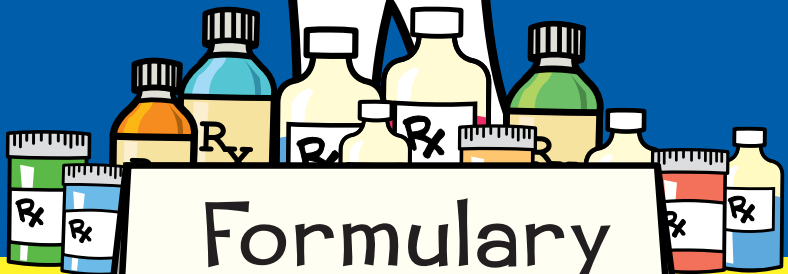
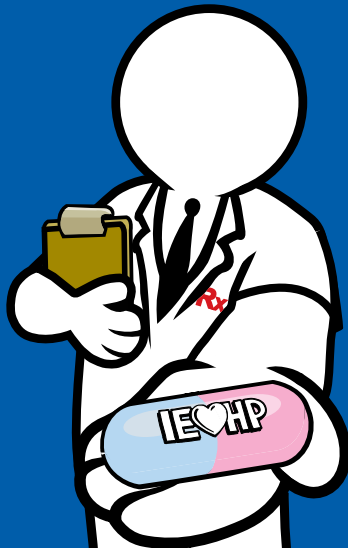




A Public Entity

Inland Empire Health Plan



Formulary

And Treatment Guide

2012

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Inland Empire Health Plan (IEHP) Formulary

The IEHP Formulary is a continually updated list of drug products designed to reflect the most appropriate, high quality and cost-effective drug therapies.

The Inland Empire Health Plan Pharmacy and Therapeutics (P & T) Subcommittee develops and monitors the Formulary.

The P & T is composed of the IEHP Chief Medical Officer, Medical Directors, Director of Pharmaceutical Services, physicians from various medical specialties, local community and clinical pharmacists. This panel reviews the medications in all therapeutic categories based on safety, clinical efficacy, and cost-effectiveness and selects the most appropriate drugs in each class.

Formulary development and maintenance is a dynamic process. The IEHP P&T Subcommittee is responsible for developing, managing, updating and administering the Formulary. The Subcommittee also ensures that the IEHP Formulary remains responsive to the needs of our members and providers.

To be useful, the Formulary requires the continuous support of all our physicians and pharmacists. We invite your suggestions to improve the format or content of our Formulary. Please contact us at (909) 890-2049, if you have any questions regarding the IEHP Formulary. IEHP Formulary can be easily accessed online at www.iehp.org.

Request for Addition or Deletion of a Drug to the Formulary

IEHP providers may request evaluation of drugs for addition to or deletion from the Formulary by submitting the Request for Addition or Deletion of a Drug to the Formulary form to the Director of Pharmaceutical Services. Forms can be obtained by calling (909) 890-2067.

CODE 1 Medications

These drugs are restricted to certain medical conditions or specific circumstances. All Code 1 drugs and specific requirements for their use are printed in the IEHP Formulary.

The dispensing pharmacist is responsible for verification (using available drug history, or through contact with the prescriber) that applicable Code 1 requirements have been satisfied. The pharmacist must document this information prior to dispensing and make available all such records for on-site audit.

Approval for use of drugs for conditions not meeting the IEHP approved Code 1 requirements for use may be obtained by submitting a Pharmacy Exception Request (PER) form.

Injectable Medications

All injectable medications are the financial responsibility of IEHP under the pharmacy benefit.

- Chemotherapeutic medications and injectable agents used as adjunct for side effects
- Injectable medications or blood products used for hemophilia (Factor VIII, Factor IX, Factor XIII)
- Injectable medications related to transplant services (Neupogen, Epogen, Neulasta)
- Adult vaccines (hepatitis B, influenza, pneumococcal vaccines)
- Self-injectable medications (Imitrex, interferon, Lovenox, Enbrel, growth hormone)

In addition, IEHP is responsible for Lunelle, Depo-Provera, EpiPen, Glucagon emergency kit, Insulins, and Synagis**.

** Synagis must be prescribed by a neonatologist or a pediatric pulmonologist. A Synagis Prior Authorization Form must be submitted to IEHP for review.

Pharmacy Exception Request (PER)

All non-formulary medications require prior authorization utilizing the Pharmacy Exception Request (PER) form. All PERs must contain information that supports the medical necessity of a non-formulary drug or a Code 1 drug that does not meet criteria. In addition, all PERs must include previous successful or failed therapies, any allergies, or any other clinical condition when applicable. PER forms are faxed to (909) 890-2058.

In emergent or urgent circumstances a short term supply can be provided under the discretion of the pharmacy provider.

Other situations that warrant submission of a PER form include the following:

1. Branded drugs when generic is available.

Exceptions are:

- Carbamazepine (Tegretol)
- Digoxin (Lanoxin)
- Levothyroxine (Levothroid, Synthroid)
- Phenytoin (Dilantin)
- Valproic Acid/Divalproex Sodium (Depakene/Depakote)
- Warfarin (Coumadin)

2. Prescriptions for formulary drugs that do not comply with Dose/Duration/or Quantity guidelines (as outlined in the IEHP Formulary).

Generic Medications

IEHP is a generic mandatory plan. Brand name products are available through the Pharmacy Exception Request (PER) form along with justification of use and proven failure of the generic version.

Selected medications have FDA-approved generic equivalents available. IEHP mandates generic dispensation for all quality generic products. Quality generic medications are those medications that have received an “AB” rating by the FDA. IEHP only allows payment for “AB” rated generic medications. Lower quality generics are not covered by the IEHP formulary.

Generic substitution as defined above is the only approved use of therapeutic interchange. IEHP does not automatically substitute non formulary medication with formulary medication without first receiving approval from the prescribing practitioner.

Step-Therapy

Selected medications have adopted step-therapy protocols. Step-therapy protocols are built under clinical evidence-based review and are approved by the IEHP P&T Subcommittee. Such medications are non-formulary medication, and if the prerequisite criteria are met, the claims are allowed without prior authorization. Angiotensin Receptor Blockers, and COX-2 Inhibitors are examples of medications with built-in step-therapy protocols.

To submit a PER to IEHP, Please Fax the completed PER Form to (909) 890-2058.

Within one working day of receipt of the PER, the request will be reviewed and faxed back to the submitting provider indicating one of the following outcomes:

- A. **Request Approved:** An approval code will be entered into the claims processing system to allow the claim to adjudicate on-line for the span of the approval period (maximum 1 year).
- B. **Request Modified:** Exception request approved with modifications as indicated.
- C. **Request Denied:** Documentation provided did not meet approval guidelines.

During the interim while the PER is being reviewed, pharmacists should exercise appropriate clinical judgement when determining whether to dispense medications pending PER approval. IEHP reimburses pharmacies that dispense a sufficient supply of medication to last until the PER is being reviewed.

Pharmacies should not fill non-formulary prescriptions for cash payment in place of the PER process. If the PER is denied, IEHP will not be financially responsible for the prescription. Pharmacists are encouraged to discuss the reason for denial with the prescribing physician before dispensing the prescription. Pharmacists should use their clinical judgment before dispensing such

denied prescriptions to IEHP members for cash payment.

Co-Payments

IEHP Medi-Cal:

All prescriptions for Medi-Cal IEHP members should be dispensed with no member co-payment.

IEHP Healthy Families and IEHP Healthy Kids:

IEHP Healthy Families program members are required to pay a \$10.00 co-payment for most prescriptions.

IEHP Healthy Kids program members are required to pay a \$5.00 co-payment for most prescriptions.

Healthy Families and Healthy Kids members have a \$250.00 combined medical and pharmacy, annual out-of-pocket maximum per family. Once the family's out-of-pocket maximum has been met, an indicator will be set on each family member's eligibility file, which will waive the co-payment for the remainder of the benefit year.

The Healthy Families and Healthy Kids program follows the guidelines of the IEHP formulary, with a number of exceptions:

1. Over The Counter (OTC), drugs are not covered (excluding OTC pediatric multivitamin, insulin and diabetic supplies).

2. The Department of Health Services (DHS) "carve-out" drugs (Psychotropic and anti-HIV drugs) are covered by the Healthy Families program.

3. There is a co-payment requirement for most Healthy Family/Health Kids prescriptions:

- a. For prescription drugs (Brand and Generic)
 - Acute supply (30-34 day supply) \$5.00 per prescription (Healthy Kids)/ \$10.00 per prescription (Healthy Families)
 - Maintenance supply (90-100 day supply) \$5.00 per prescription (Healthy Kids)/ \$10.00 per prescription (Healthy Families)
- b. There are no co-payments for the following drugs/products:
 - AeroChamber and spacers
 - Contraceptive drugs and devices
 - Diabetic supplies (Test strips, lancets, needles/syringes)
 - Immunizations
 - Prenatal vitamins

Over-The-Counter Medications

Written prescriptions for OTC medications (IEHP Medi-Cal only) and OTC pediatric multivitamins (IEHP Medi-Cal, IEHP Healthy Families, IEHP Healthy Kids) not listed in the formulary require the submission of a PER form. This PER should be submitted if the OTC medication is medically necessary and formulary alternatives have not been effective.

Each prescription should be written for one member only and for an adequate amount to treat the medical condition up to a maximum of a 100-day supply.

Legend Medications With OTC Equivalents

A written prescription is required for legend medications with OTC equivalents (IEHP Medi-Cal only) and OTC pediatric multivitamin equivalents (IEHP Medi-Cal, IEHP Healthy Families, IEHP Healthy Kids) that are not listed in the formulary. A PER should be submitted to obtain prior authorization.

Treatment Guidelines and Criteria For Authorization Of Specific Medications

This issue of the IEHP Formulary also contains IEHP treatment guidelines for drug therapy of various medical conditions and policies regarding the use of specific drugs. These recommendations, which have been approved by the P & T and Standards Subcommittees, are based on published consensus guidelines and a review of the medical literature, and do not favor any particular drug based solely on cost considerations. The latest treatment guidelines are available on our Website (www.iehp.org).

Therapeutic Classification Comparison Guidelines

Therapeutic class comparison section of the IEHP Formulary is designed to serve as an aid to clinicians both in initial drug selection and in circumstances where a change of medication is necessary.

Drug Safety

Please visit the IEHP website <https://ww2.iehp.org/IEHP/Providers/Pharmaceutical+Services/SafetyResources.htm> for safety resource links that include drug Safety and Recalls published at the FDA's website [<http://www.fda.gov/drugs/drugsafety/DrugRecalls/default.htm>].

Using the IEHP Formulary and Treatment Guide

The following categories are in columns on the right of every page in the drug listings. If a drug is classified as such, it is indicated by an “X” in the columns.

1 Code 1:

Medications that are restricted to certain medical conditions or specific circumstances. Description for each indicated drug is noted with the drug.

2 Maintenance:

100 days supply is allowed for these medications.

3 DHCS Carve Out:

Statewide mandate that Fee For Service Medi-Cal will assume financial responsibility for these medications.



Drug List

Generic

Brand

Dosage Form

Antihistamine Drugs**First Generation
Antihistamines**Brompheniramine Maleate/
Phenylephrine HCL

Elix-2mg/5ml - 5mg/5ml

Chlorpheniramine Maleate

Aller-Chlor

Tbcr-12mg
Syrp-2mg/5ml
Tabs-4mgChlorpheniramine Maleate/
Phenylephrine HCL

Cardec

Liqd-1mg/ml - 3.5mg/ml
Syrp-4mg/5ml - 12.5mg/5mlChlorpheniramine Tannate/
Phenylephrine Tannate

Allantan Pediatric

Susp-4.5mg/5ml - 5mg/5ml

Chlorpheniramine Tannate/
Phenylephrine Tannate/
Pyrilamine Tannate
(Mepyramine Tannate)Susp-2mg/5ml - 5mg/5ml -
12.5mg/5ml

Cyproheptadine HCL

Syrp-2mg/5ml
Tabs-4mg

Diphenhydramine HCL

Aler-Cap, Aler-Dryl,
Alertab, Altaryl,
PharbedrylSyrp-12.5mg/5ml
Elix-12.5mg/5ml
Liqd-12.5mg/5ml
Tabs-25mg, 50mg
Caps-25mg, 50mgPhenylephrine HCL/
Promethazine HCL

Promethazine VC

Syrp-5mg/5ml - 6.25mg/5ml

Generic	Brand	Dosage Form
Promethazine HCL	Phenadoz	Supp-12.5mg, 25mg, 50mg
		Tabs-12.5mg, 25mg, 50mg
		Syrp-6.25mg/5ml
Antihistamine Drugs		
Second Generation		
Antihistamines		
Cetirizine HCL	All Day Allergy Childrens Zyrtec	Syrp-1mg/ml, 5mg/5ml Tabs-5mg, 10mg
Cetirizine HCL/ Pseudoephedrine HCL	All Day Allergy-D	Tb12-5mg - 120mg
Loratadine	Alavert, Allergy Relief, Claritin	Tabs-10mg Tbdp-10mg Chew-5mg Syrp-5mg/5ml
Loratadine/ Pseudoephedrine HCL	Allergy Relief/Nasal Decongestant	Tb24-10mg - 240mg
Loratadine/ Pseudoephedrine Sulfate	Claritin-D	Tb12-5mg - 120mg
Anti-Infective Agents		
Anthelmintics		
Mebendazole	Vermox	Chew-100mg
Anti-Infective Agents		
Antibacterials		
Amoxicillin	Amoxil	Chew-125mg, 200mg, 250mg

	Generic	Brand	Dosage Form
	Amoxicillin	Amoxil	Susr-125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml Caps-250mg, 500mg Tabs-500mg, 875mg
	Amoxicillin/ Clavulanic Acid	Augmentin	Chew-200mg - 28.5mg, 400mg - 57mg Susr-200mg/5ml - 28.5mg/5ml, 400mg/5ml - 57mg/5ml Tabs-500mg - 125mg, 875mg - 125mg
	Ampicillin	Principen	Susr-125mg/5ml, 250mg/5ml Caps-250mg, 500mg
	Azithromycin	Zithromax	Susr-100mg/5ml, 200mg/5ml Pack-1gm Tabs-250mg, 500mg, 600mg
X	Cefaclor (Reserved for use after failure of first line antibiotic (see amoxicillin tr/potassium clavulanate).)	Ceclor	Caps-250mg
X	Cefaclor Monohydrate (Reserved for use after failure of first line antibiotic (see amoxicillin tr/potassium clavulanate).)	Ceclor	Tb12-500mg
X	Cefdinir (Restricted to use after failure of first line antibiotic therapy.)	Omnicef Omni-Pac	Susr-125mg/5ml Caps-300mg
X	Cefixime (Suspension - Restricted to use after failure of first line antibiotic therapy. Tablet – Reserved for the treatment of STDs.)	Suprax	Susr-100mg/5ml Tabs-400mg
X	Ceftibuten (Restricted to use after failure of first line antibiotic therapy.)	Cedax	Caps-400mg Susr-90mg/5ml, 180mg/5ml

Generic	Brand	Dosage Form
Cephalexin	Keflex	Susr-125mg/5ml, 250mg/5ml Caps-250mg, 500mg
Ciprofloxacin	Cipro	Susr-500mg/5ml, 5gm/100ml
Ciprofloxacin HCL	Cipro	Tabs-100mg, 250mg, 500mg, 750mg
Ciprofloxacin/ Ciprofloxacin HCL	Cipro XR	Tb24-500mg
Clarithromycin	Biaxin	Susr-125mg/5ml, 250mg/5ml Tabs-250mg, 500mg
	Biaxin XL	Tb24-500mg
Clindamycin HCL	Cleocin	Caps-75mg, 150mg, 300mg
Clindamycin Palmitate HCL		Solr-75mg/5ml
Dicloxacillin Sodium	Dynapen	Caps-250mg, 500mg
Erythromycin	Eryc	Cpep-250mg Tbec-250mg, 333mg, 500mg Tabs-250mg, 500mg
Erythromycin Ethylsuccinate	E.E.S.	Susr-200mg/5ml, 400mg/5ml Tabs-400mg
Erythromycin Stearate	Erythrocin	Tabs-250mg
Erythromycin/ Sulfisoxazole		Susr-200mg/5ml, 600mg/5ml
Levofloxacin Hemihydrate	Levaquin	Tabs-250mg, 500mg, 750mg
Minocycline HCL	Dynacin	Caps-100mg Tabs-100mg
Neomycin Sulfate		Tabs-500mg

Generic	Brand	Dosage Form
Penicillin V Potassium	Veetids	Solr-125mg/5ml Solr-125mg/5ml, 250mg/5ml Tabs-250mg, 500mg
Sulfadiazine		Tabs-500mg
Sulfamethoxazole/ Trimethoprim	Bactrim	Tabs-400mg - 80mg
	Bactrim DS Septra	Tabs-800mg - 160mg Susp- 200mg/5ml- 40mg/5ml
X Sulfasalazine	Azulfidine	Tabs-500mg
Tetracycline HCL	Sumysin	Caps-250mg, 500mg
Anti-Infective Agents		
Antifungals		
Fluconazole	Diflucan	Tabs-50mg, 100mg, 150mg, 200mg
Flucytosine	Ancobon	Caps-250mg, 500mg
Griseofulvin	Grifulvin V	Susp-125mg/5ml Tabs-500mg
Griseofulvin Ultramicrosized		Tabs-125mg
Ketoconazole	Nizoral	Tabs-200mg
Nystatin	Bio-Statin Mycostatin	Powd- Tabs-500000unit Susp-100000unit/ml
Terbinafine HCL (Maximum 3 months of use.	Lamisil Extended use of Lamisil requires LFT.)	Tabs-250mg

Generic	Brand	Dosage Form
Anti-Infective Agents		
Antimycobacterials		
Cycloserine	Seromycin	Caps-250mg
Dapsone		Tabs-25mg, 100mg
Ethambutol HCL	Myambutol	Tabs-100mg, 400mg
Isoniazid		Tabs-100mg Syrp-50mg/5ml
Isoniazid/ Rifampin		Caps-150mg - 300mg
Pyrazinamide		Tabs-500mg
X Rifabutin	Mycobutin	Caps-150mg
		(Restricted to use in the prevention of disseminated Mycobacterium Avium Complex (MAC) disease in patients with advanced HIV infection.)
X Rifampin	Rifadin	Caps-150mg, 300mg
Anti-Infective Agents		
Antiprotozoals		
Atovaquone	Meproon	Susp-750mg/5ml
Chloroquine Phosphate	Aralen	Tabs-250mg, 500mg
Hydroxychloroquine Sulfate	Plaquenil	Tabs-200mg
Metronidazole	Flagyl	Tabs-250mg, 500mg
X Paromomycin Sulfate	Humatin	Caps-250mg
		(Restricted to use in acute and chronic intestinal amebiasis.)
Pentamidine Isethionate		Solr-300mg

Code 1

Maintenance

DHCS Care-OUT

Generic	Brand	Dosage Form
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Primaquine Phosphate

Tabs-26.3mg

Anti-Infective Agents

Antivirals

Acyclovir

Zovirax

Caps-200mg
Susp-200mg/5ml
Tabs-400mg, 800mg

X

Amantadine HCL

Symmetrel

Tabs-100mg
Syrp-50mg/5ml

(Restricted to use in the prevention or treatment of influenza A.)

