

OTC alternatives available for purchase.

Phthalazinones (intranasal)

azelastine	ASTELIN	\$\$\$\$
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Antihistamine/Decongestant Combinations

promethazine/ phenylephrine syrup	PHENERGAN VC SYRUP	\$
carbinoxamine/ pseudoephedrine	RONDEC DROPS	\$\$\$\$

pseudoephedrine/ carbinoxamine/ dextromethorphan	RONDEC DM DROPS	\$\$\$
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Antitussive Combinations

Narcotic

guaifenesin/codeine*	GUIATUSS AC (CV)	\$
hydrocodone/guaifenesin/ hydrocodone/homatropine*	HYCODAN (CIII)	\$
phenylephrine/hydrocodone/ chlorpheniramine*	HISTUSSIN/HC (CIII)	\$
promethazine/codeine*	PHENERGAN w/CODEINE (CV)	\$
guaifenesin/hydrocodone*	HYCOTUSS (CIII)	\$\$\$

Decongestant/Expectorant Combinations

guaifenesin, ext. rel.*	FENESIN	\$
guaifenesin/ phenylephrine ext.rel.*	GUIAFEN II	\$

Nasal Inhalers

Rhinitis

CORTICOSTEROIDS

fluticasone propionate*	FLONASE	\$\$
flunisolide*	NASAREL	\$\$
mometasone aqueous	NASONEX	\$\$\$\$

OTHER

ipratropium bromide*	ATROVENT NS	\$\$\$
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Mucolytics

acetylcysteine*	MUCOMYST	\$\$\$\$\$\$
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OPHTHALMIC

Antiglaucoma

Oral

acetazolamide*	DIAMOX	\$
methazolamide*	NEPTAZANE	\$\$\$\$

Topical

ADRENERGIC AGONISTS

dipivefrin*	PROPINE	\$\$\$
epinephrine*	EPIFRIN	\$\$\$\$
brimonidine*	ALPHAGAN	\$\$

BETA BLOCKERS

levobunolol*	BETAGAN	\$\$
timolol hemihydrate	BETIMOL	\$\$\$\$
betaxolol*	BETOPTIC S	\$
timolol maleate*	TIMOPTIC	\$\$

CARBONIC ANHYDRASE INHIBITORS

dorzolamide	TRUSOPT	\$\$\$
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CHOLINERGICS

pilocarpine*		\$
carbachol	ISOPTO CARBACHOL	\$\$

COMBINATION PRODUCTS

dorzolamide/timolol	COSOPT	\$\$\$
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PROSTAGLANDINS

latanoprost	XALATAN	\$\$\$\$
bimatoprost	LUMIGAN	\$\$\$\$

Anti-Infectives

Antibacterials

bacitracin*		\$
chloramphenicol	CHLOROPTIC	\$\$

erythromycin*	ILOTYCIN	\$\$
gentamicin*	GARAMYCIN	\$\$
polymyxin B/bacitracin*	POLYSPORIN	\$\$
polymyxin B/neomycin	NEOSPORIN	\$\$
bacitracin oint.*		
polymyxinB/	NEOSPORIN	\$\$
neomycin/gramicidin soln.*		
sodium sulfacetamide*	BLEPH-10	\$\$
polymyxin B/trimethoprim*	POLYTRIM	\$\$\$
ofloxacin*	OCUFLOX	\$\$\$\$
tobramycin*	TOBEX	\$\$\$\$
moxifloxacin	VIGAMOX	\$\$\$\$
Antivirals		
trifluridine *	VIROPTIC	\$\$\$\$
Corticosteroids		
dexamethasone*	DECADRON	\$\$
fluorometholone*	FLUOR-OP	\$\$
loteprednol	ALREX	\$\$\$
	LOTEMAX	\$\$\$
prednisolone acetate*	PRED MILD/FORTE	\$\$\$
prednisolone sodium phosphate*	INFLAMASE	\$\$\$
Combination Topical Antibacterials/Corticosteroids		
neomycin/polymyxinB/ hydrocortisone	CORTISPORIN	\$\$
neomycin/polymyxinB/ dexamethasone*	MAXITROL	\$\$\$
sulfacetamide/prednisolone*	VASOCIDIN	\$\$\$
gentamicin/prednisolone acetate	PRED-G	\$\$\$\$
tobramycin/dexamethasone	TOBRADEX	\$\$\$\$\$
Miscellaneous		
atropine*	ISOPTO ATROPINE	\$\$
flurbiprofen *	OCUFEN	\$\$\$
azelastine	OPTIVAR	\$\$\$\$
ketorolac tromethamine	ACULAR	\$\$\$\$
pemirolast	ALAMAST	\$\$\$\$
olopatadine	PATANOL	\$\$\$
OTIC AGENTS		
acetic acid*	VOSOL	\$
acetic acid/ aluminum acetate*	DOMEBORO OTIC	\$
hydrocortisone/acetate acid*	VOSOL HC	\$
hydrocortisone/neomycin/ polymyxin B*	CORTISPORIN	\$\$
ciprofloxacin/dexameth otc	CIPRODEX	\$\$\$
benzocaine/antipyrine*	AURALGAN	\$\$
trolamine polypeptide oleate	CERUMENEX	\$\$\$
MISCELLANEOUS		
lidocaine viscous*		\$\$
– EMERGENCY KITS –		
epinephrine	EIPEN (L)	\$\$\$\$
	EIPEN Jr. (L)	\$\$\$\$
(L) Limit of 2 per year		
– ENDOCRINOLOGY –		

