

University Health Plans (UHP) Preferred Drug List

10-2009



About the UHP Preferred Drug List (PDL)

The University Health Plan (UHP) preferred drug list (PDL) describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. The PDL does not:

- a) Require or prohibit the prescribing or dispensing of any medication
- b) Substitute for the independent professional judgment of the physician or pharmacist, or
- c) Relieve the physician or pharmacist of any obligation to the member or others.

I. Pharmacy and Therapeutics Committee

The UHP Pharmacy and Therapeutics Committee continually evaluates the therapeutic classes included in the PDL. The committee is composed of UHP's V.P. Medical Affairs, Medical Director, Pharmacy Director and several community-based primary care physicians and specialists. The primary purpose of the UHP Pharmacy and Therapeutics Committee is to assist in the development and administration of the UHP PDL and to establish programs and procedures that promote clinically appropriate, cost-effective drug therapy.

II. Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the Food and Drug Administration (FDA). Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by UHP in accordance with the procedures outlined in section III. **Experimental drugs, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.**

III. Prior Authorization Process

The UHP Pharmacy and Therapeutics Committee has reviewed the criteria for this process with input from its members and in consideration of medical evidence. The Pharmacy and Therapeutics Committee will have final approval responsibility for the list of drugs that are subject to prior authorization. The UHP PDL includes a broad spectrum of brand name and generic drugs. Physicians are encouraged to prescribe from the UHP PDL for our members. If a non-preferred drug is prescribed, the prescriber will be required to request a prior authorization for the prescribed drug regimen. Medications requiring prior authorization are listed with a "PA" notation throughout the PDL. The index also includes a "PA" designation for those products requiring prior approval. In addition, **all injectables (except insulin, Glucagon Kit, Epi-pen, Ana-Kit, Imitrex, and Depo-Provera) require prior authorization.**

A phone or fax-in process is available for prior authorization requests. Business operation hours for the UHP Prior Authorization Line are:

Monday through Friday 11 am - 8 pm (Eastern Time)

Saturday 11 am - 5 pm (Eastern Time)

Requests are directed to:
US Script, Inc.
Prior Authorization Desk
2425 West Shaw Avenue
Fresno, CA 93711
(866) 399-0928 (phone) (866) 399-0929 (fax)

When calling, please have patient information, including Medicaid number, complete diagnosis, medication history and current medications readily available.

These phone and fax lines are dedicated to physicians making requests for prior authorization medication items **only**.

IV. Medical Necessity (MN) Approval

This PDL attempts to provide appropriate and cost-effective drug therapy to all participants covered under the UHP pharmacy program. If a patient requires medication that does not appear on the PDL, the physician can make a request for the non-covered item. It is anticipated that such exceptions will be rare, and that PDL medications will be appropriate to treat the vast majority of medical conditions. Requests for medical necessity should be made in writing by the physician (on the Request for Medical Necessity Medication Form, if possible) and include all relevant clinical information and mailed or faxed to:

US Script, Inc.
Medical Necessity Desk
2425 West Shaw Avenue
Fresno, CA 93711
(866) 399-0928 (phone) (866) 399-0929 (fax)

Appropriate documentation must be provided to support the request. A response will be provided within one business day of receipt of this information. Approval of medical necessity requests will be based upon criteria approved by the UHP Pharmacy and Therapeutics Committee.

V. 72-Hour Medication Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies **are authorized to provide a 72-hour supply of medication and will be reimbursed** for the ingredient cost and dispensing fee, whether or not the PA request is ultimately approved or denied. **The pharmacy must call US Script at (800) 460-8988 for a 72-hour medication override in order to process the claim at the time of dispensing or the next business day.**

VI. Newly Approved Products

Newly approved drug products will not normally be placed on the PDL during their first six months on the market. Physicians may access these drugs using the medical necessity process until such time that the UHP Pharmacy and Therapeutics Committee reviews the product.

VII. Specific Exclusions

The following drug categories are not part of the UHP PDL and **are not covered by the emergency supply reimbursement policy:**

- Atypical Antipsychotics
- Biologicals
- Blood and Blood Plasma
- Cosmetic Drugs
- DESI drugs (see section XII)
- Diagnostic products (except those listed in the PDL)
- Experimental drugs
- Injectables (except those listed in the PDL)
- Medical Supplies and DME (except those listed in the PDL)
- Methadone
- Nutritional and dietary supplements
- OTC Products (except those listed in the PDL)

VIII. Policy for Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear in the PDL are covered by the UHP pharmacy program.

Specialty Injectable products used for the treatment and management of the diseases listed below require Prior Authorization. Requests must be sent to UHP's specialty biopharmaceutical provider Caremark by calling 800-237-2767 or faxing the Caremark Specialty Injectable Medication request form to 800-323-2445.

- Asthma
- Crohn's Disease
- Enzyme Replacement
- Gaucher's Disease
- Growth Hormone Deficiency
- Hematopoietics
- Hemophilia, von Willebrand Disease and related bleeding disorders
- Hepatitis C
- Immune Disorders
- Multiple Sclerosis
- Oncology
- Psoriasis
- Pulmonary Arterial Hypertension
- Pulmonary Disease
- Rheumatoid Arthritis
- RSV Prevention

IX. Step Therapy (ST)

Medications requiring step therapy are listed with an ST notation throughout the PDL. Preferred medications that currently require step therapy are:

- Accolate/Singulair—For Allergic Rhinitis: Prior use of PDL Non-Sedating Antihistamine & Nasal Corticosteroid
- Omnicef—previous therapy with amoxicillin, cephalexin or amox/clavulante within past 45 days
- Alomide—previous use of Zaditor OTC within past 60 days

The UHP claims system will automatically check the member profile for evidence of prior or current usage of the required agent. If there is evidence of the required agent on the member's profile, the claim will automatically process. If not, the claims system will notify the pharmacist that a PA is required.

X. Dispensing Limits

Although coverage may vary depending on the plan, all drugs appearing in the PDL may be dispensed up to a maximum 34-days supply per prescription. Medications listed with a quantity limit on the PDL will have a "QL" designation next to their name. The drugs listed below have Quantity Limits:

- Advair Diskus - max 1 package per month
- Accolate - max 68 doses per 34 days
- Actonel - max 4 doses per month
- Augmentin suspension - max 2 bottles per 90 days
- Augmentin tablets - max 28 tabs per fill; max 2 fills every 90 days
- Augmentin XR tablets - max 20 tablets per 30 days; max 2 fills every 90 days
- Albuterol MDI - max 2 packages per month
- Aldara - max 1 kit per month
- Allegra - max 68 doses per month
- Allegra 180mg - max 34 doses per month
- Allegra D - max 68 doses per month
- Alomide - max 1 pack per month
- Alupent - max 2 packs per month
- Ambien - max 34 doses per month
- Aricept - max 34 doses per 34 days
- Atripla - max 34 doses per 34 days
- Atrovent - max 150 unit dose vials per month
- Atrovent HFA - max 2 packages per month
- Atrovent NS - 0.03% max 2 packs per month; 0.06% max 3 packs per month
- Avandia - max 34 doses per month
- Azithromycin 250mg - max 6 doses per 15 days; max 12 doses per 30 days
- Azithromycin 500mg - max 3 doses per 15 days; max 6 doses per 30 days
- Azmacort - max 2 packages per month
- Beconase AQ - max 1 package per month
- Calan/Isoptin SR - max 68 doses per month
- Cardizem CD - max 34 doses per month

- Cardizem SR - max 68 doses per month
- Celebrex - max 68 doses per month
- Celexa - max 34 doses per month
- Ciprodex - max 7.5mls per 30 days
- Ciprofloxacin 250, 500, 750mg tablets - max 56 tablets per 30 days
- Combivent - max 2 packages per month
- Concerta - max 30 tablets per 30 days
- Cortisporin - max 20mls per 30 days
- Cozaar - max 68 doses per month
- Cozaar 100mg - max 34 doses per month
- Crolom - max 2 packs per month
- DDAVP - max 2 packages per month
- Diflucan 150mg - max 1 tablet per treatment
- Dilacor XR 120mg - max 34 doses per month
- Dilacor XR 180mg - max 102 doses per month
- Dilacor XR 240mg - max 68 doses per month
- Diovan - max 34 doses per month
- Dovonex - max 60gm/ml per month
- Duragesic - max 10 patches per month
- Effexor Tablets - max 102 doses per month
- Effexor XR - max 34 doses per month
- Elidel - max 60gm per month
- Enalapril - max 34 doses per month
- Enalapril 20mg - max 68 doses per month
- Flonase - max 1 package per month
- Flovent - max 2 packages per month
- Floxin Otic - max 10mls per 30 days
- Gabapentin 100mg capsule and tablet - max 204 doses per 34 days
- Gabapentin 300, 400mg capsule - max 102 doses per 34 days
- Gabapentin 300, 400, 600, 800mg tablet - max 102 doses per 34 days
- Imitrex Injection - max 2 kits per month
- Imitrex Nasal Spray - max 6 bottles per month
- Imitrex Tablets - max 9 doses per month
- Intal - max 1 package per month
- Levaquin 250mg tablet - max 10 tablets per 10 days; max 10 tablets per 90 days
- Levaquin 500, 750mg tablet - max 14 tablets per 14 days; max 14 tablets per 90 days
- Levonorgestrel - max 1 tablet per month; 3 tablets per year
- Lipitor - max 34 doses per month
- Lisinopril - max 34 doses per month
- Lotensin - max 34 doses per month
- Lotensin 40mg - max 68 doses per month
- Lovastatin - max 34 doses per month
- Mavik 1mg - max 34 doses per month
- Mavik 2mg - max 51 doses per month
- Mavik 4mg - max 68 doses per month
- Maxair - max 1 package per month
- Methylphenidate ER- max 30 tablets per 30 days
- Nabumetone - max 68 doses per month

- Nasacort AQ - max 1 package per month
- Nasonex - max 1 package per month
- Norvasc - max 34 doses per month
- Nuvaring – max 1 package per month
- Ofloxacin 200mg - max 56 tabs per 30 days
- Ofloxacin 300mg - max 56 tabs per 30 days
- Ofloxacin 400mg - max 56 tabs per 30 days
- Omeprazole – max 34 doses per month
- Optivar - max 1 package per month
- OTC Claritin - max 34 doses per month
- OTC Claritin D 12 hr - max 68 doses per month
- OTC Claritin D 24 hr - max 34 doses per month
- OTC Claritin Syrup - max 340ml per month
- Ortho Evra - max 3 patches per month
- OxyContin - max 68 doses per month
- Paroxetine - max 34 doses per month
- Piroxicam - max 34 doses per month
- Plendil - max 34 doses per month
- ProAir HFA - max 2 per month
- Procardia XL/Adalat CC - max 34 doses per month
- Protonix - max 34 doses per month
- Prozac capsule and tablet - max 136 doses per 34 days
- Pulmicort - max 1 pack per month
- Pulmicort Respules - max 2 boxes per month
- QVAR - max 2 packs per month
- Serevent Diskus - max 1 package per month
- Singulair chew tab - max 34 doses per month
- Strattera - max 60 tablets per 30 days
- Tilade - max 2 packages per month
- Tramadol – max 136 doses per month
- Valtrex 500mg - max 42 doses per 30 days
- Valtrex 1000mg - max 21 doses per 30 days
- Vanceril - max 3 packages per month
- Ventolin HFA - max 2 per month
- Viagra 25, 50, 100mg - max 4 tabs per month regardless of strength
- VoSol HC - max 20mls per 30 days
- Wellbutrin SR - max 68 doses per month
- Wellbutrin XL – max 34 doses per month
- Xopenex - max 288ml per month
- Zithromax 1 gram powder packets - max 2 packets per 30 days
- Zithromax 100mg/5ml suspension - max 15mg x 2 bottles per 30 days
- Zithromax 200mg/5ml suspension - max 37.5ml per fill every 30 days
- Zofran 4mg - max 12 doses per month
- Zofran 8mg - max 6 doses per month
- Zofran 24mg - max 2 doses per month
- Zofran Solution - max 1 bottle per month
- Zoloft - max 34 doses per month
- Zoloft 100mg - max 68 doses per month

- Zyrtec Syrup - max 340ml per month
- All topical dermatological products have quantity limits equal one of the largest standard package size.

XI. Over-The-Counter (OTC) Drugs

The UHP pharmacy program covers selected Over-The-Counter (OTC) medications, per State requirements. The following classes of OTC drugs are available to all recipients:

- Contraceptive devices and supplies (diaphragms, jellies, foams and condoms)
- OTC, family planning supplies (pregnancy test kits)
- Pharmaceutical inhalation devices
- Diabetic testing materials
- Insulin needles and/or syringes
- Insulin
- Antacids

In addition, coverage of OTC drugs for recipients under the age of 21 also includes:

- Analgesics, Salicylates
- Analgesics/Antipyretics, Non-salicylates
- Antidiarrheals
- Anti-Emetics
- Antiflatulents
- Antihistamines
- Antipruritics
- Antitussives, non-narcotic
- Cathartics
- Cough and cold preparations
- Decongestants
- Emetics
- Expectorants
- Hematinics
- Iron replacement supplements
- Laxatives
- Lice treatment products
- Multiple vitamin preparations
- Oral anti-inflammatory agents
- Pediatric vitamin preparations
- Vitamins A, B, C, D, E, K, B1, B2, B6, B12 preparations
- Polymixin and derivatives
- Topical preparations, antibacterial
- Topical antibiotics
- Topical anti-inflammatory preparations.

All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

XII. Exceptions to Generic Drug Substitution

The following drugs and classes of drugs are exempt from prior authorization or medically necessary edits when multi-source generic equivalents of these drugs and classes of drugs are available.

