



**P I N A L • C O U N T Y**  
*wide open opportunity*

2009-2010

(Current formulary available at [www.uniteddrugs.com](http://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 not listed or 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, or 866-563-9220**

**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](http://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;
  - Contraception, except birth control pills and diaphragms or as listed on drug formulary
  - 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**

**Phone: 1-800-364-8865 OPT 3**

Prior Authorization Fax Line:

**1-602-678-0941**

**1-866-563-9220**

Email Address: [Helpdesk@uniteddrugs.com](mailto:Helpdesk@uniteddrugs.com)

**Hours of Operation:**

Monday through Friday 7am am to 5pm



**Pinal / Gila  
Long Term Care**

**KEY**

- (A)** GENERIC AVAILABLE—generic must be dispensed.
- PA** PRIOR AUTHORIZATION—non-preferred copy 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)	\$\$\$
	<i>Tablet splitting may be required</i>	
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.* (6 hour)		\$\$\$

**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* ( <i>200mg only</i> )	CORDARONE	\$\$\$\$
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**Class IV**

digoxin*	LANOXIN (NTI)	\$
verapamil*	CALAN	\$

**ANTILIPEMICS**

**Bile Acid Sequestrants**

cholestyramine*	QUESTRAN	\$\$\$
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**HMG-CoA Reductase Inhibitors**

**Simvastatin, pravastatin and lovastatin first line agents unless greater than 50% reduction in LDL required.**

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)	\$\$\$\$
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**Miscellaneous**

fenofibrate ( <i>tabs only</i> )	TRICOR	\$\$
gemfibrozil* ( <i>600mg only</i> )	LOPID	\$\$
niacin, ext. rel. ( <i>Requires Rx</i> )	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	\$\$\$
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**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	\$
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**DIURETICS****Loop Diuretics**

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

**Potassium Sparing Diuretics**

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

**Thiazide and Related Diuretics**

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

**Combination Products**

atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$\$
captopril/hctz*	CAPOZIDE	\$\$\$

**NITRATES**

<b>Oral</b>		
isosorbide dinitrate oral*	ISORDIL	\$
nitroglycerin ext. rel.*		\$
nitroglycerin sublingual*	NITROSTAT	\$
<b>Transdermal</b>		
nitroglycerin ointment*		\$
nitroglycerin transdermal patch*	NITREK	\$\$
nitroglycerin transdermal	NITRO-DUR	\$\$
<b>SYMPATHOLYTICS</b>		
clonidine* ( <i>tablets only</i> )	CATAPRES	\$
methyldopa*	ALDOMET	\$
guanfacine*	TENEX	\$\$
<b>VASODILATORS</b>		
hydralazine*		\$
minoxidil*	LONITEN	\$\$\$\$
<b>ORTHOSTATIC HYPOTENSIVES</b>		
henobarbital es acetate *	FLORINEF	\$\$\$
– CENTRAL NERVOUS SYSTEM –		
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<b>ALCOHOL ABUSE DETERRANTS</b>		
disulfiram	ANTABUSE	\$
<b>ALZHEIMER'S AGENTS</b>		
donepezil	ARICEPT (PA)	\$\$\$\$
	<i>Tablet splitting required for some doses.</i>	
rivastigmine	EXELON (PA)	\$\$\$\$
memantine	NAMENDA (PA)	\$\$\$\$
galantamine	REMINYL (PA)	\$\$\$\$
	<i>Current MMSE required</i>	
<b>ANALGESICS</b>		
<b>NSAIDs</b>		
<i>Propionic Acid Derivatives</i>		
ibuprofen* ( <i>rx strengths</i> )	MOTRIN	\$
naproxen*	NAPROSYN	\$\$
<i>Acetic Acid Derivatives</i>		
indomethacin*	INDOCIN	\$
diclofenac sodium ext.rel.*	VOLTAREN	\$\$
diflunisal*	DOLOBID	\$\$
sulindac*	CLINORIL	\$\$
etodolac*	LODINE	\$\$\$\$
etodolac ext. rel.*	LODINE XL	\$\$\$\$
<i>Non-Acetic Acid Derivatives</i>		
nabumetone *	RELAFEN	\$\$\$\$
<i>Oxicam Derivatives</i>		
piroxicam*	FELDENE	\$\$
meloxicam*	MOBIC	\$
<i>Salicylic Acid Derivatives</i>		
salsalate*		\$\$
<i>Cox-2 Selective Inhibitors</i>		
celecoxib	CELEBREX (PA)	\$\$\$\$
<b>Narcotic Combination Agents</b>		
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)	\$\$
<b>Non-Narcotic Combination Agents</b>		
butalbital/APAP*	PHRENILIN	\$
butalbital/caffeine/APAP*	FIORICET	\$
butalbital/caffeine/aspirin*	FIORINAL (CIII)	\$
<b>Opioids</b>		
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>		
<b>Migraine Agents</b>		
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>	
<b>ANTI-ANXIETY AGENTS</b>		
<b>Benzodiazepines</b>		
alprazolam* (not XR)	XANAX (CIV)	\$
diazepam*	VALIUM (CIV)	\$
chlordiazepoxide*	LIBRIUM	\$
oxazepam* (caps only)	SERAX (CIV)	\$\$\$
lorazepam*	ATIVAN (CIV)	\$\$
<b>Miscellaneous</b>		
buspirone*	BUSPAR	\$\$
<b>ANTICONVULSANT MEDICATIONS</b>		
<b>Barbiturates</b>		
phenobarbital*	(CIV)	\$
<b>Benzodiazepines</b>		
clonazepam* (not wafers)	KLONOPIN (CIV)	\$
diazepam rectal gel	DIASTAT (CIV)	\$\$\$\$
<b>Hydantoins</b>		
phenytoin*	DILANTIN	\$\$
<b>Adjuvant Anticonvulsants</b>		
primidone*	MYSOLINE	\$\$\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$\$
gabapentin*	NEURONTIN	\$\$\$
valproic acid*	DEPAKENE	\$\$\$
topiramate	TOPAMAX	\$\$\$\$
	<i>Tablet splitting may be required</i>	
<b>Miscellaneous</b>		
carbamazepine*	TEGRETOL	\$
carbamazepine	TEGRETOL XR	\$\$\$\$
<b>ANTIDEPRESSANTS</b>		
<b>Tricyclic Antidepressants</b>		
amitriptyline*	ELAVIL	\$

