

Anthem's State Sponsored Business Preferred Drug Listing (PDL) for Hoosier Healthwise Members

INTRODUCTION

Anthem Blue Cross and Blue Shield's (Anthem's) State Sponsored Business Preferred Drug List (PDL) includes medications available in the pharmacy benefit. These preferred medications are commonly prescribed drugs chosen by Anthem for their quality and effectiveness. Select drugs may require prior authorization. Anthem State Sponsored Business's Preferred Drug List is updated quarterly and is subject to change without prior notification. To check for regular updates to the Preferred Drug List, please visit our website at www.anthem.com. Alternatively, you can contact the WellPoint NextRx Customer Care at **1-866-629-1608**.

BRAND NAME VS GENERICS

A brand name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand name drug. A generic drug has the same active ingredients as its brand name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand name equivalent in color and/or shape. Both brands and generics have to meet the same strict safety, purity and performance standards governed by the FDA.

QUANTITY SUPPLY LIMIT

Quantity supply limit is the maximum amount of a drug that can be dispensed at the pharmacy at a given time. Anthem State Sponsored Business has a prior authorization program that adheres to FDA approved dosing guidelines. If a prescribing provider feels that a quantity supply greater than the defined maximum is medically necessary, then the prescriber is directed to submit a written prior authorization in order to validate the medical rationale for exceeding the recommended dosage.

PRIOR AUTHORIZATION

Prior Authorization is designed to encourage appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen or have lower cost alternatives. Drugs that have high side effect potential, those that should be reserved for specific FDA indication, or those that have a high misuse or abuse potential are also included in the program. If a brand name drug has a FDA approved generic equivalent available, Anthem also requires prior authorization to promote the utilization of appropriate generic alternatives as first line therapies when medically appropriate. Prior to dispensing any multi-source brand, physicians are required to consider using its preferred generic alternative. Multi-source brand name drug with a generic alternative will require a written prior authorization for benefit coverage based on medical necessity.

Select medications on the Preferred Drug List may require prior authorization. Medication utilization must meet FDA approved indications as well as Anthem State Sponsored Business guidelines. If a medication requires prior authorization, a Prior Authorization form needs to be completed by the prescriber for submission to Anthem. To obtain Prior Authorization form and a list of drugs that require prior authorization, please go to the website, www.anthem.com. Alternatively, you can contact the WellPoint NextRx Customer Care at **1-866-629-1608** for more information.

NARROW THERAPEUTIC DRUGS

Certain medications require that a physician to carefully monitor the dosage to achieve optimal effect while preventing adverse side effects. For these select few drugs, the recommendation is to NOT switch between the brand and generic version of the drug.

The following is a list of narrow therapeutic index drugs: Armour Thyroid, Coumadin, Zarontin, Carbatrol, Creon, Dilantin, Lanoxin, Levothroid, Levoxyl, Neoral, Pancrease, Sandimmune, Synthroid, Tegretol, Ultrase, Tegretol XR, Lanoxicap, Eskalith, Eskalith CR, Lithobid, Phenytek, Theophylline products, Depakene, Unithroid, Clozaril, Cordarone, and Pacerone.

Anthem State Sponsored Business's pharmacy benefit will provide coverage for these brand name medications for members currently on the brand name version.

HOW TO USE ANTHEM'S PREFERRED DRUG LIST

Anthem State Sponsored Business's Preferred Drug List lists the brand name or common name of a given drug. If a medication does not appear on this Preferred Drug List, the medication will require prior authorization to be covered under the pharmacy benefit. A prior authorization form will need to be completed by the prescriber and submitted to Anthem before prescription may be filled. To obtain Prior Authorization form and a list of drugs that require prior authorization, please go to the website, www.anthem.com. Alternatively you can contact the WellPoint NextRx Customer Care at **1-866-629-1608** for more information.

CONTACT INFORMATION

Questions about Anthem State Sponsored Business's Preferred Drug List, please contact WellPoint NextRx Customer Care Center at **1-866-629-1608** for more information. Hours of operation are Monday through Friday 8:00 am – 1:00 am ET and Saturday & Sunday 9:00 am to 6:00 pm ET. In addition, regular updates to the Preferred Drug List are available by visiting www.anthem.com.

<u>DIGITALIS GLYCOSIDES (A1A)</u>
DIGITEK
DIGOXIN
LANOXICAPS
LANOXIN
<u>XANTHINES (A1B)</u>
AMINOPHYLLINE
DILOR
DYLIX
ELIXOPHYLLIN
THEO-24
THEOCAP
THEOCHRON
THEOPHYLLINE
THEOPHYLLINE ANHYDROUS
UNIPHYL
<u>GENERAL BRONCHODILATOR AGENTS (A1D)</u>
ATROVENT HFA
COPD
DG 200
DIFIL-G FORTE
DILEX-G
DILOR-G
DYFLEX-G
DY-G LIQUID
DYPHYLLIN GG
DYPHYLLINE-GG
DYPHYSIN
IPRATROPIUM BROMIDE
JAY-PHYL
PANFIL G
<u>ANTIARRHYTHMICS (A2A)</u>
AMIODARONE HCL
CORDARONE
DISOPYRAMIDE PHOSPHATE
ETHMOZINE
FLECAINIDE ACETATE
MEXILETINE HCL
NORPACE CR 100mg
PACERONE
PROCAINAMIDE HCL
PROCANBID
PRONESTYL 375mg
PROPAFENONE HCL
QUINIDINE GLUCONATE
QUINIDINE SULFATE
<u>HYPOTENSIVES,VASODILATORS (A4A)</u>
HYDRALAZINE HCL
HYDRALAZINE W/HCTZ
HYDRA-ZIDE
MINOXIDIL
<u>HYPOTENSIVES,SYMPATHOLYTIC (A4B)</u>
CLONIDINE HCL
GUANABENZ ACETATE
GUANFACINE HCL

METHYLDOPA
METHYLDOPA/HYDROCHLOROTHIAZIDE
RESERPINE
<u>HYPOTENSIVES, ACE INHIBITORS (A4D)</u>
BENAZEPRIL HCL
BENAZEPRIL HCL-HCTZ
CAPTOPRIL
CAPTOPRIL/HYDROCHLOROTHIAZIDE
ENALAPRIL MALEATE
ENALAPRIL MALEATE/HCTZ
FOSINOPRIL SODIUM
FOSINOPRIL-HYDROCHLOROTHIAZIDE
LISINOPRIL
LISINOPRIL-HYDROCHLOROTHIAZIDE
QUINAPRIL HCL
QUINAPRIL-HYDROCHLOROTHIAZIDE
<u>HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST (A4F)</u>
COZAAR (PA required)
HYZAAR (PA required)
<u>ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION (A4K)</u>
LOTREL
<u>HYPOTENSIVES,MISCELLANEOUS (A4Y)</u>
ATENOLOL W/CHLORTHALIDONE
BISOPROLOL FUMARATE/HCTZ
METOPROLOL-HYDROCHLOROTHIAZIDE
PROPRANOLOL HCL W/HCTZ
<u>VASODILATORS,CORONARY (A7B)</u>
DILATRATE-SR
ISORDIL 40mg
ISOSORBIDE DINITRATE
ISOSORBIDE MONONITRATE
MONOKET 20mg
NITREK
NITRO-BID
NITRO-DUR 0.3mg/hr, 0.8mg/hr
NITROGLYCERIN
NITROGLYCERIN TRANSDERMAL
NITROLINGUAL
<u>VASODILATORS,PERIPHERAL (A7C)</u>
ERGOLOID MESYLATES
ISOXSUPRINE HCL
<u>CALCIUM CHANNEL BLOCKING AGENTS (A9A)</u>
DILTIAZEM ER
DILTIAZEM HCL
DILTIAZEM XR
FELODIPINE ER
ISRADIPINE
NICARDIPINE HCL
NIFEDIPINE
NIFEDIPINE ER
NORVASC
SULAR
VERAPAMIL HCL