AIDS/HIV Drugs, Anticonvulsants, Cyclosporin, Digoxin, Hormone Replacement Therapy, Levothyroxine, Lithium Carbonate, Theophylline, and Warfarin.

XIII. DESI Drug Explanation

DESI drugs are an exclusion for all UHP pharmacy programs. DESI drug products and known related drug products are defined as less than effective by the FDA because there is lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. The Center for Medicare and Medicaid Services (CMS) does not allow for reimbursement of these drugs in any Federally qualified program.

XIV. Where to Call

PHYSICIANS

Preferred Drug List Questions:

US Script, Inc. (800) 460-8988 (phone)

Medical Necessity:

US Script, Inc. (866) 399-0928 (phone) (866) 399-0929 (fax)

Prior Authorization:

US Script, Inc. (866) 399-0928 (phone) (866) 399-0929 (fax)

PHARMACISTS

Provider Network Questions:

US Script, Inc. (800) 460-8988

Claims Processing Customer Service:

US Script, Inc. (800) 460-8988

MEMBERS

Questions should be directed to UHP's Member Services Department or to the members' primary care physician.

UHP Telephone Numbers for Provider Relations and/or Member Services

Provider Relations: (800) 780-2438

Member Services: (800) 564-6847

XV. UHP Contacts for Pharmacy Appeals/Grievances

In the event that a patient and/or physician disagree with the decision regarding coverage of a medication, the physician may appeal the decision in writing to the UHP Medical Director via fax at **(866) 925-3008**.

XVI. Annotations

PA = This product requires prior authorization.

ST = This product requires step-therapy.

QL = This product has quantity limits as listed.

AL = This product is limited to a special age group.



Specialty Pharmacy Services Enrollment Form

Fax Referral To: 800-323-2445

Phone: 800-237-2767

Date: _____ **Needs by Date:** _____

Ship to: Patient Office Other: _____

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Alternate Phone: _____
 SS #: _____
 Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
 State License #: _____ UPIN: _____
 DEA #: _____ NPI #: _____
 Group or Hospital: _____
 Address: _____
 City, State Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____ Phone: _____

INSURANCE INFORMATION *(Please copy and attach the front and back of insurance and prescription drug card)*

Primary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____
Secondary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis:	Additional Clinical Information:
Please include diagnosis name and ICD-9: _____ _____ _____ • Date of Diagnosis: _____	<ul style="list-style-type: none"> • Weight: _____ kg/lbs • Height: _____ in/cm • Allergies: _____ • Lab Data: _____ • Concomitant Medications: _____ • Additional Comments: _____

Injection Training/Home Health Coordination:

• Injection training/home health will be/has been conducted/coordinated by the Physician's office. Yes No • If Yes, Date: _____

• Specialty Pharmacy to coordinate injection training/home health nursing. Yes No *Agency of Choice: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS

PRODUCT SUBSTITUTION PERMITTED _____ (Date) DISPENSE AS WRITTEN _____ (Date)

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Specialty Pharmacy Services 072108

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I. ANTI-INFECTIVE

AMINOGLYCOSIDES

neomycin sulfate (generic Mycifradin)
tablet: 500mg

ANTIFUNGALS

fluconazole (generic Diflucan)
suspension: 50mg, 200mg/5ml
tablet: 50, 100, 200mg

fluconazole (Diflucan) **QL**
tablet: 150mg

griseofulvin ultramicrocrystalline (generic Gris-PEG)
tablet: 125, 250mg

itraconazole (Sporanox) **PA**
capsule: 100mg

ketoconazole (generic Nizoral)
tablet: 200mg

nystatin (generic Mycostatin)
suspension: 100,000U/5ml
tablet: 500,000U

ANTHELMINTICS

mebendazole (generic Vermox)
chewable tab: 100mg

thiabendazole (Mintezol)
chewable tab: 500mg
suspension: 500mg/5ml

ANTIMALARIAL

chloroquine phosphate (generic Aralen)
tablet: 500mg

dapsone (Dapsone)
tablet: 25, 100mg

hydroxychloroquine (generic Plaquenil)
tablet: 200mg

mefloquine (Lariam)
tablet: 250mg

I. ANTI-INFECTIVE cont'd

ANTIMALARIAL cont'd

primaquine phosphate (Primaquine)
tablet: 26.3mg

quinine sulfate (generic Quinamm)
capsule: 200, 300, 325mg
tablet: 260mg

ANTITUBERCULOSIS

ethionamide (Trecator)
tablet: 250mg

isoniazid (generic INH)
syrup: 50mg/5ml
tablet: 100, 300mg

pyrazinamide (generic Pyrazinamide)
tablet: 500mg

rifampin (generic Rifadin)
capsule: 150, 300mg

ANTIVIRALS

abacavir sulfate (Ziagen)
solution: 20mg/ml
tablet: 300mg

abacavir/lamivudine (Epzicom)
tablet: 600mg-300mg

abacavir/lamivudine/zidovudine (Trizivir)
tablet: 300mg-150mg-300mg

acyclovir (generic Zovirax)
capsule: 200mg
suspension: 200mg/5ml
tablet: 400, 800mg

amantadine (generic Symmetrel)
capsule: 100mg
syrup: 50mg/5ml

amprenavir (Agenerase)
capsule: 50, 150mg
solution: 15mg/ml

atazanavir (Reyataz)
capsule: 100, 150, 200mg

I. ANTI-INFECTIVE cont'd

ANTIVIRALS cont'd

ddC/dideoxycytidine (Hivid)

tablet: 0.375, 0.75mg

ddl/dideoxyinosine (Videx)

chewable tab: 25, 50, 100, 150, 200mg

EC capsule: 125, 200, 250, 400mg

oral solution: 2, 4gm

delavirdine mesylate (Rescriptor)

tablet: 100, 200mg

efavirenz (Sustiva)

capsule: 50, 100, 200mg

tablet: 600mg

efavirenz/emtricitabine/tenofovir (Atripla)

QL=34 doses/34 days

tablet: 600-200-300mg

emtricitabine (Emtriva)

capsule: 200mg

emtricitabine/tenofovir (Truvada)

tablet: 200mg-300mg

famcyclovir (Famvir) **PA**

tablet: 125, 250, 500mg

fosamprenavir (Lexiva)

tablet: 700mg

ganciclovir (Cytovene)

capsule: 250, 500mg

indinavir (Crixivan)

capsule: 100, 200, 333, 400mg

lamivudine (EpiVir)

oral solution: 10mg/ml

tablet: 150, 300mg

lamivudine/zidovudine (Combivir)

tablet: 150mg-300mg

lopanavir/ritonavir (Kaletra)

capsule: 133.3mg-33.3mg

tablet: 200mg-50mg

solution: 400mg-100mg/5ml (80mg-20mg/ml)

I. ANTI-INFECTIVE cont'd

ANTIVIRALS cont'd

nelfinavir mesylate (Viracept)

powder: 50mg/gm

tablet: 250, 625mg

nevirapine (Viramune)

suspension: 50mg/5ml

tablet: 200mg

retrovir (AZT/Zidovudine)

capsule: 100mg

syrup: 50mg/5ml

tablet: 300mg

ritonavir (Norvir)

capsule: 100mg

oral solution: 80mg/ml

saquinavir (Fortovase)

capsule: 200mg

saquinavir mesylate (Invirase)

capsule: 200mg

stavudine (Zerit)

capsule: 15, 20, 30, 40mg

oral solution: 1mg/ml

tenofovir (Viread)

tablet: 300mg

tipranavir (Aptiva)

capsule: 250mg

valacyclovir (Valtrex) **PA**

tablet: 500mg **QL=42 doses/30 days,**

1000mg **QL=21 doses/30 days**

CEPHALOSPORINS

cefaclor (generic Ceclor)

capsule: 250, 500mg

suspension: 125mg/5ml, 187mg/5ml,

375mg/5ml

cefdinir (Omnicef) **ST**

capsule: 300mg

suspension: 125mg/5ml, 250mg/5ml

I. ANTI-INFECTIVE cont'd

CEPHALOSPORINS cont'd

cefprozil (generic Cefzil)
suspension: 125mg/5ml, 250mg/5ml
tablet: 250, 500mg

cefuroxime (generic Ceftin)
suspension: 125mg/5ml, 250mg/5ml
tablet: 250, 500mg

cephalexin (generic Keflex)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

MACROLIDES

azithromycin (generic Zithromax)
powder pack: 1gm pack **QL=2 packs/30 days**
suspension: 100mg/5ml **QL=15ml x 2 bottles every 30 days**, 200mg/5ml **QL=37.5ml per fill every 30 days**
tablet: 500, 600mg, 250mg x 6 (Z-pak) **QL=6 tabs/15 days; 12 tabs/30 days**, 500mg x 3 (Tri-pak) **QL=3 tabs/15 days; 6 tabs/30 days**, 600mg **QL=4 tabs/14 days; 8 tabs/30 days**

clarithromycin (Biaxin)
suspension: 125mg/5ml, 187.5mg/5ml, 250mg/5ml
tablet: 250, 500mg

clindamycin (generic Cleocin)
capsule: 150, 300mg

erythromycin base (generic E-Mycin)
DR capsule: 250mg
EC tablet: 250, 333, 500mg

erythromycin ethylsuccinate (generic E.E.S.)
chewable tab: 200mg
drop: 100mg/2.5ml
granule: 200mg/5ml
suspension: 200mg/5ml, 400mg/5ml
tablet: 400mg

erythromycin stearate (generic Erythrocin)
tablet: 250, 500mg

I. ANTI-INFECTIVE cont'd

MISCELLANEOUS ANTI-INFECTIVES

metronidazole (generic Flagyl)
tablet: 250, 500mg

nitrofurantoin macro (generic Macrochantin)
capsule: 50mg, 100mg

nitrofurantoin monohydrate macro (generic MacroBID)
capsule: 100mg

trimethoprim (generic Proloprim)
tablet: 100mg

PENICILLINS

amoxicillin (generic Amoxil)
capsule: 250, 500mg
chewable tab: 125, 250, 400mg
drop: 50mg/ml
suspension: 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml
tablet: 875mg

amoxicillin/potassium clavulanate (generic Augmentin)
chewable tab: 125, 200, 250, 400mg
suspension: 200mg/5ml, 400mg/5ml **QL=2 bottles/90 days**
ES suspension: 600mg/5ml
tablet: 250, 500, 875mg **QL=28 tabs/fill; 2 fills/90 days**
XR tablet: 1gm **QL=20 tablets/30 days; 2 fills/90 days**

ampicillin (generic Principen)
capsule: 250, 500mg
suspension: 125mg/5ml, 250mg/5ml

dicloxacillin (generic Dycill)
capsule: 250, 500mg

penicillin VK (generic Pen Vee K)
suspension: 125mg/5ml, 250mg/5ml
tablet: 250, 500mg

I. ANTI-INFECTIVE cont'd

QUINOLONES

ciprofloxacin (generic Cipro)
cystitis pack: 100mg x 6
tablet: 250, 500, 750mg **QL=56 tablets/30 days**

levofloxacin (Levaquin)
tablet: 250mg **QL=10 tablets/10 days; max 10 tablets/90 days**, 500, 750mg **QL=14 tablets/14 days; 14 tablets/90 days**

ofloxacin (generic Floxin)
tablet: 200, 300, 400mg **QL=56 tablets/30 days**

SULFONAMIDES

sulfasalazine (generic Azulfidine)
EC tablet: 500mg
tablet: 500mg

sulfisoxazole (Gantrisin)
suspension: 500mg/5ml
tablet: 500mg (generic)

trimethoprim/sulfamethoxazole (generic Septra)
suspension: 40mg-200mg/5ml
tablet: 80mg-400mg
DS-tablet: 160mg-800mg

