

BUNKER HILL/PINTLAR RETIREE COMMITTEE PLAN FORMULARY 2010

THE DRUG FORMULARY

The drug formulary is a list of medications covered by the Bunker Hill/Pintlar Retiree drug formulary. 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 (*) may 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 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.

Any medication costing over \$600 (retail) or \$1800 (mail order) requires a prior authorization from United Drugs BEFORE the medication will be dispensed.

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 may be 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 must be filled at mail order. Call 1-866-682-3517 or print from online at www.Uniteddrugs.com to receive a *Bunker Hill/Pintlar Retiree Mail Service Pharmacy* Prescription Order Form.

EXCLUSIONS

The following are NOT covered under the Bunker Hill Retiree 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 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 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:
 - Anorexiant and drugs for weight loss except as used for children less than 18 years to treat ADD/ADHD;
 - Smoking Cessation
 - 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.
 10. Compounded prescriptions in which there is not at least one ingredient that is a legend drug requiring a prescription as defined by federal or state law.

CONTACT

**United Drugs Customer Service Helpdesk
Phoenix, Arizona**

**Note: All times are in Eastern Standard Time (EST)
Monday through Friday 9:30 am to 8:30 pm (EST)**

Phone: 1-800-364-8865

Prior Authorization Fax Line:

1-602-678-0941

Email Address: helpdesk@uniteddrugs.com

Pharmacy 24 hours Help Desk

1-800-325-1810

KEY

- * GENERIC AVAILABLE—generic co-pay
- PA** PRIOR AUTHORIZATION
- ST** STEP THERAPY REQUIRED
- L** LIMITED

CO-PAYS

Generic = \$7 at retail and \$21 at mail for 90 day supply
Brand = \$14 at retail and \$42 at mail for 90 day supply

– 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

aspirin* <i>Requires Rx</i>	ASPIRIN (OTC)	\$
warfarin*	COUMADIN	\$\$
enoxaparin	LOVENOX	\$\$\$\$\$

PLATELET AGGREGATION INHIBITORS

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

MISCELLANEOUS AGENTS

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

– CARDIOVASCULAR –

ACE INHIBITORS

captopril*	CAPOTEN	\$
enalapril*	VASOTEC	\$
lisinopril*	ZESTRIL	\$\$
quinapril*	ACCUPRIL	\$\$
ramipril	ALTACE	\$\$\$

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	\$\$\$\$
Class 1C		
propafenone*	RHYTHMOL	\$\$\$\$\$
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	LIPITOR (L)	\$\$\$
	<i>(L) tablet splitting required</i>	
rosuvastatin	CRESTOR	\$\$\$
Cholesterol Absorption Inhibitor		
ezetimibe	ZETIA	\$\$\$\$\$
Miscellaneous		
fenofibrate, micronized	TRICOR	\$\$
gemfibrozil* (600mg only)	LOPID	\$\$
niacin, ext. rel. <i>Requires Rx</i>	SLO-NIACIN (OTC)	\$
ezetimibe-simvastatin	VYTORIN	\$\$\$
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 (<i>generic copay</i>)	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	\$
(<i>25mg and 50mg only</i>)		
hydrochlorothiazide*	HYDRODIURIL	\$
metolazone*	ZAROXOLYN	\$\$
Combination Products		
atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
quinapril/hctz*	ACCURETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$\$
captopril/hctz*	CAPOZIDE	\$\$\$
NITRATES		
Oral		
isosorbide dinitrate oral*	ISORDIL	\$
nitroglycerin ext. rel.*		\$
nitroglycerin sublingual*	NITROSTAT	\$
nitroglycerin spray	NITROLINGUAL SPRAY	\$\$\$\$
isosorbide mono ext.rel.*	IMDUR	\$\$\$
Transdermal		
nitroglycerin ointment*		\$
nitroglycerin transdermal patch*	NITREK	\$\$
nitroglycerin transdermal	NITRO-DUR	\$\$
SYMPATHOLYTICS		
clonidine* (<i>tablets only</i>)	CATAPRES	\$
methyldopa*	ALDOMET	\$
guanfacine*	TENEX	\$\$
VASODILATORS		
hydralazine*		\$
ORTHOSTATIC HYPOTENSIVES		

phenobarbital acetate *	FLORINEF	\$\$\$
midodrine*	PROAMATINE	\$\$\$\$\$\$
MISCELLANEOUS		
benazepril/amlodipine*	LOTREL	\$\$\$\$
atorvastatin-amlodipine	CADUET	\$\$\$\$