<u>GENERAL INHALATION AGENTS (B0A)</u>
BRONCHO SALINE (OTC)
SALINE
SODIUM CHLORIDE
<u>MUCOLYTICS (B3A)</u>
ACETYLCYSTEINE
PULMOZYME (PA required)
<u>EXPECTORANTS (B3J)</u>
GUAIFENESIN (OTC)
GUAIFENESIN ER
GUAIFENESIN LA
GUAIFENESIN NR
GUAIFENESIN SR
<u>COUGH AND/OR COLD PREPARATIONS (B3K) (PA required under 2yrs of age)</u>
PSEUDOEPHEDRINE/ HYDROCODONE/CHLORPHENIRAMINE
<u>1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB (B3O) (PA required under 2yrs of age)</u>
COLD CAPS (OTC)
<u>NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST (B3Q) (PA required under 2yrs of age)</u>
BROMPHENIRAMINE-HYDROCODONE-PHENYLEPHRINE
BROMPHENIRAMINE-HYDROCODONE-PSEUDOEPHEDRINE
CARBINOXAMINE –HYDROCODONE-PHENYLEPHRINE
CARBINOXAMINE –HYDROCODONE-PSEUDOEPHEDRINE
CHLORPHENIRAMINE-HYDROCODONE-PHENYLEPHRINE
CHLORPHENIRAMINE-HYDROCODONE-PSEUDOEPHEDRINE
CHLORPHENIRAMINE-DIHYDROCODEINE-PHENYLEPHRINE
CHLORPHENIRAMINE-DIHYDROCODEINE-PSEUDOEPHEDRINE
DEXCHLORPHENIRAMINE-HYDROCODONE-PHENYLEPHRINE
DIPHENHYDRAMINE-HYDROCODONE-PHENYLEPHRINE
PROMETHAZINE–CODEINE-PHENYLEPHRINE
<u>NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST (B3R) (PA required under 2yrs of age)</u>
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE
BROMPHENIRAMINE- DEXTROMETHORPHAN- PSEUDOEPHEDRINE (RX &OTC)
CARBINOXAMINE – DEXTROMETHORPHAN -PHENYLEPHRINE
CARBINOXAMINE – DEXTROMETHORPHAN -PSEUDOEPHEDRINE
CHLORPHENIRAMINE- DEXTROMETHORPHAN – PHENYLEPHRINE (RX & OTC)
CHLORPHENIRAMINE -DEXTROMETHORPHAN– PSEUDOEPHEDRINE (RX & OTC)
DEXBROMPHENIRAMINE- DEXTROMETHORPHAN- PHENYLEPHRINE
DEXCHLORPHENIRAMINE- DEXTROMETHORPHAN- PSEUDOEPHEDRINE
BROMPHENIRAMINE- CARBETAPENTANE-PHENYLEPHRINE
CHLORPHENIRAMINE- CARBETAPENTANE -PHENYLEPHRINE
DIPHENHYDRAMINE- CARBETAPENTANE -PHENYLEPHRINE
CHLORPHENIRAMINE- CARBETAPENTANE-PHENYLEPHRINE-EPHREDRINE
DIPHENHYDRAMINE- CARBETAPENTANE -PHENYLEPHRINE
<u>NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT (B3S) (PA required under 2yrs of age)</u>
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE-GUAIFENESIN
BROMPHENIRAMINE- DEXTROMETHORPHAN- PSEUDOEPHEDRINE-GUAIFENESIN
CHLORPHENIRAMINE- DEXTROMETHORPHAN – PHENYLEPHRINE- GUAIFENESIN

<u>NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB. (B3T) (PA required under 2yrs of age)</u>
GUAIFENESIN-DEXTROMETHORPHAN (RX & OTC)
GUAIFENESIN-CARBETAPENTANE
POTASSIUM GUAIACOLSULFONATE- DEXTROMETHORPHAN
<u>1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB (B3X) (PA required under 2yrs of age)</u>
CHLORPHENIRAMINE-PHENYLEPHRINE-BELLADONNA ALKALOIDS
CHLORPHENIRAMINE-PSEUDOEPHEDRINE-BELLADONNA ALKALOIDS
<u>1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB (B3Y) (PA required under 2yrs of age)</u>
CHLORPHENIRAMINE-PHENYLEPHRINE-GUAIFENESIN
<u>NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB. (B4C) (PA required under 2yrs of age)</u>
HYDROCODONE BT/HOMATROPINE MBR
<u>NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE (B4D) (PA required under 2yrs of age)</u>
PROMETHAZINE W/CODEINE
<u>NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB. (B4E) (PA required under 2yrs of age)</u>
CARBETAPENTANE -CHLORPHENIRAMINE
DEXTROMETHORPHAN-PROMETHAZINE
<u>NON-NARC ANTITUSSIVE-1ST GEN ANTIHIST-EXPECT COMB. (B4I) (PA required under 2yrs of age)</u>
DEXTROMETHORPHAN-PYRILAMINE-GUAIFENESIN-POTASSIUM GUAIACOLSULFONATE
DEXTROMETHORPHAN-BROMPHENIRAMINE-GUAIFENESIN
<u>NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT (B4J) (PA required under 2yrs of age)</u>
DROTUSS
<u>NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS (B4K) (PA required under 2yrs of age)</u>
HYDROCODONE-PSEUDOEPHEDRINE
HYDROCODONE-PHENYLEPHRINE
<u>NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS (B4L) (PA required under 2yrs of age)</u>
CARBETAPENTANE-PHENYLEPHRINE
CARBETAPENTANE-PSEUDOEPHEDRINE
<u>NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB (B4Q) (PA required under 2yrs of age)</u>
HYDROCODONE-GUAIFENESIN-PSEUDOEPHEDRINE
CODEINE- GUAIFENESIN-PSEUDOEPHEDRINE
HYDROCODONE-GUAIFENESIN-PHENYLEPHRINE
HYDROCODONE- POTASSIUM GUAIACOLSULFONATE - PSEUDOEPHEDRINE
<u>NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB (B4R) (PA required under 2yrs of age)</u>
DEXTROMETHORPHAN-PSEUDOEPHEDRINE-GUAIFENESIN (RX & OTC)
DEXTROMETHORPHAN-PHENYLEPHRINE-GUAIFENESIN
DEXTROMETHORPHAN-PSEUDOEPHEDRINE-GUAIFENESIN- POTASSIUM GUAIACOLSULFONATE
<u>NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION (B4S) (PA required under 2yrs of age)</u>
CODEINE-GUAIFENESIN
HYDROCODONE-GUAIFENESIN
HYDROCODONE - POTASSIUM GUAIACOLSULFONATE
<u>DECONGESTANT-EXPECTORANT COMBINATIONS (B4W) (PA required under 2yrs of age)</u>
PSEUDOEPHEDRINE-GUAIFENESIN (RX & OTC)
PHENYLEPHRINE-GUAIFENESIN
<u>1ST GENERATION ANTIHISTAMINE-ANALGESIC, NON-SAL. (B5S)</u>
PHENYLTOLOXAMINE-ACETAMINOPHEN

<u>WATER (C0B)</u>
PREFILLED NEBULIZER
WATER FOR INHALATION
<u>ANTI-ALCOHOLIC PREPARATIONS (C0D)</u>
ANTABUSE
<u>ELECTROLYTE DEPLETERS (C1A)</u>
CALCIUM ACETATE
FOSRENOL (PA required)
REVELA (PA required)
SODIUM POLYSTYRENE SULFONATE
<u>POTASSIUM REPLACEMENT (C1D)</u>
CENA-K
EFFER-K
K EFFERVESCENT
KAON-CL 10
K-LOR
KLOR-CON
KLOR-CON 10
KLOR-CON 8
KLOR-CON M10
KLOR-CON M15
KLOR-CON M20
KLOR-CON/25
KLOR-CON/EF
KLOTRIX
K-LYTE/CL
MICRO-K
POTASSIUM
POTASSIUM BICARBONATE
POTASSIUM CHLORIDE
RUM-K
<u>CALCIUM REPLACEMENT (C1E)</u>
CALCIUM/MAGNESIUM (OTC)
CALCIUM CARBONATE (OTC)
CALCIUM LACTATE (OTC)
GENETICAL
<u>ELECTROLYTES (C1W)</u>
PEDIATRIC ELECTROLYTE (OTC)
<u>IRON REPLACEMENT (C3B)</u>
FOGEN
FOGEN FA
FOGEN FORTE
FEROCON
FEROTRINSIC
FERRAGEN
FERREX 150 FORTE
FERROCITE PLUS
FERROCITE-F
FERROGELS FORTE
FERROUS GLUCONATE (OTC)
FERROUS SULFATE (OTC)
FOLITAB 500
FOLTRIN
GENHEMAT
HEMATINIC PLUS

HEMATINIC W/FOLIC ACID
HEMATOGEN
HEMATOGEN FA
HEMATOGEN FORTE
IFEREX 150
IFEREX 150 FORTE
MEGATON
MULTI FERROUS FOLIC 500
MULTIFOL
MULTI-RET FOLIC 500
MYFERON-150 FORTE
NEOTRON-S
POLY-IRON 150 FORTE
POLYSACCHARIDE IRON FORTE
SIDEROL
TRICON
<u>ZINC REPLACEMENT (C3C)</u>
ZINC SULFATE (RX only)
<u>IODINE CONTAINING AGENTS (C3H)</u>
STRONG IODINE
<u>INSULINS (C4G)</u>
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMULIN 50/50 (OTC)
HUMULIN 70/30 (OTC)
HUMULIN L (OTC)
HUMULIN N (OTC)
HUMULIN R (OTC)
HUMULIN U (OTC)
LANTUS
NOVOLIN 70/30 (OTC)
NOVOLIN 70/30 INNOLET (OTC)
NOVOLIN L (OTC)
NOVOLIN N (OTC)
NOVOLIN N INNOLET (OTC)
NOVOLIN R (OTC)
NOVOLOG
NOVOLOG MIX 70/30
<u>ANTHYPERGLYCEMIC, AMYLIN ANALOG-TYPE (C4H)</u>
SYMLIN (PA required)
<u>ANTHYPERGLY.INCRETIN MIMETIC(GLP-1 RECEPTOR AGONIST) (C4I)</u>
BYETTA (PA required)
<u>HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE (C4K)</u>
ACETOHEXAMIDE
CHLORPROPAMIDE
DUETACT
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLIPIZIDE XL
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE-METFORMIN HCL

