



Pinal / Gila Long Term Care

2007

(Current formulary available at www.uniteddrugs.com)

THE DRUG FORMULARY

The drug formulary is a list of medications covered by PGLTC. 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.

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 designated with a (PA) in the drug formulary are not covered unless prior authorization has been obtained from United Drugs.

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.

EXCLUSIONS

The following are NOT covered under the PGLTC 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. 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.
5. Naturopathic or homeopathic services and substances.
6. Drugs, medicines, or devices for:
 - Anorexiant (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
 - 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;
7. 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.

CONTACT

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

Note: All times are in Eastern Standard Time (EST)

Phone: 1-800-364-8865

Prior Authorization Fax Line:

1-602-678-0941

Email Address: Helpdesk@uniteddrugs.com

Hours of Operation:

Monday through Friday 9:30 am to 8:30 pm (EST)



Pinal / Gila Long Term Care

KEY

- * GENERIC AVAILABLE—generic must be dispensed.
- PA PRIOR AUTHORIZATION—non-preferred copay if approved
- ST STEP THERAPY REQUIRED
- L LIMITED

– ANTINEOPLASTIC and IMMUNOSUPPRESSANTS –

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

– BLOOD MODIFIERS –

ANTICOAGULANTS

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

(L) limited to 7 day supply then prior auth required

PLATELET AGGREGATION INHIBITORS

clopidogrel *	PLAVIX	\$\$\$
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MISCELLANEOUS AGENTS

phytonadione	MEPHYTON	\$\$\$
epoetin alfa	PROCRIT (PA)	\$\$\$\$

– CARDIOVASCULAR –

ACE INHIBITORS

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

ALPHA BLOCKERS

prazosin*	MINIPRESS	\$
doxazosin*	CARDURA	\$\$
terazosin* (<i>caps only</i>)	HYTRIN	\$\$\$

ANGIOTENSIN II ANTAGONISTS

irbesartan	AVAPRO (PA) (ST)	\$\$\$
irbesartan/hctz	AVALIDE (PA) (ST)	\$\$\$
losartan	COZAAR (PA) (ST)	\$\$\$
losartan/hctz	HYZAAR (PA) (ST)	\$\$\$

(ST) Trial of ACEI required

ANTIARRHYTHMICS

Class 1A		
disopyramide*	NORPACE	\$
procainamide*	PRONESTYL	\$
quinidine sulfate*		\$
quinidine sulfate ext. rel.*	QUINIDEX	\$\$
disopyramide ext. rel.*	NORPACE CR	\$\$\$
procainamide ext. rel.*		\$\$\$
<i>(6 hour)</i>		
Class 1B		
mexiletine*	MEXITIL	\$\$\$\$
Class 1C		
propafenone*	RYTHMOL	\$\$\$\$
Class II		
propranolol*	INDERAL	\$
acebutolol*	SECTRAL	\$\$
Class III		
amiodarone* (200mg only)	CORDARONE	\$\$\$\$
Class IV		
digoxin*	LANOXIN (NTI)	\$
verapamil*	CALAN	\$
ANTILIPEMICS		
Bile Acid Sequestrants		
cholestyramine*	QUESTRAN	\$\$\$
HMG-CoA Reductase Inhibitors		
atorvastatin	LIPITOR (PA)	\$\$\$\$
<i>(L) tablet splitting required and prior auth required</i>		
pravastatin*	PRAVACHOL	\$\$
simvastatin*	ZOCOR	\$
lovastatin*	MEVACOR	\$\$
Cholesterol Absorption Inhibitor		
ezetimibe	ZETIA (PA)	\$\$\$\$
Miscellaneous		
fenofibrate (tabs only)	TRICOR	\$\$
gemfibrozil* (600mg only)	LOPID	\$\$
niacin, ext. rel. (Requires Rx)	SLO-NIACIN (OTC)	\$
ezetimibe-simvastatin	VYTORIN (PA)	\$\$\$
BETA BLOCKERS		
Non-Cardioselective		
propranolol*	INDERAL	\$
pindolol*		\$\$
nadolol*	CORGARD	\$\$\$
Cardioselective		
atenolol*	TENORMIN	\$
metoprolol*	LOPRESSOR	\$\$
metoprolol ext. rel.	TOPROL XL	\$\$
carvedilol	COREG (PA)	\$\$\$\$
acebutolol*	SECTRAL	\$\$\$
bisoprolol*		\$\$
Beta Alpha		
labetalol*	TRANDATE	\$\$\$
CALCIUM CHANNEL BLOCKERS		
verapamil*	CALAN	\$
verapamil ext. rel.*	CALAN SR	\$\$
nifedipine ext. rel.*	ADALAT CC	\$\$\$
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* (25mg and 50mg only)	HYGROTON	\$
hydrochlorothiazide*	HYDRODIURIL	\$
metolazone*	ZAROXOLYN	\$\$
Combination Products		
atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$\$
captopril/hctz*	CAPOZIDE	\$\$\$
NITRATES		
Oral		
isosorbide dinitrate oral*	ISORDIL	\$
nitroglycerin ext. rel.*		\$
nitroglycerin sublingual*	NITROSTAT	\$
Transdermal		
nitroglycerin ointment*		\$
nitroglycerin transdermal patch*	NITREK	\$\$
nitroglycerin transdermal	NITRO-DUR	\$\$
SYMPATHOLYTICS		
clonidine* (tablets only)	CATAPRES	\$
methyldopa*	ALDOMET	\$
guanfacine*	TENEX	\$\$
VASODILATORS		
hydralazine*		\$
minoxidil*	LONITEN	\$\$\$\$
ORTHOSTATIC HYPOTENSIVES		
fludrocortisone acetate *	FLORINEF	\$\$\$
– CENTRAL NERVOUS SYSTEM –		
ALCOHOL ABUSE DETERRANTS		
disulfiram	ANTABUSE	\$
ALZHEIMER'S AGENTS		
donepezil	ARICEPT (PA)	\$\$\$\$
rivastigmine	EXELON (PA)	\$\$\$\$
memantine	NAMENDA (PA)	\$\$\$\$
galantamine	REMINYL (PA)	\$\$\$\$
<i>Current MMSE required</i>		
ANALGESICS		
NSAIDs		
Propionic Acid Derivatives		
ibuprofen* (rx strengths)	MOTRIN	\$
naproxen*	NAPROSYN	\$\$
Acetic Acid Derivatives		
indomethacin*	INDOCIN	\$
diclofenac sodium ext.rel.*	VOLTAREN	\$\$