TETRACYCLINES

doxycyclinehyclate (generic Vibramycin)
capsule: 50, 100mg
tablet: 100 mg

minocycline (generic Minocin)
capsule: 50, 75, 100mg

tetracycline (generic Achromycin V)
capsule: 250, 500mg

II. ANTINEOPLASTIC & IMMUNOSUPPRESSANT

ANTINEOPLASTIC

altretamine (Hexalen)
capsule: 50mg

anastrozole (Arimidex)
tablet: 1mg

bexarotene (Targretin)
capsule: 75mg

bicalutamide (Casodex)
tablet: 50mg

busulfan (Myleran)
tablet: 2mg

capecitabine (Xeloda)
tablet: 150, 500mg

chlorambucil (Leukeran)
tablet: 2mg

cyclophosphamide (generic Cytoxan)
tablet: 25, 50mg

estramustine (Emyct)
capsule: 140mg

etoposide (VePesid)
capsule: 50mg

exemestane (Aromasin)
tablet: 25mg

fluorouracil (Efudex)
cream: 5%
solution: 2%, 5%

flutamide (generic Eulexin)
capsule: 125mg

hydroxyurea (generic Hydrea)
capsule: 500mg
tablet: 1000mg

imatinib (Gleevec)
tablet: 100, 400mg

II. ANTINEOPLASTIC & IMMUNOSUPPRESSANT cont'd

ANTINEOPLASTIC cont'd

letrozole (Femara)
tablet: 2.5mg

leucovorin calcium (generic Leucovorin)
tablet: 5, 10, 15, 25mg

lomustine (CeeNU)
capsule: 10, 40, 100mg

megestrol acetate (generic Megace)
suspension: 40mg/ml
tablet: 20, 40mg

melphalan (Alkeran)
tablet: 2mg

mercaptopurine (Purinethol)
tablet: 50mg

methotrexate (generic Methotrexate)
tablet: 2.5mg

mitotane (Lysodren)
tablet: 500mg

nilutamide (Nilandron)
tablet: 50, 150mg

procarbazine (Matulane)
capsule: 50mg

tamoxifen citrate (generic Nolvadex)
tablet: 10, 20mg

temozolomide (Temodar)
capsule: 5, 20, 100, 250mg

testolactone (Teslac)
tablet: 50mg

thioguanine (Thioguanine)
tablet: 40mg

toremifine citrate (Fareston)
tablet: 60mg

II. ANTINEOPLASTIC & IMMUNOSUPPRESSANT cont'd

ANTINEOPLASTIC cont'd

tretinoin (Vesanoid)
capsule: 10mg

IMMUNOSUPPRESSANTS

azathioprine (generic Imuran)
tablet: 50mg

cyclosporine (generic Neoral)
gel capsule: 25, 100mg

cyclosporine (generic Sandimmune)
capsule: 25, 100mg

mycophenolate mofetil (Cellcept)
capsule: 250mg
powder: 200mg/ml
tablet: 500mg

sirolimus (Rapamune)
solution: 1mg/ml
tablet: 1, 2mg

tacrolimus (Prograf)
capsule: 0.5, 1, 5mg

III. CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

amitriptyline (generic Elavil)
tablet: 10, 25, 50, 75, 100, 150mg

bupropion (generic Wellbutrin)
tablet: 75, 100mg
SR tablet: 100, 150, 200mg **QL=68 doses/ month**

bupropion XL (Wellbutrin-XL) **QL=34 doses/ month**
ER tablet: 150, 300mg

citalopram (Celexa) **QL=34 doses/month**
solution: 10mg/5ml
tablet: 20, 40mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIDEPRESSANTS cont'd

desipramine (generic Norpramin)
tablet: 25, 50, 75, 100, 150mg

doxepin (generic Sinequan, Adapin)
capsule: 10, 25, 50, 75, 100mg

fluoxetine (generic Prozac)
capsule: 10, 20mg **QL=136/34 days**
liquid: 20mg/5ml
tablet: 10, 20mg **QL=136/34 days**

fluvoxamine (generic Luvox)
tablet: 25, 50, 100mg

imipramine (generic Tofranil)
tablet: 10, 25, 50mg

mirtazapine (generic Remeron)
tablet: 15, 30mg

nortriptyline (generic Aventyl, Pamelor)
capsule: 10, 25, 50, 75mg

paroxetine (generic Paxil) **QL=34 doses/
month**
tablet: 10, 20, 30, 40mg

phenelzine (Nardil)
tablet: 15mg

sertraline (Zoloft) **QL**
solution: 20mg/ml
tablet: 50mg **QL=34/month**, 100mg **QL=68/
month**

tranylcypromine (Parnate)
tablet: 10mg

trazodone (generic Desyrel)
tablet: 50, 100, 150mg

venlafaxine (Effexor) **QL=102 doses/month**
tablet: 25, 37.5, 50, 75, 100mg

venlafaxine ER (Effexor-XR) **QL=34 doses/
month**
XR capsules: 37.5, 75, 150mg

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIMANIA

divalproex (Depakote)
capsule: 125mg
EC tablet: 125, 250, 500mg

divalproex ER (Depakote ER)
ER tablet: 250, 500mg

lithium carbonate (generic Lithobid)
SR tablet: 300mg

lithium carbonate (generic Eskalith)
capsule: 300mg
CR tablet: 450mg

ANTIPSYCHOTICS

chlorpromazine (generic Thorazine)
concentrate: 30mg/ml, 100mg/ml
tablet: 10, 25, 50, 100, 200mg

fluphenazine (generic Prolixin)
concentrate: 5mg/ml, 2.5mg/5ml
tablet: 1, 2.5, 5, 10mg

haloperidol (generic Haldol)
concentrate: 2mg/ml
tablet: 0.5, 1, 2, 5, 10mg

loxapine (generic Loxitane)
capsule: 5, 10, 25, 50mg

perphenazine (generic Trilafon)
concentrate: 16mg/5ml
tablet: 2, 4, 8, 16mg

perphenazine w/amitriptyline (generic Triavil)
tablet: 2/10mg, 2/25mg, 4/10mg, 4/25mg,
4/50mg

thioridazine (generic Mellaril)
Concentrate: 30mg/ml, 100mg/ml
Tablet: 10, 15, 25, 50, 100, 150, 200mg

thiothixene (generic Navane)
capsule: 1, 2, 5, 10mg
concentrate: 5mg/ml

III. CENTRAL NERVOUS SYSTEM cont'd

ANTIPSYCHOTICS cont'd

trifluoperazine (generic Stelazine)
tablet: 1, 2, 5, 10mg

ANXIOLYTICS, SEDATIVES & HYPNOTICS

alprazolam (generic Xanax)
tablet: 0.25, 0.50, 1, 2mg

buspirone (generic Buspar)
tablet: 5, 7.5, 10, 15, 30mg

chlordiazepoxide (generic Librium)
capsule: 5, 10, 25mg

clonazepam (generic Klonopin)
tablet: 0.5, 1, 2mg

clorazepate (generic Tranxene)
tablet: 3.75, 7.5, 15mg

diazepam (generic Valium)
tablet: 2, 5, 10mg

lorazepam (generic Ativan)
tablet: 0.5, 1, 2mg

oxazepam (generic Serax)
capsule: 10, 15, 30mg

phenobarbital (generic Luminal)
elixir: 20mg/5ml
tablet: 15, 30, 60, 100mg

temazepam (generic Restoril)
capsule: 7.5, 15, 30mg

zolpidem (Ambien) **QL=34 doses/month**
tablet: 5, 10mg

CEREBRAL STIMULANTS

amphetamine/salt combo (generic Adderall)
tablet: 5, 7.5, 10, 12.5, 15, 20, 30mg

amphetamine/salt combo ER (Adderall-XR)
PA, QL=30 capsules/30 days
ER capsule: 5, 10, 15, 20, 25, 30mg

III. CENTRAL NERVOUS SYSTEM cont'd

CEREBRAL STIMULANTS cont'd

atomoxetine (Strattera) **PA, QL=60 tablets per 30 days**

capsule: 10, 18, 25, 40, 60, 80, 100mg

dextroamphetamine (generic Dexedrine)
tablet: 5, 10mg
SR capsule: 5, 10, 15mg

methylphenidate (generic Ritalin)
tablet: 5, 10, 20mg

methylphenidate CR (Concerta) **QL=30 tablets/30 days**
CR tablet: 18, 27, 36, 54mg

methylphenidate ER (Ritalin SR, Methylin CR)
QL=30 tablets/30 days
SR tablet: 10, 20mg

CHOLINESTERASE INHIBITORS

donepezil (Aricept) **QL=34 tablets/34 days**
tablet: 5, 10mg

IV. NEUROMUSCULAR

ANTICONVULSANTS

carbamazepine (generic Tegretol)
chewable tab: 100mg
suspension: 100mg/5ml
tablet: 200mg

carbamazepine SR (Tegretol SR)
SR tablet: 100, 200, 400mg

clonazepam (generic Klonopin)
tablet: 0.5, 1, 2mg

divalproex (Depakote)
ER tablet: 250, 500mg
tablet: 125, 250, 500mg

ethosuximide (Zarontin)
capsule: 250mg
syrup: 250mg/5ml

IV. NEUROMUSCULAR cont'd

ANTICONVULSANTS cont'd

felbamate (Felbatol)

suspension: 600mg/5ml
tablet: 400, 600mg

gabapentin (generic Neurontin) **QL**

capsule: 100mg **QL=204/34 days**, 300,
400mg **QL=102/34 days**
tablet: 100mg **QL=204/34 days**, 300, 400,
600, 800mg **QL=102/34 days**

lamotrigene (Lamictal)

chewable tab: 5, 25mg
tablet: 125, 100, 150, 200mg

levatiracetam (Keppra)

tablet: 250, 500, 750mg

oxcarbazepine (Trileptal)

suspension: 300mg/5ml
tablet: 150, 300, 600mg

phenobarbital (generic Luminal)

elixir: 20mg/5ml
tablet: 16, 32, 60, 100mg

phenytoin sodium extended (Dilantin)

capsule: 30, 100mg
chewable tab: 50mg
suspension: 125mg/5ml

primidone (generic Mysoline)

tablet: 50, 250mg

tiagabine (Gabitril)

tablet: 2, 4, 12, 16mg

topiramate (Topamax) **PA**

capsule: 15, 25mg **QL=68 capsules/34
days**
tablet: 25, 50, 100, 200mg **QL=68 tablets/
34 days**

valproic acid (generic Depakene)

capsule: 250mg
syrup: 250mg/5ml

IV. NEUROMUSCULAR cont'd

ANTIMYASTHENIC AGENTS

pyridostigmine bromide (generic Mestinon)

tablet: 60, 180mg

ANTIPARKINSONS

amantadine (generic Symmetrel)

capsule: 100mg

benztropine mesylate (generic Cogentin)

tablet: 0.5, 1, 2mg

bromocryptine mesylate (Parlodel)

tablet: 2.5mg

carbidopa/levodopa (generic Sinemet)

tablet: 10/100mg, 25/100mg, 25/250mg
CR tablet: 25/100, 50/200mg

levodopa (Larodopa)

tablet: 500mg

selegiline (generic Eldepryl)

capsules: 5mg
tablet: 5mg

trihexyphenidyl (generic Artane)

tablet: 2, 5mg

MUSCLE RELAXANTS

baclofen (generic Lioresal)

tablet: 10, 20mg

carisoprodol (generic Soma)

tablet: 350mg

cyclobenzaprine (generic Flexeril)

tablet: 10mg

dantrolene (Dantrium)

capsule: 25, 50, 100mg

diazepam (generic Valium)

tablet: 2, 5, 10mg

methocarbamol (generic Robaxin)

tablet: 500, 750mg

V. ENDOCRINE & METABOLIC

ANDROGENS

fluoxymesterone (generic Halotestin)
tablet: 10mg

methyltestosterone (Methitest)
tablet: 10mg

testosterone patch (Androderm)
patch: 2.5, 5mg/24 hours

ANTIDIABETIC

glimepiride (Amaryl)
tablet: 1, 2, 4mg

glipizide (generic Glucotrol)
ER tablet: 2.5, 5, 10mg
tablet: 5, 10mg

glyburide (generic Diabeta, Micronase)
tablet: 1.25, 2.5, 5mg

glyburide/metformin (generic Glucovance)
tablet: 1.25/250mg, 2.5/500mg, 5/500mg

human insulin (Humulin/Novolin)
100U/ml /10ml vial

human insulin aspart (Novolog)
100U/ml /10ml vial

human insulin glargine (Lantus)
100U/ml /10ml vial

human insulin lispro (Humalog)
100U/ml /10ml vial

metformin (generic Glucophage)
ER tablet: 500mg
tablet: 500, 850, 1000mg

pioglitazone (Actos)
tablet: 15, 30, 45mg

rosiglitazone (Avandia) **QL=34 doses/month**
tablet: 2, 4, 8mg tablet

rosiglitazone/glimepiride (Avandaryl)
tablet: 4/1, 4/2, 4/4, 8/2, 8/4mg

V. ENDOCRINE & METABOLIC cont'd

ANTIDIABETIC cont'd

rosiglitazone/metformin (Avandamet)
tablet: 2mg/500mg, 4mg/500mg,
2mg/1000mg, 4mg/1000mg

ANTITHYROIDS

methimazole (Tapazole)
tablet: 5,10mg

propylthiouracil (PTU)
tablet: 50mg

CONTRACEPTIVES

Apri (generic Desogen)
tablet: 0.15mg/30mcg

Enpresse (generic Triphasil)
tablet: 0.05mg/30mcg, 0.075mg/40mcg,
0.125mg/30mcg

ethinyl estradiol/etonorgestrel (Nuvaring)
QL=1 pack/month

Kariva (generic Mircette)
tablet: 0.15mg/20mcg

Lessina (generic Alesse)
tablet: 0.1mg/20mcg

levonorgestrel (Plan B) **QL=1/month; 3/year**
tablet: 0.75mg

levonorgestrel/ethinyl estradiol (Seasonique)
tablet: 0.15mg/0.03mg 0.01mg

Levora (generic Nordette)
tablet: 0.15/30mcg

LoOgestrel (generic Lo/Ovral)
tablet: 0.1mg, 0.125mg, 0.15mg/0.025mg

Necon 0.5/35 (generic Modicon, Brevicon)
tablet: 0.5mg/35mcg

Necon (generic Norinyl)
tablet: 1mg/35mcg, 1mg/50mcg

Necon 777 (generic Ortho Novum 777)

V. ENDOCRINE & METABOLIC cont'd

CONTRACEPTIVES cont'd

norelgestromin/ethinyl estradiol (Ortho Evra)

QL=3 patches/month

patch: 0.15mg/20mcg

norethindrone (Nor-QD)

tablet: 0.35mg

norethindrone/ethinyl estradiol (generic Ovcon)

tablet: 0.4mg/35mcg, 1mg/50mcg

norethindrone/ethinyl estradiol (TriNorinyl)

tablet: 0.5mg/35mcg, 1mg/35mcg, 0.5mg/35mcg

norethindrone/ethinyl estradiol (Estrostep FE)

tablet: 1mg/20mcg, 1mg/30mcg, 1mg/35mcg

norgestimate/ethinyl estradiol (Ortho Tri-Cyclen Lo)

tablet: 0.18-25/0.215-25/0.25-25

Ogestrel (generic Ovral)

tablet: 0.5mg/50mcg

Sprintec (generic Ortho Cyclen)

Tri-Sprintec (generic Ortho TriCyclen)