PRANDIN (PA required)
STARLIX (PA required)
TOLAZAMIDE
TOLBUTAMIDE
HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS) (C4L)
METFORMIN HCL
METFORMIN HCL ER
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S) (C4M)
ACARBOSE
HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S) (C4N & C4R)
ACTOPLUS MET
ACTOS
AVANDAMET
AVANDARYL
AVANDIA
PROTEIN REPLACEMENT (C5B)
PHENYLADE (OTC)
PHENYLADE AMINO ACID (OTC)
PHLEXY-10 (OTC)
INFANT FORMULAS (C5C)
PHENEX-1 (OTC)
PHENYL-FREE 1 (OTC)
PKU 1 (OTC)
PKU GEL (OTC)
XPHE ANALOG (OTC)
XPHE, TYR ANALOG (OTC)
XPTM ANALOG (OTC)
DIETARY SUPPLEMENT, MISCELLANEOUS (C5F)
PHLEXY-10 (OTC)
PHLEXY-VITS (OTC)
XPHE MAXAMAID (OTC)
XPHE MAXAMUM (OTC)
XPHE, TYR MAXAMAID (OTC)
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION (C5U)
LOPHLEX (OTC)
PFD 2 (OTC)
PHENEX-2 (OTC)
PHENYLADE (OTC)
PHENYLADE MTE (OTC)
PHENYLADE40 (OTC)
PHENYL-FREE (OTC)
PHENYL-FREE 2HP (OTC)
PKU 2 (OTC)
PKU 3 (OTC)
PKU EXPRESS (OTC)
NUTRITIONAL TX, PHENYLKETONURIA (PKU) FORMULATIONS (C5X)
PERIFLEX (OTC)
PHENEX (OTC)
PKU EXPRESS (OTC)
XPHE MAXAMUM (OTC)
VITAMIN B PREPARATIONS (C6B)
ALLANFOL RX
ALLANTEX

AMINOENZOATE POTASSIUM
B-PLEX
COMBGEN
DEXFOL
DIALYVITE
FABB
FA-CYANOCOBALAMINE-PYRIDOXINE
FOLAMIN
FOLBALIN
FOLBALIN PLUS
FOLBEE
FOLBEE PLUS
FOLBIC
FOLCAPS
FOLIC ACID-CYANOCOBAL-PYRIDOXIN
FOLPLEX 2.2
FORMULA-B
NEPHRONEX
NUFOL
RENAL CAPS
RENAPHRO
RENA-VITE RX
VITAMIN D PREPARATIONS (C6D)
CALCITRIOL
DHT
VITAMIN D
PRENATAL VITAMIN PREPARATIONS (C6F)
ADVANCED NATALCARE
ADVANCED-RF NATALCARE
AMINATE W/90MG IRON
CAL-NATE
CARENATE 600
CO-NATAL FA
ED CYTE F
FE C
INATAL ADVANCE
INATAL GT
INATAL ULTRA
MATERNITY
MYNATAL
MYNATAL ADVANCE
MYNATAL PLUS
MYNATAL-Z
MYNATE 90 PLUS
NATACAPS
NATAFOLIC-PN
NATALCARE
NATALCARE PIC
NATALCARE PLUS
NATALCARE RX
NATALCARE THREE
NATATAB
NATATAB CFE
NATATAB FA
NU-NATAL ADVANCED

NUTRINATE
NUTRISPIRE
PERRY PRENATAL TABLET
POLY IRON PN
POLY IRON PN FORTE
PRENAFIRST
PRENATABS CBF
PRENATABS FA
PRENATABS OBN
PRENATABS RX
PRENATAL 1 PLUS 1
PRENATAL 1+1
PRENATAL 19
PRENATAL AD
PRENATAL ADVANTAGE
PRENATAL FORMULA
PRENATAL FORMULA 3
PRENATAL LOW IRON
PRENATAL MR 90 FE
PRENATAL MTR
PRENATAL OPTIMA ADVANCE
PRENATAL PLUS
PRENATAL PLUS 90
PRENATAL PLUS NF
PRENATAL RX
PRENATAL RX 1
PRENATAL START
PRENATAL Z
PRENATAL-H
PRENATAL-U
PRIMACARE
TRINATE
ULTRA NATALCARE
ULTRA-NATAL
UNI-KAR PLUS C
VINATAL 600
VINATE GT
VINATE ULTRA
VINATE-M
VYNATAL-FA
VITAMIN K PREPARATIONS (C6K)
SENETONIC
VITAMIN B12 PREPARATIONS (C6L)
FLUORABON BASIC
MULTI VIT W/FLUORIDE
MULTI VITA-BETS W/FLUORIDE
MULTI-VIT (OTC)
MULTI-VIT W/FLUORIDE & IRON
MULTI-VIT/IRON & FLUORIDE
MULTI-VITA BETS W/FLUORIDE
MULTI-VITA BETS/FLUORIDE/IRON
MULTIVITAMIN W/FLUORIDE & IRON
MULTIVITAMIN W/IRON (OTC)
MULTIVITAMINS W/FLUORIDE
MULTIVITAMINS/FLUORIDE/IRON

POLYVITAMIN (OTC)
POLY-VITAMIN W/FLUORIDE
POLY-VITAMIN W/IRON (OTC)
POLY-VITAMIN W/IRON & FLUORIDE
TRI-A-VITE W/FLUORIDE
TRI-VIT W/FLUORIDE & IRON
TRI-VIT/FLUORIDE
TRI-VITA BETS W/FLUORIDE
TRI-VITAMIN W/FLUORIDE
TRI-VITAMIN W/IRON & FLUORIDE
VITAMIN K PREPARATIONS (C6K)
MEPHYTON
VITAMIN B12 PREPARATIONS (C6L)
CYANOCOBALAMIN injection
NERVIDOX
NEURO B12
VITAJECT
VITAMIN B-12 (CYANOCOBALAMIN) injection
FOLIC ACID PREPARATIONS (C6M)
FOLIC ACID (RX & OTC)
THERAPEUTIC VITAMIN W/MINERALS
UROSEX
V-C FORTE
VI-C FORTE
VICA-FORTE
VITACEL
VITACON FORTE
NIACIN PREPARATIONS (C6N)
ENDUR-ACIN (OTC)
NIACIN (OTC)
NIACIN TD (OTC)
NIACINAMIDE (OTC)
SLO-NIACIN 500mg (OTC)
VITAMIN B6 PREPARATIONS (C6O)
PYRIDOXINE HCL (OTC)
VITAMIN B-6 (OTC)
MULTIVITAMIN PREPARATIONS (C6Z)
B-COMPLEX VITAMIN PLUS
BETACARE PLUS
B-PLEX
B-PLEX PLUS
CF VITE
FORMULA B PLUS
GENESUPP-500
GENETECT PLUS
HEMOCYTE
NUTRIFAC ZX
THERAPEUTIC HEMATINIC
THEROBEC
THEROBEC PLUS
UNI-FAC ZX
VITA S FORTE
VITALIZE PLUS
VITAPLEX
VITAPLEX PLUS

VITATAB ZX
<u>HYPERURICEMIA TX - PURINE INHIBITORS (C7A)</u>
ALLOPURINOL
<u>METABOLIC DEFICIENCY AGENTS (C7D)</u>
LEVOCARNITINE
<u>PERIODONTAL COLLAGENASE INHIBITORS (D1A)</u>
DOXYCYCLINE HYCLATE
<u>DENTAL AIDS AND PREPARATIONS (D1D)</u>
CHLORHEXIDINE GLUCONATE
TRIAMCINOLONE ACETONIDE
<u>FLUORIDE PREPARATIONS (D2A)</u>
DENTA 5000 PLUS
DENTAGEL
EASYGEL
ETHEDENT
FLUORABON
FLUOR-A-DAY
FLUORIDE LOZ
FLUORITAB
FLURA
FLURA-DROPS
FLURA-TAB
KARIGEL
KARIGEL/N
LOZI-FLUR
LURIDE
NAFRINSE
NAFRINSE PEDIATRIC
NEUTRAGARD
NEUTRAGARD ADVANCED
OMNII MED
PERFECT CHOICE
PERIO MED
PERIOSELECT TAKE HOME CARE
PHARMAFLUR
SF
SF 5000 PLUS
SODIUM FLUORIDE
STANIMAX
STANNOUS FLUORIDE
<u>ANTACIDS (D4B)</u>
ALUMINUM HYDROXIDE (OTC)
CALCIUM CARBONATE (OTC)
MAG CARB/AL HYDROX/ALGINIC AC (OTC)
MAGALDRATE (OTC)
MAGALDRATE/SIMETHICONE (OTC)
MAGNESIUM CARBONATE/AL HYDROX (OTC)
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE (OTC)
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETH (OTC)
MG TRISILICATE/ALH/NAHCO3/AA (OTC)
SODIUM BICARBONATE (OTC)
<u>ANTI-ULCER PREPARATIONS (D4E)</u>
SUCRALFATE