imipramine* ( <i>PM not covered</i> )	TOFRANIL	\$\$\$
nortriptyline*	PAMELOR	\$
desipramine*	NORPRAMIN	\$\$
protriptyline	VIVACTIL	\$\$
amoxapine*		\$\$\$
clomipramine*	ANAFRANIL	\$\$
doxepin*	SINEQUAN	\$
<b>MAO Inhibitors</b>		
phenelzine	NARDIL	\$\$
tranylcypromine	PARNATE	\$\$\$\$
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<b>Citalopram, fluoxetine are first line agents</b>		
escitalopram	LEXAPRO (PA)	\$\$\$
	<i>Tablet splitting may be required</i>	
citalopram*	CELEXA	\$
paroxetine* ( <b>NOT CR</b> )	PAXIL	\$\$
fluoxetine* ( <b>40mg not covered</b> )	PROZAC	\$
sertraline*	ZOLOFT	\$
	<i>25mg strength requires Prior Auth</i>	
<b>Serotonin Norepinephrine Reuptake Inhibitors</b>		
venlafaxine*	EFFEXOR	\$\$
venlafaxine ext. rel.	EFFEXOR-XR (PA)	\$\$\$
<b>Miscellaneous</b>		
trazodone*	DESYREL	\$
bupropion* ( <i>Not XL</i> )	WELLBUTRIN	\$\$\$
mirtazapine*	REMERON	\$\$\$
<b>ANTIPARKINSON AGENTS</b>		
amantadine*	SYMMETREL	\$ \$
benztropine*		\$
trihexyphenidyl*		\$
carbidopa/levodopa*	SINEMET	\$\$\$
pramipexole	MIRAPEX (ST)	\$\$\$\$
ropinirole*	REQUIP	\$\$\$\$
bromocriptine*	PARLODEL	\$\$\$\$
carbidopa/levodopa ext-rel*	SINEMET CR	\$\$\$\$
<b>ANTIPSYCHOTICS</b>		
<b>Phenothiazine Derivatives</b>		
thioridazine*		\$\$
fluphenazine*		\$
perphenazine*		\$\$\$\$
trifluoperazine*		\$\$
chlorpromazine*		\$\$\$\$
<b>Thioxanthene Derivatives</b>		
thiothixene*	NAVANE	\$
<b>Butyrophenones</b>		
haloperidol*		\$
<b>OTHER AGENTS</b>		
<b>Psychosis/Bipolar</b>		
<b>Risperdal is first line. All others require prior auth.</b>		
Risperidone ( <i>M-tabs not covered</i> )	RISPERDAL (L)	\$\$\$\$
	<i>(L) tablet splitting required</i>	
<b>ANTIVERTIGO/MOTION SICKNESS AGENTS</b>		
meclizine*	ANTIVERT	\$
promethazine*	ENERGAN	\$