Zovia (generic Demulen)

tablet: 1mg/35mcg, 1mg/50mcg

CORTICOSTEROIDS-ORAL

cortisone acetate (Cortisone)

tablet: 25mg

dexamethasone (generic Decadron)

elixir: 0.5mg/5ml

tablet: 0.25, 0.5, 0.75, 1.5, 2, 4, 6mg

fludrocortisone (generic Florinef)

tablet: 0.1mg

hydrocortisone (generic Cortef)

tablet: 20mg

V. ENDOCRINE & METABOLIC cont'd

CORTICOSTEROIDS-ORAL cont'd

methylprednisolone (generic Medrol)

dose pak: 4mg x 21 tablets

tablet: 4, 8mg

prednisolone sodium phosphate (generic Pediapred)

liquid: 6.7mg/5ml

solution: 15mg/5ml

prednisolone (generic Prelone)

syrup: 5mg/5ml, 15mg/5ml

prednisone (generic Deltasone)

tablet: 1, 2.5, 5, 10, 20, 50mg

DIABETIC SUPPLIES

Blood Glucose Meter (True Track Smart System, One Touch Ultra Mini, One Touch Ultra, One Touch Sure Step, One Touch Ultra 2, One Touch Ultra Smart) **QL=1 per 24 months**

Blood Glucose Test Strip (True Track, One Touch Basic/Profile/One Touch II, One Touch Sure Step, One Touch Ultra, One Touch Fast Take) **QL=150**

Glucagen (Glucagon Kit) 1mg/ml

Insulin Syringes (B-D, Sure-Dose) **QL**

Lancets (Microlet, Softclix, Soft Touch) **QL**

Miscellaneous Diabetic Supplies (Glucose Tabs, Alcohol Pads, Urine Test Strips)

ESTROGENS

conjugated estrogen (Premarin)

tablet: 0.3, 0.45, 0.625, 0.9, 1.25mg

vaginal cream: 0.625mg/gm

conj estrogens/medroxyprogesterone (Prempro)

tablet: 0.45/1.5mg, 0.625/2.5mg, 0.625/5mg

V. ENDOCRINE & METABOLIC cont'd

ESTROGENS cont'd

estradiol (generic Climara)
patch: 0.05, 0.1mg/24 hrs.

estradiol (generic Estrace)
tablet: 0.5, 1, 2mg

estradiol/norethindrone (Combipatch)
patch: 0.05/0.14, 0.05/0.25

estropipate (generic Ogen)
tablet: 0.625, 1.25, 2.5mg

MISCELLANEOUS ENDOCRINE

alendronate (Fosamax) **PA**
tablet: 5, 10, 70mg

calcitonin (Miacalcin NS)
nasal spray: 200IU

desmopressin acetate (generic DDAVP) **QL=2 packs/month**

nasal solution: 0.01%, 2.5 and 5ml
nasal spray: 0.01% 5ml

rалoxifene (generic Evista)
tablet: 60mg

risedronate (Actonel) **PA, QL=4 doses/month**
tablet: 5, 30, 35mg

OXYTOCICS

methylergonovine (Methergine)
tablet: 0.2mg

PROGESTINS

M-Progesterone (Depot-Provera Contra) **QL**
injection: 150mg/ml

medroxyprogesterone (generic Provera)
tablet: 2.5, 5, 10mg

norethindrone acetate (Aygestin)
tablet: 5mg

THYROID REPLACEMENTS

levothyroxine (brand or generic)
tablet: 0.025, 0.05, 0.075, 0.088, 0.1, 0.112,
0.125, 0.137, 0.15, 0.175, 0.2, 0.3mg

V. ENDOCRINE & METABOLIC cont'd

THYROID REPLACEMENTS cont'd

liotrix (Thyrolar)
tablet: 15, 30, 60, 120, 180mg

thyroid (generic Armour Thyroid)
tablet: 0.25, 0.5, 1, 1.5, 2, 3, 4, 5gr

VI. CARDIOVASCULAR

ANTIANGINALS

isosorbide dinitrate (generic Isordil)
SL tablet: 2.5, 5mg
SR tablet: 40mg
tablet: 5, 10, 20,30mg

isosorbide mononitrate (generic Imdur)
tablet: 30, 60, 120mg

nitroglycerin (Nitro Bid, Nitrostat)
ointment: 2%
SL tablet: 0.3, 0.4, 0.6mg

nitroglycerin patch (generic Nitro-Dur)
patch: 0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg/hr

ANTIARRHYTHMICS

amiodarone (generic Cordarone)
tablet: 200mg

digoxin (Lanoxin)
elixir: 0.05mg/ml
tablet: 0.125, 0.25, 0.5mg

disopyramide (generic Norpace)
capsule: 100, 150mg

disopyramide CR (generic Norpace CR)
CR capsule: 150mg

flecainide (generic Tambocor)
tablet: 50, 100, 150mg

morizizine (Ethmozine)
tablet: 200, 250, 300mg

VI. CARDIOVASCULAR cont'd

ANTIARRHYTHMICS cont'd

procainamide (generic Pronestyl)
capsule: 250, 375, 500mg
SR tablet: 250, 500, 750mg, 1gm

propafenone (Rhythmol)
tablet: 150, 225, 300mg

quinidine gluconate (generic Quinaglute)
tablet: 324mg

quinidine sulfate (generic Quinidex)
tablet: 100, 200, 300mg

tocainide (Tonocard)
tablet: 400, 600mg

ANTICOAGULANTS & BLOOD MODIFIERS

clopidogrel (Plavix)
tablet: 75mg

dipyridamole (generic Persantine)
tablet: 25, 50, 75mg

pentoxifylline (generic Trental)
tablet: 400mg

warfarin (Coumadin)
tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg

ANTIHYPERLIPIDEMICS

atorvastatin (Lipitor) **QL=34 doses/month**
tablet: 10, 20, 40, 80mg

gemfibrozil (generic Lopid)
tablet: 600mg

lovastatin (generic Mevacor) **QL=34 doses/month**
tablet: 20, 40mg

niacin (SLO Niacin)
SR tablet: 500, 750, 1000mg
tablet: 500mg

simvastatin (generic Zocor)
tablet: 5, 10, 20, 40, 80mg

VI. CARDIOVASCULAR cont'd

ANTIHYPERTENSIVES

ACE Inhibitors and Combinations

benazepril (generic Lotensin)
tablet: 5, 10, 20mg **QL=34 doses/month**,
40mg **QL=68 doses/month**

benazepril/HCTZ (generic Lotensin HCT)
tablet: 5/6.25mg, 10/12.5mg, 20/12.5mg,
20/25mg

captopril (generic Capoten)
tablet: 12.5, 25, 50, 100mg

captopril/HCTZ (generic Capozide)
tablet: 25/15mg, 25/25mg, 50/15mg, 50/
25mg

enalapril (generic Vasotec) **QL**
tablet: 2.5, 5, 10mg **QL=34 doses/month**,
20mg **QL=68 doses/month**

enalapril/HCTZ (generic Vaseretic)
tablet: 5/12.5mg, 10/25mg

lisinopril (generic Zestril) **QL=34 doses/month**
tablet: 2.5, 5, 10, 20, 30, 40mg

lisinopril/HCTZ (generic Zestoretic)
tablet: 10/12.5mg, 20/12.5mg, 20/25mg

trandolopril (Mavik)
tablet: 1mg **QL=34/month**, 2mg **QL=51/
month**, 4mg **QL=68/month**

Angiotensin Receptor Blockers (ARB)

losartan (Cozaar) **QL**
tablet: 25, 50mg **QL=68 doses/month**,
100mg **QL=34 doses/month**

losartan/HCTZ (Hyzaar) **QL**
tablet: 50-12.5mg **QL=68 doses/month**,
100-12.5mg and 100-25mg **QL=34 doses/
month**

valsartan (Diovan) **QL=34 doses/month**
tablet: 40, 80, 160, 320mg

VI. CARDIOVASCULAR cont'd

ANTIHYPERTENSIVES cont'd

Valsartan/HCTZ (Diovan-HCT)
tablet: 80/12.5, 160/12.5, 160/25mg

Sympatholytics & Vasodilators

clonidine (generic Catapres)
tablet: 0.1, 0.2, 0.3mg

doxazosin mesylate (generic Cardura)
tablet: 1, 2, 4, 8mg

guanabenz acetate (generic Wytensin)
tablet: 4, 8mg

guanfacine (generic Tenex)
tablet: 1, 2mg

methyldopa (generic Aldomet)
tablet: 250, 500mg

prazosin (generic Minipres)
tablet: 1, 2, 5mg

terazosin (generic Hytrin)
capsule: 1, 2, 5, 10mg

BETA BLOCKERS

atenolol (generic Tenormin)
tablet: 25, 50, 100mg

atenolol/chlorthalidone (generic Tenoretic)
tablet: 50/25mg, 100/25mg

carvedilol
tablet: 3.125, 6.25, 12.5, 25mg

carvedilol (Coreg CR)
tablet: 10, 20, 40, 80mg

labetalol (generic Normodyne)
tablet: 100, 200, 300mg

metoprolol (generic Lopressor)
tablet: 50, 100mg

nadolol (generic Corgard)
tablet: 20, 40, 80, 120, 160mg

VI. CARDIOVASCULAR cont'd

BETA BLOCKERS cont'd

propranolol (generic Inderal)
tablet: 10, 20, 40, 60, 80, 90mg

propranolol CR (generic Inderal LA)
capsule: 60, 80, 120, 160mg

propranolol/HCTZ (generic Inderide)
tablet: 40/25mg, 80/25mg

CALCIUM CHANNEL BLOCKERS

amlodipine (Norvasc) **QL=34 doses/month**
tablet: 2.5, 5, 10mg

amlodipine/benazepril (Lotrel)
tablet: 2.5/10mg, 5/10mg, 5/20mg

diltiazem (generic Cardizem)
tablet: 30, 60, 90, 120mg

diltiazem ER (generic Cardizem CD) **QL=34 doses/month**
capsule: 120, 180, 240, 300mg/24hr

diltiazem ER (generic Dilacor XR) **QL**
capsule: 120mg **QL=34/month**, 180mg
QL=102/month, 240mg **QL=68/month**

diltiazem SR (generic Cardizem SR) **QL=68 doses/month**
capsule: 60, 90, 120mg/12hr

felodipine (generic Plendil) **QL=34 doses/month**
tablet: 2.5, 5, 10mg

nifedipine (generic Procardia)
capsule: 10, 20mg

nifedipine ER (generic Adalat CC, Procardia XL) **QL=34 doses/month**
tablet: 30, 60 90mg

verapamil (generic Calan, Isoptin)
tablet: 40, 80, 120mg

VI. CARDIOVASCULAR cont'd

CALCIUM CHANNEL BLOCKERS cont'd

verapamil CR (generic Calan SR, Isoptin SR)
QL=68 doses/34 days
tablet: 120, 180, 240mg

DIURETICS

acetazolamide (generic Diamox)
tablets: 125, 250mg

bumetanide (generic Bumex)
tablet: 0.5, 1.0, 2mg

chlorthalidone (generic Hygroton)
tablet: 25, 50, 100mg

furosemide (generic Lasix)
tablet: 20, 40, 80mg
solution: 10mg/ml, 40mg/5ml

hydrochlorothiazide (generic HCTZ)
capsule: 12.5mg
tablet: 25, 50, 100mg

indapamide (generic Lozol)
tablet: 1.25, 2.5mg

metolazone (Zaroxolyn)
tablet: 2.5, 5, 10mg

spironolactone (generic Aldactone)
tablet: 25, 50, 100mg

spironolactone/HCTZ (generic Aldactazide)
tablet: 25/25mg, 50/50mg

triamterene/HCTZ (generic Dyazide, Maxzide)
capsule: 50mg/25mg
tablet: 37.5/25mg, 75/50mg

VII. RESPIRATORY

ANTIASTHMATICS

albuterol HFA (Ventolin HFA, ProAir HFA)
QL=2/month
MDI: 108mcg/puff

VII. RESPIRATORY cont'd

ANTIASTHMATICS cont'd

albuterol MDI (generic Proventil) QL
MDI: 90mcg/puff QL=2 packets/month
solution: 5mg/ml
solution for inhalation: 0.083%, 0.63mg/3ml,
1.25mg/3ml
syrup: 2mg/5ml
tablet: 2, 4mg

albuterol/ipratropium (Combivent) QL=2
packs/month
MDI: 103-18mcg/puff

ipratropium bromide (generic Atrovent)
QL=150 unit dose vials/month
inhalation solution: 0.02%

ipratropium bromide MDI (Atrovent HFA)
QL=2 packs/month
MDI: 18mcg/puff

ipratropium bromide nasal (generic Atrovent
NS)
nasal spray: 0.03% QL=2 packs/month,
0.06% QL=3 packs/month

levalbuterol (Xopenex) AL<6, PA, QL=288ml/
month
inhalation solution: 0.31mg, 0.63mg,
1.25mg/3ml

metaproterenol (Alupent MDI) QL=2 packs/
month
MDI: 65mcg/puff

metaproterenol (generic Metaprel)
solution for inhalation: 0.4, 0.6, 5%
syrup: 10mg/5ml
tablet: 10, 20mg

pirbuterol (Maxair MDI) QL=1 pack/month
MDI: 0.2mg Autohaler

salmeterol (Serevent Diskus) QL=1 package/
month
diskus: 50mcg/dose

VII. RESPIRATORY cont'd

ANTI-ASTHMATICS cont'd

terbutaline (generic Brethine)
tablets: 2.5/5mg

theophylline (generic Slo-Phylline)
elixir: 80 mg/15ml
solution: 80mg/15ml
tablet: 100, 200mg

theophylline SR (Theo-Dur)
capsule: 125/300mg
tablet: 100, 200, 300, 450mg

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

brom/carbinox/pseudo (generic Rondec Drops)
syrup: 2-15-4mg/ml, 2-25-4mg/ml,
4/60/15mg/5ml

brompheniramine/pseudoephedrine (generic Bromfed, Dimetapp Cold & Allergy)
capsule: 12/120mg
syrup: 1mg-15mg/5ml
tablet: 4mg/60mg