MISOPROSTOL (PA required)
<u>GASTRIC ACID SECRETION REDUCERS (D4K)</u>
CIMETIDINE (RX & OTC) (PA required)
FAMOTIDINE (RX & OTC)
NIZATIDINE (PA required)
OMEPRAZOLE
PREVACID (PA required)
RANITIDINE HCL (RX & OTC)
<u>ANTIFLATULENTS (D4N)</u>
SIMETHICONE (OTC)
<u>INTESTINAL ADSORBANDT/PROTECT (D5P)</u>
ATTAPULGITE (OTC)
<u>ANTIDIARRHEALS (D6D)</u>
BISMUTH SUBSALICYLATE (OTC)
LOPERAMIDE HCL (RX & OTC)
PAREGORIC
DIPHENOXYLATE W/ATROPINE
<u>DRUG TX-CHRONIC INFLAM. COLON DX.5-AMINOSALICYLAT (D6E)</u>
ASACOL
COLAZAL
DIPENTUM
PENTASA
<u>LAXATIVES AND CATHARTICS (D6S)</u>
BISACODYL (OTC)
CASANTHRANOL/DOCUSATE SODIUM (OTC)
DOCUSATE CALCIUM (OTC)
DOCUSATE SODIUM (OTC)
GLYCOLAX
GOLYTELY
LACTULOSE
MAGNESIUM CITRATE (OTC)
MAGNESIUM HYDROXIDE (OTC)
MINERAL OIL (OTC)
NA PHOS,M-B/NA PHOS,DI-BA (OTC)
NULYTELY WITH FLAVOR PACKS
PEG 3350/ELECTROLYTE
POLYETHYLENE GLYCOL 3350
<u>BILE SALTS (D7A)</u>
URSODIOL
<u>BILE SALT SEQUESTRANTS (D7L)</u>
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
COLESTID TABLETS
COLESTIPOL HCL GRANULES
<u>PANCREATIC ENZYMES (D8A)</u>
CREON 10
CREON 20
CREON 5
DYGASE
ENZYPAC
ENZYMEX
KUTRASE
KU-ZYME
KU-ZYME HP

LAPASE
LIPRAM
LIPRAM-CR 10
LIPRAM-CR20
LIPRAM-CR5
LIPRAM-PN10
LIPRAM-PN16
LIPRAM-PN20
LIPRAM-UL 12
LIPRAM-UL18
LIPRAM-UL20
PALCAPS 10
PALCAPS 20
PANCREASE MT 10
PANCREASE MT 16
PANCREASE MT 20
PANCREASE MT 4
PANCRECARB MS-16
PANCRECARB MS-4
PANCRECARB MS-8
PANCRELIPASE
PANCRELIPASE 8,000
PANCRELIPASE MT-16
PANCRON 10
PANCRON 20
PANGESTYME CN 10
PANGESTYME CN 20
PANGESTYME EC
PANGESTYME MT 16
PANGESTYME UL 12
PANGESTYME UL 18
PANGESTYME UL 20
PANOCAPS
PANOCAPS MT 16
PANOCAPS MT 20
PANOKASE
PANOKASE-16
PLARETASE 8000
ULTRACAPS MT 20
ULTRASE
ULTRASE MT 12
ULTRASE MT 18
ULTRASE MT 20
ULTRASE MT 6
VIOKASE
AMMONIA INHIBITORS (D9A)
LACTULOSE
ANDROGENIC AGENTS (F1A)
ANDROGEL (PA required)
ANDRODERM (PA required)
OXANDROLONE
TESTIM GEL (PA required)
ESTROGENIC AGENTS (G1A)
ACTIVELLA
CENESTIN

ESTRADIOL
ESTRADIOL TRANSDERMAL PATCH (PA required)
ESTROPIPATE
FEMHRT
MENEST
PREFEST
PREMARIN
PREMPHASE
PREMPRO
ESTROGEN/ANDROGEN COMBINATIONS (G1B)
EEMT
EEMT HS
ESSIAN
ESSIAN H.S.
ESTROGEN & METHYLTESTOSTERONE
PROGESTATIONAL AGENTS (G2A)
MEDROXYPROGESTERONE ACETATE
NORETHINDRONE ACETATE
PROMETRIUM
OXYTOCICS (G3A)
METHERGINE
CONTRACEPTIVES,ORAL (G8A)
APRI
ARANELLE
AVIANE
CAMILA
CRYSELLE
ENPRESSE
ERRIN
JOLIVETTE
JUNEL
JUNEL FE
KELNOR 1/35
LESSINA
LEVORA-28
LOW-OGESTREL
LUTERA
MICROGESTIN
MICROGESTIN FE
MONONESSA
N.E.E. 0.5/35
N.E.E. 10/11
NECON
NORA-BE
NORTREL
RECLIPSEN
SPRINTEC
SRONYX
TRINESSA
TRI-PREVIFEM
TRI-SPRINTEC
TRIVORA-28
VELIVET
ZOVIA 1/35E
ZOVIA 1/50E

<u>CONTRACEPTIVES, TOPICAL (G9A)</u>
NONOXYNOL 9 (OTC)
OCTOXYNOL 9 (OTC)
<u>LOCAL ANESTHETICS (H0A)</u>
BENZOCAINE (OTC)
LIDOCAINE HCL VISCOUS
LIDOMAR VISCOUS
<u>MULTIPLE SCLEROSIS AGENTS (H0E)</u>
<u>AVONEX (PA required)</u>
<u>BETASERON (PA required)</u>
<u>COPAXONE (PA required)</u>
<u>REBIF (PA required)</u>
<u>TYSABRI (PA required)</u>
<u>ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS (H1A)</u>
NAMENDA
<u>CENTRAL NERVOUS SYSTEM STIMULANTS (H2A)</u>
PEMOLINE
<u>BARBITURATES (H2D)</u>
PHENOBARBITAL
<u>SEDATIVE-HYPNOTICS, NON-BARBITURATE (H2E)</u>
CHLORAL HYDRATE
DIPHENHYDRAMINE HCL (OTC)
DOXYLAMINE SUCCINATE (OTC)
ESTAZOLAM
FLURAZEPAM HCL
TEMAZEPAM
TRIAZOLAM
CHLORAL HYDRATE
<small>All Medications Covered per Indiana HEA1325</small>
<u>ANTI-ANXIETY DRUGS (H2F)</u>
ALPRAZOLAM
ALPRAZOLAM ER
ALPRAZOLAM INTENSOL
ALPRAZOLAM XR
BUSPIRONE HCL
CHLORDIAZEPOXIDE HCL
CLORAZEPATE DIPOTASSIUM
DIAZEPAM
LORAZEPAM
LORAZEPAM INTENSOL
MEPROBAMATE
OXAZEPAM
<small>All Medications Covered per Indiana HEA1325</small>
<u>ANTI-PSYCHOTICS, PHENOTHIAZINES (H2G)</u>
CHLORPROMAZINE HCL
FLUPHENAZINE HCL
PERPHENAZINE
PROCHLORPERAZINE EDISYLATE
THIORIDAZINE HCL
TRIFLUOPERAZINE HCL
<small>All Medications Covered per Indiana HEA1325</small>
<u>ANTIDEPRESSANTS O.U. (H2J)</u>
AMOXAPINE
<small>All Medications Covered per Indiana HEA1325</small>

<u>ANTI-MANIA DRUGS (H2M)</u>
ESKALITH
ESKALITH CR
LITHIUM CARBONATE
LITHOBID
<small>All Medications Covered per Indiana HEA1325</small>
<u>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) (H2S)</u>
CITALOPRAM HBR
FLUOXETINE HCL
FLUVOXAMINE MALEATE
PAROXETINE HCL
SERTRALINE HCL
<small>All Medications Covered per Indiana HEA1325</small>
<u>TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB (H2U)</u>
AMITRIPTYLINE HCL
AMOXAPINE
CLOMIPRAMINE HCL
DESIPRAMINE HCL
DOXEPIH HCL
IMIPRAMINE HCL
MAPROTIHNE HCL
NORTRIPTYLINE HCL
<small>All Medications Covered per Indiana HEA1325</small>
<u>TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY (H2V)</u>
CONCERTA
METADATE ER
METHYLIN ER
METHYLPHENIDATE ER
METHYLPHENIDATE HCL
<small>All Medications Covered per Indiana HEA1325</small>
<u>TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS (H2W)</u>
AMITRIPTYLINE W/PERPHENAZINE
<small>All Medications Covered per Indiana HEA1325</small>
<u>TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS (H2X)</u>
AMITRIPTYLINE/CHLORDIAZEPOXIDE
<small>All Medications Covered per Indiana HEA1325</small>
<u>ANALGESICS, NARCOTICS (H3A)</u>
ACETAMINOPHEN W/CODEINE
ASA-BUTALB-CAFF-COD
ASPIRIN W/CODEINE
BELLADONNA & OPIUM
BUTALBITAL COMPOUND W/CODEINE
BUTALBITAL/CAFF/APAP/CODEINE
BUTORPHANOL TARTRATE (PA required)
CARISOPRODOL COMPOUND/CODEINE
CODEINE SULFATE
FENTANYL CITRATE lollipop (PA required)
FENTANYL TRANSERMAL PATCHES (PA required)
HYDROCODONE W/ACETAMINOPHEN
HYDROMORPHONE HCL
MEPERIDINE HCL
MEPERIDINE W/PROMETHAZINE
METHADONE HCL