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 (PA)	\$\$\$\$
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* (tablets)	MSIR (CII)	\$\$
meperidine*	DEMEROL (CII)	\$\$\$
morphine, ext. rel.*	MS CONTIN (CII)	\$\$
oxycodone, ext. rel.*	OXYCONTIN (CII) (PA)	\$\$\$\$
fentanyl transdermal*	DURAGESIC (CII) (PA)	\$\$\$\$
<i>Morphine sulfate is first line therapy unless documented morphine allergy</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	\$\$\$\$
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)	\$
chlordiazepoxide*	LIBRIUM	\$
oxazepam* (caps only)	SERAX (CIV)	\$\$\$
lorazepam*	ATIVAN (CIV)	\$\$

Miscellaneous		
buspirone*	BUSPAR	\$\$
ANTICONVULSANT MEDICATIONS		
Barbiturates		
phenobarbital*	(CIV)	\$
Benzodiazepines		
clonazepam* (<i>not wafers</i>)	KLONOPIN (CIV)	\$
diazepam rectal gel	DIASTAT (CIV)	\$\$\$\$
Hydantoins		
phenytoin*	DILANTIN	\$\$
Adjuvant Anticonvulsants		
primidone*	MYSOLINE	\$\$\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$\$
gabapentin*	NEURONTIN	\$\$\$
valproic acid*	DEPAKENE	\$\$\$
topiramate	TOPAMAX	\$\$\$\$
Miscellaneous		
carbamazepine*	TEGRETOL	\$
carbamazepine	TEGRETOL XR	\$\$\$\$
ANTIDEPRESSANTS		
Tricyclic Antidepressants		
amitriptyline*	ELAVIL	\$
imipramine* (<i>PM not covered</i>)	TOFRANIL	\$\$\$
nortriptyline*	PAMELOR	\$
desipramine*	NORPRAMIN	\$\$
protriptyline	VIVACTIL	\$\$
amoxapine*		\$\$\$
clomipramine*	ANAFRANIL	\$\$
doxepin*	SINEQUAN	\$
MAO Inhibitors		
phenelzine	NARDIL	\$\$
tranylcypromine	PARNATE	\$\$\$\$
Selective Serotonin Reuptake Inhibitors (SSRIs)		
escitalopram	LEXAPRO (PA)	\$\$\$
citalopram*	CELEXA	\$
paroxetine* (NOT CR)	PAXIL	\$\$
fluoxetine* (40mg not covered)	PROZAC	\$
sertraline*	ZOLOFT	\$
<i>25mg strength requires Prior Auth</i>		
Serotonin Norepinephrine Reuptake Inhibitors		
venlafaxine*	EFFEXOR (PA)	\$\$\$\$
venlafaxine ext. rel.	EFFEXOR-XR (PA)	\$\$\$
Miscellaneous		
trazodone*	DESYREL	\$
bupropion* (<i>Not XL</i>)	WELLBUTRIN	\$\$\$
mirtazapine*	REMERON	\$\$\$
ANTIPARKINSON AGENTS		
amantadine*	SYMMETREL	\$ \$
benztropine*		\$
trihexyphenidyl*		\$
carbidopa/levodopa*	SINEMET	\$\$\$
pramipexole	MIRAPEX (ST)	\$\$\$\$
ropinirole	REQUIP (ST)	\$\$\$\$
bromocriptine*	PARLODEL	\$\$\$\$
carbidopa/levodopa ext-rel*	SINEMET CR	\$\$\$\$