X

Ganciclovir

Cytovene

Caps-250mg, 500mg

Oseltamivir Phosphate

Caps-30mg, 45mg, 75mg
Susr-6mg/ml, 12mg/ml

Valacyclovir HCL

Valtrex

Tabs-500mg, 1gm

Anti-Infective Agents

Urinary Anti-Infectives

Methenamine Mandelate

Mandelamine

Tabs-1gm

Nitrofurantoin

Susp-25mg/5ml

Nitrofurantoin
Macrocrystalline

Macrochantin

Caps-25mg, 50mg, 100mg

Nitrofurantoin
Monohydrate Macrocrystals

Macrobid

Caps-100mg

Trimethoprim

Proloprim

Tabs-100mg

Trimethoprim HCL

Soln-50mg/5ml

Generic

Brand

Dosage Form

Antineoplastic Agents

Antineoplastic Agents

X	Anastrozole		Tabs-1mg
X	Busulfan		Tabs-2mg
X	Chlorambucil		Tabs-2mg
X	Cyclophosphamide	Cytosan	Tabs-25mg, 50mg
X	Etoposide		Caps-50mg
X	Flutamide		Caps-125mg
X	Hydroxyurea	Hydrea	Caps-500mg
X	Ifosfamide		Soln-3gm/60ml
X	Lomustine		Caps-10mg, 100mg
X	Megestrol Acetate	Megace Megace Oral	Tabs-20mg, 40mg Susp-400mg/10ml
X	Melphalan		Tabs-2mg
X	Mercaptopurine	Purinethol	Tabs-50mg
X	Methotrexate		Tabs-2.5mg
X	Methotrexate Sodium		Tabs-2.5mg
X	Procarbazine HCL		Caps-50mg
X	Tamoxifen Citrate		Tabs-10mg, 20mg
	Thioguanine		Tabs-40mg

Generic**Brand****Dosage Form****Autonomic Drugs****Anticholinergic Agents**

Atropine Sulfate/
Hyoscyamine Sulfate/
Phenobarbital/ Scopolamine
Hydrobromide

Donnatal

Tabs- 0.0065mg - 0.1037mg -
0.0194mg - 16.2mg

X

Dicyclomine HCL

Bentyl

Caps-10mg
Soln-10mg/5ml
Tabs-20mg

X

Ipratropium Bromide

Atrovent HFA

Soln-0.02%
Aers-17mcg/act

Autonomic Drugs**Parasympathomimetic
(Cholinergic) Agents**

Bethanechol CL

Urecholine

Tabs-5mg, 10mg, 25mg, 50mg

X

Donepezil HCL

Aricept
Aricept ODT

Tabs-5mg, 10mg
Tbdp-5mg, 10mg

Neostigmine Bromide

Tabs-15mg

Pyridostigmine Bromide

Mestinon

Tbcr-180mg
Tabs-60mg
Syrp-60mg/5ml

X

Rivastigmine Tartrate

Exelon

Caps-1.5mg, 3mg, 4.5mg, 6mg

Generic	Brand	Dosage Form
Autonomic Drugs		
Skeletal Muscle Relaxants		
Aspirin/ Carisoprodol	Carisoprodol Compound	Tabs-325mg - 200mg
Baclofen	Lioresal	Tabs-10mg, 20mg
Carisoprodol	Soma	Tabs-350mg
Cyclobenzaprine HCL	Flexeril	Tabs-5mg, 10mg
Methocarbamol	Robaxin Robaxin-750	Tabs-500mg Tabs-750mg
Tizanidine HCL	Zanaflex	Tabs-2mg, 4mg
Autonomic Drugs		
Sympathomimetic (Adrenergic) Agents		
X Albuterol Sulfate	Accuneb Albuterol Sulfate Proventil Ventolin HFA Vospire ER	Nebu-0.63mg/3ml, 1.25mg/3ml Tabs-2mg, 4mg Syrp-2mg/5ml Nebu-0.5% Aers-108mcg/act Tb12-4mg, 8mg
X Albuterol Sulfate/ Ipratropium Bromide	Combivent	Aero-103mcg/act - 18mcg/act
Epinephrine	Epipen	Devi-0.3mg/0.3ml
Epinephrine HCL	Adrenalin	Devi-0.15mg/0.3ml Soln-0.1mg/ml, 1mg/ml

DHCS Care-Out Maintenance		Generic	Brand	Dosage Form
X	X	Levalbuterol HCL (Restricted to use by allergists and pulmonologists.)	Xopenex	Nebu-0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml
X	X	Levalbuterol Tartrate (Restricted to use by allergists and pulmonologists.)	Xopenex HFA	Aero-45mcg/act
	X	Metaproterenol Sulfate	Alupent	Tabs-10mg Tabs-10mg, 20mg Syrp-10mg/5ml
	X	Pirbuterol Acetate	Maxair	Aerb-200mcg/inh
	X	Salmeterol Xinafoate	Serevent	Aepb-50mcg/dose
	X	Terbutaline Sulfate	Brethine	Tabs-2.5mg, 5mg
Blood Formation, Coagulation & Thrombosis				
Antianemia Drugs				
	X	Ferrous Sulfate	Fe Tabs Fer-In-Sol Ferro-Bob Ferrous Sulfate	Tbec-324mg, 325mg Soln-15mg/ml Tabs-325mg Elix-220mg/5ml Syrp-300mg/5ml

Generic	Brand	Dosage Form
Blood Formation, Coagulation & Thrombosis		
Antithrombotic Agents		
X	Clopidogrel Bisulfate	Plavix Tabs-75mg
X	Warfarin Sodium	Coumadin Tabs-1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg
Blood Formation, Coagulation & Thrombosis		
Hematopoietic Agents		
	Epoetin Alfa (Submit PER for Approval)	Epogen Soln-2000unit/ml
Blood Formation, Coagulation & Thrombosis		
Hemorrhheologic Agents		
	Pentoxifylline	Pentopak Tbcr-400mg
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
X	Doxazosin Mesylate	Cardura Tabs-1mg, 2mg, 4mg, 8mg

Generic**Brand****Dosage Form**

X	Prazosin HCL	Minipress	Caps-1mg, 2mg, 5mg
X	Tamsulosin HCL	Flomax	Caps-0.4mg
X	Terazosin HCL	Hytrin	Caps-1mg, 2mg, 5mg, 10mg

Cardiovascular Drugs**Antilipemic Agents**

X	Cholestyramine	Prevalite	Powd-4gm/dose
X	Fenofibrate	Lofibra	Tabs-54mg, 160mg Caps-67mg, 134mg, 200mg
X	Gemfibrozil	Lopid	Tabs-600mg
X	Lovastatin	Mevacor	Tabs-10mg, 20mg, 40mg
X	Niacin	Niaspan	Tbcr-500mg, 750mg, 1000mg
X	Pravastatin Sodium	Pravachol	Tabs-10mg, 20mg, 40mg, 80mg
X	Simvastatin	Zocor	Tabs-5mg, 10mg, 20mg, 40mg (80mg requires PA, submit PER for approval)

Cardiovascular Drugs**Beta-Adrenergic
Blocking Agents**

X	Atenolol	Tenormin	Tabs-25mg, 50mg, 100mg
X	Atenolol/ Chlorthalidone	Tenoretic 100 Tenoretic 50	Tabs-100mg - 25mg Tabs-50mg - 25mg
X	Carvedilol	Coreg	Tabs-3.125mg, 6.25mg, 12.5mg, 25mg
X	Labetalol HCL	Trandate	Tabs-100mg, 200mg, 300mg

	Generic	Brand	Dosage Form
X	Metoprolol Succinate	Toprol XL	Tb24-100mg Tb24-25mg, 50mg, 100mg, 200mg
X	Metoprolol Tartrate	Lopressor	Tabs-25mg, 50mg, 100mg
X	Propranolol HCL	Inderal Inderal LA	Tabs-40mg, 60mg Soln-40mg/5ml Cp24-60mg, 80mg, 120mg, 160mg
Cardiovascular Drugs			
Calcium-Channel Blocking Agents			
X	Amlodipine Besylate	Norvasc	Tabs-2.5mg, 5mg, 10mg
X	Amlodipine Besylate/ Benazepril HCL	Lotrel	Caps-10mg, 20mg Caps-2.5mg -10mg, 5mg - 10mg, 5mg- 20mg, 10mg - 20mg, 10mg - 40mg
X	Diltiazem HCL	Cardizem Cardizem CD Dilacor XR Diltzac Tiazac	Tabs-30mg, 60mg, 90mg, 120mg Cp24-120mg, 180mg, 240mg, 300mg Cp12-60mg, 90mg, 120mg Cp24-120mg, 180mg, 240mg Cp24-360mg Cp24-420mg
X	Felodipine	Plendil	Tb24-2.5mg, 5mg, 10mg
X	Nifedipine	Nifedical XL Procardia Procardia XL	Tb24-30mg, 60mg Caps-10mg, 20mg Tb24-90mg

Generic**Brand****Dosage Form**

X	Verapamil HCL	Calan Calan SR Verelan Verelan PM	Tabs-40mg, 80mg, 120mg Tbcr-120mg, 180mg, 240mg Cp24-120mg, 180mg, 240mg Cp24-100mg, 200mg, 300mg
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Cardiovascular Drugs**Cardiac Drugs**

X	Amiodarone HCL	Cordarone	Tabs-200mg
X	Digoxin	Digitek	Soln-0.05mg/ml Tabs-0.125mg, 0.25mg
X	Mexiletine HCL	Mexitol	Caps-150mg, 200mg, 250mg
X	Propafenone HCL	Rythmol Rythmol SR	Tabs-150mg, 225mg, 300mg Cp12-225mg, 325mg, 425mg
X	Quinidine Gluconate		Tbcr-324mg
X	Quinidine Sulfate		Tbcr-300mg

Cardiovascular Drugs**Hypotensive Agents**

X	Clonidine HCL	Catapres Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	Tabs-0.1mg, 0.2mg, 0.3mg Ptwk-0.1mg/24hr Ptwk-0.2mg/24hr Ptwk-0.3mg/24hr
X	Guanabenz Acetate		Tabs-4mg, 8mg
X	Guanfacine HCL	Tenex	Tabs-1mg, 2mg
X	Hydralazine HCL	Apresoline	Tabs-100mg, 10mg, 25mg, 50mg

Generic	Brand	Dosage Form
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X	Hydrochlorothiazide/ Methyldopa	Aldoril-15	Tabs-15mg - 250mg
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		Aldoril-25	Tabs-25mg - 250mg
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X	Methyldopa	Aldomet	Tabs-250mg, 500mg
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Cardiovascular Drugs

Renin-Angiotensin- Aldosterone Sys Inhib

X	Benazepril HCL	Lotensin	Tabs-5mg, 10mg, 20mg, 40mg
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X	Benazepril HCL/ Hydrochlorothiazide	Lotensin HCT	Tabs-12.5mg - 10mg, 12.5mg -20mg, 25mg - 10mg, 5mg - 6.25mg
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X	Captopril	Capoten	Tabs-12.5mg, 25mg, 50mg, 100mg
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X	Enalapril Maleate	Vasotec	Tabs-2.5mg, 5mg, 10mg, 20mg
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X	Hydrochlorothiazide/ Lisinopril	Prinzide	Tabs-12.5mg - 10mg, 12.5mg - 20mg, 25mg - 20mg
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X	Hydrochlorothiazide/ Spironolactone	Aldactazide	Tabs-25mg, 50mg
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X	Lisinopril	Prinivil Zestril	Tabs-2.5mg, 5mg, 10mg, 20mg, 40mg Tabs-30mg
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X	Ramipril	Altace	Caps-1.25mg, 2.5mg, 5mg, 10mg
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X	Spironolactone	Aldactone	Tabs- 25mg, 50mg, 100mg
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X	Trandolapril	Mavik	Tabs-1mg, 2mg, 4mg
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Generic**Brand****Dosage Form****Cardiovascular Drugs****Vasodilating Agents**

X	Isosorbide Dinitrate	Isochron	Subl-2.5mg, 5mg Cpcr-40mg Tabs-40mg Tbcr-40mg
X	Isosorbide Mononitrate	Imdur Ismo Monoket	Tb24-120mg Tabs-20mg Tabs-10mg
X	Nitroglycerin	Nitro-Bid Nitrolingual Pumpspray	Oint-2% Soln-0.4mg/spray

Central Nervous System Agents**Analgesics and Antipyretics**

	Acetaminophen	Acetamin Acetaminophen Aminofen APAP Drops Apra Betatemp Childrens Childrens Non-Aspirin Childrens Pain/Fever Childrens Silapap Feverall Infants	Tabs-500mg Chew-160mg Tabs-325mg Soln-100mg/ml Elix-160mg/5ml Susp-160mg/5ml Chew-80mg Susp-80mg/0.8ml Liqd-160mg/5ml Supp-120mg Supp-80mg, 120mg, 325mg
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Generic	Brand	Dosage Form
Acetaminophen	Little Fevers Fever/Pain Reliever Childrens Mapap	Soln-160mg/5ml Caps-500mg
Acetaminophen/ Butalbital/ Caffeine	Esgic	Tabs-325mg - 50mg - 40mg
Acetaminophen/ Codeine Phosphate	Tylenol/Codeine	Soln-120mg/5ml - 12mg/5ml Susp-120mg/5ml - 12mg/5ml
Acetaminophen/ Hydrocodone Bitartrate	Anexsia Bancap-Hc Lorcet 10/650 Lortab Norco Vicodin ES Vicodin HP	Tabs-325mg - 5mg, 325mg - 7.5mg, 650mg - 7.5mg Caps-500mg - 5mg Tabs-650mg - 10mg Tabs-500mg - 2.5mg, 500mg - 7.5mg, 500mg - 10mg Soln-500mg/15ml - 7.5mg/15ml Tabs-325mg - 10mg Tabs-750mg - 7.5mg Tabs-660mg - 10mg
Acetaminophen/ Oxycodone HCL	Endocet Tylox	Soln-325mg/5ml - 5mg/5ml Tabs-500mg - 5mg Tabs-325mg - 5mg Tabs-325mg - 7.5mg, 325mg - 10mg Caps-500mg - 5mg
Acetaminophen/Codeine Phosphate	Tylenol/Codeine	Tabs-300mg - 15mg, 300mg - 30mg, 300mg - 60mg
Aspirin	Bayer Aspirin	Tabs-325mg Tbec-325mg

Code 1	DHCS Care-Out Maintenance	Generic	Brand	Dosage Form
		X		Morphine Sulfate (Restricted to use in the treatment of cancer and palliative pain control.)
		Naproxen	Naprosyn	Susp-125mg/5ml Tabs-250mg, 375mg, 500mg
		Naproxen Sodium	Aleve Anaprox Anaprox Ds	Tabs-220mg Tabs-275mg Tabs-550mg
		Piroxicam	Feldene	Caps-10mg, 20mg
		Salsalate	Amigesic	Tabs-500mg, 750mg
		Sulindac	Clinoril	Tabs-150mg, 200mg
		Tramadol HCL	Ultram	Tabs-50mg
		Central Nervous System Agents		
		Anorexigenics & Resp & Cereb Stimulants		
X		Amphetamine Aspartate/ Amphetamine Sulfate/ Dextroamphetamine Saccharate/ Dextroamphetamine Sulfate	Adderall Adderall XR	Tabs-1.25mg, 1.875mg, 2.5mg, 3.125mg, 3.75mg, 5mg, 7.5mg Cp24-1.25mg, 2.5mg, 3.75mg, 5mg, 6.25mg, 7.5mg
		(Restricted to use in Attention Deficit Hyperactivity Disorder (ADHD) individuals between 5 and 18 years of age.)		
X		Dexmethylphenidate HCL	Focalin	Cp24-5mg, 15mg, 20mg Tabs-2.5mg, 5mg, 10mg

Generic**Brand****Dosage Form**

Naproxen

Naprosyn

Susp-125mg/5ml
Tabs-250mg, 375mg, 500mg

Naproxen Sodium

Aleve
Anaprox
Anaprox DsTabs-220mg
Tabs-275mg
Tabs-550mg

Piroxicam

Feldene

Caps-10mg, 20mg

Salsalate

Amigesic

Tabs-500mg, 750mg

Sulindac

Clinoril

Tabs-150mg, 200mg

Tramadol HCL

Ultram

Tabs-50mg

Central Nervous System Agents**Anorexigenics & Resp & Cereb Stimulants**

X

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Saccharate/
Dextroamphetamine Sulfate

Adderall

Tabs-1.25mg, 1.875mg, 2.5mg,
3.125mg, 3.75mg, 5mg, 7.5mg

Adderall XR

Cp24-1.25mg, 2.5mg, 3.75mg, 5mg,
6.25mg, 7.5mg

(Restricted to use in Attention Deficit Hyperactivity Disorder (ADHD) individuals between 5 and 18 years of age.)

X

Dexamethylphenidate HCL

Focalin

Cp24-5mg, 15mg, 20mg
Tabs-2.5mg, 5mg, 10mg

	Generic	Brand	Dosage Form
X	Dexamethylphenidate HCL (Restricted to use in Attention Deficit Hyperactivity Disorder (ADHD) individuals between 5 and 18 years of age.)	Focalin XR	Cp24-10mg
X	Dextroamphetamine Sulfate (Restricted to use in Attention Deficit Hyperactivity Disorder (ADHD) individuals between 5 and 18 years of age.)	Dexedrine Dextrostat	Tabs-5mg Cp24-5mg, 10mg, 15mg Tabs-10mg
X	Methylphenidate HCL (Restricted to use in Attention Deficit Hyperactivity Disorder (ADHD) individuals between 5 and 18 years of age.)	Methylin Methylin ER, Concerta	Tabs-5mg, 10mg, 20mg Tbcr-10mg, 18mg, 20mg, 27mg, 36mg, 54mg
Central Nervous System Agents			
Anticonvulsants			
X	Carbamazepine	Carbatrol Eptol Tegretol Tegretol-XR	Cp12-100mg, 200mg, 300mg Tabs-200mg Chew-100mg Susp-100mg/5ml Tb12-100mg, 200mg, 400mg
X	Clonazepam	Klonopin	Tabs-0.5mg, 1mg, 2mg
X	Divalproex Sodium	Depakote Depakote ER Depakote Sprinkles	Tbec-125mg, 250mg, 500mg Tb24-250mg, 500mg Cpsp-125mg
X	Ethosuximide	Zarontin	Caps-250mg

	Generic	Brand	Dosage Form
X	Ethosuximide	Zarontin	Soln-250mg/5ml
X	Gabapentin	Neurontin	Caps-100mg, 400mg Tabs-600mg, 800mg
X	Lamotrigine	Lamictal Lamictal Chewable Dispersible	Tab-25mg, 100mg, 150mg, 200mg Chew-5mg, 25mg
X	Levetiracetam	Keppra	Soln-100mg/ml, 500mg/5ml Tab-250mg, 500mg, 750mg, 1000mg
X	Oxcarbazepine	Trileptal	Tab-150mg Tab-150mg, 300mg, 600mg Susp-300mg/5ml
X	Phenytoin	Dilantin Dilantin Infatabs	Susp-125mg/5ml Chew-50mg
X	Phenytoin Sodium	Dilantin	Caps-30mg, 100mg
X	Primidone	Mysoline	Tab-50mg, 250mg
X	Topiramate	Topamax Topamax Sprinkle	Tab-25mg, 50mg, 100mg, 200mg Cpsp-15mg, 25mg
X	Valproate Sodium	Depakene	Syrp-250mg/5ml
X	Valproic Acid	Depakene	Caps-250mg
X	Zonisamide	Zonegran	Caps-25mg, 50mg, 100mg

Generic

Brand

Dosage Form

Central Nervous System Agents**Antimigraine Agents**

Acetaminophen/
Dichloralphenazone
(Dichloralantipyrine)/
Isometheptene Mucate

Epidrin

Caps-325mg - 100mg - 65mg

Caffeine/ Ergotamine
Tartrate

Cafergot

Tabs-100mg - 1mg

Migergot

Supp-100mg - 2mg

Sumatriptan

Imitrex

Soln-5mg/act, 20mg/act

(Quantity Limits: Oral Tablet - 9 tablets/30 days; Nasal Spray - 6 nasal sprays, Or 1 box/30 days; Injections - 3 injection kits, or 8 injection vials/30 days)

Sumatriptan Succinate

Imitrex

Tabs-25mg, 50mg, 100mg,

(Quantity Limits: Oral Tablet - 9 tablets/30 days; Nasal Spray - 6 nasal sprays, Or 1 box/30 days; Injections - 3 injection kits, or 8 injection vials/30 days)

Central Nervous System Agents**Antiparkinsonian Agents**

X X

Bromocriptine Mesylate

Parlodel

Tabs-2.5mg

Caps-5mg

(Reserved for the treatment of amenorrhea, galactorrhea and acromegaly.)

X

Carbidopa Anhydrous/
Levodopa

Atamet

Tabs-25mg - 100mg, 25mg - 250mg

Sinemet

Tabs-10mg- 100mg

	Generic	Brand	Dosage Form
X	Carbidopa Anhydrous/ Levodopa	Sinemet CR	Tbcr-25mg - 100mg, 50mg - 200mg
X	Pramipexole Dihcl Monohydrate	Mirapex	Tabs-0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg
X	Ropinirole HCL	Requip	Tabs-0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg
	Central Nervous System Agents		
	Anxiolytics, Sedatives, and Hypnotics		
	Alprazolam	Alprazolam Intensol Alprazolam XR Xanax	Conc-1mg/ml Tb24-0.5mg, 1mg, 2mg, 3mg Tabs-0.25mg, 0.5mg, 1mg, 2mg
X	Buspirone HCL	Buspar Vanspar	Tabs-5mg, 10mg, 15mg Tabs-7.5mg
	Chloral Hydrate	Chloral Hydrate Somnote	Syrp-500mg/5ml Caps-500mg
	Diazepam	Diazepam Valium	Gel-10mg Soln-1mg/ml Conc-5mg/ml Tabs-5mg
	Diphenhydramine HCL	Benadryl, Compoz	Tabs-50mg
	Hydroxyzine HCL	Atarax	Tabs-10mg, 25mg, 50mg Syrp-10mg/5ml

	Generic	Brand	Dosage Form
	Hydroxyzine Pamoate	Vistaril	Caps-100mg Caps-25mg, 50mg, 100mg
	Lorazepam	Ativan	Tabs-0.5mg, 1mg, 2mg
X	Phenobarbital	Phenobarbital	Tabs-15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg Elix-20mg/5ml
	Temazepam	Restoril	Caps-7.5mg, 15mg, 30mg
	Triazolam	Halcion	Tabs-0.125mg, 0.25mg
	Zolpidem Tartrate	Ambien	Tabs-5mg, 10mg
	Central Nervous System Agents		
	Miscellaneous		
X	Atomoxetine HCL	Strattera	Caps-10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg
	Central Nervous System Agents		
	Psychotherapeutic Agents		
	(All Atypical Anti-manic and Anti-psychotics are Carve-Outs for Medi-Cal patients and require PA for HF & HK, See Carve-Out List page 76)		
X	Amitriptyline HCL	Elavil	Tabs-10mg, 50mg, 75mg, 150mg
X	Bupropion HCL	Budeprion SR Budeprion XL Wellbutrin SR	Tb12-100mg, 150mg Tb24-150mg, 300mg Tb12-200mg

	Generic	Brand	Dosage Form
X	Citalopram Hydrobromide	Celexa	Tabs-10mg, 20mg, 40mg Soln-10mg/5ml
X	Clomipramine HCL	Anafranil	Caps-25mg, 50mg, 75mg
X	Desipramine HCL	Norpramin	Tabs-10mg, 25mg, 50mg, 75mg, 100mg, 150mg
X	Doxepin HCL	Sinequan	Caps-10mg, 25mg, 50mg, 75mg, 100mg
X	Fluoxetine HCL	Prozac	Tabs-10mg, 20mg Caps-10mg, 20mg, 40mg Soln-20mg/5ml
X	Imipramine HCL	Tofranil	Tabs-10mg, 25mg, 50mg
X	Mirtazapine	Remeron Remeron Soltab	Tabs-15mg, 30mg, 45mg Tbdp-15mg, 30mg, 45mg
X	Nefazodone HCL	Serzone	Tabs-50mg, 100mg, 150mg, 200mg, 250mg
X	Nortriptyline HCL	Aventyl Pamelor	Caps-10mg, 25mg Soln-10mg/5ml Caps-50mg, 75mg
X	Paroxetine HCL	Paxil	Tabs-10mg, 20mg, 30mg, 40mg Susp-10mg/5ml
	Prochlorperazine	Compro	Supp-25mg
X	Sertraline HCL	Zoloft	Conc-20mg/ml Tabs-25mg, 50mg, 100mg,
X	Trazodone HCL	Desyrel	Tabs-50mg, 100mg, 150mg, 300mg