METHADONE INTENSOL
MORPHINE SULFATE
MORPHINE SULFATE IR
ORAMORPH SR
OXYCODONE HCL
OXYCODONE W/ACETAMINOPHEN
OXYCODONE W/ASPIRIN
PENTAZOCINE AND NALOXONE HCL
PENTAZOCINE/ACETAMINOPHEN
PHRENILIN W/CAFFEINE & CODEINE
PROPOXYPHENE HCL
PROPOXYPHENE HCL W/APAP
PROPOXYPHENE NAPSYLATE W/APAP
SUBOXONE
SUBUTEX
TRAMADOL HCL
TRAMADOL HCL-ACETAMINOPHEN
<u>ANALGESIC/ANTIPIRETTICS,SALICYLATES (H3D)</u>
ANABAR
ASPIRIN (RX & OTC)
ASPIRIN/ACETAMINOPHEN/CAFFEINE
BUTALBITAL COMPOUND
BUTALBITAL-ASP-CAFFEINE
CHOLINE MAG TRISALICYLATE
DIFLUNISAL
DOLOREX
MST 600
SALSALATE
TETRA-MAG
TRICOSAL
<u>ANALGESIC/ANTIPIRETTICS,NON-SALICYLATE (H3E)</u>
ACETAMINOPHEN (OTC)
ACETAMINOPHEN W/BUTALBITAL
BUTALBITAL/APAP/CAFFEINE
<u>ANTIMIGRAINE PREPARATIONS (H3F)</u>
APAP/DICHLPHEN/ISOMETHEPTENE
ERGOTAMINE-CAFFEINE
ISOMETH/D-CHLORALPHENAZ/APAP
SUMATRIPTAN TABLETS/ INJECTABLE
<u>ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION (H3N)</u>
HYDROCODONE BIT-IBUPROFEN
<u>NARCOTIC ANTAGONISTS (H3T)</u>
NALTREXONE HYDROCHLORIDE
<u>ANTICONVULSANTS (H4B)</u>
CARBAMAZEPINE
CARBATROL
CLONAZEPAM
DEPAKENE
DIASTAT
DIASTAT ACUDIAL
DILANTIN
DIVALPROEX
EPITOL
ETHOSUXIMIDE

FELBATOL
GABAPENTIN
LAMOTRIGINE
MEPHOBARBITAL
OXCARBAZEPINE
PHENYTEK
PHENYTOIN
PHENYTOIN SODIUM
PHENYTOIN SODIUM,EXTENDED
PRIMIDONE
VALPROIC ACID
ZARONTIN
ZONISAMIDE
All Medications Covered per Indiana HEA1325
<u>ANTIPARKINSONISM DRUGS,OTHER (H6A)</u>
AMANTADINE HCL
CARBIDOPA-LEVODOPA
COMTAN
MIRAPEX
PERGOLIDE MESYLATE
ROPINIROLE
SELEGILINE HCL
<u>ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC (H6B)</u>
BENZTROPINE MESYLATE
TRIHXYPHENIDYL HCL
<u>ANTITUSSIVES,NON-NARCOTIC (H6C)</u>
BENZONATATE
DEXTROMETHORPHAN HBR (OTC)
<u>EMETICS (H6E)</u>
IPECAC
<u>SKELETAL MUSCLE RELAXANTS (H6H)</u>
BACLOFEN
CARISOPRODOL
CARISOPRODOL COMPOUND
CHLORZOXAZONE
CYCLOBENZAPRINE HCL
DANTROLENE SODIUM
METHOCARBAMOL
METHOCARBAMOL W/ASPIRIN
ORPHENADRINE (PA required)
ORPHENGESIC
ORPHENGESIC FORTE
TIZANIDINE HCL
<u>AMYOTROPHIC LATERAL SCLEROSIS AGENTS (H6I)</u>
RILUTEK
<u>ANTIEMETIC/ANTIVERTIGO AGENTS (H6J)</u>
DRONABINOL (PA required)
GRANISETRON
MECLIZINE HCL (RX & OTC)
ONDANSETRON
PROCHLORPERAZINE EDISYLATE
PROCHLORPERAZINE MALEATE
PROMETHAZINE HCL (PA required if < 2 years of age)
TRANSERM-SCOP (PA required)
TRIMETHOENZAMIDE HCL

ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS (H7B)
MIRTAZAPINE
All Medications Covered per Indiana HEA1325
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS) (H7C)
VENLAFAXINE
All Medications Covered per Indiana HEA1325
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS) (H7D)
BUPROPION
BUPROPION XL
All Medications Covered per Indiana HEA1325
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS) (H7E)
NEFAZODONE
TRAZODONE
All Medications Covered per Indiana HEA1325
MAOIS - NON-SELECTIVE & IRREVERSIBLE (H7J)
TRANLYCYPROMINE SULFATE
NARDIL
All Medications Covered per Indiana HEA1325
SMOKING DETERRENTS, OTHER (H7N)
Bupropion
*** See J3A for Nicotine products***
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES (H7O)
HALOPERIDOL
All Medications Covered per Indiana HEA1325
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES (H7P)
THIOTHIXENE
All Medications Covered per Indiana HEA1325
ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES (H7R)
All Medications Covered per Indiana HEA1325
ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES (H7S)
MOBAN
All Medications Covered per Indiana HEA1325
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG (H7T)
CLOZAPINE
CLOZARIL
FAZACLO
GEODON
RISPERIDONE
RISPERDAL M-TAB
SEROQUEL
SEROQUEL XR
ZYPREXA
ZYPREXA ZYDIS
All Medications Covered per Indiana HEA1325; RISPERDAL CONSTA IS AN INJECTABLE COVERED UNDER THE MEDICAL BENFIT
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS (H7U)
LOXAPINE
All Medications Covered per Indiana HEA1325
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED (H7X)
ABILIFY
ABILIFY DISCMELT

All Medications Covered per Indiana HEA1325
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE (H7Y)
STRATTERA
All Medications Covered per Indiana HEA1325
PARASYMPATHETIC AGENTS (J1A)
BETHANECHOL CHLORIDE
EVOXAC
PILOCARPINE HCL
CHOLINESTERASE INHIBITORS (J1B)
ARICEPT
ARICEPT ODT
EXELON
EXELON PATCH
PYRIDOSTIGMINE BROMIDE
RAZADYNE
RAZADYNE ER
BELLADONNA ALKALOIDS (J2A)
ATREZA
BELLADONNA ALKALOIDS
BELLADONNA W/PHENOBARBITAL
HOMATROPINE METHYLBROMIDE
HYOSCYAMINE SULFATE
ANTICHOLINERGICS,QUATERNARY AMMONIUM (J2B)
CLIDINIUM W/CHLORDIAZEPOXIDE
GLYCOPYRROLATE
PROPANTHELINE BROMIDE
ANTICHOLINERGICS/ANTISPASMODICS (J2D)
DICYCLOMINE HCL
GANGLIONIC STIMULANTS (J3A)
NICOTINE (OTC)
NICOTINE POLACRILEX (OTC)
CHANTIX
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE (J5B)
AMPHETAMINE SALT COMBO
DEXTROAMPHETAMINE SULFATE
DEXAMPHEMINE/AMPHETAMINE ER
All Medications Covered per Indiana HEA1325
BETA-ADRENERGIC AGENTS (J5D)
ALBUTEROL
ALBUTEROL SULFATE
ALBUTEROL HFA
COMBIVENT
DUONEB
METAPROTERENOL SULFATE
PROAIR HFA
SEREVENT DISKUS (Step edit)
TERBUTALINE SULFATE
SYMPATHOMIMETIC AGENTS (J5E)
PHENYLEPHRINE HCL (OTC)
PSEUDOEPHEDRINE HCL (OTC)
ANAPHYLAXIS THERAPY AGENTS (J5F)
EPIPEN
EPIPEN JR.
TWINJECT

<u>BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION (J5G)</u>
ADVAIR DISKUS (Step edit)
ADVAIR HFA (Step edit)
<u>ADRENERGIC VASOPRESSOR AGENTS (J5H)</u>
MIDODRINE HCL
<u>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS (J7A)</u>
CARVEDILOL
LABELALOL HCL
<u>ALPHA-ADRENERGIC BLOCKING AGENTS (J7B)</u>
DIBENZYLINE
DOXAZOSIN MESYLATE
PRAZOSIN HCL
TERAZOSIN HCL
<u>BETA-ADRENERGIC BLOCKING AGENTS (J7C)</u>
ACEBUTOLOL HCL
ATENOLOL
BETAXOLOL HCL
BISOPROLOL FUMARATE
INDERAL LA
METOPROLOL TARTRATE
METOPROLOL extended release
NADOLOL
PINDOLOL
PROPRANOLOL HCL
SOTALOL AF
SOTALOL HCL
TIMOLOL MALEATE
TOPROL XL
<u>INTESTINAL MOTILITY STIMULANTS (J9A)</u>
METOCLOPRAMIDE HCL
METOCLOPRAMIDE HCL INTENSOL
<u>ANTISPASMODIC AGENTS (J9B)</u>
BELLAMINE
BELLAMINE-S
BELLASPAS
BEL-TABS
EPERBEL-S
SPASTRIN
<u>TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES (L0B)</u>
GRANUL-DERM
PAPAIN-UREA-CHLOROPHYLLIN
PAPAIN-UREA
<u>ANTIPSORIATIC AGENTS,SYSTEMIC (L1A)</u>
8-MOP
<u>ACNE AGENTS,SYSTEMIC (L1B)</u>
AMNESTEEM (PA required)
CLARAVIS (PA required)
SOTRET (PA required)
<u>EMOLLIENTS (L2A)</u>
AMMONIUM LACTATE (OTC)
LACTIC ACID
<u>PROTECTIVES (L3A)</u>
BENZOIN
CALAMINE (OTC)