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

methylphenidate*	RITALIN (CII)	\$
methylphenidate LA	RITALIN LA (CII)	\$\$\$
methylphenidate ER	CONCERTA (CII)	\$\$\$
	ADDERALL (CII)	\$\$
amphetamine/dexroampheta mine mixed salts*	ADDERALL XR (CII)	
atomoxetine	STRATTERA	\$\$\$

**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) (PA)	\$\$\$\$\$

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

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

- *Members are encouraged to enroll in a tobacco cessation program through ADHS by calling 1-800-556-6222.*
- *Smoking Cessation for members under 18 years of age requires prior authorization.*
- *4 week supplies approved up to 12 weeks total/6 months.*
- *Dual Eligible/Medicare D patients must utilize their Medicare D plan for prescription smoking cessation products.*

nicotine patch*	NICODERM CQ	\$\$
	NICOTROL	
	HABITROL	
nicotine gum*	NICORETTE	\$\$\$
nicotine lozenge*	COMMIT	\$\$\$
nicotine inhaler	NICOTROL	\$\$\$
nicotine nasal spray	NICOTROL NS	\$\$\$\$
bupropion SR*	ZYBAN	\$
( <i>wellbutrin XL-requires PA</i> )	WELLBUTRIN SR	
varenicline	CHANTIX	\$\$\$\$

**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	
<b>ANTIBACTERIALS – TOPICAL</b>		
gentamycin*		\$
silver sulfadiazine*	SILVADENE	\$\$
mupirocin* (oint only)	BACTROBAN	\$\$
<b>ANTIFUNGALS – TOPICAL</b>		
nystatin*	MYCOSTATIN	\$
nystatin/triamcinolone* acetone*	MYCOLOG II	\$
ciclopirox	LOPROX	\$\$\$\$
clotrimazole*		\$\$\$
clotrimazole/betamethasone*		\$\$\$\$
ketoconazole*	NIZORAL	\$\$\$\$
<b>ANTIPRURITICS</b>		
cyproheptadine*		\$\$\$\$
hydroxyzine hcl*	ATARAX	\$\$\$\$
<b>ANTIVIRAL</b>		
acyclovir*	ZOVIRAX	\$\$\$\$
<b>CORTICOSTEROIDS</b>		
<i>Listed by potency: Group I is least potent, Group V is most potent.</i>		
<b>Group I</b>		
hydrocortisone crm 2.5%*		\$
<b>Group II</b>		
fluocinolone acetone soln 0.01%*	SYNALAR	\$
triamcinolone acetone crm/oint 0.025%*	KENALOG	\$
hydrocortisone valerate crm/oint 0.2%*	WESTCORT	\$\$
<b>Group III</b>		
betamethasone valerate 0.1%*	BETA-VAL	\$
fluocinolone acetone emol crm/oint 0.025%	SYNALAR	\$
triamcinolone acetone crm/oint 0.1%*	KENALOG	\$
<b>Group IV</b>		
betamethasone dipropionate 0.05%* crm/oint/lotion (not aerosol)		\$
fluocinonide crm/oint/gel 0.05%*	LIDEX	\$
triamcinolone acetone crm/oint 0.5%*	KENALOG	\$
<b>Group V</b>		
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>		
<b>ECZEMA and PSORIASIS</b>		
selenium sulfide*	SELSUN	\$\$
methotrexate* (oral)		\$\$\$\$
<b>SCABICIDES and PEDICULICIDES</b>		
lindane*		\$\$

permethrin 5%*	ELIMITE	\$\$\$\$
<b>MISCELLANEOUS AGENTS</b>		
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)**