ADRENAL CORTICOSTEROIDS

Glucocorticoids

prednisone*		\$
dexamethasone*	DECADRON	\$\$
methylprednisolone*	MEDROL	\$\$
	MEDROL DOSEPAK	\$\$
	PRELONE	\$\$\$
prednisolone*		

Mineralocorticoids

fludrocortisone acetate*	FLORINEF	\$\$\$\$
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ANDROGENS

methyltestosterone*	(CIII)	\$\$\$
fluoxymesterone	HALOTESTIN (CIII)	\$\$\$\$\$
testosterone	ANDROGEL (CIII)	\$\$\$\$\$
<i>Maximum quantity per fill = 150gm per 90 days</i>		
testosterone transdermal	ANDRODERM (CIII)	\$\$\$\$\$
	TESTODERM (CIII)	\$\$\$\$\$

ANTIDIABETIC AGENTS

Insulin

human insulin aspart	NOVOLOG	\$\$\$
human insulin lispro	HUMALOG	\$\$\$
insulin glargine	LANTUS	\$\$\$\$\$
human insulin	HUMULIN	\$\$

Insulin vials only—prefilled syringes require PA

Oral Medications

Sulfonylureas

glyburide*	DIABETA	\$
glipizide*	GLUCOTROL	\$\$
glimepiride	AMARYL	\$\$\$
glipizide ext. rel.*	GLUCOTROL XL	\$\$\$

Non-Sulfonylureas

metformin*	GLUCOPHAGE /XR	\$\$\$\$
rosiglitazone	AVANDIA	\$\$\$\$\$
pioglitazone	ACTOS	\$\$\$\$\$
rosiglitazone/metformin	AVANDAMET	\$\$\$\$
glyburide/metformin*	GLUCOVANCE	\$\$
rosiglitazone/glimepiride	AVANDARYL	\$\$\$\$
pioglitazone/metformin	ACTOPLUS MET	\$\$\$\$
exenatide	BYETTA	\$\$\$\$

DIABETIC MONITORING SUPPLIES

Diabetic Meters	VARIOUS (L)	\$\$\$
<i>(L) limit one diabetic meter per year</i>		
Diabetic Strips	VARIOUS	\$\$\$
True Track Meters/Strips*	TRUETRACK	\$

True Track brand offered at generic copay

THYROID AND ANTITHYROID AGENTS

Thyroid

levothyroxine*	LEVOXYL	\$
	SYNTHROID	\$

Antithyroid

propylthiouracil*	PROPYLTHIOURACIL	\$
methimazole*	TAPAZOLE	\$\$

OSTEOPOROSIS AGENTS

estradiol*	ESTRACE	\$
calcitonin salmon nasal spray	MIACALCIN	\$\$
estrogens, conjugated	PREMARIN	\$\$

estrogens, conjugated synthetic	CENESTIN	\$\$
alendronate*	FOSAMAX	\$\$
alendronate + D	FOSAMAX + D	\$\$\$
ibandronate	BONIVA	\$\$\$
risedronate	ACTONEL	\$\$\$
estradiol transdermal*	CLIMARA	\$\$\$
estradiol-levonorgestrel	CLIMARA PRO	\$\$\$
estrogens, conjugated/medroxyprogesterone	PREMPRO/ PREMPHASE	\$\$\$
ethinyl estradiol/norethidrone	FEMHRT	\$\$\$
raloxifene	EVISTA	\$\$\$\$
PAGET'S DISEASE/ANTI-HYPERCALCEMIC		
calcitonin salmon nasal spray	MIACALCIN NASAL SPRAY	\$\$
etidronate disodium	DIDRONEL	\$\$\$
alendronate*	FOSAMAX	\$\$\$\$
risedronate	ACTONEL	\$\$\$\$
MISCELLANEOUS		
aminoglutethimide	CYTADREN	\$\$\$\$
desmopressin acetate*	DDAVP	\$\$\$\$\$
cabergoline	DOSTINEX	\$\$\$\$\$