<u>KERATOLYTICS (L5A)</u>
BENZOYL PEROXIDE (OTC)
UREA
<u>ANTISEBORRHEIC AGENTS (L5E)</u>
SCALP TREATMENT
SELENIUM SULFIDE
SULFACETAMIDE SODIUM
<u>ANTIPSORIATIC AGENTS (L5F)</u>
ANTHRALIN
CALCIPOTRIENE
<u>ROSACEA AGENTS, TOPICAL (L5G)</u>
METRONIDAZOLE
<u>ACNE AGENTS, TOPICAL (L5H)</u>
BENZOYL PEROXIDE/CLINDAMYCIN
<u>IRRITANTS/COUNTER-IRRITANTS (L6A)</u>
CAPSAICIN (OTC)
<u>ANTIPERSPIRANTS (L8B)</u>
ALUMINUM CHLORIDE
ALUMINUM CHLORIDE HEXAHYDRATE
<u>TOPICAL AGENTS, MISCELLANEOUS (L9A)</u>
TRICHLOROACETIC ACID
UREA
<u>VITAMIN A DERIVATIVES (L9B)</u>
DIFFERIN (PA required)
TRETINOIN (PA required if member is < 12 or > 35 years of age)
<u>BLOOD SUGAR DIAGNOSTICS (M4A)</u>
BREEZE 2 (OTC)
CONTOUR (OTC)
<u>LIPOTROPICS (M4E)</u>
FENOFIBRATE
GEMFIBROZIL
LOVASTATIN
NIASPAN
PRAVASTATIN SODIUM
SIMVASTATIN
<u>HYPERGLYCEMICS (M4G)</u>
GLUCAGON EMERGENCY KIT
GLUCOSE (OTC)
<u>ANTIFIBRINOLYTIC AGENTS (M9D)</u>
AMINOCAPROIC ACID
<u>HEPARIN AND RELATED PREPARATIONS (M9K)</u>
HEPARIN SODIUM (>5000 units/ml)
<u>ORAL ANTICOAGULANTS, COUMARIN TYPE (M9L)</u>
COUMADIN
JANTOVEN
WARFARIN SODIUM
<u>PLATELET AGGREGATION INHIBITORS (M9P)</u>
CILOSTAZOL
DIPYRIDAMOLE
PLAVIX (PA required)
TICLOPIDINE HCL
<u>HEMORRHEOLOGIC AGENTS (M9S)</u>
PENTOXIFYLLINE
<u>HEMATINICS, OTHER (N1B)</u>
PROCRIT (PA required)

<u>PLATELET REDUCING AGENTS (NID)</u>
ANAGRELIDE HCL
<u>PLATELET PROLIFERATION STIMULANTS (NIE)</u>
NEUMEGA
<u>GROWTH HORMONES (PIA)</u>
NUTROPIN (PA required)
NUTROPIN AQ (PA required)
NUTROPIN DEPOT (PA required)
TEVTROPIN (PA required)
<u>SOMATOSTATIC AGENTS (PIB)</u>
OCTREOTIDE ACETATE
<u>PITUITARY SUPPRESSIVE AGENTS (PIF)</u>
BROMOCRIPTINE MESYLATE
CABERGOLINE
DANAZOL
<u>ADRENAL STEROID INHIBITORS (PIG)</u>
CYTADREN
<u>ANTIDIURETIC AND VASOPRESSOR HORMONES (P2B)</u>
DESMOPRESSIN ACETATE (PA required)
<u>THYROID HORMONES (P3A)</u>
ARMOUR THYROID
LEVO-T
LEVOTHROID
LEVOTHYROXINE SODIUM
LEVOXYL
L-THYROXINE
NATURE-THROID
SYNTHROID
THYROID
UNITHROID
WESTHROID
<u>ANTITHYROID PREPARATIONS (P3L)</u>
METHIMAZOLE
PROPYLTHIOURACIL
<u>BONE RESORPTION INHIBITORS (P4L)</u>
ALENDRONATE (PA required < 50 yrs or male)
ETIDRONATE DISODIUM
EVISTA
CALCITONIN, SALMON, SYNTHETIC
<u>GLUCOCORTICOIDS (P5A)</u>
ARISTOCORT
CORTISONE ACETATE
DEXAMETHASONE
DEXAMETHASONE INTENSOL
ENTOCORT EC
FLOVENT HFA (Step edit)
HYDROCORTISONE
METHYLPREDNISOLONE
PREDNISOLONE
PREDNISOLONE SODIUM PHOSPHATE
PREDNISON
PULMICORT (Respules PA required ≥ 6; Flexhaler PA required)
QVAR
<u>MINERALOCORTICOIDS (P5S)</u>
FLUDROCORTISONE ACETATE

<u>RECTAL PREPARATIONS (Q3A)</u>
PROCTOFOAM-HC
HYDROCORTISONE ACETATE
<u>RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR) (Q3B)</u>
CORTIFOAM
HYDROCORTISONE
<u>CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT.RECTAL TX (Q3E)</u>
MESALAMINE
<u>RECTAL MISCELLANEOUS PREPARATIONS (Q3I)</u>
HC ACETATE/LIDOCAINE HCL
<u>LAXATIVES, LOCAL/RECTAL (Q3S)</u>
BISACODYL (OTC)
GLYCERIN suppository (OTC)
MINERAL OIL (OTC)
NA PHOS,M-B/NA PHOS,DI-BA (OTC)
<u>VAGINAL ANTISEPTICS (Q4B)</u>
ACIDIC VAGINAL
FEM PH
<u>VAGINAL ANTIFUNGALS (Q4F)</u>
CLOTRIMAZOLE (OTC)
MICONAZOLE NITRATE (OTC)
NYSTATIN
TERCONAZOLE
TIOCONAZOLE
<u>VAGINAL ESTROGEN PREPARATIONS (Q4K)</u>
PREMARIN
<u>VAGINAL MISCELLANEOUS PREPARATIONS (Q4H)</u>
AMINO ACID CERVICAL
<u>VAGINAL ANTIBIOTICS (Q4W)</u>
CLINDAMYCIN PHOSPHATE
METRONIDAZOLE
<u>TOPICAL PREPARATIONS, MISC (Q5A)</u>
CALCIUM ACETATE/AL SULFATE (OTC)
LUBRICATING JELLY (OTC)
<u>TOPICAL PREPARATIONS,ANTIBACTERIALS (Q5B)</u>
CLIOQUINOL W/HYDROCORTISONE
HYDROCORTISONE W/IDOQUINOL
IODOCHLORHYDROXYQUIN W/HC
SILVER NITRATE
SILVER NITRATE APPLICATOR
<u>TOPICAL ANTIFUNGALS (Q5F)</u>
CICLOPIROX (PA required)
CLOTRIMAZOLE (OTC)
CLOTRIMAZOLE/BETAMETHASONE
ECONAZOLE NITRATE
KETOCONAZOLE
LOPROX GEL
NYSTATIN
NYSTATIN W/TRIAMCINOLONE
TOLNAFTATE (OTC)
TERBINAFINE CREAM (OTC)
<u>TOPICAL LOCAL ANESTHETICS (Q5H)</u>
LIDOCAINE-PRILOCAINE
LIDOCAINE-HC

LIDOCAINE HCL
TOPICAL IMMUNOSUPPRESSIVE AGENTS Q5K
ELIDEL (PA required)
PROTOPIC (PA required)
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS (Q5N)
CARAC
EFUDEX
FLUOROPLEX
FLUOROURACIL
TARGRETIN
TOPICAL ANTI-INFLAMMATORY STEROIDAL (Q5P)
ALCLOMETASONE DIPROPIONATE
AMCINONIDE
ARISTOCORT A (PA required)
BETAMETHASONE DIPROPIONATE
BETAMETHASONE DP AUGMENTED
BETAMETHASONE VALERATE
CLOBETASOL E
CLOBETASOL PROPIONATE
DERMA-SMOOTH/FS (PA required)
DESONIDE
DESOXIMETASONE
DIFLORASONE DIACETATE
FLUOCINOLONE ACETONIDE
FLUOCINONIDE
FLUOCINONIDE-E
FLUTICASONE PROPIONATE
HALOBETASOL PROPIONATE (PA required)
HYDROCORTISONE (RX & OTC)
HYDROCORTISONE ACETATE
HYDROCORTISONE BUTYRATE
HYDROCORTISONE VALERATE
KERATOL HC
MOMETASONE FUROATE (PA required)
TRIAMCINOLONE ACETONIDE
U-CORT
TOPICAL ANTIPARASITICS (Q5R)
LINDANE
PERMETHRIN (OTC)
PIP BUTO/PYRETHRINS/PERMETH (OTC)
PIPERONYL BUTOXIDE/PYRETHRINS (OTC)
TOPICAL SULFONAMIDES (Q5S)
SODIUM SULFACETAMIDE/SULFUR
SILVER SULFADIAZINE
TOPICAL ANTIVIRALS (Q5V)
ZOVIRAX cream/ointment
TOPICAL ANTIBIOTICS (Q5W)
BACITRACIN (OTC)
BACITRACIN/POLYMYXIN B SULFATE (OTC)
BACTROBAN CREAM (PA required)
CLINDAMYCIN PHOSPHATE
ERYTHROMYCIN
ERYTHROMYCIN BASE
ERYTHROMYCIN-BENZOYL PEROXIDE