ANTIPSYCHOTICS**Phenothiazine Derivatives**

thioridazine*		\$\$
fluphenazine*		\$
perphenazine*		\$\$\$\$
trifluoperazine*		\$\$
chlorpromazine*		\$\$\$\$

Thioxanthene Derivatives

thiothixene*	NAVANE	\$
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Butyrophenones

haloperidol*		\$
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OTHER AGENTS**Psychosis/Bipolar**

risperidone (<i>M-tabs not covered</i>)	RISPERDAL (L)	\$\$\$\$
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*(L) tablet splitting required***ANTIVERTIGO/MOTION SICKNESS AGENTS**

meclizine*	ANTIVERT	\$
promethazine*	PHENERGAN	\$

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

methylphenidate* (<i>not LA</i>)	RITALIN (CII)	\$\$
amphetamine/dextroampheta mine mixed salts (<i>XR not covered</i>)	ADDERALL	\$\$\$\$

BIPOLAR AGENTS

lithium carbonate*		\$
lithium carbonate ext. rel.*	LITHOBID	\$\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$\$

MYASTHENIA GRAVIS**AGENTS**

pyridostigmine*	MESTINON	\$\$\$\$
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SEDATIVES/HYPNOTICS

chloral hydrate* (<i>syrup only</i>)	(CIV)	\$\$\$\$
eszopiclone	LUNESTA (PA/L)	\$\$\$\$\$
flurazepam*	DALMANE	\$
temazepam* (<i>generic only</i>)	RESTORIL (CIV)	\$
zaleplon	SONATA (CIV) (L)	\$\$\$\$\$

(L) 14 tablets/month, 42 tablets per year

zolpidem* (<i>not CR</i>)	AMBIEN (CIV)	\$\$\$\$\$
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SMOKING CESSATION**AGENTS**

bupropion ext-rel*	ZYBAN (PA)	
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STIMULANTS

methylphenidate*	RITALIN (CII)	\$\$\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$\$\$

– DERMATOLOGY –**ACNE****Oral**

tetracycline*		\$
erythromycin*		\$\$\$
minocycline* (<i>caps only</i>)	MINOCIN	\$\$\$\$

Topical

benzoyl peroxide*	DESQUAM-E	\$
benzoyl peroxide	DESQUAM-X	\$
erythromycin soln	T-STAT	\$
erythromycin gel 2%*	A/T/S	\$\$\$