- GASTROINTESTINAL -

ANTI-DIARRHEAL AGENTS

diphenoxylate/atropine* LOMOTIL (CV) \$

ANTICHOLINERGIC/ANTISPASMODIC AGENTS

dicyclomine* BENTYL \$
 hyoscyamine* ANASPAZ \$\$
 LEVSIN \$\$
 hyoscyamine* CYSTOSPAZ \$\$

ANTIEMETIC AGENTS

meclizine* ANTIVERT \$
 promethazine* PHENERGAN \$
 prochlorperazine* COMPAZINE \$\$\$
 ondansetron* ZOFRAN \$\$\$\$\$
 ZOFRAN ODT \$\$\$\$\$

ANTI-ULCER AGENTS

cimetidine* TAGAMET \$\$
 ranitidine* (tablets only) ZANTAC \$\$
 misoprostol* CYTOTEC \$\$\$\$
 sucralfate* CARAFATE \$\$\$

H. PYLORI AGENTS

bismuth subsalicylate/ metronidazole/tetracycline HELIDAC \$\$\$\$
 amoxicillin/clarithromycin/ lansoprazole PREVPAC \$\$\$\$\$

COLORECTAL AGENTS

hydrocortisone* COLOCORT \$
 hydrocortisone* PROCTOCORT \$
 sulfasalazine* AZULFIDINE \$
 hydrocortisone* PROCTOCREAM-HC \$\$\$
 hydrocortisone acetate/pramoxine PROCTOFOAM-HC \$\$\$
 mesalamine ROWASA \$\$\$\$
 mesalamine, ext. rel. ASACOL \$\$\$\$
 mesalamine ext. rel. PENTASA \$\$\$\$
 olsalazine DIPENTUM \$\$\$\$

hydrocortisone acetate foam CORTIFOAM \$\$\$\$\$

DIGESTIVE ENZYMES

pancrelipase, delayed rel.* CREON \$\$\$\$
 pancrelipase* VIOKASE \$\$\$\$
 pancrelipase, delayed rel.* PANCREASE \$\$\$\$

PROMOTILITY AGENTS

metoclopramide* REGLAN \$

PROTON PUMP INHIBITORS

omeprazole* (OTC tabs only) PRILOSEC OTC (NF) \$
 pantoprazole* PROTONIX(NF) \$\$\$
 lansoprazole (covered for children under 12) PREVACID(NF) \$\$\$

OTC alternatives are available for purchase.

MISCELLANEOUS

polyethylene glycol* MIRALAX \$
 peg 3350/electrolytes* GOLYTELY \$
 NULYTELY \$
 sodium phosphates VISICOL \$\$
 ursodiol* ACTIGALL \$\$\$\$\$
 ursodiol URSO \$\$\$\$\$

- INFECTIOUS DISEASE -

ANTIBACTERIAL AGENTS

Cephalosporins

First Generation

cephalexin* (not Keftab) KEFLEX \$
 cefadroxil* DURICEF \$\$

Second Generation

cefaclor* CECLOR \$
 cefprozil* CEFZIL \$\$\$\$\$
 cefuroxime* CEFTIN \$\$\$\$\$

Third Generation

cefdinir* OMNICEF \$\$\$\$

Fluoroquinolones

ciprofloxacin* CIPRO \$\$
 ciprofloxacin ext. rel*. CIPRO XR \$\$\$\$
 moxifloxacin AVELOX \$\$\$\$
 levofloxacin LEVAQUIN \$\$\$\$

Macrolides

erythromycin products* \$\$\$
 azithromycin* ZITHROMAX \$\$\$
 clarithromycin* BIAXIN \$\$\$\$
 clarithromycin, ext. rel.* BIAXIN XL \$\$\$\$

Penicillins

amoxicillin* \$
 ampicillin* \$
 dicloxacillin* \$
 penicillin VK* \$
 amoxicillin/pot.clavulanate* AUGMENTIN \$\$
 amoxicillin/pot.clavulanate* AUGMENTIN ES \$\$\$\$\$