GENTAMICIN SULFATE
MUPIROCI
NEOMYCIN/BACITRACIN/POLYMYXIN B (OTC)
OPHTHALMIC PREPARATIONS, MISCELLANEOUS (Q6A)
FML-S
SODIUM CHLORIDE (OTC)
EYE VASOCONSTRICTORS (RX ONLY) (Q6C)
NAPHAZOLINE HCL
PHENYLEPHRINE HCL
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS (Q6G)
ALPHAGAN P
AZOPT
BETAXOLOL HCL
BRIMONIDINE TARTRATE
CARBOPTIC
CARTEOLOL HCL
DORZOLAMIDE
DORZOLAMIDE/ TIMOLOL
LEVOBUNOLOL HCL
METIPRANOLOL
PILOCARPINE HCL
TIMOLOL MALEATE
XALATAN
EYE LOCAL ANESTHETICS (Q6H)
FLUCAINE
FLUORESCEIN-BENOXINATE
OPHTHETIC
PROPARACAINE HCL
PROPARACAINE-FLUORESCEIN
TETRACAINE HCL
EYE ANTIBIOTIC-CORTICOID COMBINATIONS (Q6I)
NEOMYCIN/BACITRACIN/POLY/HC
NEOMYCIN/POLYMYXIN/DEXAMETH
NEOMYCIN/POLYMYXIN/HC
MYDRIATICS (Q6J)
ATROPINE SULFATE
CYCLOPENTOLATE HCL
DIPIVEFRIN HCL
HOMATROPINE HYDROBROMIDE
MUROCOLL-2
TROPICAMIDE
EYE ANTIINFLAMMATORY AGENTS (Q6P)
AK-PRED
DEXAMETHASONE SODIUM PHOSPHATE
FLUOROMETHOLONE
FLURBIPROFEN SODIUM
FML FORTE
FML S.O.P.
HMS
INFLAMASE MILD
MAXIDEX
PRED MILD
PREDNISOLONE ACETATE
PREDNISOLONE SODIUM PHOSPHATE
VOLTAREN

<u>EYE ANTIHISTAMINES (Q6R)</u>
KETOTIFEN FUMARATE
<u>EYE SULFONAMIDES (Q6S)</u>
BLEPHAMIDE (PA required)
BLEPHAMIDE S.O.P. (PA required)
SULFACETAMIDE SODIUM
SULFACETAMIDE W-PREDNISOLONE
<u>ARTIFICIAL TEARS (Q6T)</u>
POLYVINYL ALCOHOL (OTC)
<u>OPHTHALMIC MAST CELL STABILIZERS (Q6U)</u>
CROMOLYN SODIUM
<u>EYE ANTIVIRALS (Q6V)</u>
TRIFLURIDINE
<u>OPHTHALMIC ANTIBIOTICS (Q6W)</u>
BACITRACIN
BACITRACIN/POLYMYXIN B
CHLORAMPHENICOL
CIPROFLOXACIN HCL
ERYTHROMYCIN
GENTAMICIN SULFATE
NEOMYCIN/BACITRACIN/POLYMYXIN
NEOMYCIN/POLYMYXIN/GRAMICIDIN
OFLOXACIN
POLYMYXIN B SUL/TRIMETHOPRIM
TERRAMYCIN W/POLYMYXIN
TOBRAMYCIN SULFATE
VIGAMOX (PA required)
<u>EYE PREPARATIONS, MISC (OTC) (Q6Y)</u>
LANOLIN/MIN OIL/PETROLAT,WHT (OTC)
<u>NOSE PREPARATIONS, MISCELLANEOUS (RX) (Q7A)</u>
IPRATROPIUM BROMIDE
<u>NASAL ANTIHISTAMINE (Q7E)</u>
ASTELIN (PA required)
<u>NASAL ANTI-INFLAMMATORY STEROIDS (Q7P)</u>
FLUNISOLIDE
FLUTICASONE PROPIONATE
<u>NOSE PREPARATIONS ANTIBIOTICS (Q7W)</u>
BACTROBAN NASAL
<u>EAR PREPARATIONS, MISC. ANTI-INFECTIVES (Q8B)</u>
ACETIC ACID
ACETIC ACID/ALUMINUM
ACETIC ACID/HYDROCORTISONE
AERO OTIC HC
CORTANE-B
CORTIC
CORTIC-ND
CYOTIC
EXOTIC-HC
GENEXOTIC HC
OTIRX
OTOMAR-HC
OTOMAX-HC
OTOZONE
TRI-OTIC
ZOLENE HC

ZOTANE HC
<u>OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS (Q8F)</u>
CIPRODEX (PA required)
<u>EAR PREPARATIONS,LOCAL ANESTHETICS (Q8H)</u>
ANTIPYRINE W/BENZOCAINE
EAR-GESIC
OMEDIA OTIC
OTICAINE
OTOGESIC
<u>EAR PREPARATIONS,EAR WAX REMOVERS (Q8R)</u>
CERUMENEX
<u>EAR PREPARATIONS,ANTIBIOTICS (Q8W)</u>
FLOXIN
NEOMYCIN/POLYMYXIN/HC
PEDIOTIC
<u>BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS (Q9B)</u>
FINASTERIDE (PA required for men < 45 years of age)
FLOMAX (PA required)
<u>URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT (RIA)</u>
FLAVOXATE HCL
OXYBUTYNIN CHLORIDE
<u>CARBONIC ANHYDRASE INHIBITORS (R1E)</u>
ACETAZOLAMIDE
METHAZOLAMIDE
<u>THIAZIDE AND RELATED DIURETICS (R1F)</u>
CHLOROTHIAZIDE
CHLORTHALIDONE
HYDROCHLOROTHIAZIDE
INDAPAMIDE
METHYLCLOTHIAZIDE
METOLAZONE
THALITONE
<u>POTASSIUM SPARING DIURETICS (R1H)</u>
AMILORIDE HCL
SPIRONOLACTONE
<u>POTASSIUM SPARING DIURETICS IN COMBINATION (R1L)</u>
AMILORIDE HCL W/HCTZ
SPIRONOLACTONE W/HCTZ
TRIAMTERENE W/HCTZ
<u>LOOP DIURETICS (R1M)</u>
BUMETANIDE
FUROSEMIDE
TORSEMIDE
<u>URICOSURIC AGENTS (R1R)</u>
PROBENECID
SULFINPYRAZONE
<u>URINARY PH MODIFIERS (R1S)</u>
CITROLITH
CYTRA-K
K-PHOS ORIGINAL
PEDAMETH
PHOSPHA 250 NEUTRAL
POTASSIUM CITRATE

POTASSIUM CITRATE/CITRIC ACID
RENACIDIN
SODIUM CITRATE & CITRIC ACID
TRICITRATES
URINARY TRACT RADIOPAQUE DIAGNOSTICS (R2U)
MD-GASTROVIEW
URINE GLUCOSE TEST AIDS (R3U)
CHEMSTRIP UG (OTC)
CLINISTIX REAGENT (OTC)
DIASCREEN 1G REAGENT (OTC)
DIASTIX REAGENT (OTC)
URINE ACETONE TEST AIDS (R3W)
CHEK-STIX (OTC)
CHEMSTRIP K (OTC)
DIASCREEN 1K REAGENT (OTC)
KETOCARE (OTC)
KETOSTIX (OTC)
KETOSTIX REAGENT (OTC)
URINE GLUCOSE/ACETONE TEST AIDS,STRIPS (R3Z)
DIASCREEN 10 (OTC)
DIASCREEN 2GK REAGENT (OTC)
DIASCREEN 3 REAGENT (OTC)
DIASCREEN 4OBL (OTC)
DIASCREEN 5 (OTC)
DIASCREEN 6 (OTC)
DIASCREEN 7 (OTC)
DIASCREEN 8 (OTC)
DIASCREEN 9 (OTC)
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE) (R5A)
PHENAZOPYRIDINE HCL
PHENAZOPYRIDINE PLUS
COLCHICINE (S2A)
COLCHICINE
PROBENECID W/COLCHICINE
NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE (S2B)
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
ETODOLAC
FENOPROFEN CALCIUM
FLURBIPROFEN
IBUPROFEN (RX & OTC)
INDOMETHACIN
KETOPROFEN (PA required)
KETOROLAC TROMETHAMINE
MECLOFENAMATE SODIUM
MELOXICAM
NABUMETONE (PA required)
NAPROXEN
NAPROXEN SODIUM (RX & OTC)
OXAPROZIN
PIROXICAM
SULINDAC
TOLMETIN SODIUM