	Generic	Brand	Dosage Form
X	Venlafaxine HCL	Effexor Effexor XR Venlafaxine ER	Tabs-25mg, 37.5mg, 50mg, 75mg, 100mg Cp24- 37.5mg, 75mg, 150mg Tb24-37.5mg, 75mg, 150mg, 225mg
	Contraceptives		
	Contraceptives		
	Condom	Aimsco Lubricated	Misc-
	Nonoxynol		Supp-100mg Inst-150mg Gel-2%, 3%, 4% Film-28%
	Contraceptives		
	Hormones and Synthetic Substitutes		
X	Desogestrel/ Ethinyl Estradiol	Solia	Tabs-0.15mg - 30mcg
X	Drospirenone/ Ethinyl Estradiol	Gianvi	Tabs-3mg - 0.02mg, 3mg - 0.03mg
X	Ethinyl Estradiol/ Ethynodiol Diacetate	Zovia 1/35e Zovia 1/50e	Tabs-35mcg - 1mg Tabs-50mcg - 1mg
X	Ethinyl Estradiol/ Etonogestrel	Nuvaring	Ring-0.015mg/24hr - 0.12mg/24hr
X	Ethinyl Estradiol/ Ferrous Fumarate/ Norethindrone	Femcon FE	Chew-35mcg - 0 - 0.4mg

Generic**Brand****Dosage Form**

X	Ethinyl Estradiol/ Ferrous Fumarate/ Norethindrone Acetate	Microgestin FE	Tabs-20mcg - 75mg - 1mg, 30mcg - 75mg - 1.5mg
X	Ethinyl Estradiol/ Levonorgestrel	Levora, Quasense, LoSeasonique, Trivora	Tabs-0.03mg - 0.15mg, 20mcg - 0.1mg, 30mcg - 0.15mg
X	Ethinyl Estradiol/ Norelgestromin	Ortho Evra	Ptwk-20mcg/24hr - 150mcg/24hr
X	Ethinyl Estradiol/ Norethindrone	Leena, Necon 1/35, Ovcon	Tabs-35mcg - 0.5mg, 35mcg - 1mg, 50mcg - 1mg
X	Ethinyl Estradiol/ Norethindrone Acetate	Microgestin	Tabs-20mcg - 1mg, 30mcg - 1.5mg
X	Ethinyl Estradiol/ Norgestimate	TriNessa, Ortho Tri-Cyclen, MonoNessa	Tabs-35mcg - 0.25mg,
X	Ethinyl Estradiol/ Norgestrel	Low-Ogestrel, Orgestrel	Tabs-30mcg - 0.3mg, 50mcg - 0.5mg
X	Levonorgestrel	Mirena Plan B	Iud-20mcg/24hr Tabs-0.75mg
X	Mestranol/ Norethindrone	Necon 1/50	Tabs-50mcg - 1mg
X	Norethindrone	Jolivette	Tabs-0.35mg

Devices

Devices

Airzone Peak Flow Meter
BD Swabs Single Use
LancetsDevi-
Pads-
Misc-

Generic**Brand****Dosage Form****Diagnostic Agents**

Diabetes Mellitus

X

Diagnostic Test

Test Strips

Strp-

(Quantity Limits: Insulin-dependent 100 per month or 300 per 90 days supply; Non-insulin-dependent 100 per 90 days supply)

Diagnostic AgentsUrine and FEces
Contents

X

Diagnostic Test

Chemstrip

Strp-

**Electrolytic, Caloric,
and Water Balance**

Ammonia Detoxicants

Lactulose

Constulose

Soln-10gm/15ml

**Electrolytic, Caloric,
and Water Balance**

Diuretics

X

Chlorothiazide

Chlorothiazide
DiurilTabs-250mg, 500mg
Susp-250mg/5ml

X

Chlorthalidone

Thalitone

Tabs-15mg, 25mg, 50mg, 100mg

X

Ethacrynic Acid

Edecrin

Tabs-25mg

X

Furosemide

Lasix

Tabs-20mg, 40mg, 80mg
Soln-8mg/ml, 10mg/ml

	Generic	Brand	Dosage Form
X	Hydrochlorothiazide	Hydrochlorothiazide Microzide	Tabs-25mg, 50mg Caps-12.5mg
X	Hydrochlorothiazide/ Triamterene	Dyazide Maxzide Maxzide-25	Caps-25mg - 37.5mg, 25mg - 50mg Tabs-50mg - 75mg Tabs-25mg - 37.5mg
X	Indapamide	Lozol	Tabs-1.25mg, 2.5mg
X	Triamterene	Dyrenium	Caps-50mg
	Electrolytic, Caloric, and Water Balance		
	Ion-Removing Agents		
X	Sevelamer HCL	Renagel	Tabs-400mg, 800mg
	Electrolytic, Caloric, and Water Balance		
	Irrigating Solutions		
	Sodium CL	Curity Sterile Saline	Soln-0.9%
	Electrolytic, Caloric, and Water Balance		
	Replacement Preparations		
	Calcium Carbonate	Cal-Carb Forte	Tabs-1250mg
	Calcium Gluconate	Cal-Glu	Tabs-500mg, 650mg
	Calcium Lactate	Cal-Lac	Tabs-650mg

Code 1

Maintenance

DHCS Care-Our

Generic	Brand	Dosage Form
Chloride Ion/ Citrate/ Dextrose (Anhydrous)/ Potassium (+1)/ Sodium (+1)	Rehydralyte	Soln-35meq/L, 30meq/L, 25gm/L, 20meq/L, 45meq/L
X Potassium CL Sodium CL	Kaochlor Kaon-Cl K-Dur Klor-Con Micro-K	Soln-10% Liqd-20% Tbcr-10meq, 20meq Tbcr-8meq, 10meq Cpcr-8meq, 10meq Soln-0.9%
Electrolytic, Caloric, and Water Balance		
Uricosuric Agents		
X Colchicine/ Probenecid		Tabs-0.5mg - 500mg
X Probenecid	Benemid	Tabs-500mg
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
X Azelastine HCL	Astelin	Soln-137mcg/spray
X Cromolyn Sodium	Crolom	Soln-4%
Ketotifen Fumarate	Zaditor/Alaway	Soln-0.025%
Lodoxamide Tromethamine (Trometamol)		Soln-0.1%
X Olopatadine HCL	Pataday	Soln-0.2%

DHCS Core-Out Maintenance Code 1	Generic	Brand	Dosage Form
X	Olopatadine HCL (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).)	Patanol	Soln-0.1%
	Eye, Ear, Nose & Throat Preparations		
	Antiglaucoma Agents		
X	Acetazolamide	Acetazolamide Diamox	Tabs-125mg, 250mg Cp12-500mg
X	Betaxolol HCL		Susp-0.25% Soln-0.5%
X	Brimonidine Tartrate	Alphagan P	Soln-0.15%, 0.2%
X	Brimonidine Tartrate	Azopt	Susp-1%
X	Carbachol		Soln-1.5%, 3%
X	Dorzolamide HCL	Trusopt	Soln-2%
X	Dorzolamide HCL/ Timolol Maleate	Cosopt	Soln-22.3mg/ml - 6.8mg/ml
X	Echothiophate Iodide		Solr-0.125%
X	Latanoprost	Xalatan	Soln-0.005%
X	Levobunolol HCL	Betagan	Soln-0.25%, 0.5%
X	Metipranolol	Optipranolol	Soln-0.3%
X	Pilocarpine HCL	Isopto Carpine	Soln-1%, 2%, 4%
X	Timolol	Timolol	Soln-0.25%, 0.5%

	Generic	Brand	Dosage Form
X	Timolol Maleate	Timoptic Timoptic-XE	Soln-0.25%, 0.5% Soln-0.25%, 0.5%
X	Travoprost	Travatan	Soln-0.004%
	Eye, Ear, Nose & Throat Preparations		
	Anti-Infectives		
	Bacitracin Zinc/ Neomycin Sulfate/ Polymyxin B Sulfate	Neo-Polycin	Oint-400unit/gm - 5mg/gm - 10000unit/gm
	Bacitracin Zinc/ Polymyxin B Sulfate	Ak-Poly-Bac	Oint-500unit/gm - 10000unit/gm
	Chlorhexidine Gluconate	Peridex	Soln-0.12%
	Ciprofloxacin HCL	Ciloxan	Soln-0.3% Oint-0.3%
	Erythromycin	Ilotycin	Oint-5mg/gm
	Gentamicin Sulfate	Garamycin Gentak	Soln-0.3% Oint-0.3%
	Gramicidin/ Neomycin Sulfate/ Polymyxin B Sulfate	Neocin-Pg	Soln-0.025mg/ml, 1.75mg/ml - 10000unit/ml
	Levofloxacin Hemihydrate	Quixin	Soln-0.5%
	Moxifloxacin HCL	Vigamox	Soln-0.5%
	Natamycin		Susp-5%
	Ofloxacin	Floxin Otic Ocuflox	Soln-0.3% Soln-0.3%

Generic	Brand	Dosage Form
Polymyxin B Sulfate/ Trimethoprim Sulfate	Polytrim	Soln-10000unit/ml - 0.1%
Sulfacetamide Sodium	Bleph-10	Soln-10%
Tobramycin Sulfate	Ak-Tob Tobrex	Soln-0.3% Oint-0.3%
Trifluridine	Viroptic	Soln-1%
Eye, Ear, Nose & Throat Preparations		
Anti-Inflammatory Agents		
Ciprofloxacin HCL/ Dexamethasone	Ciprodex	Susp-0.3% - 0.1%
Ciprofloxacin HCL/ Hydrocortisone		Susp-0.2% - 1%
Dexamethasone	Maxidex	Susp-0.1%
Dexamethasone Sodium Phosphate	Dexasol	Soln-0.1%
Dexamethasone/ Neomycin Sulfate/ Polymyxin B Sulfate	Dexasporin Maxitrol	Susp-0.1% - 3.5mg/ml - 10000unit/ml Oint-0.1% - 3.5mg/ml - 10000unit/gm
Dexamethasone/ Tobramycin Sulfate	Tobradex	Oint-0.1% - 0.3% Susp-0.1% - 0.3%
Flunisolide	Nasarel	Soln-0.025%, 29mcg/act
Fluorometholone	Fluor-Op	Susp-0.1%, 0.25%

Generic	Brand	Dosage Form
Fluorometholone Acetate	Flonase	Susp-0.1%
Fluticasone Propionate	Flonase	Susp-50mcg/act
Hydrocortisone/ Neomycin Sulfate/ Polymyxin B Sulfate	Antibiotic Ear	Susp-1% - 3.5mg/ml - 10000unit/ml
	Cortisporin	Soln-1% - 3.5mg/ml - 10000unit/ml Susp-1% - 3.5mg/ml - 10000unit/ml
Ketorolac Tromethamine	Acular	Soln-0.5%
Prednisolone Acetate	Econopred Plus	Susp-0.12%, 1%
Prednisolone Acetate/ Sulfacetamide Sodium		Oint-0.2% - 10%
		Susp-0.2% - 10%
Prednisolone Sodium Phosphate	Inflamase Forte	Soln-1%
Prednisolone Sodium Phosphate/ Sulfacetamide Sodium		Soln-0.23% - 10%
Triamcinolone Acetonide	Nasacort AQ	Inha-55mcg/act
Eye, Ear, Nose & Throat Preparations		
EENT Drugs, Miscellaneous		
Acetic Acid	Vosol	Soln-2%
Acetic Acid/ Aluminum Acetate	Borofair	Soln-2%, 0
Apraclonidine HCL	Iopidine	Soln-0.5%

Generic	Brand	Dosage Form
Dextran 70/ Glycerin/ Hydroxypropyl Methylcellulose		Soln-0.1% - 0.2% - 0.3%
Dextran 70/ Hydroxypropyl Cellulose		Soln-0.1% - 0.3%
Hydroxypropyl Methylcellulose		Soln-0.2%, 0.5%
	Akwa Tears Renewed	Soln-0.4%
	Natural Balance Tears	Soln-0.4%
Lanolin Oil/ Methyl Alcohol/ Mineral Oil/ Petrolatum/ Propylparaben	Altalube	Oint-0 - 0.5% - 0 - 0.01% - 0.01%
Mineral Oil/ Petrolatum		Oint-15% - 85%, 3% - 94%
Polyvinyl Alcohol	Akwa Tears	Soln-1.4%
Polyvinyl Alcohol/ Povidone (Polyvinylpyrrolidone)		Soln-5mg/ml - 6mg/ml
Sodium CL	Afrin Saline Nasal Mist	Soln-0.65%
Eye, Ear, Nose & Throat Preparations		
Local Anesthetics		
Antipyrine/ Benzocaine	A/B Otic	Soln-54mg/ml - 14mg/ml
Benzocaine		Soln-20%
Lidocaine HCL	Lidomar Viscous	Soln-2%
Proparacaine HCL	Alcaine	Soln-0.5%

Generic	Brand	Dosage Form
Eye, Ear, Nose & Throat Preparations		
Mydriatics		
Atropine Sulfate	Atropine-Care	Oint-1% Soln-1%
Cyclopentolate HCL	Ak-Pentolate	Soln-0.5%, 2% Soln-1%
Homatropine Hydrobromide		Soln-2%, 5%
Tropicamide	Mydral	Soln-0.5%, 1%
Gastrointestinal Drugs		
Antacids and Adsorbents		
Aluminum Hydroxide/ Magnesium Hydroxide		Conc-600mg/5ml - 300mg/5ml
Aluminum Hydroxide/ Magnesium Hydroxide/ Simethicone	Almacone-Ii Double Strength Antacid Ultra Strength	Chew-200mg - 200mg - 25mg Susp-225mg/5ml - 200mg/5ml - 25mg/5ml Susp-400mg/5ml - 400mg/5ml - 40mg/5ml Susp-500mg/5ml - 450mg/5ml - 40mg/5ml
Calcium Carbonate		Tabs-648mg

Generic	Brand	Dosage Form
Gastrointestinal Drugs		
Antidiarrhea Agents		
Atropine Sulfate/ Diphenoxylate HCL	Diphenatol	Tabs-0.025mg - 2.5mg
	Lomotil	Liqd-0.025mg/5ml - 2.5mg/5ml
Bismuth Subsalicylate		Tabs-262mg
	Bismatrol	Susp-262mg/15ml, 524mg/30ml
	Bismatrol Maximum Strength	Susp-525mg/15ml
Loperamide HCL		Tabs-2mg
	Anti-Diarrheal	Liqd-1mg/5ml
		Caps-2mg
Gastrointestinal Drugs		
Antiemetics		
Meclizine HCL	Antivert	Tabs-12.5mg, 25mg
	Univert	Tabs-32mg
Scopolamine	Transderm Scop	Pt72-1.5mg
Trimethobenzamide HCL	Tigan	Caps-300mg
Gastrointestinal Drugs		
Antiflatulents		
Simethicone		Susp-20mg/0.3ml

Generic**Brand****Dosage Form****Gastrointestinal Drugs****Antiulcer Agents and
Acid Suppressants**

Cimetidine

Cimetidine Acid Reducer
TagametTabs-200mg
Tabs-300mg, 400mg, 800mg

Cimetidine HCL

Soln-300mg/5ml

Famotidine

Acid Reducer
Acid Reducer Maximum
StrengthSusr-40mg/5ml
Tabs-10mg
Tabs-20mg

Pepcid

Tabs-40mg

Misoprostol

Cytotec

Tabs-100mcg, 200mcg

(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.)

Omeprazole

Prilosec

Cpdr-10mg, 20mg, 40mg
Tbec-20mg

Omeprazole Magnesium

Prilosec OTC

Tbec-20mg

Pantoprazole Sodium
Sesquihydrate

Protonix

Tbec-20mg, 40mg

Ranitidine HCL

Acid Reducer
Acid Reducer Maximum
StrengthTabs-75mg
Tabs-150mg

Zantac

Syrp-15mg/ml
Tabs-300mg

Sucralfate

Susp-1gm/10ml

X

Generic

Brand

Dosage Form

Sucralfate

Carafate

Tabs-1gm

Gastrointestinal Drugs**Cathartics and
Laxatives**

Bisacodyl

Bisac-Evac

Tbec-5mg

X

Docusate Sodium

Caps-50mg: 100mg

Colace

Syrp-60mg/15ml

D.O.S.

Caps-250mg

Diocto

Liqd-50mg/5ml

X

Docusate Sodium/
Sennosides

Doc-Q-Lax

Tabs-50mg - 8.6mg

Glycerin

Glycerin Adult

Supp-2.1gm

Glycerin Pediatric

Supp-1.2gm

Polyethylene Glycol

Clearlax

Powd-0

Polyethylene Glycol/
Potassium CL/ Sodium
Bicarbonate/ Sodium CLSolr-420gm - 1.48gm - 5.72gm -
11.2gmPolyethylene Glycol/
Potassium CL/ Sodium
Bicarbonate/ Sodium CL/
Sodium SulfateSolr-236gm - 2.97gm - 6.74gm -
5.86gm - 22.74gm

Colyte

Solr-240gm - 2.98gm - 6.72gm -
5.84gm - 22.72gm

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DHCS Care-Our

Generic**Brand****Dosage Form****Gastrointestinal Drugs**

Cholelitholytic Agents

X

Ursodiol

Actigall

Urso 250

Caps-300mg

Tabs-250mg

Gastrointestinal Drugs

Digestants

X

Amylase (Diastase)/ Lipase
(As Pancrelipase)/ ProteaseCpep-12000unit -24000unit -
76000unit, 15000unit - 3000unit -
9500unit, 30000unit - 6000unit -
19000unit, 60000unit - 12000unit -
38000unit

X

Pancreatin

Caps-2400mg

Gastrointestinal Drugs

Prokinetic Agents

Metoclopramide HCL

Reglan

Soln-5mg/5ml

Tabs-5mg, 10mg

Gold Compounds

Gold Compounds

X

Auranofin

Caps-3mg

Generic	Brand	Dosage Form
Hormones and Synthetic Substitutes		
Adrenals		
X	Beclomethasone	Qvar Aepd-40mcg, 80mcg
X	Budesonide	Pulmicort Flex Haler, Pulmicort Susp-0.25mg/2ml, 0.5mg/2ml, 1mg/2ml Aepb-90mcg/act, 180mcg/act
X	Dexamethasone	Elix-0.5mg/5ml Soln-0.5mg/5ml Tabs-1mg, 1.5mg, 2mg, 4mg, 6mg Conc-1mg/ml Decadron Dexpak 10 Day Tabs-0.5mg, 0.75mg Tabs-1.5mg
X	Fludrocortisone Acetate	Florinef Tabs-0.1mg
X	Fluticasone Propionate	Flovent Diskus, Flovent HFA Aepb-100mcg/BLIST, 250mcg/BLIST, 50mcg/BLIST Aero-110mcg/act, 220mcg/act, 44mcg/act
X	Hydrocortisone	Cortef Tabs-5mg, 10mg, 20mg
X	Mometasone Furoate	Asmanex Aepb-110mcg/inh, 220mcg/inh, 220mcg/inh, 220mcg/inh Prednisolone Anhydrous Tabs-5mg Prednisolone Sodium Phosphate Asmalpred Soln-15mg/5ml Pediapred Soln-6.7mg/5ml Prednisone Tabs-1mg, 2.5mg, 5mg, 20mg, 50mg

Generic	Brand	Dosage Form
Prednisone	Deltasone Sterapred Sterapred DS	Soln-5mg/5ml Conc-5mg/ml Tabs-10mg Tabs-5mg Tabs-10mg
Hormones and Synthetic Substitutes		
Antidiabetic Agents		
X Acarbose	Precose	Tabs-25mg, 50mg, 100mg
X Chlorpropamide	Diabinese	Tabs-100mg, 250mg
X Glimepiride	Amaryl	Tabs-1mg, 2mg, 4mg
X Glipizide	Glipizide XL Glucotrol	Tb24-2.5mg, 5mg, 10mg Tabs-10mg
Glipizide/ Metformin HCL	Metaglip	Tabs-2.5mg - 250mg, 2.5mg - 500mg, 5mg - 500mg
X Glyburide	Diabeta	Tabs-1.25mg, 5mg
X Glyburide/ Metformin HCL	Glucovance	Tabs-1.25mg - 250mg, 2.5mg - 500mg, 5mg - 500mg
X Insulin Detemir	Levemir	Soln-100unit/ml
X Insulin Glargine	Lantus	Soln-100unit/ml
X Insulin Glulisine	Apidra	Soln-100unit/ml
X Insulin Human (Regular)		Soln-100unit/ml, 500unit/ml

	Generic	Brand	Dosage Form
X	Insulin Human (Regular)/ Insulin Human, Isophane (Nph)		Susp-30% - 70%, 50% - 50%
X	Insulin Human, Isophane (Nph)	Humulin	Susp-100unit/ml
X	Insulin Lispro	Humalog	Soln-100unit/ml
X	Insulin Lispro/ Insulin Lispro Protamine (Npl)		Susp-25%, 75%
X	Metformin HCL	Glucophage Glucophage XR	Tabs-1000mg, 500mg, 850mg Tb24-500mg, 750mg
X	Metformin HCL/ Saxagliptin HCL	Kombiglyze XR	Tb24-1000mg - 2.5mg, 500mg - 5mg, 1000mg - 5mg
X	Metformin HCL/ Sitagliptin Phosphate	Janumet	Tabs-500mg - 50mg, 1000mg - 50mg
X	Saxagliptin HCL	Onglyza	Tabs-2.5mg, 5mg
X	Sitagliptin Phosphate	Januvia	Tabs-25mg, 50mg, 100mg
	Hormones and Synthetic Substitutes		
	Antihypoglycemic Agents		
X	Glucagon HCL (Rdna)		Solr-1mg