**brompheniramine/pseudoephedrine/
detromethophan** (generic Dimetapp DM)
syrup: 15mg-1mg-5mg/5ml

chlorpheniramine/pseudoephedrine (generic Deconamine)
chewable tab: 1mg/15mg
SR tablet: 8mg/120mg
tablet: 4mg/60mg

VII. RESPIRATORY cont'd

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS cont'd

cpm/pseudo/dextromethorphan (generic Pediacare Cough & Cold, Robitussin Night PE, Triaminic Cough & Cold, Triaminic Night Time MS)
syrup: 15mg-1mg-5mg/5ml, 15mg-1mg-7.5mg/5ml

cpm/phenylephrine/methoscopolamine (generic Extendryl)
chewable tab: 2/10/1.25mg
CR tablet: 8/20/2.5mg
syrup: 2/10/1.25mg/5ml

cpm/phenylephrine/pyrilamine (generic Rynatan S)
suspension: 2mg/5mg/12.5mg/5ml

pseudoephedrine (generic Pedicare Drops, Triaminic Drops)
solution: 7.5mg/0.8ml

pseudo/dextromethorphan (generic Robitussin Ped Cough & Cold, Dimetapp Cough & Cold, Triaminic Cough, Pedicare Infant Drops, Children's Dimetapp Decong plus Cough)
solution: 7.5mg-2.5mg/0.8ml
syrup: 15mg-5mg/5ml, 15mg-7.5mg/5ml

pseudoephedrine/guaifenesin (generic Zephrex LA)
tablet: 120/600mg

ANTI-HISTAMINES

cetirizine (Zyrtec) **QL=340ml/month**
syrup: 5mg/5ml (age restriction <12)

chlorpheniramine (generic Chlor-Trimeton)
tablet: 4mg
solution: 2mg/5ml

cyproheptadine (generic Periactin)
syrup: 2mg/5ml
tablet 4mg

VII. RESPIRATORY cont'd

ANTI-HISTAMINES cont'd

dexchlorpheniramine (generic Polaramine)
CR tablet: 4mg, 6mg
syrup: 2mg/5ml

diphenhydramine (generic Benadryl)
capsule: 25, 50mg
OTC elixir: 12.5mg/5ml

fexofenadine (generic Allegra) **PA, QL**
capsule: 60mgs, tablet: 60mg **QL=68**
doses/month, capsule: 180mg **QL=34**
doses/month

fexofenadine/pseudoephedrine PA,
QL=doses/month
ER tablet: 60mg/120mg (Allegra-D)

hydroxyzine (generic Atarax)
syrup: 10mg/5ml
tablet: 10, 25, 50mg

hydroxyzine pamoate (generic Vistaril)
capsule: 25, 50, 100mg

loratadine (generic OTC-Claritin, Alavert)
syrup: 10mg/10ml **QL=340ml/month**
tablet: 10mg **QL=34 doses/month**
OD tablet: 10mg **QL=34 doses/month**

loratadine/pseudoephedrine (generic OTC-
Claritin-D)
12 hr. tablet: 5mg/120mg **QL=68 doses/**
month
24 hr. tablet: 10mg/240mg **QL=34 doses/**
month

ANTITUSSIVES

benzonatate (generic Tessalon Perles)
capsule: 100mg

codeine/guaifenesin (generic Robitussin AC)
syrup: 10mg/100mg/5ml

codeine/promethazine (Phenergan w/Cod.)
syrup: 10mg/6.25mg/5ml

VII. RESPIRATORY cont'd

ANTITUSSIVES cont'd

dextromethorphan/guaifenesin (generic
Diabetic Tussin-DM)
capsule: 10mg/100mg
syrup: 10mg/100mg/5ml

dextromethorphan/guaifenesin (generic
Humibid DM)
tablet: 30mg/600mg

dextromethorphan/guaifenesin (generic
Max.Strength Diabetic Tussin-DM)
syrup: 10mg/200mg/5ml

guaifenesin CR (generic Humibid LA,
Duratuss-G)
tablet: 600mg, 1200mg

hydrocodone/homatropine (generic Hycodan)
syrup: 5mg/1.5mg/5ml

promethazine (generic Phenergan) **AL=<2**
years
syrup: 6.25mg/5ml

promethazine/dextromethorphan (generic
Phenergan DM) **AL=<2 years**
syrup: 6.25mg/100mg/5ml

pseudoephedrine/guaifenesin (generic
Deconsal II)
tablet: 60mg/600mg

pseudoephedrine/hydrocodone/guaifenesin
(generic Duratuss HD)
elixir: 30mg/2.5mg/500mg/5ml

INHALED STEROIDS AND ANTI-INFLAMMATORIES

beclomethasone (Vanceril) **QL=3 packages/**
month
MDI: 42mcg/puff

beclomethasone dipropionate HFA (QVAR)
QL=2 packs/month
MDI: 40mcg/puff, 80mcg/puff

VII. RESPIRATORY cont'd

INHALED STEROIDS AND ANTI-INFLAMMATORIES cont'd

budesonide (Pulmicort Respules) **QL=2 boxes/month**

ampules: 0.25, 0.5mg/ml (AL <6 yrs)

budesonide MDI (Pulmicort) **QL=1 pack/month**

MDI: 200mcg/puff

cromolyn sodium (generic Intal)

solution: 20mg/2ml

cromolyn sodium MDI (Intal MDI) **QL=1 pack/month**

MDI: 800mcg/puff

fluticasone propionate (Flovent) **QL=1**

diskus: 50mcg/puff

fluticasone propionate (Flovent HFA) **QL=2 packs/month**

MDI: 44mcg, 110mcg, 220mcg/puff

fluticasone/salmeterol (Advair) **QL=1 pack/month**

diskus: 100/50, 250/50, 500/50mcg/puff

fluticasone/salmeterol (Advair HFA) **QL=1**

MDI: 45/21, 115/21, 230/21mcg/puff

nedocromil (Tilade) **QL=2 packages/month**

MDI: 1.75mg/puff

triamcinolone (Azmacort) **QL=2 packages/month**

MDI: 100mcg/puff

INTRANASAL STEROIDS

beclomethasone (Beconase AQ) **QL=1 pack/month**

nasal spray: 50mcg/puff

fluticasone (Flonase) **QL=1 pack/month**

nasal spray: 50mcg/puff

mometasone furoate (Nasonex) **QL=1 pack/month**

nasal spray: 50mcg/puff

VII. RESPIRATORY cont'd

INTRANASAL STEROIDS cont'd

triamcinolone (Nasacort AQ) **QL=1 pack/month**

nasal spray: 55mcg/puff

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast (Singulair) **ST**

chewable tab: 4, 5, 10mg **QL=34 tabs/34 days**

granules: 4mg

tablet: 10mg

zafirlukast (Accolate) **ST, QL=68 tablets/34 days**

tablet: 10, 20mg

SPACER DEVICES

Aerochamber

Aerochamber w/Mask

Easivent

EZ-spacer

EZ-spacer w/Mask

Inspirease

Nebulizer

normal saline (generic Bronchosaline)

Optichamber

Optihaler

VIII. GASTROINTESTINAL

ANTIEMETICS

meclizine (generic Antivert)

tablet: 12.5, 25mg

ondansetron (Zofran ODT)

OD tablet: 4mg **QL=12/month**, 8mg **QL=6/month**, 24mg **QL=2/month**

VIII. GASTROINTESTINAL cont'd

ANTIEMETICS cont'd

prochlorperazine (generic Compazine)
suppository: 2.5, 5, 25mg
syrup: 5mg/5ml
tablet: 5, 10, 25mg

promethazine (generic Phenergan) **AL=<2 years**
suppository: 12.5, 25, 50mg
tablet: 12.5, 25, 50mg

ANTISPASMODIC & G.I. MOTILITY

dicyclomine (generic Bentyl)
capsule: 10mg
tablet: 20mg

diphenoxylate/atropine (generic Lomotil)
liquid: 2.5mg/0.025mg/5ml
tablet: 2.5mg/0.025mg

hyoscyamine sulfate (generic Levsin)
drop: 0.125mg/ml
elixir: 0.125mg/5ml
SL tablet: 0.125mg

hyoscyamine sulfate CR (generic Levsinex)
capsule: 0.375mg

loperamide (generic Imodium AD) **OTC**
capsule: 2 mg
liquid: 1mg/5ml

metoclopramide (generic Reglan)
syrup: 5mg/5ml
tablet: 5, 10mg

BOWEL PREPARATIONS

polyethylene glycol/electrolytes (generic Colyte) **QL**
solution: 4000ml

DIGESTANTS

pancrelipase (Cotazym)
capsule: 30KU amylase/8KU lipase/30KU protease

VIII. GASTROINTESTINAL cont'd

DIGESTANTS cont'd

pancrelipase (generic Pancrease)
capsule: 20KU amylase/4KU lipase/25KU protease

pancrelipase (generic Pancrease MT-10)
capsule: 30KU amylase/10KU lipase/30KU protease

pancrelipase (generic Pancrease MT-16)
capsule: 48KU amylase/16KU lipase/48KU protease

pancrelipase (generic Pancrease MT-20)
capsule: 56KU amylase/20KU lipase/44KU protease

pancrelipase (Ultrase)
capsule: 20KU amylase/4.5KU lipase/25KU protease

pancrelipase (Ultrase MT-12)
capsule: 39KU amylase/12KU lipase/39KU protease

pancrelipase (generic Ultrase MT-18)
capsule: 58.5KU amylase/18KU lipase/58.5KU protease

pancrelipase (generic Ultrase MT-20)
capsule: 65KU amylase/20KU lipase/65KU protease

MISCELLANEOUS G.I. AGENTS

docusate sodium (generic Colace) **OTC**
capsule: 100, 250mg

hydrocortisone (generic Cortenema)
retention enema: 100mg/60ml

hydrocortisone acetate (generic Anusol-HC)
cream: 2.5%
suppository: 25mg

VIII. GASTROINTESTINAL cont'd

MISCELLANEOUS G.I. AGENTS cont'd

hydrocortisone acetate/pramoxine

(Analpram-HC)

cream: 1%

lotion: 2.5%

lactulose (Chronulac, Cephulac)

syrup: 10mg/15ml

mesalamine (Asacol)

tablet: 400mg

mesalamine (Pentasa)

capsule: 250mg

mesalamine (Rowasa)

retention enema: 4gm/60ml

sulfasalazine (Azulfidine)

tablet: 500mg

EN tablet: 500mg

ULCER TREATMENT & PREVENTION

AlOH/MgOH (generic Maalox)

suspension: 200/225mg/5ml

AlOH/MgOH/simethicone (generic Mylanta)

suspension: 200/225/80mg/5ml

cimetidine (generic Tagamet)

solution: 300mg/5ml

tablet: 200, 300, 400, 800mg

famotidine (generic Pepcid)

tablet: 20, 40mg

MgOH/calcium carbonate (generic Di-Gel)

suspension: 225/500mg/5ml

omeprazole (generic Prilosec OTC) **QL=34 doses/month**

tablet: 20, 40mg

pantoprazole (Protonix) **PA, QL=34 doses/month**

tablet: 20, 40mg

VIII. GASTROINTESTINAL cont'd

ULCER TREATMENT & PREVENTION cont'd

ranitidine (generic Zantac)

tablet: 150, 300mg

ranitidine (Zantac Syrup)

syrup: 15mg/ml

IX. GENITOURINARY

ANTI-INFECTIVES AND ANTISPASMODICS

bethanechol (Urecholine)

tablet: 5, 10, 25, 50mg

flavoxate (Urispas)

tablet: 100mg

methenamine (generic Mandelamine)

tablet: 0.5, 1gm

oxybutynin (generic Ditropan)

tablet: 5mg

phenazopyridine (generic Pyridium)

tablet: 100, 200mg

potassium citrate (Urocit-K)

tablet 540, 1080mg

tolterodine tartrate (Detrol)

tablet: 1, 2mg

LA capsule: 2, 4mg

VAGINAL PREPARATIONS

clotrimazole (generic Gynelotrimin)

vaginal cream: 1%

vaginal tabs: 100, 200mg

fluconazole (Diflucan) **QL=1 tablet/treatment**

tablet: 150mg

metronidazole gel (Metrogel-Vaginal)

vaginal gel: 0.75%

miconazole (generic Monistat OTC)

vaginal cream: 2%, 4%

suppository: 100, 200mg

IX. GENITOURINARY cont'd

VAGINAL PREPARATIONS cont'd

miconazole ointment (generic Combo Pack)
suppository: 1200mg, 2% cream

progesterone (Crinone)
vaginal gel: 8%

sulfanilamide (AVC)
vaginal cream: 15%

terconazole (generic Terazol)
vaginal cream: 0.4%

terconazole (Terazol-3)
suppository: 80mg
vaginal cream: 0.8%

tioconazole ointment (generic Monistat-1)
vaginal ointment: 6.5%

X. ANALGESIC AND ANESTHETIC

ANALGESICS

acetaminophen (generic Tylenol)
tablet: 325mg
elixir: 120mg/5ml

apap/codeine (generic Tylenol w/codeine)
elixir: 120mg-5mg/5ml
tablet: 325mg-15mg, 325mg-30mg, 325mg-60mg