erythromycin gel 2%*	ERYGEL	\$\$
tretinoin*	AVITA	\$\$\$\$
	RETIN-A & RETIN-A	\$\$\$\$
	MICRO (L)	
	(L) limit to age <25	
ANTIBACTERIALS – TOPICAL		
gentamycin*		\$
silver sulfadiazine*	SILVADENE	\$\$
mupirocin* (oint only)	BACTROBAN	\$\$
ANTIFUNGALS – TOPICAL		
nystatin*	MYCOSTATIN	\$
nystatin/triamcinolone* acetonide*	MYCOLOG II	\$
ciclopirox	LOPROX	\$\$\$\$
clotrimazole*		\$\$\$
clotrimazole/betamethasone*		\$\$\$\$
ketoconazole*	NIZORAL	\$\$\$\$
ANTIPRURITICS		
cyproheptadine*		\$\$\$\$
hydroxyzine hcl*	ATARAX	\$\$\$\$
ANTIVIRAL		
acyclovir*	ZOVIRAX	\$\$\$\$
CORTICOSTEROIDS		
<i>Listed by potency: Group I is least potent, Group V is most potent.</i>		
Group I		
hydrocortisone crm 2.5%*		\$
Group II		
fluocinolone acetonide soln 0.01%*	SYNALAR	\$
triamcinolone acetonide crm/oint 0.025%*	KENALOG	\$
hydrocortisone valerate crm/oint 0.2%*	WESTCORT	\$\$
Group III		
betamethasone valerate 0.1%*	BETA-VAL	\$
fluocinolone acetonide emol crm/oint 0.025%	SYNALAR	\$
triamcinolone acetonide crm/oint 0.1%*	KENALOG	\$
Group IV		
betamethasone dipropionate 0.05%* crm/oint/lotion (not aerosol)		\$
fluocinonide crm/oint/gel 0.05%*	LIDEX	\$
triamcinolone acetonide crm/oint 0.5%*	KENALOG	\$
Group V		
clobetasol propionate emollient crm/gel 0.05%*	TEMOVATE	\$\$\$
<i>Temovate solution is (ST) fluocinolone soln. is first line therapy</i>		
aug.betameth dipropionate	DIPROLENE (ST)	\$\$\$\$
<i>(ST) triamcinolone, desoximetasone first line therapy</i>		
ECZEMA and PSORIASIS		
selenium sulfide*	SELSUN	\$\$
methotrexate* (oral)		\$\$\$\$
SCABICIDES and PEDICULICIDES		

lindane*		\$\$
permethrin 5%*	ELIMITE	\$\$\$\$
MISCELLANEOUS AGENTS		
trypsin/balsam/castor oil *	GRANULEX	\$\$\$
fluorouracil	EFUDEX (PA)	\$\$\$\$
lidocaine spray (otc)		\$

– EENT –

ALLERGY/COUGH/COLD

Antihistamines

Ethanolamines

clemastine 2.68 mg		\$\$\$\$
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Piperidines (oral, non-sedating)

loratidine*(OTC)	CLARITIN	\$
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(OTC—Prescription required)

cetirizine	ZYRTEC (ST)	\$\$\$\$
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(ST) patient must try and fail Claritin otc

Antihistamine/Decongestant Combinations

brompheniramine/ pseudoephedrine, ext. rel.*	BROMFENEX	\$\$\$
brompheniramine/ pseudoephedrine, ext. rel.*	BROMFENEX-PD	\$\$
chlorpheniramine/ pseudoephedrine, ext. rel.*	DECONAMINE SR	\$\$
promethazine/ phenylephrine syrup*	PROMETHAZINE VC SYRUP	\$\$\$\$

Antitussive Combinations

Narcotic

guaifenesin/codeine*	GUIATUSS AC (CV)	\$
guaif/dextromethorphan*	GUIATUSS AC	\$
hydrocodone/homatropine*	HYCODAN (CIII)	\$
phenylephrine/hydrocodone/ chlorpheniramine*	HISTUSSIN/HC (CIII)	\$\$
promethazine/codeine/pheny	PHENERGAN VC	\$\$
l	w/CODEINE (CV)	
ephrine*		
hydrocodone/ pseudoephedrine	HISTUSSIN D (CIII)	\$\$

Non-Narcotic

guaifenesin/ dextromethorphan, ext. rel.*	FENESIN DM tablets	\$
pseudoephedrine/ carbinoxamine/ dextromethorphan	RONDEC DM drops	\$\$\$

Decongestant/Expectorant Combinations

guaifenesin, ext. rel.*	GUAIFENEX LA	\$
guaifenesin/ phenylephrine	GUAIFED-PD/ GUAIFED	\$
guaifenesin/ pseudoephedrine ext. rel.*	ZEPHREX LA	\$

Nasal Inhalers

Rhinitis

ipratropium bromide spray	ATROVENT	\$\$\$\$
fluticasone nasal spray*	FLONASE	\$\$