**OTC loratadine and cetirizine covered only.**

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

cetirizine* (OTC)	ZYRTEC	\$
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*(L) 30 day supply-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	\$\$
1 ephrine*	w/CODEINE (CV)	
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*		\$\$\$\$
<b>Topical</b>		
<b>ADRENERGIC AGONISTS</b>		
dipivefrin*	PROPINE	\$
brimonidine*		\$\$\$\$
<b>BETA BLOCKERS</b>		
levobunolol*	BETAGAN	\$\$
timolol hemihydrate	BETIMOL	\$\$
betaxolol*	BETOPTIC S	\$\$\$\$
timolol maleate GEL*	TIMOPTIC-XE	\$\$
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
dorzolamide	TRUSOPT	\$\$\$\$
<b>CHOLINERGICS</b>		
pilocarpine*	ISOPTO CARPINE	\$
carbachol	ISOPTO CARBACHOL	\$\$\$\$
<b>COMBINATION PRODUCTS</b>		
dorzolamide/timolol	COSOPT	\$\$\$\$
<b>PROSTAGLANDINS</b>		
latanoprost	XALATAN (PA)	\$\$\$\$
<b>Anti-Infectives</b>		
<b>Antibacterials</b>		
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	\$\$\$\$
<b>Antivirals</b>		
trifluridine *	VIROPTIC (PA)	\$\$\$\$
<b>Corticosteroids</b>		
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	\$\$\$
<b>Combination Topical Antibacterials/Corticosteroids</b>		
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	\$
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**– EMERGENCY KITS –**


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epinephrine	EPIPEN # (L)	\$\$\$\$
	EPIPEN Jr. # (L)	\$\$\$\$

*(L) Limit of 2 per year***– ENDOCRINOLOGY –****ADRENAL CORTICOSTEROIDS****Glucocorticoids**

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

**Mineralocorticoids**

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

*Insulin vials only—prefilled syringes require PA***Oral Medications****Sulfonylureas**

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

**Non-Sulfonylureas**

metformin*	GLUCOPHAGE/XR	\$\$\$\$
migliitol	GLYSET	\$\$\$\$
acarbose	PRECOSE	\$\$\$\$
pioglitazone	ACTOS (PA/ST)	\$\$\$\$

*Tablet splitting may be required*

repaglinide	PRANDIN (PA/ST)	\$\$\$\$
glyburide/metformin*	GLUCOVANCE	\$\$\$

*ST- patient must try sulfonylurea/metformin prior*

<b>GLUCOSE ELEVATING AGENTS</b>		
glucagon, human recomb	GLUCAGON	\$\$\$\$
<b>THYROID AND ANTITHYROID AGENTS</b>		
<b>Thyroid</b>		
levothyroxine*	LEVOXYL	\$
	SYNTHROID	\$
liothyronine	CYTOMEL	\$\$
thyroid	ARMOUR THYROID	\$
<b>Antithyroid</b>		
propylthiouracil*	PROPYLTHIOURACIL	\$
methimazole*	TAPAZOLE	\$\$\$\$
<b>OSTEOPOROSIS AGENTS</b>		
alendronate * (tabs only)	FOSAMAX	\$
raloxifene	EVISTA (PA)	\$\$\$\$
risedronate	ACTONEL (PA)	\$\$\$\$
calcitonin salmon nasal spray	MIACALCIN	\$\$\$\$
<i>Dexascan needed for initial approval</i>		
<b>PAGET'S DISEASE/ANTI-HYPERCALCEMIC</b>		
calcitonin salmon nasal spray	MIACALCIN	\$\$\$\$
etidronate disodium	DIDRONEL	\$\$\$\$
alendronate * (tabs only)	FOSAMAX	\$
risedronate	ACTONEL (PA)	\$\$\$\$
<b>MISCELLANEOUS</b>		
aminoglutethimide	CYTADREN	\$\$\$\$
desmopressin acetate*	DDAVP	\$\$\$\$
cabergoline	DOSTINEX (PA)	\$\$\$\$
<b>- GASTROINTESTINAL -</b>		
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<b>ANTIDIARRHEAL AGENTS</b>		
diphenoxylate/atropine*	LOMOTIL (CV)	\$
<b>ANTICHOLINERGIC/ANTISPASMODIC AGENTS</b>		
dicyclomine*	BENTYL	\$\$
	LEVSIN	\$\$
<b>ANTIEMETIC AGENTS</b>		
meclizine*	ANTIVERT	\$
promethazine*	PHENERGAN	\$
prochlorperazine*	COMPAZINE	\$\$
trimethobenzamide*	TIGAN	\$\$\$
<b>ANTI-ULCER AGENTS</b>		
cimetidine*	TAGAMET	\$\$
ranitidine* (tablets only)	ZANTAC	\$\$
misoprostol *	CYTOTEC	\$\$\$\$
sucralfate*	CARAFATE	\$\$\$\$
<b>H. PYLORI AGENTS</b>		
bismuth subsalicylate/	HELIDAC (L)	\$\$\$\$\$
metronidazole/tetracycline		
amoxicillin/clarithromycin/	PREVPAC (L)	\$\$\$\$
lansoprazole		
<i>(L)- 2 fills/year</i>		
<b>COLORECTAL AGENTS</b>		
hydrocortisone enema*	COLOCORT	\$\$\$\$
hydrocortisone crm*	PROCTOCORT	\$\$\$\$
sulfasalazine*	AZULFIDINE	\$\$\$
hydrocortisone crm*	PROCTOCREAM-HC	\$
hydrocortisone	PROCTOFOAM-HC	\$\$\$\$
acetate/pramoxine		
mesalamine	ROWASA	\$\$\$\$
mesalamine, ext. rel.	ASACOL	\$\$\$\$