– CENTRAL NERVOUS SYSTEM –

ALCOHOL ABUSE DETERRANTS

disulfiram	ANTABUSE	\$
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ALZHEIMER'S AGENTS

donepezil	ARICEPT	\$\$\$\$\$\$
rivastigmine	EXELON	\$\$\$\$\$\$
galantamine	RAZADYNE	\$\$\$\$\$\$

ANALGESICS

NSAIDs

Propionic Acid Derivatives

ibuprofen* (<i>rx strengths</i>)	MOTRIN	\$
naproxen*	NAPROSYN	\$\$
oxaprozin*	DAYPRO	\$\$\$

Acetic Acid Derivatives

indomethacin*	INDOCIN	\$
diclofenac epolamine patch	FLECTOR	\$\$
diclofenac sodium ext.rel.*	VOLTAREN	\$\$
diflunisal*	DOLOBID	\$\$
sulindac*	CLINORIL	\$\$
etodolac*	LODINE	\$\$\$\$
etodolac ext. rel.*	LODINE XL	\$\$\$\$

Non-Acetic Acid Derivatives

nabumetone *	RELAFEN	\$\$\$\$
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Oxicam Derivatives

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

Salicylic Acid Derivatives

salsalate*		\$\$
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Cox-2 Selective Inhibitors

celecoxib	CELEBREX	\$\$\$\$
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Narcotic Combination Agents

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

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* (<i>tablets</i>)	MSIR (CII)	\$\$
meperidine*	DEMEROL (CII)	\$\$\$
morphine, ext. rel.*	MS CONTIN (CII)	\$\$
oxycodone, ext. rel.*	OXYCONTIN (CII)	\$\$\$\$

fentanyl transdermal*	DURAGESIC (CII)	\$\$\$\$
Migraine Agents		
isomethoptene/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>		
Hydantoins		
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)	\$

(L) 10, 20mg capsules and tablets only

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	\$\$
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Butyrophenones

haloperidol*	HALDOL	\$
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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* (<i>not LA</i>)	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
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	\$\$\$\$
milnacipran hcl	SAVELLA	\$\$
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*(<i>syrup only</i>)	(CIV)	\$
temazepam* (<i>generic only</i>)	RESTORIL (CIV)	\$
triazolam*	HALCION	\$
zaleplon	SONATA (CIV) (L)	\$\$\$
	(L) 14 tablets/month, 42 tablets per year	
zolpidem* (<i>not CR</i>)	AMBIEN (CIV)	\$
STIMULANTS		
methylphenidate*	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
modafinil	PROVIGIL (CIV) (PA)	\$\$\$\$
	(PA) approved for narcolepsy only	

– DERMATOLOGY –

ACNE

Oral

tetracycline*		\$
erythromycin*		\$\$
minocycline* (<i>caps only</i>)	MINOCIN	\$\$\$
isotretinoin *	ACUTANE (L)	\$\$\$\$\$\$
	(L) approved for less than 30 years of age	

Topical

benzoyl peroxide*	DESQUAM-E	\$
erythromycin*	A/T/S	\$
tretinoin*	AVITA (L)	\$
	RETIN-A & RETIN-A	\$\$\$
	MICRO (L)	
	Retin A Micro no longer formulary as of 5-1-07	
adapalene	DIFFERIN (L)	\$\$\$
	(L) limit to age <30	
benzoyl peroxide*	TRIAZ	\$\$
sulfacetamide/sulfur	PLEXION	\$\$
	PLEXION TS	\$\$
clindamycin*	CLEOCIN T	\$\$
metronidazole*	METROCREAM	\$\$\$
	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 acetone*	MYCOLOG II	\$
ciclopirox	LOPROX	\$\$
oxiconazole	OXISTAT	\$\$
butenafine	MENTAX	\$\$\$
clotrimazole/betamethasone	LOTRISONE	\$\$\$
ketoconazole*	NIZORAL	\$\$\$
CORTICOSTEROIDS		
<i>Listed by potency: Group I is least potent, Group V is most potent.</i>		
Group I		
hydrocortisone 2.5% *		\$
Group II		
fluocinolone acetone 0.01% *	SYNALAR	\$
triamcinolone acetone 0.025% *	KENALOG	\$
alclometasone 0.05% 0.025% *	ACLOVATE	\$\$\$
hydrocortisone valerate*	WESTCORT	\$\$\$
Group III		
betamethasone valerate 0.1% *	BETA-VAL	\$
fluocinolone acetone triamcinolone acetone 0.1% *	SYNALAR KENALOG	\$ \$
flurandrenolide	CORDRAN	\$\$\$
fluticasone propionate	CUTIVATE	\$\$\$\$
mometasone furoate crm	ELOCON	\$\$\$\$
mometasone furoate oint*	ELOCON	\$\$\$\$
Group IV		
betamethasone dipropionate 0.05%* (not aerosol)	DIPROSONE	\$
fluocinonide 0.05% *	LIDEX	\$
triamcinolone acetone 0.5% *	KENALOG	\$
Group V		
clobetasol propionate*	TEMOVATE	\$\$\$
halobetasol propionate	ULTRAVATE	\$\$\$\$\$
betamethasone dipropionate oint.*	DIPROLENE	\$\$\$\$
dipropionate cream	DIPROLENE AF	\$\$\$\$
ECZEMA and PSORIASIS		
selenium sulfide*	SELSUN (L)	\$
	<i>(L) for eczema treatment only</i>	
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	\$\$\$\$\$
MISCELLANEOUS AGENTS		
trypsin/balsam/castor oil *	GRANULEX	\$\$
ammonium lactate*	AMLACTIN (OTC)	\$
<i>(Requires Rx)</i>		
fluorouracil	EFUDEX	\$\$\$\$\$
imiquimod	ALDARA	\$\$\$\$\$
tacrolimus	PROTOPIC	\$\$\$\$\$