Generic**Brand****Dosage Form****Hormones and Synthetic Substitutes****Estrogens and Antiestrogens**

X	Estradiol	Alora, Climara, Vivelle Dot	Pttw-0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr Ptwk-0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr
X	Estrogens, Conjugated	Premarin	Tabs-0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg Crea-0.625mg/gm
X	Estrogens, Conjugated/ Medroxyprogesterone Acetate	Premphase	Tabs-0.3mg - 1.5mg, 0.45mg - 1.5mg, 0.625mg - 2.5mg, 0.625mg - 5mg, 0.625mg - 5mg
X	Estrogens, Esterified	Menest	Tabs-0.3mg, 0.625mg, 1.25mg, 2.5mg
X	Estrogens, Esterified/ Methyltestosterone	Covaryx	Tabs-1.25mg - 2.5mg
		Covaryx HS	Tabs-0.625mg - 1.25mg
X	Ethinyl Estradiol/ Norethindrone Acetate	Loestrin	Tabs-5mcg - 1mg

Hormones and Synthetic Substitutes**Parathyroid**

X	Calcitonin, Salmon	Fortical	Soln-200unit/act
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Generic	Brand	Dosage Form	
Hormones and Synthetic Substitutes			
Pituitary			
X X	Desmopressin Acetate	Ddavn	Tabs-0.1mg, 0.2mg (Restricted to use in the management of primary nocturnal enuresis.)
Hormones and Synthetic Substitutes			
Progestins			
X	Medroxyprogesterone Acetate	Depo-Provera, Provera	Tabs-10mg, 2.5mg, 5mg Susp-150mg/ml, 400mg/ml
Hormones and Synthetic Substitutes			
Thyroid and Anti-thyroid Agents			
X	Levothyroxine Sodium	Levothroid	Tabs- 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg
X	Liothyronine Sodium	Cytomel	Tabs-5mcg, 25mcg, 50mcg
X	Methimazole	Tapazole	Tabs-5mg, 10mg
	Potassium Iodide		Soln-1gm/ml
X	Propylthiouracil		Tabs-50mg
X	Thyroid		Tabs-15mg, 90mg, 180mg, 240mg, 300mg

Generic

Brand

Dosage Form

X

Thyroid, Pork

Caps-90mg

**Miscellaneous
Therapeutic Agents**5-Alpha-Reductase
Inhibitors

X

Finasteride

Proscar

Tabs-5mg

**Miscellaneous
Therapeutic Agents**

Alcohol Deterrents

Disulfiram

Antabuse

Tabs-250mg, 500mg

**Miscellaneous
Therapeutic Agents**

Antidotes

Acetylcysteine

Mucomyst-10

Soln-10%, 20%

X

Leucovorin Calcium

Tabs- 5mg, 15mg, 25mg

**Miscellaneous
Therapeutic Agents**

Antigout Agents

X

Allopurinol

Zyloprim

Tabs-100mg, 300mg

Generic	Brand	Dosage Form
Miscellaneous Therapeutic Agents		
Bone Resorption Inhibitors		
X Alendronate Sodium	Fosamax	Tabs-10mg, 35mg, 40mg, 70mg
Miscellaneous Therapeutic Agents		
Cariostatic Agents		
X Sodium Fluoride	Luride	Soln-0.125mg/DROP, 0.5mg/ml Crea-1.1%
Miscellaneous Therapeutic Agents		
Immunosuppressive Agents		
X Azathioprine	Imuran	Tabs-50mg
Miscellaneous Therapeutic Agents		
Other Miscellaneous Therapeutic Agents		
X Levocarnitine	Carnitor	Soln-1gm/10ml Tabs-330mg

Generic**Brand****Dosage Form****Oxytocics**

Oxytocics

Methylergonovine Maleate

Tabs-0.2mg

Respiratory Tract Agents

Anti-inflammatory Agents

Cromolyn Sodium

Intal

Nebu-20mg/2ml

Respiratory Tract Agents

Antitussives

Acetaminophen/
Dextromethorphan
Hydrobromide/ Doxylamine
Succinate/ Pseudoephedrine
HCLLiqd-30mg/30ml - 7.5mg/30ml -
60mg/30ml - 1000mg/30ml

Benzonatate

Tessalon Perles

Caps-100mg

Brompheniramine Maleate/
Dextromethorphan
Hydrobromide/
Pseudoephedrine HCL

Bromfed Dm

Syrp-2mg/5ml - 10mg/5ml -
30mg/5mlChlorpheniramine Maleate/
Dextromethorphan
Hydrobromide/
Phenylephrine HCLSyrp-4mg/5ml - 15mg/5ml -
12.5mg/5ml

Generic	Brand	Dosage Form
Chlorpheniramine Maleate/ Dextromethorphan Hydrobromide/ Phenylephrine HCL	Cardec Dm	Liqd-1mg/ml - 3mg/ml - 3.5mg/ml
Chlorpheniramine Maleate/ Dextromethorphan Hydrobromide/ Pseudoephedrine HCL		Syrp-2mg/5ml - 15mg/5ml - 30mg/5ml
		Liqd-2mg/5ml - 20mg/5ml - 30mg/5ml
Codeine Phosphate/ Guaifenesin		Liqd-10mg/20ml - 300mg/20ml, 10mg/5ml - 200mg/5ml
	Cheratussin Ac	Soln-10mg/5ml - 100mg/5ml Syrp-10mg/5ml - 100mg/5ml
Codeine Phosphate/ Phenylephrine HCL/ Promethazine HCL	Promethazine Vc/Codeine	Syrp-10mg/5ml - 5mg/5ml - 6.25mg/5ml
Codeine Phosphate/ Promethazine HCL		Syrp-10mg/5ml - 6.25mg/5ml
Dextromethorphan Hydrobromide		Syrp-7.5mg/5ml
	Father Johns Medicine Robitussin Maximum Strength	Syrp-10mg/5ml Syrp-15mg/5ml
Dextromethorphan Hydrobromide/ Guaifenesin		Pack- 100mg - 5mg
		Liqd-10mg/5ml - 100mg/5ml, 10mg/5ml - 200mg/5ml, 15mg/5ml - 200mg/5ml, 30mg/5ml - 200mg/5ml, 5mg/5ml - 100mg/5ml

Generic	Brand	Dosage Form
Dextromethorphan Hydrobromide/ Guaifenesin	Altarussin Dm Nortuss-Ex	Syrp-15mg/5ml - 100mg/5ml Tb12-30mg - 600mg, 60mg - 1200mg Syrp-10mg/5ml - 100mg/5ml Liqd-20mg/5ml - 200mg/5ml
Dextromethorphan Hydrobromide/ Guaifenesin/ Phenylephrine HCL	Biogtuss	Soln-10mg/5ml - 100mg/5ml - 10mg/5ml Liqd-5mg/ml - 50mg/ml - 2.5mg/ml, 5mg/ml, 50mg/ml - 2.5mg/ml Liqd-15mg/5ml - 300mg/5ml - 10mg/5ml
Dextromethorphan Hydrobromide/ Guaifenesin/ Pyrilamine Maleate (Mepyramine Maleate)/ Sodium Citrate		Liqd-10mg/5ml - 25mg/5ml - 10mg/5ml - 200mg/5ml
Dextromethorphan Hydrobromide/ Guaifenesin/ Sodium Citrate		Liqd-20mg/10ml - 30mg/10ml - 100mg/10ml
Dextromethorphan Hydrobromide/ Promethazine HCL		Syrp-15mg/5ml - 6.25mg/5ml
Homatropine Methylbromide/ Hydrocodone Bitartrate	Hydromet	Syrp-1.5mg/5ml - 5mg/5ml

Generic	Brand	Dosage Form
Respiratory Tract Agents		
Expectorants		
Guaifenesin	Robitussin	Liqd-100mg/5ml Tb12-600mg, 1200mg
Respiratory Tract Agents		
Mucolytic Agents		
Sodium Chloride		Nebu-0.45%
Serums, Toxoids and Vaccines		
Serums		
Globulin, Immune Iv Or Sc (Baxter) (Submit PER for Approval)	IVIG, Gammagard	Soln-
Skin and Mucous Membrane Preparations		
Anti-Infectives		
Bacitracin Zinc		Oint-500unit/gm
Bacitracin Zinc/ Lidocaine/ Neomycin Sulfate/ Polymyxin B Sulfate		Oint-500unit/gm - 40mg/gm - 5mg/gm - 10000unit/gm

Generic	Brand	Dosage Form
Benzocaine/ Cetylpyridinium Chloride/ Menthol/ Zinc Chloride		Soln-600mg/30ml - 30mg/30ml - 45mg/30ml - 30mg/30ml
Benzoyl Peroxide	Acne Medication 10 Acne Medication-5 Benzac Ac Benzac Ac Wash Clean & Clear Advantage 3-In-1 Exfoliating Cleanser	Crea-10% Gel-10% Lotn-10% Liqd-5% Gel-5% Gel-2.5% Liqd-5% Liqd-5%, 10% Lotn-5%
Benzoyl Peroxide/ Erythromycin	Benzamycin	Pack-3% - 5% Gel-3% - 5%
Betamethasone Dipropionate/ Clotrimazole	Lotrisone	Crea-0.05% - 1% Lotn-0.05% - 1%
Cabbage Ext (Brassica Oleracea Capitata)/ Cysteine/...	RID Complete	Kit-
Clindamycin Phosphate	Cleocin Cleocin-T	Crea-2% Gel-1% Lotn-1% Soln-1%
Clotrimazole	Clotrimazole Anti-Fungal	Crea-1%

Generic	Brand	Dosage Form
Clotrimazole	Fungicure Intensive With Nailguard	Soln-1%
	Gyne-Lotrimin	Crea-1%
	Mycelex	Lozg-10mg
Crotamiton	Eurax	Lotn-10%
		Crea-10%
Docosanol (N-Docosanol)		Crea-10%
Econazole Nitrate	Spectazole	Crea-1%
Erythromycin	Eryderm	Soln-2%
	Erygel	Gel-2%
Gentamicin Sulfate		Crea-0.1%
Ketoconazole	Nizoral	Sham-2%
Malathion	Ovide	Lotn-0.5%
Metronidazole	Metrocream	Crea-0.75%
	Metrogel	Gel-0.75%
	Metrogel-Vaginal	Gel-0.75%
	Metro lotion	Lotn-0.75%
Miconazole Nitrate	Baza Antifungal	Crea-2%, 4%
	Eq Miconazole 3 Combo Pack	Kit-
	Miconazole 3	Supp-200mg
	Miconazole 7	Supp-100mg Crea-2%
Mupirocin	Bactroban	Oint-2%
Mupirocin Calcium		Crea-2%
		Oint-2%

Generic	Brand	Dosage Form
Neomycin Sulfate/ Polymyxin B Sulfate	Neosporin Gu Irrigant	Soln-40mg/ml - 200000unit/ml
Nystatin	Mycostatin	Crea-100000unit/gm Powd-100000unit/gm
	Nystatin	Tab-100000unit Oint-100000unit/gm
Permethrin	Acticin	Lotn-1% Crea-5%
Piperonyl Butoxide Technical/ Pyrethrins		Sham-3.15% - 0.33%, 4% - 0.33%
Selenium Sulfide	Dandrex	Sham-1%
	Selenium Sulfide	Lotn-1%
	Selsun Shampoo	Lotn-2.5%
Silver Sulfadiazine		Crea-1%
Terconazole	Terazol 3	Crea-0.8% Supp-80mg
	Terazol 7	Crea-0.4%
Tolnaftate	Blis-To-Sol	Soln-1%
	Tolnaftate	Crea-1%
Skin and Mucous Membrane Preparations		
Anti-inflammatory Agents		
Augmented Betamethasone Dipropionate	Diprolene	Oint-0.05%

Generic	Brand	Dosage Form
Augmented Betamethasone Dipropionate	Diprolene Af	Crea-0.05%
Bacitracin Zinc/ Hydrocortisone/ Neomycin Sulfate/ Polymyxin B Sulfate	Betamethasone Dipropionate	Oint-400unit/gm - 1% - 0.5% - 5000unit/gm
Betamethasone Dipropionate	Betamethasone Dipropionate	Crea-0.05%
		Oint-0.05%
	Del-Beta	Lotn-0.05%
Betamethasone Valerate	Betamethasone Valerate	Oint-0.1%
	Beta-Val	Crea-0.1%
Clobetasol Propionate	Clobetasol Propionate E	Crea-0.05%
	Clobevate	Gel-0.05%
	Cormax	Crea-0.05%
		Oint-0.05%
		Soln-0.05%
	Olux	Foam-0.05%
Desonide	Desowen	Oint-0.05%
		Crea-0.05%
		Lotn-0.05%
Fluocinolone Acetonide	Synalar	Soln-0.01%
		Crea-0.01%, 0.025%
		Oint-0.025%
Fluocinonide	Lidex	Crea-0.05%
		Gel-0.05%
		Oint-0.05%
		Soln-0.05%

Generic	Brand	Dosage Form	
Fluocinonide	Lidex-E	Crea-0.05%	
Fluticasone Propionate	Cutivate	Oint-0.005%	
		Crea-0.05%	
Hydrocortisone	Ala-Cort	Lotn-1%	
	Colocort	Enem-100mg/60ml	
	Cortizone-10	Oint-1%	
	Hc Cream	Crea-2.5%	
	Hydrocortisone		Oint-0.5%
			Oint-0.5%, 2.5%
			Soln-1%
			Crea-1%, 2.5%
	Hytone	Lotn-2.5%	
	Instacort 5	Crea-0.5%	
Hydrocortisone Acetate	Anucort-Hc	Supp-25mg	
	Hemril-30	Supp-30mg	
	Hydrocortisone Acetate	Crea-1%	
Mometasone Furoate	Elocon	Crea-0.1%	
		Oint-0.1%	
		Soln-0.1%	
Nystatin/ Triamcinolone Acetonide	Mytrex	Oint-100000unit/gm - 0.1%	
		Crea-100000unit/gm - 0.1%	
Prednicarbate	Dermatop	Crea-0.1%	
		Oint-0.1%	
Triamcinolone Acetonide	Aristocort A	Crea-0.025%, 0.1%, 0.5%	
	Kenalog	Oint-0.1%	
		Lotn-0.1%	

Generic	Brand	Dosage Form
Triamcinolone Acetonide	Triamcinolone Acetonide Trianex	Lotn-0.025% Oint-0.025%, 0.5% Pste-0.1% Oint-0.05%
Skin and Mucous Membrane Preparations		
Antipruritics and Local Anesthetics		
Hydrocortisone Acetate/ Pramoxine HCL		Foam-1% - 1%
Lidocaine	Lidocaine	Ptch-5%
Phenazopyridine HCL	Pyridium	Tabs-100mg, 200mg
Skin and Mucous Membrane Preparations		
Astringents		
Calamine	Calamine	Lotn-
Zinc Oxide	Zinc Oxide	Pste-25%

Generic	Brand	Dosage Form
Skin and Mucous Membrane Preparations		
Cell Stimulants and Proliferants		
X Tretinoin	Avita Refissa Retin-A	Gel-0.025% Crea-0.025% Crea-0.05% Gel-0.01% Crea-0.05%, 0.1%
(Restricted to use in the treatment of acne vulgaris.)		
Skin and Mucous Membrane Preparations		
Emollients, Demulcents, and Protectants		
Peruvian Balsam/ Zinc Oxide		Oint-
Skin and Mucous Membrane Preparations		
Miscellaneous		
Anthralin		Crea-1%
Diclofenac Sodium		Gel-1%

Generic	Brand	Dosage Form
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Fluorouracil

Efudex

Crea-1%, 5%

Podofilox

Condylox

Gel-0.5%

Soln-0.5%

Smooth Muscle Relaxants

Genitourinary Smooth Muscle Relaxants

Oxybutynin Chloride

Ditropan

Tabs-5mg

Smooth Muscle Relaxants

Respiratory Smooth Muscle Relaxants

X

Theophylline

Quibron-T/SR

Tb12-300mg

Theochron

Tb12-100mg, 200mg, 450mg

Theophylline

Cp24-100mg, 200mg, 300mg, 400mg

Uniphyll

Tb24-400mg

Vitamins

Multivitamin Preparations

X

Multi-Vitamins

Poly-Vi-Flor

-

Prenatal Vitamins

-

Tri-Vi-Flor/Iron

Soln-35unit/ml - 0.25mg/ml,
10mg/ml - 1500unit/ml - 400unit/ml

Generic	Brand	Dosage Form
X Multi-Vitamins	Tri-Vi-Sol	Soln-35mg/ml - 1500unit/ml - 400unit/ml
	Tri-Vit/Fluoride	Soln-35mg/ml - 0.5mg/ml - 1500unit/ml - 400unit/ml
Vitamins		
Vitamin B Complex		
Cyanocobalamin	Vitamin B	Soln-1000mcg/ml
Folic Acid	Th Folic Acid	Tabs-1mg, 400mcg
X Niacin	Niacin	Cpcr-500mg
Pyridoxine HCL	Neuro-K-50	Tabs-25mg, 50mg
	Th Vitamin B-6	Tabs-100mg
Vitamins		
Vitamin D		
X Calcitriol	Rocaltrol	Caps-0.25mcg, 0.5mcg
Vitamins		
Vitamin K Activity		
Phytonadione	Mephyton	Tabs-5mg

DHCS Carve-Out:

Statewide mandate that Fee for Service Medi-Cal will assume financial responsibility for these medications. All Atypical Antipsychotics, HIV, and Detoxification medications are Carve-Outs for Medi-Cal patients.

Generic	Brand
<u>Central Nervous System Carve-Outs:</u>	
Amantadine	Symmetrel®
Aripiprazole	Abilify®
Asenapine	Saphris®
Benzotropine	Cogentin®
Biperiden	Akineton®
Chlorpromazine	Thorazine®
Chlorprothixene	Taractan®
Clozapine	Clozaril®, Fazaclo®
Fluphenazine	Prolixin®
Haloperidol	Haldol®
Iloperidone	Fanapt®
Isocarboxazid	Marplan®
Lithium	Eskalith®
Loxapine	Loxitane®
Lurasidone	Latuda®
Mesoridazine	Serentil®
Molindone	Moban®
Olanzapine	Zyprexa®
Olanzapine/Fluoxetine	Symbyax®
Paliperidone	Invega®, Invega Sustenna®
Perphenazine	Trilafon®
Phenelzine	Nardil®
Pimozide	Orap®

Generic	Brand
Procyclidine	Kemadrin®
Promazine	Sparine®
Quetiapine	Seroquel®
Risperidone	Risperdal®, Risperdal Consta®
Selegiline	Emsam®
Thioridazine	Mellaril®
Thiothixene	Navane®
Tranlycypromine	Parnate®
Trifluoperazine	Stelazine®
Triflupromazine	Vesprin®
Trihexphenidyl	Artane®
Ziprasidone	Geodon®

HIV Carve-Outs:

Abacavir	Ziagen®
Abacavir/Lamivudine	Epzicom®
Abacavir/Lamivudine/ Zidovudine	Trizivir®
Amprenavir	Agenerase®
Atazanavir	Reyataz®
Darunavir	Prezista®
Delavirdine	Rescriptor®
Efavirenz	Sustiva®
Efavirenz/Emtricitabine/Tenofovir	Atripla®
Emtricitabine	Emtriva®
Emtricitabine/Tenofovir	Truvada®
Enfuvirtide	Fuzeon®
Etravirine	Intelence®
Fosamprenavir	Lexiva®
Indinavir	Crixivan®
Lamivudine	Epivir®
Lopinavir/Ritonavir	Kaletra®

Generic

Brand

Maraviroc	Selzentry®
Nelfinavir	Viracept®
Nevirapine	Viramune®
Raltegravir	Isentress®
Rilpivirine	Edurant®
Ritonavir	Norvir®
Saquinavir	Fortovase®, Invirase®
Stavudine	Zerit®
Tenofovir	Viread®
Tipranavir	Aptivus®
Zidovudine/Lamivudine	Combivir®

Detoxification Carve-Outs:

Acamprosate	Campral®
Buprenorphine	Subutex®, BuTrans®
Buprenorphine and Naloxone	Suboxone®
Naltrexone	Revia®, Vivitrol®



Code 1 Drugs

Code 1 Drugs

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 tri/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).

Code 1 Drugs

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.