apap/hydrocodone (generic Lorcet)
tablet: 650mg-10mg

apap/hydrocodone (generic Lortab)
elixir: 167mg-2.5mg/5ml
tablet: 500mg-5mg, 500mg-7.5mg

apap/hydrocodone (generic Vicodin)
ES tablet: 750mg-7.5mg
tablet: 500mg-5mg

apap/oxycodone (generic Percocet)
tablet: 325mg-5mg, 500mg-7.5mg, 650mg-10mg

X. ANALGESIC AND ANESTHETIC cont'd

ANALGESICS cont'd

aspirin (generic Aspirin)
tablet: 325mg

aspirin/oxycodone (generic Percodan)
tablet: 325mg-4.5mg

codeine sulfate (generic Codeine Sulfate)
tablet: 15mg, 30mg, 60mg

choline magtrisalicylate (generic Trilisate)
tablet: 500, 750, 1000mg

diflunisal (generic Dolobid)
tablet: 250, 500mg

fentanyl (Duragesic) **PA, QL=10 patches/month**
patch: 25, 50, 75, 100mcg

hydromorphone (generic Dilaudid)
suppository: 3mg
tablet: 1, 2, 3, 4, 8mg

ibuprofen (generic Advil)
tablet: 200mg
suspension: 100mg/5ml
drops: 50mg/1.25ml

meperidine (generic Demerol)
syrup: 50mg/5ml
tablet: 50, 100mg

morphine sulfate (generic MSIR)
solution: 10mg/5ml, 20mg/5ml
tablet: 15mg, 30mg

morphine sulfate (generic RMS)
suppository: 5, 10, 20, 30mg

morphine sulfate (generic Roxanol)
solution: 20mg/ml

morphine sulfate SR (generic MS Contin)
tablet: 15, 30, 60, 100, 200mg

naproxen sodium (generic Aleve)
tablets: 220mg

X. ANALGESIC AND ANESTHETIC cont'd

ANALGESICS cont'd

oxycodone (OxyContin) **PA, QL=60 doses/30 days**

tablet: 10, 20, 40, 80mg

oxycodone (generic Roxicodone) **PA, QL=60 doses/30 days**

capsule: 5mg

tablet: 5mg

propoxyphene napsylate/apap (generic Darvocet-N)

tablet: 50/325mg, 100/650mg

tramadol (generic Ultram) **QL=136 doses/month**

tablet: 50mg

ANTIGOUT

allopurinol (generic Zyloprim)

tablet: 100, 300mg

colchicine (Colchicine)

tablet: 0.5, 0.6mg

indomethacin (generic Indocin)

capsule: 25, 50mg

SR capsule: 75mg

probenecid (generic Benemid)

tablet: 500mg

ANTIRHEUMATICS

methotrexate (generic Rheumatrex)

tablet: 2.5mg

penicillamine (Cuprimine)

capsule: 125, 250mg

LOCAL ANESTHETICS

lidocaine (generic Xylocaine)

gel: 2%

ointment: 5%

solution: 2%

X. ANALGESIC AND ANESTHETIC cont'd

MIGRAINE AND HEADACHE PRODUCTS

almotriptan (Axert) **QL**

tablet: 12.5mg

apap/butalbital (generic Phrenylin)

capsule: 650/50mg

tablet: 650/50mg

apap/caffeine/butalbital (generic Fioricet)

capsule, tablet: 325/40/50mg

apap/caffeine/butalbital

tablet: 500/40/50mg

apap/caffeine/butalbital/codeine (generic Fioricet/codeine)

capsule: 325/40/50/30mg

aspirin/caffeine/butalbital (generic Fiorinal)

capsule, tablet: 325/40/50mg

ergotamine/caffeine (Cafergot)

tablet: 1/100mg

isomethheptene/dichloralphenazone/apap (generic Midrin)

capsule: 65/100/325mg

sumatriptan (Imitrex)

injection kit: 6mg/0.5ml **QL=2 kits/month**

nasal spray: 5mg/spray, 20mg/spray **QL=6 bottles/month**

tablet: 25, 50, 100mg **QL=9 doses/month**

sumatriptan succinate (Imitrex ODT) **QL**

OD tablet: 25, 50, 100mg

zolmitriptan (Zomig) **QL**

nasal spray: 5mg x 6

OD tablet: 2.5, 5mg

tablet: 2.5, 5mg

NSAIDS

celecoxib (Celebrex) **PA, QL=68 doses/month**

capsule: 100, 200, 400mg

X. ANALGESIC AND ANESTHETIC cont'd

NSAIDS cont'd

diclofenac (generic Voltaren)
tablet: 25, 50, 75mg

etodolac (generic Lodine)
capsule: 200, 300mg
tablet: 400, 500mg

flurbiprofen (generic Ansaid)
tablet: 50, 75mg

ibuprofen (generic Motrin)
tablet: 400, 600, 800mg

indomethacin (generic Indocin)
capsule: 25, 50mg
SR capsule: 75mg

nabumetone (generic Relafen) **QL=68 doses/
month**
tablet: 500, 750mg

naproxen (generic Naprosyn)
suspension: 125mg/5ml
tablet: 250, 375, 500mg

naproxen sodium (generic Anaprox)
tablet: 275, 550mg

oxaprozin (generic Daypro)
tablet: 600mg

piroxicam (generic Feldene) **QL=34 doses/
month**
capsule: 10, 20mg

salsalate (generic Disalcid)
tablet: 500, 750mg

sulindac (generic Clinoril)
tablet: 150, 200mg

XI. NUTRITIONAL SUPPLEMENTS

MINERALS AND ELECTROLYTES

calcium acetate (Phoslo)
capsule, tablet: 667mg

calcium carbonate (generic OsCal, Tums)
tablet: 500mg

ferrous gluconate (generic Fergon)
tablet: 330mg

ferrous sulfate (generic Feosol) **OTC**
tablet: 325mg

pediatric electrolytes (generic Pedialyte) **OTC**

potassium chloride (generic Micro-K)
CR capsule: 10mEq
CR tablet: 8mEq
powder: 20mEq
solution 10%, 20%

potassium chloride particles (generic K-Dur)
tablet: 10mEq, 20mEq

VITAMINS

alpha tocopherol (generic Viamin-E)
capsule: 400 I.U.

calcitriol (generic Rocaltrol)
capsule: 0.25mcg, 0.5mcg

ergocalciferol (generic Drisdol)
capsule: 50,000U

folic acid (generic Folvite)
tablet: 1mg

ped vitamins ADC/FL (generic Tri-Vi-Flor)
chewable tab: 1mg
solution: 0.25mg/ml, 0.5mg/ml

ped vitamins ADC/FL-FE (Tri-Vi-Flor w/Fe)
solution: 0.25mg/10mg/ml

pediatric multiple vitamins/fl (generic Poly-Vi-Flor)
chewable tab: 0.25, 0.5, 1mg
drop: 0.25mg/ml, 0.5mg/ml

XI. NUTRITIONAL SUPPLEMENTS cont'd

VITAMINS cont'd

pediatric multiple vitamins/fl-*FE* (Poly-Vi-Flor w/Fe)

chewable tab: 0.5, 1mg

drop: 0.25mg/ml, 0.5mg/ml

phytonodione (Mephyton)

prenatal vitamins with folic acid (generic)

all generic prenatal vitamins are covered

sodium flouride (generic Luride)

chewable tab: 0.25mg

tablet: 5mg

vitamin B complex (Nephrocaps)

XII. OPHTHALMIC & OTIC

ANALGESICS

benzocaine/antipyrine (generic Auralgan)

solution: 1.4%/5.5% OTIC

ANTI-INFECTIVES

acetic acid (generic VoSol)

solution: 2% OTIC

acetic acid/HC (generic VoSol HC) **QL=20 mls/30 days**

solution: 2%/1% OTIC

bacitracin (generic Baciguent)

ointment: 500U/gm OPHTH

bacitracin/neomycin/polymyxin B (generic Neosporin)

ointment: 400U/gm/3.5mg/gm/10,000U/gm
OPHTH

chloramphenicol (Chloroptic)

solution: 0.5%

ointment: 1% OPHTH

ciprofloxacin (generic Ciloxan)

solution: 0.3% OPHTH

XII. OPHTHALMIC & OTIC cont'd

ANTI-INFECTIVES cont'd

ciprofloxacin/dexamethasone (Ciprodex)

QL=7.5mls/30 days

suspension: 0.3%/0.1% OTIC

dexamethasone/tobramycin (Tobradex)

ointment: 0.1%/0.3% OPHTH

suspension: 0.1%/0.3% OPHTH

erythromycin (generic Ilotycin)

ointment: 5mg/gm OPHTH

gentamycin (generic Garamycin)

ointment, solution: 3mg/gm OPHTH

gramicidin/neomycin/polymyxin B

(Neosporin)

solution: 0.025mg/ml/1.75mg/ml/10,000U/
ml OPHTH

neomycin/polymyxin B/dexamethasone

(Maxitrol)

ointment, suspension: 0.35%/10,000U/0.1%
OPHTH

neomycin/polymyxin B/HC (generic

Cortisporin) **QL=20mls/30 days**

solution, suspension: 5mg/10,000U/1%
OTIC

ofloxacin (Floxin Otic) **QL=10mls/30 days**

solution: 0.3% OTIC

ofloxacin (generic Ocuflax)

solution: 0.3% OPHTH

polymyxin B/bacitracin (generic Polysporin)

ointment: 10,000U/500U/gm OPHTH

sulfacetamide (generic Bleph 10)

ointment, solution: 10% OPHTH

sulfacetamide/prednisolone (Blephamide)

ointment: 10%/0.2% OPHTH

suspension: 10%/0.2% OPHTH

tobramycin (Tobrex)

solution: 0.3% OPHTH

ointment: 0.3% OPHTH

XII. OPHTHALMIC & OTIC cont'd

ANTI-INFECTIVES cont'd

triethanolamine oleate (Cerumenex)
solution: 10% OTIC

trifluridine (generic Viroptic)
solution 1% OPHTH

trimethoprim/polymyxin B (generic Polytrim)
solution: 0.1%/10,000U/ml OPHTH

vidarabine (Vira-A)
ointment: 3% OPHTH

ANTI-INFLAMMATORY & ALLERGY

azelastine (Optivar) **ST, QL=1 pack/month**
drop: 0.05% OPHTH

cromolyn sodium (generic Crolom) **QL=2 packs/month**
solution: 4% OPHTH

dexamethasone (generic Decadron)
ointment: 0.05% OPHTH
solution: 0.1% OPHTH

dexamethasone/neomycin (generic NeoDecadron)
solution: 5ml OPHTH

diclofenac (Voltaren)
solution: 0.1% OPHTH

fluorometholone (generic FML)
suspension: 0.1% OPHTH

flurbiprofen (generic Ocufen)
solution: 0.03% OPHTH

ketorolac (Acular)
solution: 0.5% OPHTH

ketotifen fumarate (Zaditor) **OTC**
OPHTH: 0.035%

loxamine (Alomide) **ST, QL=1 pack/month**
solution 0.1% OPHTH

XII. OPHTHALMIC & OTIC cont'd

ANTI-INFLAMMATORY & ALLERGY cont'd

medrysone (HMS)
suspension: 1% OPHTH

naphazoline (generic Albalon)
solution: 0.1% OPHTH

neomycin/polymyxin/prednisolone (generic Polypred)
suspension: 0.5% OPHTH

olopatadine (Patanol) **OTC**
OPHTH: 0.2%

prednisolone acetate (generic Pred Mild)
suspension: 0.12% OPHTH

prednisolone acetate (generic Pred Forte)
suspension: 1% OPHTH

prednisolone phosphate (generic Inflammase Forte)
solution: 1% OPHTH

rimexolone (Vexol)
suspension: 1% OPHTH

CYCLOPLEGIC & MYDRIATIC

atropine (generic Isopto Atropine)
ointment: 0.5%, 1% OPHTH
solution: 1% OPHTH

cyclopentolate (generic Cyclogyl)
solution: 1% OPHTH

homatropine (generic Isopto Homatropine)
solution: 5% OPHTH

phenylephrine (generic Neo-Synephrine)
solution: 2.5% OPHTH

tropicamide (generic Mydracil)
solution: 0.5%, 1% OPHTH

GLAUCOMA

acetazolamide (generic Diamox)
tablet: 125, 250mg

XII. OPHTHALMIC & OTIC cont'd

GLAUCOMA cont'd

- apraclonidine** (Iopidine)
solution: 0.5%, 1% OPHTH
- betaxolol** (Betoptic S)
suspension: 0.25% OPHTH
- brimonidine tartrate** (Alphagan-P)
solution: 0.15% OPHTH
- brinzolamide** (Azopt)
suspension: 1% OPHTH
- carbachol** (Carbachol)
solution: 0.75%, 1.5%, 2.25%, 3% OPHTH
- demecarium bromide** (Humorsol)
solution: 0.125%, 0.25% OPHTH
- dipivefrin** (generic Propine)
solution: 0.1% OPHTH
- dorzolamide** (Trusopt)
solution: 2% OPHTH
- dorzolamide/timolol** (Cosopt)
solution 0.5% OPHTH
- epinephrine** (generic Epifrin)
solution 2% OPHTH
- epinephryl borate** (Epinal)
solution: 0.5%, 1% OPHTH
- latanoprost** (Xalatan)
solution: 0.005% OPHTH
- levobunolol** (generic Betagan)
solution: 0.5% OPHTH
- methazolamide** (generic Neptazane)
tablet: 25, 50mg
- pilocarpine** (Isopto Carpine)
solution: 0.25%, 8%, 10% OPHTH
- pilocarpine** (generic Pilocar)
solution: 0.5, 1, 2, 3, 4, 6% OPHTH