OPHTHALMIC

Antiglaucoma

Oral

acetazolamide*		\$\$\$
methazolamide*		\$\$\$\$
Topical		
ADRENERGIC AGONISTS		
dipivefrin*	PROPINE	\$
brimonidine*		\$\$\$\$
BETA BLOCKERS		
levobunolol*	BETAGAN	\$\$
timolol hemihydrate	BETIMOL	\$\$
betaxolol*	BETOPTIC S	\$\$\$\$
timolol maleate GEL*	TIMOPTIC-XE	\$\$
CARBONIC ANHYDRASE INHIBITORS		
dorzolamide	TRUSOPT	\$\$\$\$
CHOLINERGICS		
pilocarpine*	ISOPTO CARPINE	\$
carbachol	ISOPTO	\$\$\$\$
	CARBACHOL	
COMBINATION PRODUCTS		
dorzolamide/timolol	COSOPT	\$\$\$\$
PROSTAGLANDINS		
latanoprost	XALATAN (PA)	\$\$\$\$
Anti-Infectives		
Antibacterials		
bacitracin*	AK-TRACIN	\$
erythromycin*		\$
gentamicin*		\$
polymyxin B/bacitracin*	POLYSPORIN	\$\$\$
polymyxinB/	NEOSPORIN	\$\$\$\$
neomycin/gramicidin soln.*		
sodium sulfacetamide*		\$\$
sulfacetamide 10%	BLEPH-10	\$
polymyxin B/trimethoprim*	POLYTRIM	\$\$
ofloxacin*	OCUFLOX	\$\$\$\$
Antivirals		
trifluridine *	VIROPTIC (PA)	\$\$\$\$
Corticosteroids		
dexamethasone sodium phosphate*		\$\$
fluorometholone*	FML	\$\$
loteprednol	ALREX	\$\$\$
	LOTEMAX	\$\$\$
prednisolone acetate 1% *	PRED FORTE	\$\$
prednisolone acetate 0.12%*	PRED MILD	\$\$\$
prednisolone phosphate 0.125%	INFLAMASE MILD	\$\$\$\$
Prednisolone phosphate 1%	INFLAMASE FORTE	\$\$\$
Combination Topical Antibacterials/Corticosteroids		
neomycin/polymyxinB/ hydrocortisone	CORTISPORIN	\$\$\$\$
neomycin/polymyxinB/ dexamethasone*	MAXITROL	\$
sulfacetamide/fluoromethadone	FML-S	\$\$\$\$
sulfacetamide/prednisolone 10%/0.25%*	VASOCIDIN	\$\$\$
gentamicin/prednisolone acetate	PRED-G	\$\$\$\$

tobramycin/dexamethasone	TOBRADEX	\$\$\$\$
Miscellaneous		
atropine*	ISOPTO ATROPINE	\$
cromolyn sodium	CROLOM	\$\$\$\$
flurbiprofen *	OCUFEN	\$\$
OTIC AGENTS		
acetic acid*	VOSOL	\$\$
acetic acid/ aluminum acetate*	DOMEBORO OTIC	\$\$
hydrocortisone/acetate acid*	VOSOL HC	\$\$\$\$
hydrocortisone/neomycin/ polymyxin B*	CORTISPORIN	\$\$
benzocaine/antipyrine*	BENZOTIC	\$
trolamine polypeptide oleate	CERUMENEX	\$\$\$\$
MISCELLANEOUS		
lidocaine viscous*	XYLOCAINE	\$
– EMERGENCY KITS –		
epinephrine	EPIPEN # (L)	\$\$\$\$
	EPIPEN Jr. # (L)	\$\$\$\$
<i>(L) Limit of 2 per year</i>		
– ENDOCRINOLOGY –		
ADRENAL CORTICOSTEROIDS		
Glucocorticoids		
prednisone*	DELTASONE	\$
dexamethasone*	DECADRON	\$
methylprednisolone*	MEDROL	\$\$
	MEDROL DOSEPAK	\$\$
prednisolone*	PRELONE	\$
Mineralocorticoids		
fludrocortisone acetate*	FLORINEF	\$
ANDROGENS		
methyltestosterone*	(CIII) (PA)	\$\$\$\$
fluoxymesterone	(CIII) (PA)	\$\$\$\$
testosterone gel	ANDROGEL (CIII) (PA)	\$\$\$\$
testosterone transdermal	TESTODERM (CIII) (PA)	\$\$\$\$
ANTIDIABETIC AGENTS		
Insulin		
human insulin aspart	NOVOLOG	\$\$\$\$
human insulin lispro	HUMALOG	\$\$\$\$
human insulin	HUMULIN	\$\$
	NOVOLIN	\$\$
<i>Insulin vials only—prefilled syringes require PA</i>		
Oral Medications		
Sulfonylureas		
glyburide*	DIABETA	\$
glipizide*	GLUCOTROL	\$
glipizide ext. rel.*	GLUCOTROL XL	\$\$\$
Non-Sulfonylureas		
metformin*	GLUCOPHAGE/XR	\$\$\$\$
migliitol	GLYSET	\$\$\$\$
acarbose	PRECOSE	\$\$\$\$
rosiglitazone	AVANDIA (PA/ST)	\$\$\$\$
pioglitazone	ACTOS (PA/ST)	\$\$\$\$
repaglinide	PRANDIN (PA/ST)	\$\$\$\$
glyburide/metformin*	GLUCOVANCE	\$\$\$

