



CODE 1 DESCRIPTIONS

<i>Drug</i>	<i>Code Description</i>
Amantadine (Symmetrel®)	Restricted to use in the prevention or treatment of influenza A.
Bromocriptine Mesylate (Parlodel®)	Reserved for the treatment of amenorrhea, galactorrhea and acromegaly.
Cefaclor (Ceclor®)	Reserved for use after failure of first line antibiotic (see amoxicillin tr/potassium clavulanate).
Cefdinir (Omnicef®)	Restricted to use after failure of first line antibiotic therapy.
Cefixime (Suprax®)	Suspension - Restricted to use after failure of first line antibiotic therapy. Tablet – reserved for the treatment of STDs
Ceftibuten (Cedax®)	Restricted to use after failure of first line antibiotic therapy.
Desmopressin (DDAVP®)	Restricted to use in the management of primary nocturnal enuresis.
Levalbuterol (Xopenex®)	Restricted to use by allergists and pulmonologists.
Misoprostol (Cytotec®)	Restricted to use as adjunct therapy with Mifepristone (Mifeprex) as abortifacient. Limit 2 (200mcg) tablets; reserved for use as adjunct therapy only, concurrent NSAID required.
Morphine Sulfate (MS Contin®)	Restricted to use in the treatment of cancer and palliative pain control.
Olopatadine HCL (Patanol®)	Restricted to use after first line therapy failure or prescribed by an ophthalmologist or optometrist (first line therapy include Naphcon-A, Opcon-A, Vasocon-A, and Crolom).
Paromomycin (Humatin®)	Restricted to use in acute and chronic intestinal amebiasis.
Rifabutin (Mycobutin®)	Restricted to use in the prevention of disseminated Mycobacterium Avium Complex (MAC) disease in patients with advanced HIV infection.
Tretinoin (Retin-A®)	Restricted to use in the treatment of acne vulgaris.