Therapeutic Class Comparison and Medication/Treatment Guidelines



Adult Anti-Infective Therapy Guide

Infection	Pathogens ^{††}	1st Line	2nd Line	3rd Line	4th line
Skin/Cellulitis	Staph. a., StrepA	Dicloxacillin 500mg po QID Suspected MRSA infection: TMP/SMX DS BID X 14 days Treatment should be decided according to the susceptibility test.	Cephalexin 250-500mg QID Or Erythromycin 500mg QID Suspected MRSA infection: Clindamycin 300mg QID X 14 days Treatment should be decided according to the susceptibility test.	Amoxil/Clav. acid 500-875mg BID to TID	Azithromycin 500mg X 1 day, then 250mg QD X 4 days
Skin-Diabetic	Staph. a., StrepA, GNR, Anaer.	Clindamycin 300mg QID X 14 days Or Cephalexin 500mg QID X 14 days	Amoxil/Clav. acid 500-875mg BID to TID	For non-limb/ life-threatening, chronic, recurrent: levofloxacin 750mg QD + Clindamycin 300mg QID	*Ciprofloxacin 500-750mg BID + Clindamycin 300mg QID
Skin-Bite wound	Staph. a, StrepA, Past. mult., Anaer.	Amoxil/Clav. acid 500-875mg BID to TID	Cefuroxime 500mg Q12h Or Doxycycline 100mg BID	TMP/SMX DS BID + Clindamycin 300mg QID	
Pharyngitis	StrepA	Pen VK 250-500mg QID/BID x 10 days	Erythromycin 250-500mg QID x 10 days	Cephalexin 250-500mg TID or Cefaclor 250-500 TID Or Clindamycin 300mg QID	Clarithromycin 500mg BID X 10days Or Azithromycin 500mg X 1 day, then 250mg X 4 days
Rhinosinusitis-Acute	Strep. pneum., H. flu	Reserve antibiotics for patients given decongestants/ analgesics (for 7 days who have 1) maxillary/facial pain & 2) purulent, nasal discharge; if severe illness (pain, fever), treat sooner	For mild/ moderate disease, no antibiotics taken in the prior month and/or DRSP** prevalence <30%: Amoxicillin 1g TID Or Amoxil/Clav. acid 500-875mg BID to TID	For mild/ moderate disease, antibiotics taken in the prior month and/or DRSP** prevalence >30%: Amoxil/Clav. acid 500-875mg BID to TID Or Levofloxacin 500mg QD	

Adult Anti-Infective Therapy Guide (continued)

Infection	Pathogens [†]	1st Line	2nd Line	3rd Line	4th Line
Sinusitis-Chronic	Strep. pneum., Staph. a., H. flu., Anaer.	No abx; treat symptoms	Antibiotics usually not effective otolaryngology consultation is recommended. For acute exacerbations, Kx as acute.		
Bronchitis-Acute	Viral, Mycro. pneum., H. flu	No abx; Treat symptoms.	If pneumonia is present, start antibiotics. (See Pneumonia – Community)		
Bronchitis-Chronic	Viral, Mycro. pneum., Strep. pneum., H. flu, Chlam. pneum., Mor. cat.	For mild/moderate disease, no antibiotics needed	For severe disease (accompanied with increased dyspnea, increased sputum purulence, febrile): Amoxicil/Claw. acid 500-875mg BID to TID Or Azithromycin 500mg X 1 day; then 250mg QD X 4 days		
Pneumonia-Community	Viral, Strep. pneum. (5-55%), H. flu(9%), Staph.a.(2%), GNR	Previously healthy with no recent antibiotic: Azithromycin 500mg X 1 day, then 250mg QD X 4 days Or Doxycycline 100mg BID	Presence of Comorbidities, use of antimicrobial within the previous 3months, or other risks for DRSP infection: Levofloxacin 750mg QD Or Azithromycin 500mg x 1d; then 250mg x 4d Or Clarithromycin 500mg BID + Amoxicillin 1g TID Or Amoxicil/Claw. acid XR 1000/62.5mg 2 tabs BID Or Cefdinir 300mg BID Or Cefpodoxime 200mg BID Or Cefuroxime 500mg BID		

Infection	Pathogens ^{††}	1st Line	2nd Line	3rd Line	4th line
Pneumonia-Atypical	Myco. pneum., LegChlam. pneum.	Clarithromycin 500mg BID Or Azithromycin 500mg X 1 day, then 250mg QD X 4 days	Doxycycline 100mg BID Or Telithromycin 400mg 2 tabs QD		
UTI	GNR, Ent.	If TMP-SMX resistant E.coli are not prevalent: Cephalexin 300mg QID x 7 days Or Nitrofurantoin 100mg BID x 5 days Or TMP-SMX DS BID X 3 days	If TMP-SMX resistant E.coli prevalent: Ciprofloxacin 250mg BID X 3 days Or Cefixime 400mg QD x 3 days Or Nitrofurantoin 100mg BID x 5 days Or Doxycycline 100mg BID x 3 days		
Pyelonephritis or Non-STD Prostatitis	GNR	Ofloxacin 400mg BID X 7 days Or Ciprofloxacin 500mg BID X 7 days	TMP-SMX DS BID X 14 days		
Diarrhea- Inflammatory	Campy., Shig., Salm., E.coli	Ciprofloxacin 500mg BID Or Levofloxacin 500mg QD X 3-5 days	TMP-SMX DS BID X 3-5 days	If recent antibiotic: Metronidazole 500mg TID X 10-14days	
Cervical or Urethral Gonorrhea	N. gonorrhoea	Ceftriaxone 125mg IM X 1 + If C. trach not ruled out: (Doxycycline 100mg BID X 7 days Or Azithromycin 2gm X 1)	Cefixime 400mg x 1 + If C. trach not ruled out: (Doxycycline 100mg BID X 7 days Or Azithromycin 2gm X 1)	Doxycycline 100mg BID X 7 days	
Cervical or Urethral Chlamydia	Chlam. trach.	Doxycycline 100mg BID X 7 days (Treat male sexual partners)	Azithromycin 1000mg X 1	Erythromycin 500mg QID X 7 days Or Ofloxacin 300mg BID X 7 days	

Adult Anti-Infective Therapy Guide (continued)

Infection	Pathogens ^{††}	1st Line	2nd Line	3rd Line	4th line
Vaginal Trichomoniasis	Trich. vag.	Metronidazole 2g X 1 (treat male sexual partners)	Tinidazole 2g po single dose	Metronidazole 500mg BID X 7 days	
Bacterial Vaginosis	Gard. vag., Anaer.	Metronidazole 500mg po BID X 7 days	Metronidazole vaginal gel QD X 5 days	Clindamycin 300mg BID X 7 days Or Clindamycin 2% vaginal cream HS X 7 days	
Vaginal Candidiasis	Cand. alb., Cand. gl.	Fluconazole 150mg X 1 Or Itraconazole 200mg BID X 1	Miconazole 2% vag cream QHS X 7 days Or Miconazole-3 vag supp QHS X 3 days	Butoconazole vag cream QHS X 3 days	Terconazole-3 vag cream QHS X 3 days
PID-(Outpatient)	Anaer., Chlam. trach., N. gonorrhoea	Ceftriaxone 250mg IM X 1 + Doxycycline 100mg BID X 14 days + Metronidazole 500mg BID x 14 days	Cefoxitin 2g IM + Probenecid 1g po + Doxycycline 100mg BID X 14 days + Metronidazole 500mg BID x 14 days		
Genital Herpes-Primary	Herpes simp.	Acyclovir 400mg TID or 200mg 5X/day X 7-10 days	Valacyclovir 1000mg BID X 7 days	Famciclovir 250mg TID x 7-10 days	
Genital Herpes-Recurrent	Herpes simp.	Acyclovir 400mg TID X 5 days or 800mg TID x 2 days	Famciclovir 1000mg BID X 1 day Or Valacyclovir 500mg BID X 3 days		
Herpes Zoster	Herpes zos.	Acyclovir 800mg 5x/day X 7-10 days	Valacyclovir 1g TID X 7 days	Famciclovir 500mg TID X 7 days	

* Anaer.=Anaerobes, Cand. alb.=Candida albicans, Campy.=Campylobacter sp., Cand. gl.=Candida glabrata, Chlam. pneum.=Chlamydia pneumoniae, Chlam. trach.=Chlamydia trachomatis, Ent.=Enterococcus sp., GNR=Gram-negative rods, Gard. vag.=Gardnerella vaginalis, H. flu=Hemophilus inf., Herpes simp.=Herpes simplex, Herpes zos.=Herpes zoster, Leg=Légionella sp., Mor. cat.=Moraxella catarrhalis, Myco. pneum.=Mycoplasma pneumoniae, N. gonorrhoea=Neisseria gonorrhoea, Past. mult.=Pasteurella multocida, Strep. pneum.=Strept. Pneumoniae, Staph. a.=Staph. aureus, Salm.=Salmonella sp., Shig.=Shigella sp., Strep A=Group A Strep., Trich. vag.=Trichomonas vaginalis

** DRSP = Drug Resistant Streptococcus pneumoniae

† Viruses included

Pediatric Anti-Infective Therapy Guide

Infection	Pathogens*†	1st Line	2nd Line	3rd Line
Skin/Impetigo	Staph. a., StrepA Treatment should be decided according to the susceptibility test.	Dicloxacillin 2-25mg/kg/day QID Suspected MRSA infection: TMP/SMX (8-10mg/kg/day TMP) BID X 14 days	Cephalexin 25-50mg/kg/day QID Suspected MRSA infection: Clindamycin (10-30mg/kg/day) QID X 14 days	Azithromycin 10-12mg/kg/day QD X 5 days
Skin-bite wound	Staph. a., StrepA, Past. mult., Anaer.	Amoxicil/Clav. acid 40mg/kg/day/BID or TID	TMP/SMX 8-12mg TMP/kg/day + Clindamycin 10-30mg/kg/day BID	
Sinusitis-Acute	Pneum., H. flu, Mor. cat., StrepA, viral	Reserve antibiotics for patients given decongestants/analgesics for 7 days who have 1) maxillary/facial pain & 2) purulent, nasal discharge; if severe illness (pain, fever), treat sooner	For mild/ moderate disease, no antibiotics taken in the prior month and/or DRSP** prevalence <30%: Amoxicillin 90mg/kg/day BID/ TID Or Amoxicil/Clav. acid 90mg/kg/day amox component BID	For mild/ moderate disease, antibiotics taken in the prior month and/or DRSP** prevalence >30%: Amoxicil/Clav. acid 90mg/kg/day BID or TID
Tonsillitis/ Pharyngitis	StrepA, viral	Penicillin VK 25-50mg/kg/day QID	Erythromycin 40mg/kg/day QID	Azithromycin 10-12mg/kg/day QD X 5 days
Otitis Media-Acute	Pneum., H. flu, StrepA, Staph. a., GNRs, viral <2yo x 10 days >2 yo x 5-7 days	No antibiotic use in prior month: Amoxicillin 80-90mg/kg/day/TID Or if DRSP** is suspected, Amoxicillin 80-90 mg/kg/day	Received antibiotics in prior month: Amoxicillin 80-90 mg/kg/day Or Amoxicil Clav. 90mg/kg/day amox component BID	Cefdinir 7 mg/kg Q12 H or 14 mg/kg QD
Otitis Media-Unresponsive to initial regimen	DRSP main concern: Pneum., H. flu, StrepA, Staph. a., GNRs, viral	Antibiotics failed after 3 days of treatment (lack of clinical improvement – ear pain, fever and tympanic membrane findings of redness, bulging or otorrhea); Amoxicil/Clav. acid 80-90 mg/kg/day BID	Cefdinir 7mg/kg Q12h or 14mg/kg QD Or Cefuroxime 30mg/kg/day BID	Ceftriaxone 50mg/kg IM QD X 3 days

Pediatric Anti-Infective Therapy Guide (continued)

Infection	Pathogens**†	1st Line	2nd Line	3rd Line
Bronchitis	Viral, StrepA, H. flu	No abx Treat symptoms; Take patient's temperature	If pneumonia is present, start antibiotics. (See Pneumonia – Community)	
Pneumonia - Community	Viral, Pneum., Mycoplasma, Chlamydia	Clarithromycin 15mg/kg/day BID Or Azithromycin 12mg/kg/day QD X 5 days	Erythromycin 40mg/kg/day QID	
Whooping Cough	Bord. pert.	Clarithromycin 15mg/kg/day BID Or Azithromycin 12mg/kg/day QD X 5 days	Erythromycin 40mg/kg/day QID	
UTI-Uncomplicated	GNRs, Ent.	TMP/SMX 8- 12mg TMP/kg/day BID	Nitrofurantoin 5-7mg/kg/day Q6H	
Lice	Ped. cap.	1% Permethrin (Nix) cream rinse X 1, repeat in 1 week	0.5% Malathion (Ovide) as directed, repeat 7-9 days later if needed	Ivermectin (Stromectol) 200mcg/kg x 1 dose and second dose after 10 days
Scabies	Sarc. scab.	5% Permethrin (Elimite) cream X 1	Ivermectin 200mcg/kg po X 1, next dose 7 days later	
Pinworm	Ent. verm.	Albendazole 400mg po, repeat in 2 weeks Or Mebendazole 100mg po, repeat in 2 weeks	Pyrantel 11mg/kg (up to 1g/dose) po, repeat in 2 weeks	

*Anaer. = Anaerobes, Bord. pert. = Bordetella pertussis, Ent. = Enterococcus sp., Ent. verm. = Enterobius Vermicularis, GNR = Gram-negative rods, H. flu = Hemophilus Inf., Mor. cat. = Moraxella catarrhalis, Myco. pneum. = Mycoplasma pneumoniae, Ped. cap. = Pediculosis capitis, Past. mult. = Pasteurella multocida, Pneum.. = Strep. Pneumoniae, Staph. a. = Staph. aureus, Ssca = Sarcoptes scabiei, StrepA = Group A Streptococcus, V. zoster = Varicella zoster

**DRSP = Drug Resistant Streptococcus pneumoniae

†Viruses included

Antidepressants: Dosage, Mechanism of Action, and Adverse Effects

Status	Cost	Drug or Drug Class	Brand Name	Usual Dosage (mg/day)	Reuptake Inhibition	S	ACH	Drws	OH	CA	GI	WG
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Tricyclic Antidepressants

F	\$3	AMITRIPTYLINE	ELAVIL	75-300	Moderate	High	4+	4+	4+	3+	1+	4+
F	\$20	CLOMIPRAMINE*	ANAPRANIL	75-250	Moderate	High	4+	4+	2+	3+	1+	4+
F	\$77	DESIPRAMINE	NOFRANIL	75-500	High	Low	1+	2+	2+	2+	0	1+
F	\$22	IMIPRAMINE	TOFRANIL	75-300	Moderate	Moderate	3+	3+	4+	3+	1+	4+
F	\$12	NORTRIPTYLINE	PAMELOR	40-150	Moderate	Low	2+	1+	2+	0	1+	1+
NF	\$113	PROTRIPTYLINE	VIVACTIL	15-60	Moderate	Low	2+	1+	2+	3+	0	0
F	\$9	DOXEPIN	SINEQUAN	75-300	Low	Moderate	3+	4+	2+	2+	0	4+

Other Types

F	\$5	TRAZODONE	DESYREL	150-600	Very Low	Moderate	0	4+	3+	1+	1+	2+
NF	\$594	SELEGILINE	EMSAM (Patch)	6mg, 9mg, or 12mg/ 24hrs	Moderate	Moderate	2+	3+	1+	1+	2+	0
F	\$15	BUPROPION	WELLBUTRIN	225-450**	Very Low***	Very Low***	0	0	0	1+	1+	0
F	\$22	BUPROPION SUSTAINED RELEASE	WELLBUTRIN SR	150-400mg								
F	\$45	BUPROPION EXTENDED RELEASE	WELLBUTRINXL	150-300mg								

Selective Serotonin Reuptake Inhibitors

F	\$4	FLUOXETINE	PROZAC	10-80	Very Low	High	0	0	0	0	3+	0
F	\$7	PAROXETINE	PAXIL	20-50	Very Low	Very High	1+	1+	0	0	3+	1+
NF	\$154	PAROXETINE	PEXEVA	20-50	Very Low	Very High	1+	1+	0	0	3+	1+
F	\$3	SERTRALINE	ZOLOFT	50-200	Very Low	Very High	0	0	0	0	3+	0
NF	\$15	FLUOXAMINE*	LUVOX	50-300	Very Low	Very High	0	0	0	0	3+	0
F	\$4	CITALOPRAM	CELEXA	20-60	Very Low	Very High	0	0	0	0	3+	0
NF	\$106	ESCITALOPRAM	LEXAPRO	10-20	Very Low	Very High	0	0	0	0	3+	0

Serotonin/Norepinephrine Reuptake Inhibitor

NF	\$26	VENLAFAXINE	EFFEXOR	75-375	Very High	Very High	1+	1+	0	1+	3+	0
NF	\$16	VENLAFAXINE ER	EFFEXOR XR	75-225	Very High	Very High	1+	1+	0	1+	3+	0
NF	\$150	DULOXETINE	CYMBALTA	30-60	Very High	Very High	1+	1+	0	1+	3+	0
NF	\$128	DESVENLAFAXINE	PRISTIQ	50-100	Very High	Very High	1+	1+	0	1+	3+	0

Atypical Antidepressants w/ 5HT2 Receptor Antagonist

F	\$30	NEFAZODONE	SERZONE	300-600	Very Low	High	1+	1+	0	0	1+	0
F	\$9	MIRTAZAPINE	REMERON	15-45	Very Low	Very Low	1+	3+	0	0	0	3+

*Not Approved by FDA for Depression

** Not to exceed 150mg/dose to minimize seizure risk

*** Norepinephrine and Serotonin Reuptake inhibition is minimal, but inhibits Dopamine Reuptake

Cost is based on 30 days* treatment with the lowest recommended dosage, according to WAC from First Data Bank 10/2011

N: Norepinephrine
S: Serotonin

OH: Orthostatic Hypotension
CA: Cardiac Arrhythmias
ACH: Anticholinergic Effects (dry mouth, blurred vision, urinary retention, constipation)

0: Absent or None
1+
2+
3+
4+:

0: Absent or None
1+
2+
3+
4+:

0: Absent or None
1+
2+
3+
4+:

Comparison of the Pharmacology and Costs of Antihistamines

Chemical Class/Generic Name	Brand Name	Formulary Status	Sedation	Anticholinergic Activity	Common Dosage	Cost/30-Day Supply
First-Generation Agents						
ETHANOLAMINES						
Diphenhydramine	Benaeryl	F	3	3	25mg TID	\$4
Clemastine	Tavist-1	NF	2	3	1.34mg BID	\$10
ALKYLAMINES						
Chlorpheniramine	Chlor-Trimeton	F	2	2	6-11yo: 2mg QID >12yo: 4mg QID	\$6
Extended release	Chlor-Trimeton 12hr	F	2	2	12mg BID	\$21
PIPERIDINES						
Cyproheptadine	Periactin	F	1	2	>14yo: 4mg TID	\$25
PIPERAZINES						
Hydroxyzine	Atarax/Vistaril	F	4	2	25mg QID	\$14
PHTHALAZINONE						
Azasteline HCL	Astelín Nasal	F	+/-	2-3	2 sprays each nostril BID	\$84
Second-Generation Agents						
PIPERAZINE						
Cetirizine	Zyrtec (Rx or OTC)	F	1	+/-	2-5yo: 2.5mg (1/2 tsp) - 5mg (1tsp) QD > 6yo: 5-10mg QD	\$19 \$6
Cetirizine / Pseudoephedrine	Zyrtec D†	F	1	+/-	> 12yo: 1 tablet BID 6-11yo: 2.5mg QPM	\$55
Levocetirizine	Xyzal	NF	1	+/-	>12yo: 5mg QPM	\$87
PIPERIDINES						
Fexofenadine	Allegra	NF	+/-	+/-	6-11yo: 30mg BID > 11yo: 60mg BID, 180mg QD	\$23 \$43
Fexofenadine / Pseudoephedrine	Allegra-D (12-hr/24-hr)	NF	+/-	+/-	60/120mg BID; 180/240 mg QD	\$40 \$111
Loratadine	Alavert/Claritin (Rx or OTC)	F	+/-	+/-	2-5yo: 5mg QD> 6yo: 10mg QD	\$6
Loratadine/ Pseudoephedrine	Claritin-D (12hr/24hr)†	F	+/-	+/-	5/120mg BID 10/240mg QD	\$4 \$18
Desloratadine	Clarinex Clarinex Reditabs	NF	+/-	+/-	6-11yo: 2.5mg (1tsp) QD ≥12yo:5mg QD	\$66
Desloratadine/ Pseudoephedrine	Clarinex-D (12hr/24hr)	NF	+/-	+/-	2.5/120mg BID 5/240mg QD	\$176 \$138

3 = high 2 = moderate 1 = low +/- = low to none yo = year old
 Cost based on the lower of MAC or AWP per First Data Bank, 10/2011
 † only generic version is covered

Nonsteroidal Anti-inflammatory Drugs (NSAIDs) & Cox II Inhibitors

Formulary Status	Drug	Brand Name	Cost ¹	Half Life (hrs.)	Relative Toxicity ²	Usual Adult Dose/Interval	Usual Pediatric Dose/Interval
F	Acetylsalicylic Acid	Aspirin	\$4	6-12	N/A	650-975mg Q 4hrs	10-15mg/kg ³ Q 4hrs
F	Choline Magnesium Trisalicylate	Trilisate	\$16	2-3	3.9	750-1000mg TID	---
F	Indomethacin	Indocin	\$12	4.5	5.14	25-50mg BID-TID	---
F	Naproxen	Naprosyn	\$5	12-13	3.29	250-500mg BID	5mg/kg BID
F	Salicylsalicylic Acid	Salsalate	\$60	2-3	1.79	500mg Q 4hrs	---
F	Ibuprofen	Morrin	\$5	1.8-2.5	1.95	400-600mg QID	10mg/kg TID-QID
F	Piroxicam	Feldene	\$30	30-86	3.83	10mg QD-BID	---
F	Sulindac	Cloniril	\$10	7.8-16.4	3.98	150-200mg BID	---
F	Diclofenac Sodium	Voltaren	\$18	1-2	3.54	50-75mg BID-TID	---
NF	Diflunisal	Dolobid	\$70	8-12	3.78	500mg BID	---
F	Etozolac	Iodine	\$47	7.3	3.99	800-1200mg TID-QID	---
NF	Fenoprofen	Nalfon	\$65	2-3	3.96	200mg TID-QID	---
NF	Flurbiprofen	Ansaid	\$15	5.7	3.98	100mg BID-QID	---
NF	Ketoprofen	Orudis	\$45	2-4	3.74	25-75mg TID-QID	---
NF	Oxaprozin	Daypro	\$12	42-50	3.48	600-1200mg QD-BID	---
NF	Tolmetin	Tolectin	\$87	1-5	3.77	400mg TID-QID	5-10mg/kg TID
F	Meloxicam	Mobic	\$2	15-20	N/A	7.5-15mg QD	---

COX-2 INHIBITORS

NF	Celecoxib ⁴	Celebrex	\$74	11	N/A	100-200mg QD-BID	≥2yo & 10-25kg: 50 mg BID ≥2yo & >25 kg: 100mg BIDS
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F = Formulary NF = Non-formulary N/A = Not Available

¹Cost is based on 30 days' treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank 10/2011.

²Toxicity Index scores were calculated from patient adverse effects, laboratory abnormalities, and hospitalizations. The scores were standardized to adjust for covariates. Mean scores are reported with a range from 1-6. A score of 1 represents lowest risk of toxicity, and a score of 6 represents the highest risk of toxicity.