mesalamine ext. rel.	PENTASA	\$\$\$\$
olsalazine	DIPENTUM	\$\$\$\$
hydrocortisone acetate foam	CORTIFOAM	\$\$\$\$
<b>DIGESTIVE ENZYMES</b>		
pancrelipase, delayed rel.*	CREON (PA)	\$\$\$\$
pancrelipase*	VIOKASE (PA)	\$\$\$\$
pancrelipase, delayed rel.*	PANCREASE (PA)	\$\$\$\$
<b>PROMOTILITY AGENTS</b>		
metoclopramide*	REGLAN	\$\$
<b>PROTON PUMP INHIBITORS</b>		
omeprazole*	PRILOSEC	\$
lansoprazole solutabs	PREVACID (L)	\$\$
<i>Prevacid solutabs covered for children under 11 yrs. All other PPI's are not covered.</i>		
<b>MISCELLANEOUS</b>		
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*

cefpodoxime	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***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 *		\$\$\$\$

**SKELETAL MUSCLE RELAXANTS**

<b>Centrally Acting</b>		
diazepam*	VALIUM (CIV)	\$
baclofen*		\$\$\$
carisoprodol*	SOMA	\$\$\$
methocarbamol*	ROBAXIN	\$\$\$
cyclobenzaprine*	FLEXERIL	\$\$
<b>Direct Acting</b>		
dantrolene sodium	DANTRIUM (PA)	\$\$\$\$
	- OB-GYN -	

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## 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	\$\$\$\$

### PROGESTIN 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/	PREMPHASE	\$\$\$\$
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medroxyprogesterone estrogen, conjugated/ medroxyprogesterone	PREMPRO	\$\$\$\$
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**OXYTOCICS**

methylergonovine	METHERGINE	\$
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**PROGESTINS**

medroxyprogesterone acetate*	PROVERA	\$
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**ANTI-ESTROGENS**

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

**VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL**

**Antibacterials**

metronidazole vaginal*	METROGEL	\$\$\$\$
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**Antifungals**

nystatin vaginal		\$\$\$\$\$
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**MICELLANEOUS VAGINAL PREPERATION**

sodium propionate/ amino acids/ urea	AMINO-CERV	\$
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**- RESPIRATORY -**

**INHALED MEDICATIONS**

**Anticholinergics**

ipratropium bromide	ATROVENT HFA	\$\$\$\$
tiotropium	SPIRIVA	\$\$\$\$

**Beta2-Agonists**

albuterol*	VENTOLIN HFA	\$\$\$
levalbuterol <i>inhaler only</i>	XOPENEX 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)	\$\$\$\$
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*(ST)- Patients must have a history of asthma as evidence by beta agonist/  
inhaled corticosteroid use.*

**Methylxanthines**

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

**- SUPPLEMENTS -**

**Antihypocalcemics**

calcitriol (1,25-D3)	ROCALTROL	\$\$\$\$
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**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	\$
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**MISCELLANEOUS**

folic acid		\$
potassium citrate/ citric acid	POLYCITRA-K	\$\$\$\$
cyanocobalamin inj*	B12	\$

**- UROLOGICAL -****Analgesic Agents**

phenazopyridine*	PYRIDIUM	\$
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**Antispasmodics**

oxybutynin* (not patches)	DITROPAN	\$\$
tolterodine	DETROL LA	\$\$
hyoscyamine*	LEVSIN	\$

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

doxazosin*	CARDURA	\$
terazosin*	HYTRIN	\$\$\$

**Cholinergic Agents**

bethanechol*	URECHOLINE	\$\$\$\$
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## 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*