Sulfonamides

sulfamethoxazole/ trimethoprim* BACTRIM \$
 SEPTRA \$
 sulfisoxazole* \$

Tetracyclines

doxycycline hyclate* VIBRAMYCIN \$
 tetracycline* \$

minocycline* (<i>caps only</i>)	MINOCIN	\$\$\$
Urinary Anti-Infectives		
trimethoprim*	TRIMPEX	\$
nitrofurantoin*	MACRODANTIN	\$\$
nitrofurantoin ext. rel.*	MACROBID	\$\$\$
Miscellaneous Antimicrobials		
metronidazole*	FLAGYL	\$
clindamycin*	CLEOCIN	\$\$
ANTIFUNGAL AGENTS		
nystatin*	MYCOSTATIN	\$
griseofulvin ultramicrosize	GRIS-PEG	\$\$
ketoconazole*	NIZORAL	\$\$\$
clotrimazole*	MYCELEX TROCHE	\$\$\$\$
fluconazole*	DIFLUCAN	\$\$\$
ciclopirox soln	PENLAC (PA)	\$\$\$
<i>Only approved if Lamisil is contraindicated</i>		
terbinafine*	LAMISIL	\$
<i>Positive fungal culture and LFTs required</i>		
ANTICHOLINERGIC/ANTISPASMODIC AGENTS		
rifampin*	RIFADIN	\$\$\$
isoniazid*		\$
ethambutol*	MYAMBUTOL	\$\$\$\$
pyrazinamide*		\$\$\$\$
ANTIVIRAL AGENTS		
Cytomegalovirus		
ganciclovir	CYTOVENE	\$\$\$\$\$\$
valganciclovir	VALCYTE	\$\$\$\$\$\$
Influenza		
amantadine*		\$
zanamivir	RELENZA	\$\$\$
<i>Only for ≥7yrs of age</i>		
oseltamivir	TAMIFLU	\$\$\$
Herpes		
acyclovir*	ZOVIRAX (L)	\$\$
<i>(L) oral formulations only</i>		
valacyclovir	VALTREX	\$\$\$
HIV		
All oral medications in this class are covered if FDA approved		
MISCELLANEOUS AGENTS		
Amebicides		
metronidazole*	FLAGYL	\$
chloroquine phosphate*	ARALEN	\$\$\$\$
Anthelmintics		
mebendazole*	VERMOX	\$\$\$
Antimalarials		
hydroxychloroquine sulfate*	PLAQUENIL	\$\$
chloroquine phosphate*	ARALEN	\$\$\$\$
atovaquone/proguanil	MALARONE	\$\$\$\$\$\$
mefloquine	LARIAM	\$\$\$\$\$\$
Sulfones		
dapsone	DAPSONE	\$
– MUSCULOSKELETAL –		
ANTIRHEUMATIC AGENTS		
auranofin	RIDAURA	\$\$\$
hydroxychloroquine sulfate*	PLAQUENIL	\$\$\$
penicillamine	CUPRIMINE	\$\$\$
methotrexate*	RHEUMATREX	\$\$\$\$\$

GOUT AGENTS		
allopurinol*	ZYLOPRIM	\$
colchicine*		\$
colchicine/probenecid*		\$
probenecid*		\$
SKELETAL MUSCLE RELAXANTS		
Centrally Acting		
diazepam*	VALIUM (CIV)	\$
baclofen*		\$\$
metaxalone	SKELAXIN	\$\$\$
cyclobenzaprine*	FLEXERIL	\$\$
Direct Acting		
dantrolene sodium	DANTRIUM (PA)	\$\$\$\$\$
– OB-GYN –		
CONTRACEPTIVES		
<i>Oral contraceptives are covered if FDA approved unless listed with restrictions below. Generic required if available.</i>		
Miscellaneous		
medroxyprogesterone acetate inj.	DEPO-PROVERA 150mg/ml	\$\$\$
levonorgestrel/ethinyl estradiol*	SEASONALE /SEASONIQUE	\$\$\$
<i>(member pays 3 co-payments)</i>		
etonogestrel/ethinyl estradiol	NUVARING	\$\$
norelgestromin/ethinyl estradiol patch	ORTHO EVRA	\$\$\$\$
ENDOMETRIOSIS		
Androgens		
danazol*	DANOCRINE	\$\$\$\$\$
Gonadotropin Releasing Hormones		
nafarelin	SYNAREL	\$\$\$\$\$\$
ESTROGENS		
estradiol*	ESTRACE	\$
estradiol vaginal*	VAGIFEM	\$\$\$
estropipate*	ORTHO-EST	\$
estrogens, conjugated	PREMARIN	\$\$
estrogens, conjugated	CENESTIN	\$\$
estrogens, esterified	MENEST	\$\$
estradiol transdermal*	CLIMARA	\$\$
estradiol transdermal	ESTRADERM	\$\$\$
estradiol transdermal	ALORA	\$\$\$
estradiol transdermal	VIVELLE	\$\$\$
	VIVELLE-DOT	\$\$\$
estradiol vaginal	ESTRING	\$\$\$\$\$
ESTROGEN/ANDROGEN COMBINATIONS		
esterified estrogens / methyltestosterone	ESTRATEST	\$\$
esterified estrogens/ methyltestosterone	ESTRATEST-HS	\$\$
OXYTOCICS		
methylergonovine	METHERGINE	\$\$\$
PROGESTINS		
medroxyprogesterone acetate*	PROVERA	\$
micronized progesterone	PROMETRIUM	\$\$\$\$\$