XII. OPHTHALMIC & OTIC cont'd

GLAUCOMA cont'd

- timolol hemihydrate** (Betimol)
solution: 0.25%, 0.5%
- timolol maleate** (generic Timoptic)
solution: 0.25%, 0.5% OPHTH

XIII. DERMATOLOGICAL

ACNE PRODUCTS

- benzoyl peroxide gel** (generic Benzagel, Benzac)
gel: 2.5, 5, 10%
liquid: 5%
lotion: 5, 10%
- benzoyl peroxide/erythromycin** (generic Benzamycin)
gel: 5%-3%
- clindamycin solution** (generic Cleocin-T)
gel: 1%
lotion: 10mg/ml
solution: 10mg/ml
- erythromycin gel** (generic Emgel)
gel: 2%
- erythromycin solution** (generic A/T/S, T-Stat)
solution: 1.5%
- isotretinoin** (Accutane)
capsule: 10, 20, 40mg
- metronidazole topical** (Metrocream, Metrogel)
cream: 0.75%
gel: 0.75%
lotion: 0.75%
- tretinoin** (generic Retin-A)
cream: 0.025, 0.05, 0.1%
gel: 0.01%, 0.025%
- ### ANTIBIOTICS - TOPICAL
- gentamycin sulfate** (generic Garamycin)
cream: 0.1%

XIII. DERMATOLOGICAL cont'd

ANTIBIOTICS - TOPICAL cont'd

mupirocin (generic Bactroban)
ointment: 2%

silver sulfadiazine (generic Silvadene)
cream: 10mg/gm

ANTIFUNGALS - TOPICAL

ketoconazole (generic Nizoral)
cream: 2%
shampoo: 2%

Miconazole Powder (generic Desenex)
Powder: 2% Miconazole Nitrate

nystatin (generic Mycostatin)
cream: 100,000U/gm
ointment: 100,000U/gm

nystatin/triamcinolone (generic Mycolog)
cream: 100,000U/gm/0.1%

ANTIPARASITICS

crotamiton (Eurax)
cream: 10%
lotion: 10%

permethrin (generic Elimite)
cream: 5%

permethrin (NIX Crème Rinse) **OTC**
cream rinse: 1%

ANTIPSORIATICS

anthralin (Drithocrema)
cream: 0.1, 0.5%

anthralin HP (generic Drithocrema HP) **QL**
cream: 1%

calcipotriene (Dovonex) **QL=65mg/ml per month**
cream: 0.005%
ointment: 0.005%
solution: 0.005%

XIII. DERMATOLOGICAL cont'd

ANTIPSORIATICS cont'd

selenium sulfide (generic Selsun)
lotion: 2.5%

ANTIVIRALS - TOPICAL

acyclovir ointment (Zovirax)
ointment: 5%

CORTICOSTEROIDS - HIGH POTENCY

betamethasone dipropionate (generic Diprosone)
cream: 0.05%
lotion: 0.05%
ointment: 0.05%

desoxymetasone (generic Topicort)
cream: 0.05%, 0.25%
gel: 0.05%
ointment: 0.25%

fluocinonide (generic Lidex)
cream: 0.05%
gel: 0.05%
ointment: 0.05%
solution: 0.05%

CORTICOSTEROIDS - LOW POTENCY

desonide (generic Tridesilon)
cream: 0.05%
ointment: 0.05%

fluocinolone (generic Synalar)
cream: 0.01%, 0.025%
ointment: 0.025%
solution: 0.01%

hydrocortisone (generic Cortaid) **OTC**
cream: 0.5, 1%
ointment: 2.5%

hydrocortisone (Hytone)
cream: 2.5%

XIII. DERMATOLOGICAL cont'd

CORTICOSTEROIDS - MEDIUM POTENCY

betamethasone valerate (generic Valisone)

cream: 0.1%

lotion: 0.1%

ointment: 0.1%

hydrocortisone valerate (generic Westcort)

cream: 0.2%

ointment: 0.2%

mometasone furoate (generic Elocon)

cream: 0.1%

lotion: 0.1%

ointment 0.1%

triamcinolone acetonide (generic Kenalog)

cream: 0.025%, 0.1%, 0.5%

lotion: 0.025%, 0.1%

ointment: 0.025%, 0.1%, 0.5%

CORTICOSTEROIDS - VERY HIGH POTENCY

betamethasone dip. augmented (generic

Diprolene)

ointment: 0.05%

clobetasol propionate (generic Temovate)

cream: 0.05%

gel: 0.05%

ointment: 0.05%

halobetasol propionate (Ultravate)

cream: 0.05%

ointment: 0.05%

MISCELLANEOUS TOPICALS

ammonium lactate (generic Lac Hydrin)

cream: 12%

lotion: 12%

fluorouracil (Efudex)

cream: 5%

imiquimod (Aldara) **QL=1 kit/month**

cream: 5%

XIII. DERMATOLOGICAL cont'd

MISCELLANEOUS TOPICALS cont'd

pimecrolimus (Elidel) **PA, QL=60gm/month**

cream: 1%

podofilox (generic Condylox)

solution: 0.5%

salicylic acid gel (generic Keralyte)

gel: 6%

urea (generic Carmol)

cream: 40%

lotion: 40%

XIV. MISCELLANEOUS

ANTI-ALCOHOLIC

disulfuram (Antabuse)

tablet: 250mg

naltrexone (Revia)

tablet: 50mg

CHELATING AGENTS

succimer (Chemet)

capsule: 100mg

MOUTH & THROAT PRODUCTS

chlorhexidine (generic Peridex)

solution: 0.12%

POTASSIUM LOWERING AGENTS

sodium polystyrene sulfonate (generic

Kayexalate)

powder: 15gm/60ml

suspension: 15gm/60ml

VASOPRESSORS

epinephrine (Epipen, Epipen Jr.) **QL**

injection: 0.3mg, 0.15mg(Jr.)

XV. SMOKING CESSATION

nicotine gum (Nicorette) **OTC**

gum: 2, 4mg

nicotine patch (Nicoderm CQ) **OTC**

patch: 7, 14, 21mg

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gramicidin/neomycin/polymyxin B	32	Imodium AD OTC	27
Gris-PEG.....	10	Imuran.....	14
griseofulvin ultramicrocrystalline	10	indapamide.....	23
guaifenesin CR	25	Inderal.....	22
guanabenz acetate	22	Inderal LA.....	22
guanfacine	22	Inderide.....	22
Gynelotrimin.....	28	indinavir	11
Haldol.....	15	Indocin	30
halobetasol propionate.....	36	Indocin.....	31
haloperidol	15	indomethacin	30
Halotestin.....	18	indomethacin	31
HCTZ	23	Inflamase Forte.....	33
Hexalen.....	13	INH.....	10
Hivid.....	11	Inspirease	26
HMS.....	33	Insulin Syringes QL.....	19
homatropine.....	33	Intal	26
Humalog	18	Intal MDI QL=1 pack/month.....	26
human insulin.....	18	Invirase	11
human insulin aspart	18	lopidine	34
human insulin glargine.....	18	ipratropium bromide MDI QL=2 packs/month	23
human insulin lispro.....	18	ipratropium bromide nasal.....	23
Humibid DM.....	25	ipratropium bromide QL=150 unit dose vials/ month	23
Humibid LA.....	25	isomethheptene/dichloralphenazone/apap	30
Humorsol	34	isoniazid.....	10
Humulin/Novolin	18	Isoptin	22
Hycodan	25	Isoptin SR QL=68 doses/34 days	23
Hydrea	13	Isopto Atropine	33
hydrochlorothiazide	23	Isopto Carpine.....	34
hydrocodone/homatropine	25	Isopto Homatropine.....	33
hydrocortisone.....	19	Isordil	20
hydrocortisone.....	27	isosorbide dinitrate	20
hydrocortisone.....	35	isosorbide mononitrate.....	20
hydrocortisone acetate.....	27	isotretinoin	34
hydrocortisone acetate/pramoxine.....	28	itraconazole PA.....	10
hydrocortisone OTC	35	K-Dur	31
hydrocortisone valerate	36	Kaletra.....	11
hydromorphone	29	Kariva.....	18
hydroxychloroquine	10	Kayexalate	36
hydroxyurea	13	Keflex.....	12
hydroxyzine.....	25	Kenalog.....	36
hydroxyzine pamoate	25	Keppra	17
Hygroton	23	Keralyte.....	36
hyoscyamine sulfate	27	ketoconazole	10
hyoscyamine sulfate CR.....	27	ketoconazole	35
Hytone	35	ketorolac	33
Hytrin	22	ketotifen fumarate OTC	33
Hyzaar QL.....	21	Klonopin.....	16
ibuprofen.....	29	labetalol	22
Ibuprofen	31	Lac Hydrin	36
Ilotycin	32	lactulose	28
imatinib	13	Lamictal	17
Imdur.....	20	lamivudine.....	11
imipramine	15	lamivudine/zidovudine	11
imiquimod QL=1 kit/month.....	36	lamotrigene.....	17
Imitrex	30	Lancets QL	19
Imitrex ODT QL.....	30		

Lanoxin	20	Loxitane	15
Lantus	18	Lozol	23
Lariam	10	Luminal	16
Larodopa	17	Luminal	17
Lasix	23	Luride	32
latanoprost.....	34	Luvox	15
Lessina.....	18	Lysodren	14
letrozole	14	M-Progesterone QL.....	20
Leucovorin	14	Maalox	28
leucovorin calcium.....	14	MacroBID.....	12
Leukeran	13	Macrodantin.....	12
levabuterol AL<6, PA, QL=288ml/month	23	Mandelamine	28
Levaquin	13	Matulane	14
levatiracetam	17	Mavik	21
levobunolol	34	Max.Strength Diabetic Tussin-DM.....	25
levodopa.....	17	Maxair MDI QL=1 pack/month.....	23
levofloxacin.....	13	Maxitrol	32
levonorgestrel QL=1/month; 3/year.....	18	Maxzide	23
levonorgestrel/ethinyl estradiol.....	18	mebendazole	10
Levora	18	meclizine	26
levothyroxine.....	20	Medrol.....	19
Levsin.....	27	medroxyprogesterone.....	20
Levsinex.....	27	medrysone	33
Lexiva.....	11	mefloquine	10
Librium.....	16	Megace	14
Lidex	35	megestrol acetate	14
lidocaine	30	Mellaril	15
Lioresal	17	melfhalan	14
liotrix	20	meperidine	29
Lipitor QL=34 doses/month	21	Mephyton.....	32
lisinopril QL=34 doses/month	21	mercaptopurine	14
lisinopril/HCTZ	21	mesalamine.....	28
lithium carbonate.....	15	Mestinon	17
Lithobid.....	15	Metaprel.....	23
Lo/Ovral	18	metaproterenol	23
Lodine	31	metaproterenol QL=2 packs/month	23
Iodoxamine ST, QL=1 pack/month	33	metformin.....	18
Lomotil.....	27	methazolamide	34
lomustine	14	methenamine	28
LoOgestrel	18	Methergine.....	20
lopanavir/ritonavir	11	methimazole	18
loperamide OTC	27	Methitest.....	18
Lopid.....	21	methocarbamol.....	17
Lopressor.....	22	methotrexate.....	14
loratadine	25	Methotrexate.....	14
loratadine/pseudoephedrine.....	25	methotrexate.....	30
lorazepam	16	methyl dopa.....	22
Lorcet.....	29	methylergonovine	20
Lortab	29	Methylin CR QL=30 tablets/30 days	16
losartan QL	21	methylphenidate	16
losartan/HCTZ QL.....	21	methylphenidate CR QL=30 tablets/30 days	16
Lotensin	21	methylphenidate ER QL=30 tablets/30 days	16
Lotensin HCT.....	21	methylprednisolone	19
Lotrel.....	22	methyltestosterone	18
lovastatin QL=34 doses/month	21	metoclopramide.....	27
loxapine	15	metolazone	23

metoprolol.....	22	Nasacort AQ QL=1 pack/month.....	26
Metrocream	34	Nasonex QL=1 pack/month	26
Metrogel.....	34	Navane.....	15
Metrogel-Vaginal.....	28	Nebulizer.....	26
metronidazole	12	Necon	18
metronidazole gel	28	Necon 0.5/35.....	18
metronidazole topical	34	Necon 777	18
Mevacor QL=34 doses/month.....	21	nedocromil QL=2 packages/month.....	26
MgOH/calcium carbonate	28	nelfinavir mesylate.....	11
Miacalcin NS.....	20	Neo-Synephrine.....	33
miconazole.....	28	NeoDecadron.....	33
miconazole ointment	29	neomycin sulfate.....	10
Miconazole Powder	35	neomycin/polymyxin B/dexamethasone	32
Micro-K.....	31	neomycin/polymyxin B/HC QL=20mls/30 days	32
Microlet QL	19	neomycin/polymyxin/prednisolone.....	33
Micronase	18	Neoral	14
Midrin.....	30	Neosporin	32
Minipres	22	Nephrocaps	32
Minocin	13	Neptazane.....	34
minocycline.....	13	Neurontin QL	17
Mintezol	10	nevirapine	11
Mircette.....	18	niacin	21
mirtazapine	15	Nicoderm CQ OTC	37
Miscellaneous Diabetic Supplies.....	19	Nicorette OTC.....	37
mitotane.....	14	nicotine gum OTC	37
Modicon.....	18	nicotine patch OTC	37
mometasone furoate.....	36	nifedipine	22
mometasone furoate QL=1 pack/month	26	nifedipine ER QL=34 doses/month	22
Monistat OTC	28	Nilandron	14
Monistat-1	29	nilutamide	14
montelukast ST.....	26	Nitro Bid.....	20
morizidine.....	20	Nitro-Dur.....	20
morphine sulfate.....	29	nitrofurantoin macro	12
morphine sulfate SR.....	29	nitrofurantoin monohydrate macro.....	12
Motrin.....	31	nitroglycerin	20
MS Contin.....	29	nitroglycerin patch.....	20
MSIR	29	Nitrostat	20
mupirocin	35	NIX Crème Rinse OTC.....	35
Mycifradin	10	Nizoral.....	10
Mycolog	35	Nizoral.....	35
mycophenolate mofetil	14	Nolvadex.....	14
Mycostatin	10	Nor-QD	19
Mycostatin	35	Nordette.....	18
Mydracil	33	norelgestromin/ethinyl estradiol QL=3 patches/ month	19
Mylanta	28	norethindrone.....	19
Myleran	13	norethindrone acetate.....	20
Mysoline.....	17	norethindrone/ethinyl estradiol	19
nabumetone QL=68 doses/month	31	norgestimate/ethinyl estradiol	19
nadolol	22	Norinyl.....	18
naltrexone	36	normal saline	26
naphazoline.....	33	Normodyne	22
Naprosyn	31	Norpace	20
naproxen.....	31	Norpace CR.....	20
naproxen sodium.....	29	Norpramin	15
naproxen sodium.....	31	nortriptyline.....	15
Nardil	15		