– EENT –

ALLERGY/COUGH/COLD

Antihistamines

Ethanolamines

clemastine* (<i>liquid and 2.68 mg only</i> —OTC)	TAVIST	\$\$
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Piperidines (oral, non-sedating)

loratidine* (OTC)	CLARITIN	\$
loratidine/pseudoephedrine	CLARITIN D 24 hour	\$\$

(OTC—Prescription required)

fexofenadine *	ALLEGRA	\$\$\$
fexofenadine/ pseudoephedrine	ALLEGRA D	\$\$\$
cetirizine	ZYRTEC (PA)	\$\$\$\$

Phthalazinones (intranasal)

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

brompheniramine/ pseudoephedrine, ext.rel.*	BROMFED CAPS	\$
chlorpheniramine/ pseudoephedrine*	DECONAMINE	\$
chlorpheniramine/ pseudoephedrine, ext.rel.*	DECONAMINE SR	\$
promethazine/ phenylephrine syrup	PHENERGAN SYRUP	\$
carbinoxamine/ pseudoephedrine	RONDEC DROPS	\$\$\$\$

Antitussive Combinations

Narcotic

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

Non-Narcotic

guaifenesin/ dextromethorphan, ext. rel.*	FENESIN DM <i>tablets</i>	\$
pseudoephedrine/ carbinoxamine/ dextromethorphan	RONDEC DM <i>drops</i>	\$\$\$
Decongestant/Expectorant Combinations		
guaifenesin, ext. rel.*	FENESIN	\$
guaifenesin/ phenylephrine ext.rel.*	GUAIFED CAPS	\$
guaifenesin/ pseudoephedrine ext. rel.*	ENTEX PSE	\$
Nasal Inhalers		
Rhinitis		
CORTICOSTEROIDS		
fluticasone propionate*	FLONASE	\$\$\$\$
mometasone aqueous	NASONEX	\$\$\$\$\$\$
OTHER		
ipratropium bromide*	ATROVENT NS	\$\$\$
Mucolytics		
acetylcysteine*	MUCOMYST	\$\$\$\$\$\$
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	\$\$\$
CHOLINERGICS		
pilocarpine*		\$
carbachol	ISOPTO CARBACHOL	\$\$
COMBINATION PRODUCTS		
dorzolamide/timolol	COSOPT	\$\$\$
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/ neomycin/gramicidin soln.*	NEOSPORIN	\$\$

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	\$\$\$\$
levocabastine	LIVOSTIN	\$\$\$\$
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 otic	CIPRODEX	\$\$\$
benzocaine/antipyrine*	AURALGAN	\$\$
trolamine polypeptide oleate	CERUMENEX	\$\$\$
MISCELLANEOUS		
lidocaine viscous*		\$\$
– EMERGENCY KITS –		
epinephrine	EPIPEN (L)	\$\$\$\$
	EPIPEN Jr. (L)	\$\$\$\$
<i>(L) Limit of 2 per year</i>		
– ENDOCRINOLOGY –		
ADRENAL		
CORTICOSTEROIDS		
Glucocorticoids		
prednisone*		\$
dexamethasone*	DECADRON	\$\$
methylprednisolone*	MEDROL	\$\$
	MEDROL DOSEPAK	\$\$