mesalamine ext. rel.	PENTASA	\$\$\$\$
olsalazine	DIPENTUM	\$\$\$\$
hydrocortisone acetate foam	CORTIFOAM	\$\$\$\$
DIGESTIVE ENZYMES		
pancrelipase, delayed rel.*	CREON (PA)	\$\$\$\$
pancrelipase*	VIOKASE (PA)	\$\$\$\$
pancrelipase, delayed rel.*	PANCREASE (PA)	\$\$\$\$
PROMOTILITY AGENTS		
metoclopramide*	REGLAN	\$\$
PROTON PUMP INHIBITORS		
omeprazole* (<i>OTC-tabs only</i>)	PRILOSEC OTC	\$

Prilosec otc tablets first line, Prevacid Solutabs second line—all other PPI's require prior authorization.

MISCELLANEOUS

peg 3350/electrolytes*	GOLYTELY	\$\$
peg 3350/Nabiacarb/ Nacl/kcl	NULYTELY	\$
sulfasalazine	AZULFIDINE	\$\$\$
ursodiol*	ACTIGALL	\$\$\$\$
ursodiol	URSO	\$\$\$\$

– INFECTIOUS DISEASE –

ANTIBACTERIAL AGENTS

Cephalosporins

First Generation

cephalexin*	KEFLEX	\$
cefadroxil*	DURICEF	\$\$

Second Generation

cefprozil*	CEFZIL	\$\$\$\$
cefuroxime *	CEFTIN	\$\$\$\$

Third Generation

cefepodoxime	VANTIN	\$\$\$\$
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Fluoroquinolones

ciprofloxacin*	CIPRO	\$\$
gatifloxacin	TEQUIN (PA)	\$\$\$\$
moxifloxacin	AVELOX(PA)	\$\$\$\$
levofloxacin	LEVAQUIN (PA)	\$\$\$\$

Macrolides

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

Penicillins

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

Sulfonamides

sulfamethoxazole/ trimethoprim*	BACTRIM/SEPTRA	\$
sulfisoxazole		\$\$
sulfamethoxazole/sulfisox azone	PEDIAZOLE	\$

Tetracyclines

doxycycline hyclate*	VIBRAMYCIN	\$
tetracycline*		\$
minocycline*	MINOCIN	\$\$

Urinary Anti-Infectives

trimethoprim		\$
methenamine mandelate	MANDELAMINE	\$\$\$
nitrofurantoin*	MACRODANTIN	\$\$

Miscellaneous Antimicrobials

metronidazole	FLAGYL	\$
clindamycin	CLEOCIN	\$\$

ANTIFUNGAL AGENTS

nystatin*	MYCOSTATIN	\$\$\$
griseofulvin ultramicrosize	GRIS-PEG	\$\$\$
griseofulvin microsize	FULVICIN U/F	\$\$\$
ketoconazole*	NIZORAL	\$\$\$\$
clotrimazole*	MYCELEX TROCHE	\$\$\$\$
terbinafine	LAMISIL (PA)	\$\$\$\$
fluconazole* (tabs only)	DIFLUCAN (L)	\$\$\$\$

(L)- 2 fills/mo 6 fills/yr 150mg tabs
(L)- 10 tabs/ 90 days 50,100,200mg tabs

ANTITUBERCULOSIS AGENTS

rifampin	RIFADIN	\$\$\$\$
isoniazid		\$
ethambutol	MYAMBUTOL	\$\$\$\$
pyrazinamide		\$\$\$\$