Norvasc QL=34 doses/month	22	ped vitamins ADC/FL	31
Norvir	11	ped vitamins ADC/FL-FE.....	31
Novolog	18	Pediacare Cough & Cold.....	24
Nuvaring QL=1 pack/month.....	18	Pedicare Infant Drops.....	24
nystatin	10	Pedialyte OTC.....	31
nystatin	35	Pediapred	19
nystatin/triamcinolone	35	pediatric electrolytes OTC.....	31
Ocufen	33	pediatric multiple vitamins/fl.....	31
Ocuflox	32	pediatric multiple vitamins/fl-FE.....	32
ofloxacin	13	Pedicare Drops	24
ofloxacin	32	Pen Vee K	12
ofloxacin QL=10mls/30 days.....	32	penicillamine.....	30
Ogen	20	penicillin VK.....	12
Ogestrel	19	Pentasa.....	28
olopatadine OTC	33	pentoxifylline.....	21
omeprazole QL=34 doses/month.....	28	Pepcid.....	28
Omnicef ST.....	11	Percocet	29
ondansetron.....	26	Percodan	29
One Touch Basic/Profile/One Touch II QL=150	19	Periactin.....	24
One Touch Fast Take QL=150.....	19	Peridex.....	36
One Touch Sure Step QL=150	19	permethrin	35
One Touch Sure Step QL=1 per 24 months.....	19	permethrin OTC	35
One Touch Ultra QL=150.....	19	perphenazine	15
One Touch Ultra QL=1 per 24 months	19	perphenazine w/amitriptyline.....	15
One Touch Ultra 2 QL=1 per 24 months.....	19	Persantine.....	21
One Touch Ultra Mini QL=1 per 24 months	19	phenazopyridine	28
One Touch Ultra Smart QL=1 per 24 months	19	phenelzine.....	15
Optichamber	26	Phenergan AL=<2 years	25
Optihaler	26	Phenergan AL=<2 years	27
Optivar ST, QL=1 pack/month	33	Phenergan DM AL=<2 years	25
Ortho Cyclen.....	19	Phenergan w/Cod.....	25
Ortho Evra QL=3 patches/month	19	phenobarbital.....	16
Ortho Novum 777	18	phenobarbital.....	17
Ortho TriCyclen.....	19	phenylephrine	33
Ortho Tri-Cyclen Lo	19	phenytoin sodium extended.....	17
OsCal	31	Phoslo.....	31
Ovcon	19	Phrenilin	30
Ovral	19	phytonodione.....	32
oxaprozin	31	Pilocar	34
oxazepam	16	pilocarpine	34
oxcarbazepine	17	pimecrolimus PA, QL=60gm/month	36
oxybutynin	28	pioglitazone	18
oxycodone PA, QL=60 doses/30 days.....	30	pirbuterol QL=1 pack/month	23
OxyContin PA, QL=60 doses/30 days.....	30	piroxicam QL=34 doses/month.....	31
Pamelor.....	15	Plan B QL=1/month; 3/year.....	18
Pancrease	27	Plaquenil	10
Pancrease MT-10	27	Plavix	21
Pancrease MT-16	27	Plendil QL=34 doses/month.....	22
Pancrease MT-20	27	podofilox.....	36
pancrelipase	27	Polaramine.....	25
pantoprazole PA, QL=34 doses/month.....	28	Poly-Vi-Flor	31
Parlodel.....	17	Poly-Vi-Flor w/Fe	32
Parnate	15	polyethylene glycol/electrolytes QL.....	27
paroxetine QL=34 doses/month.....	15	polymyxin B/bacitracin	32
Patanol OTC	33	Polypred.....	33
Paxil QL=34 doses/month.....	15	Polysporin.....	32

Polytrim.....	33	Purinethol.....	14
potassium chloride	31	pyrazinamide	10
potassium chloride particles	31	Pyrazinamide	10
potassium citrate	28	Pyridium.....	28
prazosin	22	pyridostigmine bromide.....	17
Pred Forte.....	33	Quinaglute	21
Pred Mild	33	Quinamm	10
prednisolone	19	Quinidex.....	21
prednisolone acetate	33	quinidine gluconate	21
prednisolone phosphate.....	33	quinidine sulfate.....	21
prednisolone sodium phosphate.....	19	quinine sulfate	10
prednisone	19	QVAR QL=2 packs/month	25
Prelone.....	19	rалoxifene	20
Premarin	19	ranitidine	28
Prempro	19	Rapamune	14
prenatal vitamins with folic acid.....	32	Reglan.....	27
Prilosec OTC QL=34 doses/month	28	Relafen QL=68 doses/month	31
Primaquine.....	10	Remeron	15
primaquine phosphate.....	10	Rescriptor	11
primidone.....	17	Restoril.....	16
Principen.....	12	Retin-A.....	34
ProAir HFA QL=2/month.....	23	retrovir.....	11
probenecid.....	30	Revia	36
procainamide	21	Reyataz	10
procarbazine	14	Rheumatrex	30
Procardia	22	Rhythmol.....	21
Procardia XL QL=34 doses/month.....	22	Rifadin.....	10
prochlorperazine.....	27	rifampin.....	10
progesterone.....	29	rimexolone	33
Prograf	14	risedronate PA, QL=4 doses/month.....	20
Prolixin	15	Ritalin	16
Proloprim	12	Ritalin SR QL=30 tablets/30 days.....	16
promethazine AL=<2 years.....	25	ritonavir	11
promethazine AL=<2 years.....	27	RMS.....	29
promethazine/dextromethorphan		Robaxin.....	17
AL=<2 years	25	Robitussin AC.....	25
Pronestyl.....	21	Robitussin Night PE.....	24
propafenone	21	Robitussin Ped Cough & Cold	24
Propine	34	Rocaltrol.....	31
propoxyphene napsylate/apap.....	30	Rondec Drops.....	24
propranolol.....	22	rosiglitazone QL=34 doses/month	18
propranolol CR	22	rosiglitazone/glimepiride.....	18
propranolol/HCTZ.....	22	rosiglitazone/metformin	18
propylthiouracil	18	Rowasa	28
Protonix PA, QL=34 doses/month.....	28	Roxanol.....	29
Proventil QL.....	23	Roxicodone PA, QL=60 doses/30 days	30
Provera	20	Rynatan S	24
Prozac.....	15	salicylic acid gel	36
pseudo/dextromethorphan.....	24	salmeterol QL=1 package/month	23
pseudoephedrine.....	24	salsalate	31
pseudoephedrine/guaifenesin	24	Sandimmune.....	14
pseudoephedrine/guaifenesin	25	saquinavir	11
pseudoephedrine/hydrocodone/guaifenesin.....	25	saquinavir mesylate	11
PTU	18	Seasonique	18
Pulmicort QL=1 pack/month	26	selegiline	17
Pulmicort Respules QL=2 boxes/month	26	selenium sulfide.....	35

Selsun	35	Tenoretic	22
Septra	13	Tenormin	22
Serax	16	Terazol	29
Serevent Diskus QL=1 package/month	23	Terazol-3	29
sertraline QL	15	terazosin	22
Silvadene	35	terbutaline	24
silver sulfadiazine	35	terconazole	29
simvastatin	21	Teslac	14
Sinemet	17	Tessalon Perles	25
Sinequan	15	testolactone	14
Singulair ST	26	testosterone patch	18
sirolimus	14	tetracycline	13
SLO Niacin	21	Theo-Dur	24
Slo-Phylline	24	theophylline	24
sodium flouride	32	theophylline SR	24
sodium polystyrene sulfonate	36	thiabendazole	10
Softclix QL	19	thioguanine	14
Soft Touch QL	19	Thioguanine	14
Soma	17	thioridazine	15
spironolactone	23	thiothixene	15
spironolactone/HCTZ	23	Thorazine	15
Sporanox PA	10	thyroid	20
Sprintec	19	Thyrolar	20
stavudine	11	tiagabine	17
Stelazine	16	Tilade QL=2 packages/month	26
Strattera PA, QL=60 tablets per 30 days	16	timolol hemihydrate	34
succimer	36	timolol maleate	34
sulfacetamide	32	Timoptic	34
sulfacetamide/prednisolone	32	tioconazole ointment	29
sulfanilamide	29	tipranavir	11
sulfasalazine	13	Tobradex	32
sulfasalazine	28	tobramycin	32
sulfisoxazole	13	Tobrex	32
sulindac	31	tocainide	21
sumatriptan	30	Tofranil	15
sumatriptan succinate QL	30	tolterodine tartrate	28
Sure-Dose QL	19	Tonocard	21
Sustiva	11	Topamax PA	17
Symmetrel	10	Topicort	35
Symmetrel	17	topiramate PA	17
Synalar	35	toremifine citrate	14
T-Stat	34	tramadol QL=136 doses/month	30
tacrolimus	14	trandolopril	21
Tagamet	28	Tranxene	16
Tambocor	20	tranylcypromine	15
tamoxifen citrate	14	trazodone	15
Tapazole	18	Trecator	10
Targretin	13	Trental	21
Tegretol	16	tretinoin	14
Tegretol SR	16	tretinoin	34
temazepam	16	Tri-Sprintec	19
Temodar	14	Tri-Vi-Flor	31
Temovate	36	Tri-Vi-Flor w/Fe	31
temozolomide	14	Triaminic Cough	24
Tenex	22	Triaminic Cough & Cold	24
tenofovir	11	Triaminic Drops	24

Triaminic Night Time MS	24	verapamil	22
triamcinolone acetonide	36	verapamil CR QL=68 doses/34 days	23
triamcinolone QL=1 pack/month.....	26	Vermox.....	10
triamcinolone QL=2 packages/month.....	26	Vesanoid	14
triamterene/HCTZ	23	Vexol	33
Triavil.....	15	Viamin-E.....	31
Tridesilon.....	35	Vibramycin	13
triethanolamine oleate	33	Vicodin	29
trifluoperazine	16	vidarabine	33
trifluridine	33	Videx	11
trihexyphenidyl.....	17	Vira-A	33
Trilafon	15	Viracept.....	11
Trileptal	17	Viramune.....	11
Trilisate.....	29	Viread.....	11
trimethoprim	12	Viroptic.....	33
trimethoprim/polymyxin B	33	Vistaril	25
trimethoprim/sulfamethoxazole	13	vitamin B complex.....	32
TriNorinyl.....	19	Voltaren	31
Triphasil.....	18	Voltaren	33
Trizivir.....	10	VoSol.....	32
tropicamide.....	33	VoSol HC QL=20 mls/30 days.....	32
True Track QL=150	19	warfarin	21
True Track Smart System QL=1 per 24 months.....	19	Wellbutrin	14
Trusopt.....	34	Wellbutrin-XL QL=34 doses/month	14
Truvada	11	Westcort.....	36
Tums	31	Wytensin	22
Tylenol.....	29	Xalatan	34
Tylenol w/codeine	29	Xanax	16
Ultram QL=136 doses/month.....	30	Xeloda.....	13
Ultrase	27	Xopenex AL<6, PA, QL=288ml/month	23
Ultrase MT-12.....	27	Xylocaine	30
Ultrase MT-18.....	27	Zaditor OTC.....	33
Ultrase MT-20.....	27	zafirlukast ST, QL=68 tablets/34 days	26
Ultravate	36	Zantac.....	28
urea.....	36	Zantac Syrup	28
Urecholine.....	28	Zarontin.....	16
Urine Test Strips	19	Zaroxolyn	23
Urispas.....	28	Zephrex LA	24
Urocit-K	28	Zerit.....	11
valacyclovir PA.....	11	Zestoretic.....	21
Valisone.....	36	Zestril QL=34 doses/month.....	21
Valium	16	Ziagen	10
Valium	17	Zithromax.....	12
valproic acid	17	Zocor	21
valsartan QL=34 doses/month	21	Zofran ODT	26
Valsartan/HCTZ.....	22	zolmitriptan QL	30
Valtrex PA.....	11	Zolofl QL.....	15
Vanceril QL=3 packages/month	25	zolpidem QL=34 doses/month	16
Vaseretic	21	Zomig QL.....	30
Vasotec QL	21	Zovia	19
venlafaxine ER QL=34 doses/month.....	15	Zovirax	10
venlafaxine QL=102 doses/month.....	15	Zovirax	35
Ventolin HFA QL=2/month.....	23	Zyloprim.....	30
VePesid.....	13	Zyrtec QL=340ml/month	24