prednisolone*	PRELONE	\$\$\$
Mineralocorticoids		
fludrocortisone acetate*	FLORINEF	\$\$\$\$
ANDROGENS		
methyltestosterone*	(CIII)	\$\$\$
fluoxymesterone	HALOTESTIN (CIII)	\$\$\$\$\$
testosterone	ANDROGEL (CIII)	\$\$\$\$\$
testosterone transdermal	ANDRODERM (CIII)	\$\$\$\$\$
	TESTODERM (CIII)	\$\$\$\$\$
ANTIDIABETIC AGENTS		
Insulin		
human insulin aspart	NOVOLOG	\$\$\$
human insulin lispro	HUMALOG	\$\$\$
insulin glargine	LANTUS	\$\$\$\$\$
human insulin	HUMULIN	\$\$
<i>Insulin vials only—prefilled syringes require PA</i>		
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	\$
<i>True Track brand offered at generic copay</i>		
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/	PREMPRO/	\$\$\$

medroxyprogesterone	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 -

ANTIDIARRHEAL AGENTS

diphenoxylate/atropine*	LOMOTIL (CV)	\$
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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	\$
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PROTON PUMP INHIBITORS

esomeprazole	NEXIUM	\$\$\$\$
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omeprazole*	PRILOSEC OTC	\$
omeprazole capsules*	PRILOSEC CAPS	\$\$
pantoprazole	PROTONIX	\$\$\$\$
lansoprazole*	PREVACID	\$\$\$
MISCELLANEOUS		
polyethylene glycol* OTC	MIRALAX	\$
peg 3350/electrolytes*	GOLYTELY	\$
	NULYTELY	\$
sodium phosphates	VISICOL	\$\$
ursodiol*	ACTIGALL	\$\$\$\$\$\$
ursodiol	URSO	\$\$\$\$\$\$

– INFECTIOUS DISEASE –

ANTIBACTERIAL AGENTS

Cephalosporins

First Generation

cephalexin* (<i>not Keftab</i>)	KEFLEX	\$
cefadroxil*	DURICEF	\$\$

Second Generation

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

Third Generation

cefdinir*	OMNICEF	\$\$\$\$
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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	\$\$\$
terbinafine*	LAMISIL (PA)	\$\$\$\$\$\$
<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*		\$
oseltamivir	TAMIFLU	\$\$\$
zanamivir	RELENZA	\$\$\$
<i>Relenza is only for members over 7 yrs of age</i>		
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 DOSE PACK	\$\$\$\$
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

Oral contraceptives are covered if FDA approved unless listed with restrictions below. Generic required if available.

Miscellaneous

medroxyprogesterone acetate inj.	DEPO-PROVERA 150mg/ml	\$\$\$
levonorgestrel/ ethinyl estradiol*	SEASONALE (PA)	\$\$\$

(member pays 3 co-payments)

etonogestrel/ethinyl estradiol	NUVARING	\$\$
norelgestromin/ethinyl estradiol patch	ORTHO EVRA	\$\$\$\$\$

ENDOMETRIOSIS

Androgens

danazol*	DANOCRINE	\$\$\$\$\$
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Gonadotropin Releasing Hormones

nafarelin	SYNAREL	\$\$\$\$\$\$
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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	\$\$\$
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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 \$\$\$

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 \$\$\$

Methylxanthines

theophylline ext. rel.* THEOCHRON \$

theophylline ext. rel. UNIPHYL \$

Steroids

prednisone* \$

dexamethasone* DECADRON \$\$

prednisolone* PRELONE \$\$\$

– SUPPLEMENTS –

Antihyperphosphatemics

calcium acetate PHOSLO \$\$

Antihypocalcemics

calcitriol* ROCALTROL \$\$\$\$\$

Electrolytes

Potassium

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

KLOTRIX \$

K-DUR \$

potassium chloride/ bicarb K-LYTE/CL \$

eff. tab*

VITAMINS

prenatal vitamins* VARIOUS \$

iron products* VARIOUS

multiple vitamins with iron* VARIOUS \$

– UROLOGICAL –

Analgesic Agents

phenazopyridine* PYRIDIUM \$\$

Antispasmodics

oxybutynin*		
hyoscyamine*	LEVSIN	\$
tolterodine	DETROL	\$\$\$
tolterodine ext. rel.	DETROL LA	\$\$\$
oxybutynin chloride*	DITROPAN	\$\$\$\$\$
oxybutynin chloride XL*	DITROPAN XL	\$\$\$\$\$
darifenacin hydrobromide	ENABLEX	\$\$\$
oxybutynin transdermal patch	OXYTROL	\$\$\$
solifenacin succinate	VESICARE	\$\$\$

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

pentason polysulfate sod.	ELMIRON	\$\$\$
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