ANTIVIRAL AGENTS**Cytomegalovirus**

ganciclovir	CYTOVENE (PA)	\$\$\$\$
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Influenza A

amantadine	SYMMETREL	\$
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Hepatitis C

interferon alfa-2b inj	INTRON A (PA)	\$\$\$\$
ribavirin	REBETOL (PA)	\$\$\$\$

Herpes

acyclovir*	ZOVIRAX	\$
valacyclovir	VALTREX (PA)	\$\$

HIV

All oral medications in this class are covered if FDA approved

MISCELLANEOUS AGENTS**Amebicides**

metronidazole*	FLAGYL	\$
chloroquine phosphate	ARALEN	\$\$

Anthelmintics

mebendazole	VERMOX	\$
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Antimalarials

hydroxychloroquine sulfate*	PLAQUENIL	\$
chloroquine phosphate	ARALEN	\$\$

Sulfones

dapsone	DAPSONE	\$
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– MUSCULOSKELETAL –

ANTIRHEUMATIC AGENTS

auranofin	RIDAURA	\$\$\$\$
hydroxychloroquine sulfate	PLAQUENIL	\$\$\$\$
penicillamine	CUPRIMINE	\$\$\$\$
methotrexate*	RHEUMATREX	\$\$\$\$

GOUT AGENTS

allopurinol*	ZYLOPRIM	\$
colchicine *		\$\$\$
colchicine/probenecid *		\$\$\$\$
probenecid *		\$\$\$\$

SKELLETAL MUSCLE RELAXANTS**Centrally Acting**

diazepam*	VALIUM (CIV)	\$
baclofen*		\$\$\$
carisoprodol*	SOMA	\$\$\$
metaxalone *	SKELAXIN	\$\$\$
methocarbamol*	ROBAXIN	\$\$\$
cyclobenzaprine*	FLEXERIL	\$\$

Direct Acting

dantrolene sodium	DANTRIUM (PA)	\$\$\$\$
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– OB-GYN –

CONTRACEPTIVES**EMERGENCY****CONTRACEPTIVES**

levonorgestrel	PLAN B	\$\$
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MONOPHASICS

norethindrone acetate/ EE/ iron	LOESTRIN FE 1/2	\$\$\$
norethindrone/ EE/iron	LOESTRIN FE 1.5/30	\$\$\$
levonorgestrel/EE	NORDETTE	\$\$\$
levonorgestrel/EE	ALESSE	\$\$\$\$
levonorgestrel/EE*	LEVLEN	\$\$\$\$
norgestrel/EE	LO/OVRAL	\$\$\$\$
norethindrone acetate/EE*	LOESTRIN 1/20	\$\$\$\$
norethindrone acetate/EE*	LOESTRIN 1.5/30	\$\$\$\$
norethindrone/EE	OVCON 35	\$\$\$\$
norethindrone/ME*	ORTHO-NOVUM 1/50	\$\$\$\$
norethindrone/EE*	ORTHO-NOVUM 1/35	\$\$\$\$
desogestrel/EE*	ORTHO-CEPT	\$\$\$\$
norgestimate/EE*	ORTHO-CYCLEN	\$\$\$\$
norethindrone/EE	OVCON 50	\$\$\$\$
norethindrone/EE*	MODICON	\$\$\$\$

BIPHASIC

desogestrel/EE*	MIRCETTE	\$\$
norethindrone/EE*	ORTHO-NOVUM 10/11	\$\$\$\$

TRIPHASIC

levonorgestrel/EE*	TRIPHASIL	\$\$\$\$
levonorgestrel/EE*	TRI-LEVLEN	\$\$\$\$
norethindrone/ EE/iron	ESTROSTEP FE	\$\$\$\$
norgestimate/EE	ORTHO TRI-CYCLEN	\$\$\$\$
norethindrone/EE*	ORTHO-NOVUM 7/7/7	\$\$\$\$

PROGESTRIN ONLY

medroxyprogesterone acetate 150mg/ml	DEPO-PROVERA (PA)	\$
norethindrone	ORTHO MICRONOR	\$\$\$\$