ANTI-ESTROGENS

toremifene	FARESTON	\$\$
tamoxifen citrate	NOLVADEX	\$\$\$

VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL**Antibacterials**

triple sulfa*	TRIPLE SULFA	\$
clindamycin vaginal*	CLEOCIN	\$\$\$
metronidazole vaginal*	METROGEL	\$\$\$

Antifungals

nystatin vaginal*		\$
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- RESPIRATORY -**INHALED MEDICATIONS****Anticholinergics**

ipratropium bromide*	ATROVENT	\$\$\$
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Beta2-Agonists

albuterol	VENTOLIN HFA	\$\$\$
albuterol	PROVENTIL HFA	\$\$\$
levalbuterol	XOPENEX HFA	\$\$\$
salmeterol	SEREVENT DISKUS	\$\$\$\$
formoterol	FORADIL	\$\$\$\$

Corticosteroids

beclomethasone dipropionate	QVAR	\$\$\$
mometasone	ASMANEX	\$\$\$
fluticasone propionate	FLOVENT HFA	\$\$\$
budesonide	PULMICORT	\$\$\$\$

Miscellaneous Agents

nedocromil sodium	TILADE	\$\$\$
ipratropium/albuterol	COMBIVENT	\$\$\$\$
cromolyn sodium	INTAL	\$\$\$\$\$
salmeterol/fluticasone	ADVAIR DISKUS	\$\$\$\$\$
tiotropium bromide	SPIRIVA	\$\$\$

ORAL MEDICATIONS**Beta2-Agonists**

metaproterenol*	ALUPENT	\$
	VENTOLIN/	
albuterol sulfate	PROVENTIL HFA	\$\$
albuterol sulfate ext. rel.*	VOLMAX	\$\$\$

Leukotriene Modifiers

montelukast	SINGULAIR	\$\$\$\$
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Methylxanthines

theophylline ext. rel.*	THEOCHRON	\$
theophylline ext. rel.	UNIPHYL	\$

Steroids

prednisone*		\$
dexamethasone*	DECADRON	\$\$
prednisolone*	PRELONE	\$\$\$

- SUPPLEMENTS -**Antihyperphosphatemics**

calcium acetate	PHOSLO	\$\$
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Antihypocalcemics

calcitriol*	ROCALTROL	\$\$\$\$\$
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Electrolytes**Potassium**

potassium chloride ext. rel.*	K-DUR	\$
	KLOTRIX	\$
	K-DUR	\$

potassium chloride/ bicarb	K-LYTE/CL	\$
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eff. tab***VITAMINS**

prenatal vitamins*	Natatabs	\$
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Examples of excluded prenatal vitamins are: Primacare, Premesis, Prenate Elite, Prenate DHA and Precare CHW

iron products*	VARIOUS	
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multiple vitamins with iron*	VARIOUS	\$
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- UROLOGICAL -**Analgesic Agents**

phenazopyridine*	PYRIDIUM	\$\$
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Antispasmodics

oxybutynin*		
hyoscyamine*	LEVSIN	\$
tolterodine	DETROL	\$\$\$
tolterodine ext. rel.	DETROL LA	\$\$\$
oxybutynin chloride*	DITROPAN	\$\$\$\$\$
oxybutynin chloride XL*	DITROPAN XL	\$\$\$\$\$
oxybutynin transdermal patch	OXYTROL (PA)	\$\$\$

Benign Prostatic Hypertrophy (BPH)**Alpha Blockers**

doxazosin*	CARDURA	\$
tamsulosin*	FLOMAX	\$\$
terazosin*	HYTRIN	\$

Antiandrogen

finasteride*	PROSCAR	\$\$
dutasteride	AVODART	\$\$\$

Cholinergic Agents

bethanechol*	URECHOLINE	\$
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MISCELLANEOUS AGENTS

pentosan polysulfate sod.	ELMIRON	\$\$\$
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