³Contraindicated in presence of fever or other evidence of viral illness.

⁴HEP authorizes COX-2 inhibitors for osteoarthritis and rheumatoid arthritis.

⁵Indication only for juvenile rheumatoid arthritis/idiopathic arthritis. Consider alternative management.

If one NSAID is not effective, others may be tried in sequence considering acquisition cost and relative toxicity. NSAIDs should not be used more than one at a time. For patients at risk for GI adverse effects who require NSAIDs, a drug with a short-half life is preferable to one with a long half-life that inhibits platelet aggregation for a prolonged period.

Hepatic toxicity has been reported with all NSAIDs, but diclofenac and sulindac appear to have the highest incidence. Ibuprofen, indomethacin, naproxen, and ketoprofen appear to have the lowest incidence of these effects.

Asthma Medications

Therapeutic Class/Name (Trade Name)	Formulary Status	Cost*	Mechanism of Action (MOA)/ Comments	Dosage
Short Acting Beta₂-agonists				
Albuterol HFA (Ventolin) Albuterol HFA (Proventil) Albuterol HFA (Proair) Metaproterenol (Alupent, Metaprel) Pirbuterol (Maxair)	F NF NF F F	\$35/inhaler \$43/inhaler \$40/inhaler \$68 / inhaler \$124 / inhaler	Bronchodilation, smooth muscle relaxation following adenylylate cyclase activation & increase in cyclic AMP producing functional antagonism of bronchoconstriction.	As Needed, Usually 1-2 inh Q4-6 hrs Increasing use >1 canister/month (200 puffs/canister) may indicate over reliance >2 canisters/month poses additional adverse risks.
Short Acting Beta₂-agonists-				
Levalbuterol (Xopenex) -solution for inhalation Levalbuterol (Xopenex) - inhaler	NF NF	\$480/month supply \$45/ inhaler	Bronchodilation, smooth muscle relaxation following adenylylate cyclase activation & increase in cyclic AMP producing functional antagonism of bronchoconstriction	6-11 yo: 0.31mg TID >12 yo: 0.63mg TID by nebulization
Long Acting Beta₂-agonists				
Salmeterol xinafoate (Serevent)	F	\$163/ inhaler	Bronchodilation. Long-term prevention of symptoms, especially nocturnal symptoms, added to anti-inflammatory therapy. Not to be used to treat acute symptoms or exacerbations.	>4yo: 1 - puffs bid
Formoterol (Foradil) Formoterol (Perforomist) Arformoterol (Brovana) Albuterol Sustained Release Tablets (Proventil Repeatabs)	NF NF NF F	\$151 / inhaler \$126/ month supply \$100/ month supply \$72 / 30 days treatment	Same as above. Same as above Same as above.	1 inhalation bid 1 inhalation q 12 hours 15mcg bid 4mg bid
Corticosteroids (Glucocorticoids)				
Beclomethasone (Qvar) Budesonide (Pulmicort) Ciclesonide (Alvesco) Fluticasone propionate (Flovent, Flovent HFA) Mometasone furoate (Asmanex)	F F NF F F	\$100 / inhaler \$105 / inhaler \$146/ inhaler \$97/ inhaler \$150/ inhaler	Anti-inflammatory, block late reaction to allergen & reduce airway hyperresponsiveness. Inhibit cytokine production, adhesion protein activation, and inflammatory cell migration & activation.	1-2 puffs qd to bid >18yo: 1 puff bid 1-2 puff bid 1-2 puffs bid 1 puff QPM

Therapeutic Class/Name (Trade Name)	Formulary Status	Cost*	Mechanism of Action (MOA)/ Comments	Dosage
Corticosteroids (Glucocorticoids)-- Respule				
Budesonide (Pulmicort)	F	\$160/month supply	Anti-inflammatory; block late reaction to allergen & reduce airway hyperresponsiveness. Inhibit cytokine production, adhesion protein activation, and inflammatory cell migration & activation.	1- 8 yo: 0.25mg QD via nebulizer
Mast Cell Stabilizers: Mast Cell Stabilizers				
Cromolyn Sodium (Intal)	F	\$60 /inhaler	Anti-inflammatory. Block early & late reaction to allergen. Interfere with chloride channel function. Stabilize mast cell membranes & inhibit activation & release of mediators from eosinophils and epithelial cells. Mainly prophylactic	1-2 puffs tid -qid
Anticholinergic				
Ipratropium bromide (Atrovent HFA)	F	\$162 / inhaler \$85 / nasal spray	Bronchodilation. Competitive inhibition of muscarinic cholinergic receptors. Reduces intrinsic vagal tone to the airways. Evidence is lacking for anticholinergics producing added benefits to beta2-agonists with long-term asthma therapy.	1-2 puffs qid.
Tiotropium bromide (Spiriva)	NF	\$220 / inhaler	Same as above	1 capsules via Handihaler/ qd
Leukotriene Modifiers				
Montelukast (Singulair)	NF	\$143 / 30 day treatment	Leukotriene receptor antagonist, selective inhibitor of cysteinyl.	2-5 yo: 4mg qd 6-14 yo: 5mg qd >15 yo: 10mg qd (concomitant inhaled steroids)
Zafirlukast (Accolate)	NF	\$108 / 30 day treatment	Leukotriene receptor antagonist, selective competitive inhibitor of LTD4 & LTE4 receptors. Anti-inflammatory & mild bronchodilation.	20mg bid
Zileuton (Zyflo) Zileuton (Zyflo CR)	NF NF	\$598 / 30 day treatment \$326 / 30 day treatment	5-Lipoxygenase inhibitor; Long-term control & prevention of symptoms in mild persistent asthma.	600mg qid 600mg bid

Asthma Medications (continued)

Therapeutic Class/Name (Trade Name)	Formulary Status	Cost*	Mechanism of Action (MOA)/ Comments	Dosage
Methylxanthines				
Theophylline (TheoDur, SloBid)	F	\$52 / 30 day treatment	Bronchodilation, bronchial smooth muscle relaxation from phosphodiesterase inhibition & possibly adenosine antagonism. Adjust dose to achieve serum concentration of 5-15 mcg/ml.	10mg/kg/day
Combination (Long Acting Beta2-agonist and Glucocorticosteroids)				
Salmeterol / Fluticasone propionate (Advair)	NF	\$175 / inhaler	For mechanism of action, refer to long acting Beta2-agonist and corticosteroid sections.	1 inhalation bid
Formoterol/Budesonide (Symbicort)	NF	\$202 / inhaler		2 inhalations bid
Formoterol/Mometasone (Dulera HFA)	NF	\$198 / inhaler		2 inhalations bid
Combination (Short Acting Beta2-agonists and Anticholinergic)				
Albuterol / Ipratropium bromide (Combivent)	F	\$178 / inhaler	For mechanism of action, refer to short acting Beta2-agonist and anticholinergic sections.	2 puffs qid

F – Formulary NF – Non formulary

*Cost based on MAC or AWP based on First Data Bank 10/2011.

Based on the opinion of the Expert Panel, the following factors should be monitored:

- 1) Patient adherence to the regimen,
- 2) Inhaler technique,
- 3) Level of usage of as-needed inhaled short-acting beta2-agonist,
- 4) Frequency of oral corticosteroid “burst” therapy,
- 5) Changes in dosage of inhaled anti-inflammatory or other long-term control medications, and
- 6) Side effects of medications.

Algorithm for the Treatment of Hypertension

Begin or Continue Lifestyle Modification

Not at Goal Blood Pressure (<140/90mmHg)
(<130/80mmHg for patients with diabetes or chronic kidney disease)

Initial Drug Choices

Uncomplicated Hypertension*

Stage 1 Hypertension

(SBP 140-159 or DBP 90-99mmHg)

Thiazide-type diuretics for most.

May consider:

ACE inhibitors

Angiotension II receptor blockers

β -Blockers

Calcium antagonists

Or combination.

Stage 2 Hypertension

(SBP \geq 160 or DBP \geq 100mmHg)

Two - drug combination for most
(usually thiazide-type diuretic and ACE inhibitors,
or Angiotension II receptor blockers,
or β -Blocker, or Calcium antagonists)

Compelling Indications*

Chronic kidney disease

- ACE inhibitors
- Angiotension II receptor blockers

Diabetes

- Thiazide-type diuretics
- ACE inhibitors
- Angiotension II receptor blockers
- β -Blockers
- Calcium antagonists

Heart failure

- Thiazide-type diuretics
- ACE inhibitors
- Angiotension II receptor blockers
- β -Blockers
- Aldosterone antagonist

High coronary disease risk

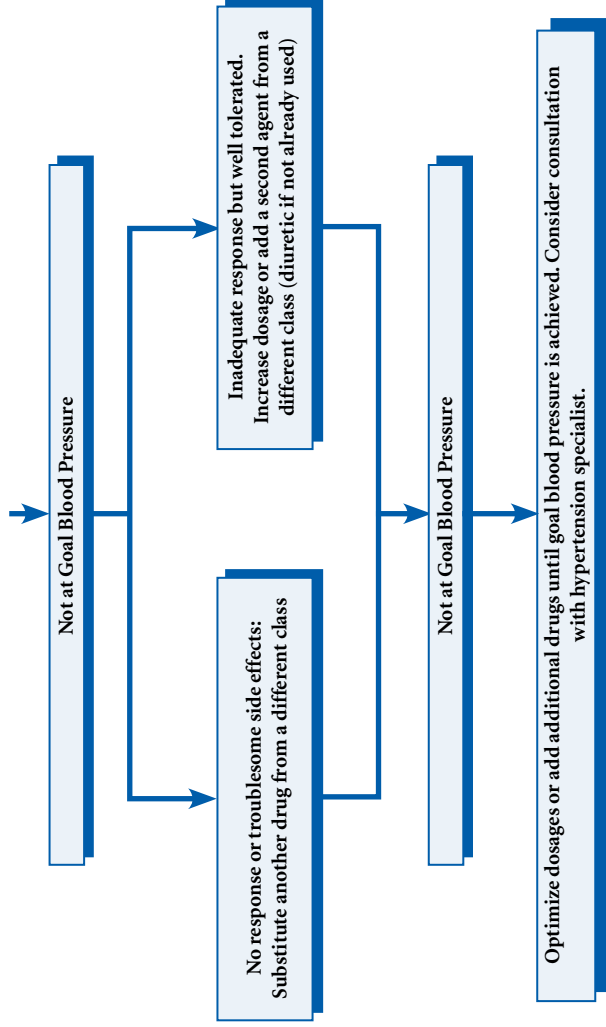
- Thiazide-type diuretics
- ACE inhibitors
- β -Blockers
- Calcium antagonists

Postmyocardial infarction

- ACE inhibitors
- β -Blockers
- Aldosterone antagonist

Recurrent stroke prevention

- Thiazide-type diuretics
- ACE inhibitors



* Based on randomized controlled trials.

Considerations for Individualizing Antihypertensive Drug Therapy^a

Indication	Drug Therapy
Compelling Indications unless contraindicated^b	
Chronic kidney disease	ACEI, ARB
Diabetes	ACEI, ARB, BB, CCB, THIAZ
Heart failure	ACEI, ARB, ALDO ANT, BB, THIAZ
High CVD risk	ACEI, BB, CCB, THIAZ
Post myocardial infarction	ACEI, ALDO ANT, BB
Recurrent stroke prevention	ACEI, THIAZ
Potential Favorable Effects on other comorbidities^b	
Arrhythmias	CCB
Atrial tachyarrhythmias/fibrillation	BB
Essential Tremor	BB
Migraine	BB
Osteoporosis	THIAZ
Perioperative hypertension	BB
Prostatism	Alpha-blocker
Raynaud's syndrome	CCB
Thyrotoxicosis (short term)	BB
Potential Unfavorable Effects on other comorbidities^b	
2nd or 3rd Heart block	BB ^c
Angioedema	ACEI
Asthma	BB ^c
Gout	THIAZ
Hyperkalemia(K>5.0mEq/L) patient	ALDO ANT, Potassium-sparing diuretic
Hyponatremia	THIAZ
Pregnancy	ACEI ^c , ARB ^c
Reactive airways disease	BB

THIAZ	=Thiazide-type diuretics
BB	=β -Blockers
ACEI	=ACE inhibitors
ARB	=Angiotension II receptor blockers
ALDO ANT	=Aldosterone antagonist
CCB	=Calcium antagonists

^a For initial drug therapy recommendations, see Figure 1.

^b Conditions and drugs are listed in alphabetical order.

^c Contraindicated.

Adapted from: The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NHLBI 2003

Angiotensin Converting Enzyme (ACE) Inhibitors And Angiotensin II Receptor Blockers (ARB)

ACE Inhibitors are considered suitable alternative drugs for the treatment of hypertension. Clinical efficacy does not appear to be effected by age, sex, and weight. However, as a class, ACE Inhibitors are less effective in African Americans than in non-African Americans. ACE inhibitors-induced angioedema occurs 2-4 times more frequently in African Americans with Hypertension than in other groups.

ACE Inhibitors have demonstrated beneficial effects in patients with nephropathy and in patients with heart failure due to systolic dysfunction.

Monotherapy with ACE Inhibitors is equally effective as other pharmacologic classes in reducing blood pressure. These agents can be used when diuretic and/or beta -blockers have proven ineffective or not tolerated.

Specific recommendations of the Seventh report of the Joint National Committee (JNC VII) on prevention, detection, evaluation, and treatment of high blood pressure are provided on page 97 (Considerations for individualizing antihypertensive drug therapy), and page 95, (Algorithm for the treatment of hypertension).

Angiotensin Converting Enzyme (ACE) Inhibitors

Formulary Status	Drug	Dosage Range Mg/Day	Frequency Times/Day	Elimination Half-Life Hour	Route Of Elimination	Onset Of Effect Hour	Cost* (30-Day Supply)
F	BENAZEPRIL (Lotensin)	10-40	1	21.0	Renal	1	\$5
F	CAPTOPRIL (Capoten)	25-100	2	2.0	Renal	0.2-0.3	\$2
F	ENALAPRIL (Vasotec)	2.5-40	1-2	11.0	Renal	1	\$2
F	LISINAPRIL (Zestril, Primitil)	10-40	1	13.0	Renal	1	\$3
F	RAMIPRIL (Altace)	2.5-20	1	12.0	Renal + Hepatic	1-2	\$10
NF	FOSINOPRIL (Monopril)	10-40	1	12.0	Renal + Hepatic	1	\$13
NF	MOEXIPRIL (Univase)	7.5-30	1	2-9	Renal + Hepatic	1	\$32
NF	QUINAPRIL (Accupril)	10-40	1	3.0	Renal	1	\$5
F	TRANDOLAPRIL (MAVIK)	1-4	1	10	Renal + Hepatic	1	\$13
NF	PERINDOPRIL (Accon)	4-8	1-2	1.5-3	Renal + Hepatic	1	\$45

F = Formulary

NF = Non-formulary

*Cost is based on 30 days' treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank 10/2011

Adverse Reactions Shared by the ACEI's (%)

Formulary Status	Drug	(Cardiovascular) HYPOTENSION	(Respiratory) COUGH	(Renal)RENAL INSUFFICIENCY	(Misc.) ANGIO-EDEMA	(CNS) HEADACHE
F	BENAZEPRIL (Lotensin)	0.3	1.9-3.4	<0.5	0.5	5
F	CAPTOPRIL (Capoten)	0	0.5-2	1	0.1	0.5-2
F	ENALAPRIL (Vasotec)	6.7	1.3-2.2	<1	0.2	1.8-5.2
F	LISINAPRIL (Zestril, Prinvil)	1.2-5	2.9-4.5	≤1	0.1	5.3
F	RAMIPRIL (Altece)	0.5	12	≤1	0.3	5.4
NF	FOSINOPRIL (Monopril)	≤1	2.2	<0.5	≤1	3.2
NF	MOEXIPRIL (Univasc)	<1	6.1	0.5	<1	2
NF	QUINAPRIL (Accupril)	NR	2	<0.5	0.1	5.6
F	TRANDOLAPRIL (Mavik)	NR	2	<1	<1	2
NF	PERINDOPRIL (Aceon)	0.3	12	NR	0.1	23

F = Formulary NF = Non-formulary NR = Not reported

Adverse Reactions Shared by the ACEI's (%) - continued

ACE Inhibitors can be subdivided into 3 subgroups according to activation or metabolism by the liver as follows:

1. No activation or metabolism (Lisinopril alone)
2. Activation of prodrug to active drug and hepatic metabolism (e.g., Enalapril)
3. Active drug with hepatic metabolism (e.g.: Captopril)

Lisinopril should be selected in patients with hepatic insufficiency.

The great majority of ACE Inhibitors are eliminated predominately through the kidneys and to a minor extent through the liver. Doses of ACE Inhibitors must be reduced in hypertensive patients with renal failure proportionally to the reduction in creatinine clearance. However, Fosinopril and Ramipril have a double route of elimination and when one route of elimination is reduced there is a compensatory rise in the fractional excretion through the alternative one.

The antiproteinuric effect of ACE Inhibitors seems to be class related and although Captopril and Enalapril have been the most extensively investigated, the different ACE Inhibitors so far investigated seem equipotent, with the degree of reduction in protein excretion being generally proportional to pretreatment level.

Clinically, ACE inhibitors and angiotensin receptor blockers appear to be equally effective for treatment of hypertension. Both are well tolerated, but angiotensin receptor blockers do not cause cough. It is not clear whether angiotensin receptor blockers will be as effective as ACE inhibitors in decreasing mortality after a myocardial infarction, in treating chronic heart failure or in their renal-protective effects. Whether one or more of these drugs, particularly newer drugs, could prove to have unique adverse effects with long-term use is unknown. Until more data become available on the cardiac and renal-protective effects of angiotensin receptor blockers, they should not be used for patients with diabetes, heart failure or renal dysfunction, except for those who cannot tolerate an ACE inhibitor.

Angiotensin II Receptor Blockers (ARBs)

Formulary Status	Drug	Dosage Range Mg/Day	Frequency Times/Day	Elimination Half-Life Hour	Route Of Elimination	Time (HR) For Peak Conc	Cost* (30-Day Supply)
NF	CANDESARTAN (Atacand)	8-32	1	9	Renal	3-4	\$66
NF	EPROSARTAN (Teveten)	400-800	1 or 2	5-9	Renal	1-2	\$81
NF	IRBESARTAN (Avapro)	150-300	1	11-15	Renal + Hepatic	1.5-2	\$78
F*	LOSARTAN (Cozaar)	25-100	1 or 2	2	Hepatic	1	\$14
NF	TELMISARTAN (Micardis)	20-80	1	24	Hepatic	0.5-1	\$102
NF	VALSARTAN (DIOVAN)	80-320	1	6	Renal + Hepatic	2-4	\$103
NF	OLMESARTAN (Benicar)	20-40	1	13	Renal	1	\$82

F = Formulary

F* = requires failure of formulary ACE inhibitor

NF = Non-formulary

*Cost is based on 30 days' treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank 10/2011.

Beta Blockers

Beta blockers and/or diuretics are preferred agents for the treatment of hypertension because a reduction in morbidity and mortality has been demonstrated. Beta blockers are recommended as first-choice agents unless they are contraindicated or unacceptable, or unless there are special indications for other agents. In addition, beta blockers should be initiated and continued for an indefinite period after acute myocardial infarction (MI).

Acebutolol, Atenolol, Betaxolol, Bisoprolol, Esmolol, and Metoprolol are cardioselective. However, selective agents will also inhibit beta-2 receptors in higher doses. Acebutolol, Penbutolol and Pindolol have Intrinsic Sympathomimetic Activity (ISA). Beta blockers with ISA should be used in patients with Bradycardia who must receive a Beta blocker.

Specific recommendations of the seventh report of the Joint National Committee (JNC VII) on prevention, detection, evaluation, and treatment of high blood pressure are provided in table 1 (Considerations for individualizing antihypertensive drug therapy), and figure 1, (Algorithm for the treatment of hypertension).

WARNING: Should not be used in patients with asthma, COPD, CHF with systolic dysfunction, heart block (>1st degree), and sick sinus syndrome; used with caution in insulin-treated diabetics and patients with peripheral vascular disease; should not be discontinued abruptly in patients with ischemic heart disease.

SIDE EFFECTS: Bronchospasm may aggravate peripheral arterial insufficiency, fatigue, insomnia, exacerbation of CHF, masking of symptoms of hypoglycemia; also, increase triglycerides and decrease high-density lipoprotein cholesterol (less with agents with ISA).

INTERACTIONS: Decreased antihypertensive effects with: NSAIDs, Rifampin, Phenobarbital, and smoking. Increased antihypertensive effects with: Cimetidine and Quinidine. Combinations of beta blockers with Diltiazem or Verapamil may have additive sinoatrial and atrioventricular node depressant effects and may also promote negative inotropic effects on failing myocardium.

Other Formulary And Non-Formulary Products:

Status	Cost*	Drug	Dosage Range
F	\$2	Atenolol (Tenormin)+	25-100mg/day
F	\$9	Labetalol (Normodyne/Trandate)+	200-800mg/day
F	\$2	Metoprolol tartrate (Lopressor)+	50-100mg/day
F	\$2	Propranolol (Inderal)+	40-160mg/day
F	\$32	Propranolol (Inderal LA)+	80-160mg/day
NF	\$14	Acebutolol (Sectral)+	200-1200 mg/day
NF	\$10	Betaxolol (Kerlone)+	5-20mg/day
NF	\$12	Bisoprolol (Zebeta)+	2.5-20mg/day
NF	\$121	Carvedilol (Coreg CR)	10-20mg/day
F	\$3	Carvedilol (Coreg)+	12.5-50mg/day
NF	\$8	Nadolol (Corgard)+	40-320mg/day
NF	\$93	Penbutolol (LevatoI)+	20-40mg/day
NF	\$26	Pindolol (Visken)+	10-60mg/day
NF	\$14	Sotalol (Betapace)+	160-480mg/day
NF	\$26	Timolol (Blocadren)+	20-40mg/day
NF	\$57	Nebivolol (Bystolic)	2.5-10mg/day
F	\$22	Metoprolol succinate (Toprol XL)+	25-100mg/day

F = Formulary NF = Non-formulary + = Available generically

*Cost is based on 30 days' treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank 10/2011.