ENDOMETRIOSIS**Androgens**

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

nafarelin	SYNAREL (PA)	\$\$\$\$
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ESTROGENS

estradiol	ESTRACE	\$
estropipate	OGEN	\$
estrogens, conjugated	PREMARIN	\$\$
estrogens, esterified	MENEST	\$

estradiol transdermal	CLIMARA	\$\$
estradiol-levonorgestrel	CLIMARA PRO	\$\$
ESTROGEN/PROGESTIN COMBINATIONS		
estrogen, conjugated/ medroxyprogesterone	PREMPHASE	\$\$\$\$
estrogen, conjugated/ medroxyprogesterone	PREMPRO	\$\$\$\$
OXYTOCICS		
methylergonovine	METHERGINE	\$
PROGESTINS		
medroxyprogesterone acetate*	PROVERA	\$
ANTI-ESTROGENS		
toremifene	FARESTON	\$\$\$\$
tamoxifen citrate*	NOLVADEX	\$\$\$\$
VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL		
Antibacterials		
metronidazole vaginal*	METROGEL	\$\$\$\$
Antifungals		
nystatin vaginal		\$\$\$\$\$
MICELLANEOUS VAGINAL PREPERATION		
sodium propionate/ amino acids/ urea	AMINO-CERV	\$
- RESPIRATORY -		
INHALED MEDICATIONS		
Anticholinergics		
ipratropium bromide	ATROVENT HFA	\$\$\$\$
tiotropium	SPIRIVA	\$\$\$\$
Beta2-Agonists		
albuterol*	VENTOLIN HFA	\$\$\$
	MAXAIR	
pirbuterol	AUTOHALER	\$\$\$\$
salmeterol	SEREVENT DISKUS	\$\$\$\$
Corticosteroids		
beclomethasone dipropionate	QVAR	\$\$\$\$
fluticasone propionate	FLOVENT HFA44mcg	\$\$\$\$
	FLOVENT HFA110	
fluticasone	mcg	\$\$\$\$
	FLOVENT HFA 220	
fluticasone	mcg	\$\$\$\$
Miscellaneous Agents		
nedocromil sodium	TILADE	\$\$\$\$
ipratropium/albuterol	COMBIVENT	\$\$\$\$
salmeterol/fluticasone	ADVAIR DISKUS	\$\$\$\$
ORAL MEDICATIONS		
Beta2-Agonists		
metaproterenol		\$\$\$\$
albuterol sulfate*		\$\$\$
terbutaline	BRETHINE	\$\$\$\$
Leukotriene Modifiers		
montelukast	SINGULAIR (ST)	\$\$\$\$
<i>(ST)- Patients must have a history of asthma as evidence by beta agonist/ inhaled corticosteroid use.</i>		
Methylxanthines		
theophylline ext. rel.	THEOCHRON	\$\$\$\$
theophylline ext. rel.	UNIPHYL	\$\$\$\$

– SUPPLEMENTS –

Antihypocalcemics		
calcitriol (1,25-D3)	ROCALTROL	\$\$\$\$
Electrolytes		
Potassium		
potassium chloride ext. rel.*	K-DUR	\$\$
	KLOTRIX	\$\$
	K-DUR	\$\$\$\$
potassium chloride/ bicarb eff. tab*	K-LYTE/CL	\$\$\$\$
potassium chloride 20 ,Eq/15 ml		\$
VITAMINS		
prenatal vitamins/with folic acid	PRENATE ADVANCE	\$
MISCELLANEOUS		
folic acid		\$
potassium citrate/ citric acid	POLYCITRA-K	\$\$\$\$
cyanocobalamin inj*	B12	\$

– UROLOGICAL –

Analgesic Agents		
phenazopyridine*	PYRIDIUM	\$
Antispasmodics		
oxybutynin* (not XL/patches)	DITROPAN	\$
hyoscyamine*	LEVSIN	\$
Benign Prostatic Hypertrophy (BPH)		
Alpha Blockers		
doxazosin*	CARDURA	\$
terazosin*	HYTRIN	\$\$\$
Cholinergic Agents		
bethanechol*	URECHOLINE	\$\$\$\$

OTC Formulary

NOT COVERED FOR INSTITUTIONAL PATIENTS

ANTACIDS
 ANALGESICS/ANTIPYRETICS
 ANTIFLATULANT PRODUCTS
 ANTIHISTAMINE/DECONGESTANTS COMBINATIONS
 ANTIHISTAMINES
 ANTI-TUSSIVE PREPARATIONS
 DECONGESTANTS
 ELECTROLYTE SOLUTIONS
 EXPECTORANTS
 GASTROINTESTINAL AGENTS
 NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS)
 OPHTHALMIC PREPARATIONS
 SALINE FOR SVN MACHINES
 TOPICAL ANTIFUNGALS
 TOPICAL STEROIDS
 VAGINAL ANTIFUNGALS

Note: Nutritional (caloric) supplements are not covered through the OTC process. These

Products must be supplied through P/GLTC DME Provider