Calcium Channel Blockers

Formulary Status	Generic Name	Trade Name	Equivalent Dosages for Hypertension	Maximum Daily Dose	Cost/Month (AWP)
Dihydropyridines					
F	nifedipine CC	Adalat CC+	30mg qd	90mg	\$40
F	felodipine	Plendil+	5mg qd	10mg	\$32
F	nifedipine ¹	Adalat, Procardia+	10mg tid	120mg	\$65
F	amlodipine	Norvasc+	5mg qd	10mg	\$3
NF	isradipine	DynaCirc	2.5mg bid	20mg	\$58
NF	nicardipine	Cardene+	20mg tid	120mg	\$31
NF	nicardipine SR	Cardene SR	30mg bid	120mg	\$91
F	nifedipine	Procardia XL	30mg qd	120mg	\$63
NF	nisoldipine	Sular	20mg qd	60mg	\$167
Benzothiazepines					
F	diltiazem	Cardizem+ ¹	30mg qid	360mg	\$56
F	diltiazem SR	Cardizem SR+	60mg bid	360mg	\$50
F	diltiazem ER	Tiazac	120mg qd	540mg	\$39
F	diltiazem CD	Cardizem CD+	180mg qd	360mg	\$61
F	diltiazem XR	Dilacor XR	240mg qd	540mg	\$96
Diphenylalkylamines					
F	verapamil	Calan+, Isoptin+	80mg tid	480mg	\$ 9
F	verapamil SR tabs	Calan SR+, Isoptin SR+	180mg qd	480mg	\$17
F	verapamil SRcaps	Verelan+	240mg qd	480mg	\$9
F	verapamil SR tabs	Covera-HS	240mg qd	480mg	\$86

F= Formulary NF= Non-Formulary + =Available generically =Only FDA-approved for angina

*Cost is based on 30 days³ treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank 10/2011.

There have been inconsistent reports regarding adverse health effects of short-acting or immediate release formulations of nifedipine, diltiazem hydrochloride, and verapamil hydrochloride. Immediate release nifedipine has precipitated ischemic events and, in large doses, may increase coronary mortality in patients who have had a myocardial infarction. Therefore, this agent should be used only with great caution, if at all. Randomized controlled trials showed mixed results regarding calcium channel blockers. Risks of fatal myocardial infarction and nonfatal heart failure were statistically higher with long-acting nifedipine in the INSIGHT trial. A meta-analysis of nine clinical trials showed a higher risk of myocardial infarction, congestive heart failure, and major cardiovascular events with long acting dihydropyridine calcium channel blockers compared with diuretic and β -blockers. Other clinical trials such as NORDIL and STOP-2 showed no significant differences in outcomes (treating hypertension) when comparing long-acting dihydropyridine calcium channel blockers with ACE inhibitors, diuretics, and β -blockers; however, the trials suggested that calcium channel blockers might not be as protective as other antihypertensive agents.

Specific recommendations of the seventh report of the Joint National Committee (JNC VII) on prevention, detection, evaluation, and treatment of high blood pressure are provided in table 1 (Considerations for individualizing antihypertensive drug therapy), and figure 1 (Algorithm for the treatment of hypertension).

Drug Profiles Of Cholesterol-Lowering Agents

DRUG	STATUS	Cost	DOSAGE	LIPID EFFECTS (% change from baseline)		DRUG INTERACTIONS	MONITORING
				LDL	HDL		
HMG-COA INHIBITORS (STATINS)							
Triglycerides							
Atorvastatin (Lipitor®)	NF	\$107	Usual: 10mg daily at HS	-39%	+6%	"STATINS" 1. Cyclosporine, Lopid®, Niacin®: ↑ risk of rhabdomyolysis 2. Warfarin: ↑ risk of bleeding	✓ lipid profile for response at 4 weeks ✓ LFT: baseline, 6wk, 12wk, 6mo, 12 mos, Q2yr Same as above
		\$153	Max: 80mg daily	-43%	+9%		
		\$153		-59%	+6%		
		\$153		-60%	+5%		
		\$95	Usual: 20mg daily at HS	-22%	+3%		
Fluvastatin (Lesco®)	NF	\$95	Usual: 20mg daily at HS	-25%	+4%	Same as above	Same as above
		\$95	Max: 80mg/day	-36%	+6%		
		\$122					
		\$7	Usual: 10mg daily at HS	-22%	+7%		
Pravastatin (Pravachol®)*		\$7	Usual: 80mg QD	-32%	+2%	Same as above	Same as above
		\$9	Max: 80mg QD	-34%	+2%		
		\$9	If liver/renal dysfunction, give: 10mg QD	-37%	+3%		
		\$12					
Lovastatin (Mevacor®)*	F	\$7	Usual: 20mg daily at PM meal	27%	+6%	Same as above	Same as above
		\$11	Max: 80mg QD	-31%	+5%		
		\$11	If C ₂ C ₁ -3b/d/min, give max. 20mg QD				
Simvastatin (Zocor®)*	F	\$4	Usual: 20mg daily at HS	-38%	+8%	Same as above	Same as above
		\$5	Max: 80mg QD	-41%	+9%		
		\$5	If elderly/renal dysfunction, maximum daily dose is 5mg	-47%	+8%		
		\$5					
		\$10					
		\$131	Usual: 10mg daily	-43%	+13%		
Rosuvastatin (Crestor®)	NF	\$131	Usual: 10mg daily	-50%	+14%	Same as above	Same as above
		\$131	Max: 40mg daily	-52%	+16%		
		\$131		-62%	+10%		
		\$131					
Lovastatin/Niacin ER (Alisyn®)	NF	\$107	Usual: 20/500 daily at HS	-36%	+20%	See "Statins" and "Niacin"	Same as above
		\$116	Max: 40/2000 daily	-30%	+20%		
		\$124		-37%	+20%		
		\$144		-42%	+30%		
		\$144					
		\$144					
NICOTINIC ACID							
Nicotinic Acid (Niacin®)*	F	\$3	Usual: 50-100mg BID & titrate up	-(15-30%)	+(10-40%)	Niacin Mevacor®, Pravachol®	Niacin ✓ lipid profile for response at 4 weeks ✓ LFT: baseline, 6wk, 12wk, 6mo, 12mo
		\$150	Max: 300mg QD				
Niacin XR (Niaspan®)	F	\$150	Usual: 500mg QD & titrate up	-5%	+18%		
1000mg (2x500mg) HS			Max: 2000mg QD				-21%

Drug Profiles Of Cholesterol-Lowering Agents (continued)

DRUG	STATUS	Cost	LIPID EFFECTS (% change from baseline)			MONITORING INTERACTIONS
			LDL	HDL	Triglycerides	
FIBRATES						
Gemfibrozil (Lopid®)* 600mg BID	F	\$ 14	-10%	+11%	-35%	✓ lipid profile for response at 4 weeks ✓ LEFT baseline, periodically during 1st year
Fenofibrate (Tricor®) 48mg QD 145mg QD	NF	\$ 47 \$ 140	-20-30%	+(10-15%)	(-25-35%)	FIBRATES 1. Warfarin: ↑ risk of bleeding 2. "Statins": ↑ risk of myopathy
54mg QD 160mg QD		\$ 19 \$ 57				
Fenofibrate (Trilipix®) 45 mg QD 135 mg QD	NF	\$ 45 \$ 137				
Micronized fenofibrate (Antara) 43mg QD 87mg	NF	\$ 52 \$ 120 \$ 152				
Micronized fenofibrate (Lofibra)* 67mg QD 134mg 200mg	F	\$ 20 \$ 37 \$ 57				
BILE ACID BINDING RESINS						
Cholestyramine (Questran®) 4gm BID	F	\$ 202	-20%	+5%	NA	RESINS 1. Warfarin: ↑ risk of bleeding 2. "Statins": ↑ risk of myopathy 3. Digoxin, Synthroid*, thyroid hormone, oral contraceptives, warfarin: ↓ its absorption
Colesvelam (Welchol®) 625mg 6 tabs QD	NF	\$ 265	-7%	+3%	+10%	
Colestipol (Colestid®) 5gm BID	NF	\$ 180	-20%	+5%	NA	
Ezetimibe (Zetia®) 10mg QD	NF	\$ 122	-18%	-8%	+1%	1. "Statins": ↑ risk of myopathy
Ezetimibe/Simvastatin (Vytorin®) 10-20mg 10-40mg 10-80mg	NF	\$ 110	-36% -37% -30% -42%	+20% +27% +20% +30%	-39% -44% -32% -44%	See "Statins"
Niasin/simvastatin (Simcor®) 500-20mg 750-20mg 1000-20mg 500-40mg	NF	\$ 75 \$ 107 \$ 153 \$ 75 \$ 133				Same as above

Symbols: F = Formulary, NF = Non formulary, C/C/L = Creatinine clearance, * = Generic available, NA = Not available, Code 1 = restricted to use after failure of fluvastatin; reserved for use in patients requiring greater than 25% LDL reduction

References: Information based on package inserts of each individual agent listed above. Cost is based on 30 days according to MAC or AWP from First Data Bank 10/2011

Lipid Management: Suggested Guidelines for Primary Prevention of CHD in Adults and Children

THE NATIONAL CHOLESTEROL EDUCATION PROGRAM (NCEP) has issued its recommendations focusing the most intensive interventions on high-risk adult patients.

Risk Factors for CHD (Adult)	
<ul style="list-style-type: none">• Cigarette smoking	<ul style="list-style-type: none">• Low HDL (<40mg/dL)[‡]
<ul style="list-style-type: none">• Hypertension (BP> 140/90 or on HTN medication)	<ul style="list-style-type: none">• Family history of premature CHD
<ul style="list-style-type: none">• Diabetes (CHD equivalent) [#]	<ul style="list-style-type: none">• Age (men \geq45 yrs; women \geq55 yrs)

[‡]HDL cholesterol \geq 60mg/dL counts as “negative” risk factor; remove 1 risk factor from the total count.

CHD = coronary heart disease,

HDL = High-density lipoprotein

[#]CHD risk equivalents include clinical manifestations of noncoronary forms of atherosclerotic disease (peripheral arterial disease, abdominal aortic aneurysm, and carotid artery disease transient ischemic attacks or stroke of carotid origin or >50% obstruction of a carotid artery), diabetes, and 2 + risk factors with 10-year risk for hard CHD >20%.

Treatment Decisions Based On LDL Level (Adult)

Dietary Therapy	Initiation Level	LDL Goal
Lower risk: 0-1 risk factor§	≥ 160mg/dL	< 160mg/dL
Moderate risk: 2+ risk factors (10-year risk <10%)§§	≥ 130mg/dL	< 130mg/dL
Moderately high risk: 2+ risk factors ‡ (10-year risk 10% to 20%)§§	≥ 130mg/dL	< 130mg/dL¶
High Risk: CHD* or CHD risk equivalents† (10-year risk >20%)	≥ 100mg/dL	< 100mg/dL (optional goal: <70mg/dL) II
Drug Therapy	Consideration Level	LDL Goal
Lower risk: 0-1 risk factor	≥ 190mg/dL*(160-189mg/dL: LDL-lowering drug optional)	< 160mg/dL
Moderate risk: 2+ risk factors (10-year risk <10%)§§	≥ 160mg/dL	< 130mg/dL
Moderately high risk: 2+ risk factors (10-year risk 10% to 20%)§§	≥ 130mg/dL(100-129mg/dL; consider drug options)	< 130 mg/dL
High Risk: CHD* or CHD risk equivalents† (10-year risk >20%)	≥ 100mg/dL(<100mg/dL: consider drug options)**	< 100mg/dL(optional goal: <70mg/dL) II

* - CHD includes history of myocardial infarction, unstable angina, stable angina, coronary artery procedures (angioplasty or bypass surgery), or evidence of clinically significant myocardial ischemia.

§§ - Electronic 10-year risk calculators are available at www.nhlbi.nih.gov/guidelines/cholesterol.

II - Very high risk favors the optional LDL-C goal of < 70 mg/dL, and in patients with high triglycerides, non-HDL-C <100 mg/dL

¶ - Optional LDL-C goal <100 mg/dL.

** - When LDL-lowering drug therapy is employed, it is advised that intensity of therapy be sufficient to achieve at least a 30% to 40% reduction in LDL-C levels.

Adapted from: National Cholesterol Education Program, Cholesterol Lowering in the Patient with Coronary Heart Disease. NHLBI 1997-2004.

Cut Points for Total Cholesterol and LDL Concentrations in Children and Adolescents

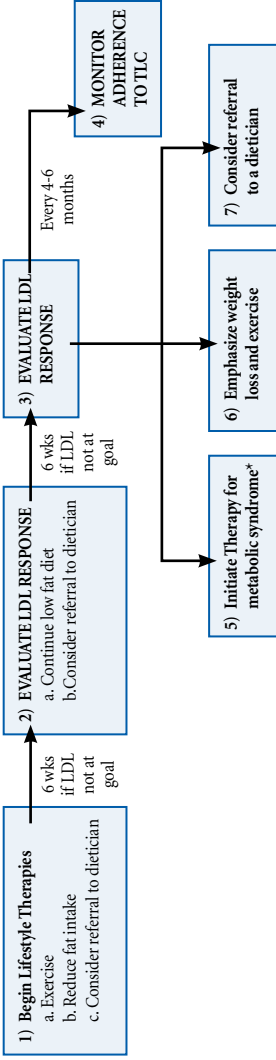
Category	Percentile	Total Cholesterol mg/dL	LDL, mg/dL
Acceptable	<75th	<170	<110
Borderline	75th-95th	170-199	110-129
Elevated	>95th	>200	>130

Recommended LDL Concentrations for Pharmacologic Treatment of Children and Adolescents 10 Years and Older

Patient Characteristics	Recommended Cut Points
No other risk factors for CVD	LDL conc is persistently > 190mg/dL despite diet therapy
Other risk factors present, including obesity, hypertension, or cigarette smoking or positive family history of premature CVD	LDL conc is persistently >160mg/dL despite diet therapy
Children with diabetes mellitus	Pharmacologic treatment should be considered when LDL conc is \geq 130mg/dL
In children younger than 8 years with dramatic elevation of LDL concentration (>500 mg/dL) as seen with the homozygous form of familial hypercholesterolemia	Start Pharmacologic treatment

Adapted from American Academy of Pediatrics. Lipid Screening and Cardiovascular Health in Childhood. 2008.

A Guide To Therapeutic Lifestyle Changes (TLC)

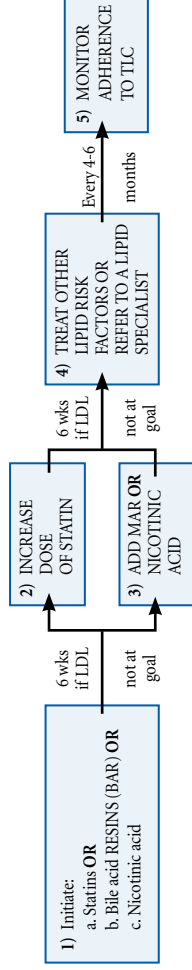


*Clinical identification of metabolic syndrome: 1. Abdominal obesity (measured by waist circumference - Men >40in; women >35in.

2. Triglycerides (≥ 150 mg/dL). 3. HDL cholesterol (men <40mg/dL; women <50mg/dL). 4. Blood pressure ($\geq 130/85$ mmHg).

5. Fasting glucose (≥ 110 mg/dL)

Drug Therapy Guide To Primary Prevention



Reference: Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) 5/2001.

This clinical guideline serves as a reference to inform, not to replace, the physician's clinical judgement. Appropriate treatment must be individualized. Effective 09/2001

Anti-Diabetic Agents

Agent	Formulary Status	Initial Dose	Maximum Dose	Cost#	Side Effects
Alpha-Glucosidase Inhibitor					
Acarbose (Precose)*	F	25mg tid with first bite of meals. Increase dose to 50mg tid with meals after 4-8 weeks, if necessary.	100mg tid with meals.	25mg tid \$42 50mg tid \$42 100mg tid \$49	Diarrhea (33%), abdominal pain (21%), flatulence (77%); Serum levels of transaminases increases at doses
Biguanide					
Metformin (Glucophage)*	F	500mg with breakfast. On the basis of patient's tolerance to metformin and glycemic response, increase dosage by 500mg/day at weekly intervals, adding a dose at dinner and then at lunch. A dosage of 500mg tid with meals will likely be needed for therapeutic effect.	2550mg/day	500mg tid \$6 850mg tid \$8	Nausea and diarrhea that usually subside after 3-5 days; may limit rate of dosage increase. Hypoglycemia occurs only if metformin is combined with sulfonylurea or insulin. Teach patient lactic acidosis issues (e.g., muscle aches, weakness).
Meglitinide					
Nateglinide (Starlix)*	NF	120mg tid before meals For patients near HbA _{1c} goal, start 60mg tid ac	120mg tid	60mg tid \$106 120mg tid \$109	Hypoglycemia, URT infections, back pain, dizziness, arthropathy
Repaglinide (Prandin)	NF	For pts not on a hypoglycemic agent or HbA _{1c} < 8%, start with 0.5mg 15 min. before a meal. For pts on hypoglycemic agent or HbA _{1c} ≥8%, start with 1 or 2mg	16mg/day	0.5mg tid \$208 1mg tid \$209 2mg tid \$209	Hypoglycemia, URT infections, nausea, diarrhea, constipation, back pain, arthralgia and headache. Contraindicated in type 1 DM, & diabetic ketoacidosis.
Sulfonylurea Agents					
Glipizide (Glucotrol*, Glucotrol XL)*	F	2.5mg/day	40mg give in two doses when dose reaches 15mg.	2.5mg qd \$4 40mg/day \$15	Hypoglycemia and weight gain
Glyburide (DiaBeta, Micronase)*	F	2.5mg/day; increase by 2.5mg weekly if needed	20mg give in one or two doses	2.5mg qd \$4 20mg/day \$30	Hypoglycemia and weight gain

Anti-Diabetic Agents (continued)

Agent	Formulary Status	Initial Dose	Maximum Dose	Cost#	Side Effects
Sulfonylurea Agents (continued)					
Glimepiride (Amaryl)*	F	1-2mg daily with breakfast or first meal; increase at 1-2mg increments every 1-2 weeks as needed	8mg daily	1mg qd \$3 2mg qd \$4 8mg qd \$16	Hypoglycemia and weight gain
Tolazamide (Tolinase)*	NF	100mg/day	1000mg; give in two doses when dose reaches 500mg	100mg qd \$3 1000mg/day \$60	Hypoglycemia, jaundice, hematologic abnormalities, GI upset
Chlorpropamide (Diabinese)*	F	100mg/day	750mg; give as single dose	100mg qd \$9 750mg qd \$60	Hypoglycemia, syndrome of inappropriate secretion of antidiuretic hormone (SIADH), GI upset
Tolbutamide (Orinase)*	NF	250mg/day	3000mg; give in two or three doses	250mg qd \$10 3000mg/day \$120	Hypoglycemia, jaundice, hematologic abnormalities, GI upset, SIADH
Insulin					
Human Insulin (Humulin)	F	NPH or Lente 0.1-0.3 units/kg at bedtime or Ultralente before dinner breakfast, or a split dose before breakfast and dinner. If patient has normal or above normal weight, initial dose (in units) =0.1 unit X (fasting BG level-50). If patient is obese, initial dose (in units) =0.1 unit X (fasting BG level-50) X (2.5 X [ABW/DBW -1.5]).		\$59 per 10mL vial	Hypoglycemia and weight gain.
Insulin Aspart (Novolog)	NF	Individualize dose. Give immediately before a meal.		\$117 per 10mL vial	Hypoglycemia and weight gain.
Insulin Glargine (Lantus)	F	On oral anti-diabetic agents: 10IU SC qd Switching from NPH: NPH QD à same dose for Lantus qd NPH BID à 20% reduction of same dose for Lantus qd		\$100 per 10mL vial	Hypoglycemia and weight gain.
		Adjust based on patient's response			

Anti-Diabetic Agents (continued)

Agent	Formulary Status	Initial Dose	Maximum Dose	Cost#	Side Effects
Insulin Determir (Levemir)	NF	0.1 to 0.2 units/kg once daily in the evening or 10 units once or twice daily		\$100 per 10mL vial	Hypoglycemia and weight gain.
Insulin Lispro (Humalog)	F	Individualize dose. Give within 15 minutes before or immediately after a meal.		\$116 per 10mL vial	Hypoglycemia and weight gain.
Insulin Glulisine (Apidra)	F	Individualize dose. Give within 15 minutes before or immediately after a meal.		\$93 per 10mL vial	Hypoglycemia and weight gain.
Thiazolidinediones					
Pioglitazone (Actos)	NF	15-30mg QD For combination with metformin, sulfonylurea, insulin, start 15-30mg QD. For insulin, decrease insulin dose by 10-25%	45mg/day	15mg QD \$161 30mg QD \$246 45mg QD \$267	Increased liver enzymes. Hepatic monitoring every 2 months is recommended; moderate weight gain, edema, mild anemia
Rosiglitazone (Avandia)	NF	4mg QD For combination with metformin, sulfonylurea, start 4mg QD	8mg/day	2mg QD \$79 4mg QD \$117 8mg QD \$212	Limited FDA approved indication, Severe Black Box Warning. Please see Package Insert.
Combination					
Glyburide/Metformin (Glucovance) *	F	1.25mg/250mg qd-bid with meals, increasing dosage as necessary at 2 week intervals. For previously treated patients, start 2.5mg/500mg or 5mg/500mg bid meals	20mg/2000mg daily	1.25/250 BID \$10 2.5/500 BID \$10 5/500 BID \$10	Hypoglycemia, nausea, diarrhea. Contraindicated in patients with renal insufficiency for risk of lactic acidosis.
Rosiglitazone/Metformin (Avandia)	NF	2mg/500mg bid with meals	8mg/2000mg daily	2/500 QD \$69 2/1000 QD \$69 4/500 QD \$116 4/1000 QD \$116	See Avandia and Glucophage
Pioglitazone/Metformin (Actoplus Met)	NF	15mg/500mg qd	45mg/2550mg daily	15/500 TID \$367 15/850 TID \$367	See Actos and Glucophage
Pioglitazone/Glimepiride (Duetact)	F	30mg/2mg 30mg/4mg	30mg/4mg 30mg/4mg	30mg/2mg \$246 30mg/4mg \$246	See Actos and Glucophage

Anti-Diabetic Agents (continued)

Agent	Formulary Status	Initial Dose	Maximum Dose	Cost#	Side Effects
Incretin Mimetic					
Exenatide (Byetta)	NF	5mcg	10mcg	5mcg \$243 10mcg \$122	Dose-dependent transient nausea.
Amylin					
Pramlintide (Symlin)	NF	Type 1: 15mcg Type 2: 60mcg	Type 1: 60mcg Type 2: 120mcg	\$51 \$74	Nausea, vomiting, anorexia, headache.
Dipeptidyl peptidase-4 (DPP-4)					
Sitagliptin (Januvia®)	F	100mg once daily	100mg	25mg qd \$203 50mg qd \$203 100mg qd \$203	Stuffy or runny nose, sore throat, upper respiratory tract infection, headache, abdominal pain, nausea, and diarrhea.
Sitagliptin/Metformin (Janumet®)	F	50-500mg once twice daily	100-2000mg	50-500mg \$203 50-1000mg \$203	See Januvia and Glucophage
Saxagliptin (Onglyza®)	F	2.5 mg once daily	5mg	2.5mg qd \$203 5mg qd \$203	

F = Formulary

NF = Non-formulary

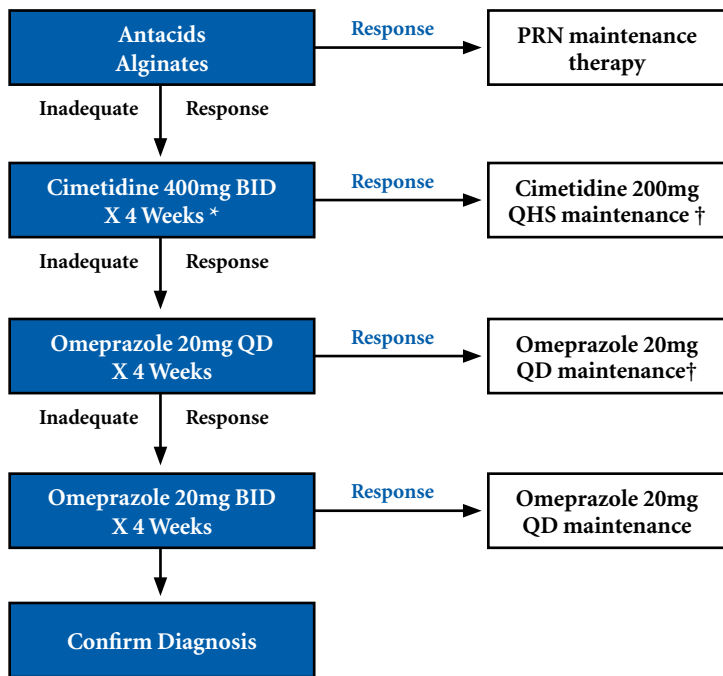
DBW = desired body weight

ABW = actual body weight

* = available generically

#Cost is based on a 30 days' treatment with the lowest recommended dosage, according to MAC or AWP listings in First Data Bank, 10/2011.

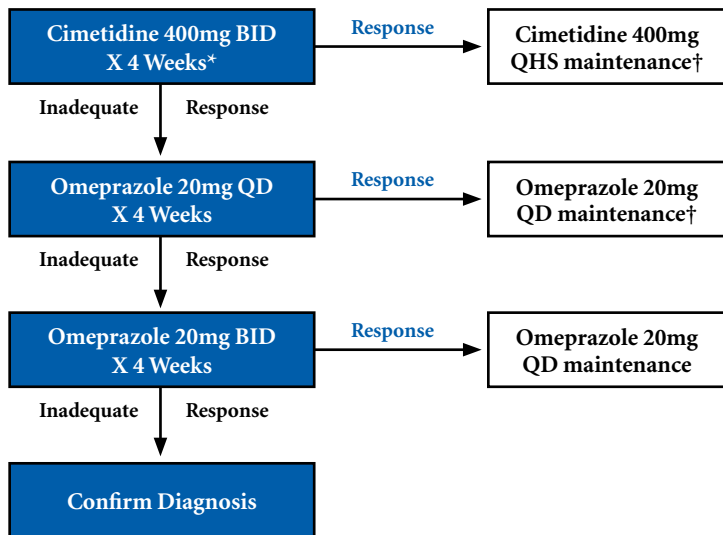
Uncomplicated Heartburn/ Mild GERD



* May consider metoclopramide 10mg (30 minutes AC) in patients with decreased GI motility (eg. Diabetics); combination therapy with a prokinetic agents and acid-reducing agent should be reserved only patients failing high doses of PPIs.

† The optional duration of maintenance therapy is undetermined but should be continued at the lowest possible dosage necessary to prevent recurrence. In mild GERD, a drug-free trial is warranted after 8-12 weeks of therapy. For moderate/severe GERD or esophagitis, long term (potentially life-long) maintenance therapy may be necessary.

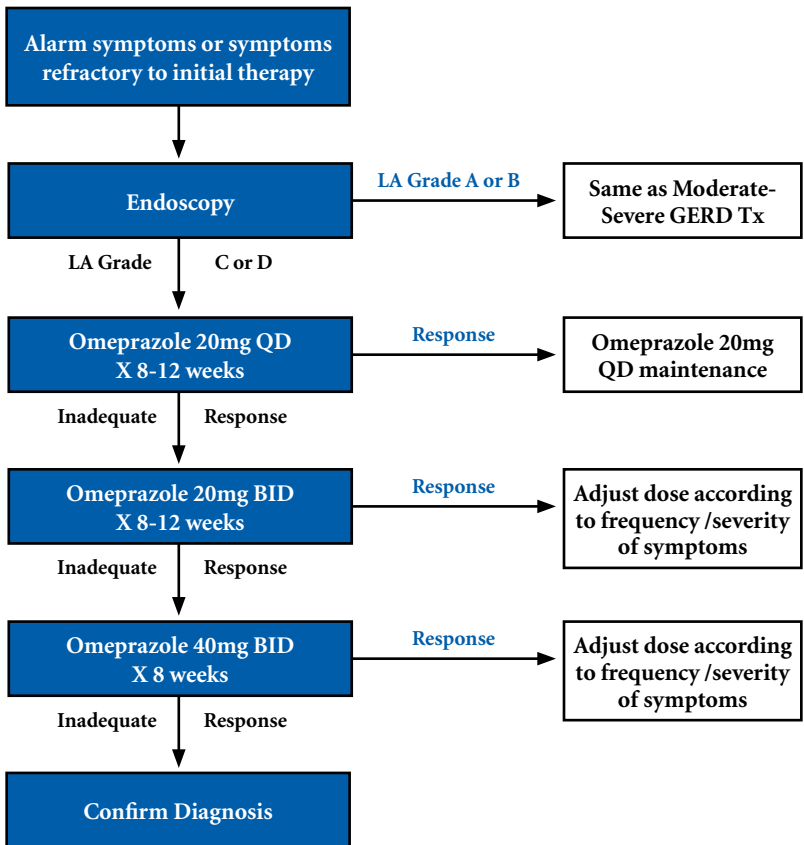
Reflux Esophagitis/ Moderate-Severe GERD



* May consider metoclopramide 10mg (30 minutes AC) in patients with decreased GI motility (eg. Diabetics); combination therapy with a prokinetic agents and acid-reducing agent should be reserved only patients failing high doses of PPIs.

† The optional duration of maintenance therapy is undetermined but should be continued at the lowest possible dosage necessary to prevent recurrence. In mild GERD, a drug-free trial is warranted after 8-12 weeks of therapy. For moderate/severe GERD or esophagitis, long term (potentially life-long) maintenance therapy may be necessary.

Treatment of patients with GERD undergoing endoscopy



Gastroesophageal Reflux Disease (GERD)

1. GERD is defined as any symptomatic clinical condition presumed to result from esophageal exposure to gastric contents. Heartburn is the classical symptom.
2. Therapy for GERD includes:
 - a. Initial therapy includes lifestyle change, antacids/alginates, and discontinuance of medications that may aggravate GERD (if possible).
 - b. If antacids fail, a 4-8 week trial of an H₂ antagonist should be attempted. Cimetidine 400mg BID is the least expensive and should be the medication of choice. 60 to 70% of patients responded to acid neutralization or acid inhibition by OTC medications.
 - c. A short-term(4 weeks) course of treatment with a PPI may be tried.
 - d. Prokinetic agents (metoclopramide/Reglan) may be used as an alternate medication only after failing high dose PPIs.
3. PPIs are indicated for treatment of moderate/severe erosive esophagitis and symptomatic GERD poorly responsive to H₂RA or prokinetic agent treatment. If symptoms are relieved by the initial 4-week treatment, this medication may be continued as a maintenance therapy. Patients unresponsive to low doses of PPIs may be given high dose therapy for 8 weeks. However, low doses should be attempted after 8 weeks of high dose treatment.
4. Standard doses of the PPIs omeprazole, lansoprazole, pantoprazole, and rabeprazole resulted in comparable rates of healing and remission in erosive esophagitis. Any advantage of esomeprazole over omeprazole or lansoprazole in erosive esophagitis is largely confined to LA esophagitis grades C and D.
5. PERs submitted for treatment of GERD with medication other than cimetidine or omeprazole must have medical justification including either the failure of the patient to respond to an adequate trial of cimetidine or documentation for the use of other medications as noted above.
6. The patient's need for continued therapy should be evaluated after six month of maintenance therapy.

Cost Of Gerd Therapy

Generic Name	Trade Name	Formulary Status*	Initial Dose	Cost / Month †	Maximum Daily Dose	Cost / Month†
H-2 ANTAGONISTS (H2RAs)						
cimetidine	Tagamet®, Generic	F	800mg qd	\$7	2400mg**	\$20
famotidine	Pepcid®, Generic	F	40mg qd	\$6	80mg**	\$11
nizatidine	Axid®, Generic	NF	300mg qd	\$72	300mg**	\$72
ranitidine	Zantac®, Generic	F	300mg qd	\$5	600mg**	\$10
Proton Pump Inhibitors (PPIs)						
esomeprazole	Nexium®	NF	20mg qd	\$172	40mg	\$172
lansoprazole	Prevacid OTC®	F ST	15mg qd	\$17	30mg**	\$34
lansoprazole	Prevacid®, Generic	NF	15mg qd	\$60	30mg**	\$60
dexlansoprazole	Dexilant®	F ST	30mg qd	\$123	60mg	\$123
omeprazole	Prilosec®, Generic	F	20mg qd	\$13	40mg**	\$17
pantoprazole	Protonix®, Generic	F	20mg qd	\$11	40mg	\$11
rabeprazole	Aciphex®	NF	20mg qd	\$222	20mg	\$222
omeprazole	Prilosec OTC®	F	20mg qd	\$19	40mg	\$38
Alginates						
alginate acid combinations	Gaviscon® Tablets, Gaviscon® Liquid, Various	F	10-20mL qid prn	\$ 19	100mL	\$47
Antacids						
magnesium / aluminum salts	Maalox®, Mylanta®, Generic	F	5-30mL qid prn	\$5	120mL	\$29
aluminum salts	Alternagel®, Amphogel®, Generic	F	5-20mL qid prn	\$4	90mL	\$20
Prokinetic Agents						
metoclopramide	Reglan®, Generic	F	10mg qid ac	\$8	60mg	\$14
bethanechol	Urecholine®, Generic	F	25mg qid	\$27	200mg	\$54

F - Formulary, NF - Non-Formulary, Code 1 - Restricted for Specified Indications, ST – subject to STEP therapy

† Cost based on WAC for as of 10/2011, rounded to the nearest \$1.

** Higher doses may be used for pathological hypersecretory conditions

Regimens Used to Treat *Helicobacter pylori*

Bismuth	Antibiotic 1	Antibiotic 2	Proton Pump Inhibitor/ H2 antagonist	Duration	Efficacy	Cost
Bismuth 2 tablets QID	Metronidazole 250mg QID	*Tetracycline 500mg QID	Cimetidine 400mg BID x 4 weeks	2 weeks	86-94%	\$35
Bismuth 2 tablets QID	Metronidazole 250mg QID	Amoxicillin 500mg QID	Cimetidine 400mg BID x 4 weeks	2 weeks	80-94%	\$39
		Clarithromycin 500mg TID	Omeprazole 20mg BID x 4 weeks	2 weeks	>83%	\$183
	Amoxicillin 1000mg BID**	Clarithromycin 500mg BID	Omeprazole 20mg BID	10 days	80-86%	\$91
	Amoxicillin 1000mg TID**		Lansoprazole 30mg TID	2 weeks	>85%	\$132
	Amoxicillin 1000mg BID**	Clarithromycin 500mg BID	Lansoprazole 30mg BID	10-14 days	89.7%	\$159

*It would be advisable to separate the Pepto-Bismol (bismuth tablets) and tetracycline by a couple of hours and to give the tetracycline in between meals on an empty stomach to prevent an incompatibility problem.

** May substitute with Metronidazole 500mg BID for Penicillin allergy pt.

Lansoprazole (Prevacid OTC) – Formulary; Omeprazole - Formulary

Cost based on MAC or AWP as of 10/2011

Treatment Of Acid Peptic Disorders

The following guidelines will be used by the Clinical Pharmacy staff when reviewing PERs for medications used for treatment of peptic ulcer disease (PUD) and gastro-esophageal reflux disease (GERD).

Peptic Ulcer Disease

1. A peptic ulcer is defined as a localized lesion of the mucous membrane of the stomach (gastric ulcer) or duodenum (duodenal ulcer), typically extending through the muscularis mucosa.
2. *Helicobacter pylori* is the major etiological factor in PUD and requires treatment with antimicrobial agents. **All individuals with a diagnosis of PUD must be evaluated and/or treated for *H. pylori*.**
3. *H. pylori* diagnosis can be made by endoscopy with gastric biopsy, serology for IgG antibodies to *H. pylori* antigen, or breath tests of urease activity.
4. One of the following treatment options should be used for PUD:
 - a. Empiric therapy for *H. pylori*.
 - b. Test for *H. pylori* prior to beginning therapy.
5. Individuals with PUD and suspected or documented *H. pylori* should be treated with an appropriate antimicrobial regimen, which may be combined with a proton pump inhibitor (PPI).
6. Acid-reducing medications for PUD include the following:
 - a. Cimetidine 800mg at bedtime or 400mg BID is the least expensive H2RA and should be used as the medication of first choice. The efficacy of the H2RAs (cimetidine/Tagamet, famotidine/Pepcid, nizatidine/Axid, ranitidine/Zantac) and sucralfate/Carafate is comparable after 8 weeks of treatment.
 - b. PPI's (lansoprazole/Prevacid) should be used for acute therapy only if H2RAs fail or cannot be used, or as part of treatment for *H. pylori*.
 - c. Sucralfate, H2RAs and PPIs should not be combined because of lack of documented benefit.
7. *After successful H. pylori eradication, continued maintenance therapy with anti-ulcer medications is unnecessary.*

Peptic Ulcer Disease (continued)

8. Maintenance anti-ulcer therapy will only be approved after consultation and approval by a gastroenterologist. Maintenance therapy for PUD includes the following:
 - a. Cimetidine 400mg at bedtime is the least expensive and should be used as the medication of first choice. The efficacy of the H2RAs and sucralfate is similar for the prevention of recurrence.
 - b. PPIs should be used as a maintenance medication only if H2RAs fail or cannot be used.
 - c. The patient's need for continued therapy should be evaluated after six months of maintenance therapy.
9. PERs submitted for H2RAs other than cimetidine must have medical justification including failure of the patient to respond to an adequate trial of cimetidine or because of potential interactions with other medications such as phenytoin, theophylline, or warfarin.

NSAID-Induced PUD

1. If at all possible, NSAIDS should be discontinued with substitution of acetaminophen.
2. *H. pylori* should be ruled out as a causative agent for PUD in patients receiving NSAIDS.
3. If NSAIDS must be continued, misoprostol (Cytotec) is effective in preventing PUD.
4. Sucralfate or H2RAs have not been found to prevent gastric ulcer disease caused by NSAIDS.

Other Comments

1. The use of H2RAs to treat minor digestive ailments such as dyspepsia is unnecessary. Antacids are equally effective as H2RAs and should be tried.
2. *H. pylori* has not been identified as a causative agent in non-ulcer dyspepsia.

Migraine Agents - Migraine Abortive Therapy

Drug	Formulary status	Initial Dosage	Rebound Headache Potential	Cost/Day*
Acetylsalicylic acid (ASA)	F	Max. initial dose: 1000mg; can repeat every 6 hrs	Yes	\$0.28
Acetaminophen (Tylenol)	F	Max. initial dose: 1000mg; can repeat every 6 hrs	Yes	\$0.20
Ibuprofen (Advil, Motrin, Nuprin, etc.)	F	Max. initial dose: 800mg; can repeat every 6 hrs; maximum 2400mg/day	Unlikely	\$0.20
Naproxen (Naprosyn)	F	Max. initial dose: 750mg; can repeat 250 to 500mg in 3 to 4 hrs; maximum 1250mg/day	Unlikely	\$0.42
APAP/isometheptene/dichloralphenazone (Midrin)	F	Max. initial dose: 2 capsules at onset; can repeat 1 capsule every hr if needed; maximum: 5 per 12 hours; 20/month	Yes	\$1
Ergotamine Tartrate/Caffeine (Cafergot, Wigraïne)	F	2 tabs X 1, then 1 tab Q 30 min. prn; maximum 2/day; 12/month	Yes	\$2
Dihydroergotamine (Migranal)	NF	Transnasal 0.5mg/spray. 1 spray in each nostril; if headache returns, the dose can be repeated once, after one hour	Unlikely	\$90
Almotriptan (Axert)	NF	6.25 – 12.5mg; may repeat in 2hrs; maximum 25mg/day	Likely	\$24 / dose
Frovatriptan (Frova)	NF	2.5mg; may repeat once > 2 hrs; maximum 7.5mg/day	Likely	\$28 / dose
Naratriptan (Amerge)	NF	Initial dose: 2.5mg. May repeat once > 4 hrs; max.5mg/day	Likely	\$20 / dose
Rizatriptan (Maxalt)	NF	Initial dose: 5 or 10mg. May repeat in > 2 hrs; max. 30mg/day	Likely	\$27 / dose
Rizatriptan MLT (Maxalt)	NF	Initial dose: 5 or 10mg. May repeat in > 2 hrs; max. 30mg/day	Likely	\$27 / dose
Sumatriptan Nasal Spray (Imitrex)	F**	5 or 10mg into 1 nostril as a single dose or 20mg into 1 nostril as a single dose	Likely	\$6 / dose
Sumatriptan Injection (Imitrex)	F**	6 mg SC Q 1 H prn; maximum 12mg/day	Likely	\$120 / dose
Sumatriptan Oral (Imitrex)	F	Max. initial dose: 100mg; can repeat every 2 hrs; max: 200mg/day	Likely	\$4 / dose
Zolmitriptan (Zomig)	NF	Initial dose: 2.5mg. May repeat in > 2 hrs; max: 5mg/dose; 10mg/day	Likely	\$23 / 2.5mg \$26 / 5mg
Zolmitriptan Nasal Spray (Zomig)	NF	5 mg into 1 nostril as a single dose. May repeat in > 2 hrs; max 10mg/day	Likely	\$6 / dose
Eletriptan (Relpax)	NF	Max. initial dose: 40mg; May repeat second dose in 2 hours; no more than 2 doses per day; max: 80mg/day	Likely	\$25 / dose

*Cost/day is based on AWP or MAC First Data Bank 10/2011

Migraine Agents - Preventive Therapy

Drug	Formulary Status	Usual Dosage	Maximum Daily Dose	Cost/Month
Atenolol* (Tenormin)	F	50 mg QD	100 mg	\$1
Metoprolol* (Lopressor)	F	50 mg BID	450 mg	\$3
Propranolol (Inderal)	F	80 mg QD	640 mg	\$2
Verapamil* (Calan, Isoptin)	F	40 mg TID	480 mg	\$7
Amitriptyline* (Elavil)	F	100 mg QHS	100 mg	\$3
Imipramine* (Tofranil)	F	100 mg QHS	150 mg	\$18
Divalproex sodium (Depakote)	F	250 – 500mg TID	1500mg	\$32
Cyproheptadine (Periactin)	F	4 – 16mg per day	12mg/day ages 2-6 16mg/day ages 7-14	\$0.28 - 4mg tab \$0.11 – 2mg/5mL
Topiramate (Topamax)	F	50mg BID	100mg	\$7

F = Formulary NF = Non-Formulary

=Cost is based on a 30 days' treatment with the lowest recommended dosage, according to MAC pricing or AWP listings from First Data Bank, 10/2011.

*Not FDA-approved indication

**Use of these medications are restricted to those who have failed or contraindicated to oral sumatriptan

Decreased gastric motility during an acute migraine attack may decrease absorption of analgesics, and overuse (more than 2-3 times a week) can cause an increase in headache frequency (analgesic rebound). Metoclopramide (Reglan) taken immediately at the onset of symptoms can increase absorption of other oral drugs by increasing gastric motility and prevent the nausea associated with many migraine attacks.

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P.O. Box 19026
San Bernardino, CA 92423-9026

Phone (909) 890-2054

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