GOLD SALTS (S2C)
RIDAURA
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR (S2I)
LEFLUNOMIDE
ANTI-INFLAMMATORY TUMOR NECROSIS AGENTS (S2J)
ENBREL (PA required)
ANTI-ARTHRITIC AND CHELATING AGENTS (S2K)
CUPRIMINE
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS (S2N)
RHEUMATREX
PHARMACEUTICAL ADJUVANTS, TABLETING (U6A)
PLACEBO
CEBOCAP #1
CEBOCAP #2
CEBOCAP #3
OINTMENT/CREAM BASES (U6E)
RADIAGEL
SOLVENTS (U6H)
ISOPROPYL ALCOHOL (OTC)
ALKYLATING AGENTS (V1A)
ALKERAN
CEENU
CYCLOPHOSPHAMIDE
HEXALEN
HYDROXYUREA
LEUKERAN
MYLERAN
TEMODAR
ANTIMETABOLITES (V1B)
MERCAPTOPURINE
METHOTREXATE
THIOGUANINE
TREXALL
XELODA (PA required)
STEROID ANTINEOPLASTICS (V1E)
EMCYT
MEGESTROL ACETATE
TESLAC
ANTINEOPLASTICS,MISCELLANEOUS (V1F)
ARIMIDEX
AROMASIN
ETOPOSIDE
FEMARA
LYSODREN
MATULANE
VESANOID
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS (V1I)
MESNEX
LEUCOVORIN CALCIUM
ANTIANDROGENIC AGENTS (V1J)
CASODEX
FLUTAMIDE
NILANDRON

<u>ANTINEOPLASTIC IMMUNOMODULATOR AGENTS (V1M)</u>
REVLIMID (PA required)
<u>SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR) (V1N)</u>
TARGRETIN (PA required)
<u>ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR. (V1O)</u>
LEUPROLIDE ACETATE (PA required)
<u>ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS (V1Q)</u>
GLEEVEC (PA required)
IRESSA
NEXAVAR (PA required)
SUTENT (PA required)
TARCEVA (PA required)
<u>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM) (V1T)</u>
TAMOXIFEN CITRATE
FARESTON
<u>PENICILLINS (W1A)</u>
AMOX TR-POTASSIUM CLAVULANATE
AMOXICILLIN TRIHYDRATE
AMPICILLIN TRIHYDRATE
AUGMENTIN CHEW (PA required)
AUGMENTIN XR (PA required)
DICLOXACILLIN SODIUM
OXACILLIN SODIUM
PENICILLIN V POTASSIUM
<u>TETRACYCLINES (W1C)</u>
DEMECLOCYCLINE HCL
DOXYCYCLINE HYCLATE
DOXYCYCLINE MONOHYDRATE
MINOCYCLINE HCL
TETRACYCLINE HCL
<u>MACROLIDES (W1D)</u>
AZITHROMYCIN
CLARITHROMYCIN (PA required)
CLARITHROMYCIN ER (PA required)
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN W/SULFISOXAZOLE
<u>AMINOGLYCOSIDES (W1F)</u>
NEO-FRADIN
NEOMYCIN SULFATE
TOBI
<u>ANTITUBERCULAR ANTIBIOTICS (W1G)</u>
ISONARIF
RIFAMPIN
RIFATER
<u>VANCOMYCIN AND DERIVATIVES (W1J)</u>
VANCOCIN (PA required)
<u>LINCOSAMIDES (W1K)</u>
CLEOCIN PALMITATE
CLINDAMYCIN HCL

<u>QUINOLONES (W1Q)</u>
CINOXACIN
CIPROFLOXACIN HCL
LEVAQUIN (PA required)
OFLOXACIN
<u>CEPHALOSPORINS - 1ST GENERATION (W1W)</u>
CEFADROXIL
CEPHALEXIN
<u>CEPHALOSPORINS - 2ND GENERATION (W1X)</u>
CEFACLOR
CEFACLOR ER
CEFPROZIL
CEFUROXIME AXETIL
<u>CEPHALOSPORINS - 3RD GENERATION (W1Y)</u>
CEFPODOXIME PROXETIL
OMNICEF
<u>ABSORBABLE SULFONAMIDES (W2A)</u>
GANTRISIN
SULFADIAZINE
SULFAMETHOXAZOLE/TRIMETHOPRIM
SULFAMETHOXAZOLE-TRIMETHOPRIM
SULFASALAZINE
SULFASALAZINE EC
SULFISOXAZOLE
<u>ANTI-MYCOBACTERIUM AGENTS (W2E)</u>
ETHAMBUTOL HYDROCHLORIDE
ISONIAZID
MYCOBUTIN
PYRAZINAMIDE
<u>NITROFURAN DERIVATIVES (W2F)</u>
FURADANTIN
FUROXONE
NITROFURANTOIN MACROCRYSTAL
NITROFURANTOIN MONOHD MACRO
<u>CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC. (W2G)</u>
METHENAMINE HIPPURATE
METHENAMINE MANDELATE
MHP-A
TRIMETHOPRIM
UREX
URIMAR-T
URIN D.S.
URISEPTIC
URITACT DS
URITACT-EC
UROGESIC-BLUE
USEPT
UTIRA
UTRONA
<u>ANTI-INFECTIVES, MISC. (ANTIBACTERIALS) (W2Y)</u>
DIMETHYL SULFOXIDE
<u>ANTIFUNGAL ANTIBIOTICS (W3A)</u>
GRISEOFULVIN
GRISEOFULVIN ULTRAMICROSIZ
NYSTATIN

<u>ANTIFUNGAL AGENTS (W3B)</u>
CLOTRIMAZOLE
FLUCONAZOLE
ITRACONAZOLE (PA required)
KETOCONAZOLE
TERBINAFINE (PA required)
<u>ANTIMALARIAL DRUGS (W4A)</u>
CHLOROQUINE PHOSPHATE
DARAPRIM
FANSIDAR
HYDROXYCHLOROQUINE SULFATE
MEFLOQUINE HCL
PRIMAQUINE
QUININE SULFATE
<u>AMEBACIDES (W4C)</u>
PAROMOMYCIN SULFATE
YODOXIN
<u>ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS (W4E)</u>
METRONIDAZOLE
<u>ANTIPROTOZOAL DRUGS,MISCELLANEOUS (W4K)</u>
MEPRON
NEBUPENT
<u>ANTHELMINTICS (W4L)</u>
MEBENDAZOLE
MINTEZOL
PIPERAZINE CITRATE
PYRANTEL PAMOATE (OTC)
<u>ANTILEPTOTICS (W4P)</u>
DAPSONE
THALOMID (PA required)
<u>ANTIVIRALS, GENERAL (W5A)</u>
ACYCLOVIR
GANCICLOVIR
RELENZA
RIMANTADINE HCL
TAMIFLU
VALCYTE
VALTRES (PA required)
<u>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS (W5C)</u>
AGENERASE
CRIXIVAN
FORTOVASE
INVIRASE
LEXIVA
NORVIR
REYATAZ
VIRACEPT
<u>HEPATITIS B TREATMENT AGENTS (W5F)</u>
EPIVIR HBV
<u>HEPATITIS C TREATMENT AGENTS (W5G)</u>
INFERGEN (PA required)
INTRON-A (PA required)
PEG-INTRON (PA required)
PEG-INTRON REDIPEN (PA required)

PEGASYS (PA required)
REBETOL SOLUTION (PA required)
REBETRON 1000 (PA required)
REBETRON 1200 (PA required)
REBETRON 600 (PA required)
RIBAVIRIN (PA required)
ROFERON-A (PA required)
<u>ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI (W5I)</u>
VIREAD
<u>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI (W5J)</u>
DIDANOSINE
EMTRIVA
EPIVIR
HIVID
VIDEX
ZERIT
ZIAGEN
ZIDOVUDINE
<u>ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI (W5K)</u>
RESCRIPTOR
SUSTIVA
VIRAMUNE
<u>ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB (W5L)</u>
COMBIVIR
EPZICOM
TRIZIVIR
<u>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB (W5M)</u>
KALETRA
<u>ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS (W5N)</u>
FUZEON
<u>ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG (W5O)</u>
TRUVADA
<u>ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB (W5P)</u>
APTIVUS
ATRIPLA
PREZISTA
<u>OXIDIZING AGENTS (W8D)</u>
PERIMAX PERIO RINSE
<u>ANTISEPTICS,GENERAL (W8E)</u>
ALCOHOL SWABS (OTC)
<u>CONDOMS (X1A)</u>
CONDOMS (OTC)
<u>DIAPHRAGMS/CERVICAL CAP (X1B)</u>
KORO-FLEX ARCING DIAPHRAGM
KOROMEX COIL SPRING DIAPHRAGM
LEA'S SHIELD
ORTHO-DIAPHRAGM
PRENTIF CAVITY-RIM CERV CAP
WIDE SEAL DIAPHRAGM
<u>NEEDLES/NEEDLE LESS DEVICES (X2A)</u>
BD INSULIN PEN NEEDLE (OTC)
BD ULTRA-FINE III PEN NEEDLES (OTC)

EXEL INSULIN PEN (OTC)
INSULIN PEN (OTC)
INSULIN PEN NEEDLE (OTC)
NOVOFINE 30(OTC)
NOVOFINE 31 (OTC)
PEN NEEDLE (OTC)
PEN NEEDLES (OTC)
RELION PEN (OTC)
ULTICARE (OTC)
ULTILET PEN NEEDLE (OTC)
UNIFINE PENTIPS (OTC)
<u>SYRINGES AND ACCESSORIES (X2B)</u>
INSULIN SYRINGE (OTC)
<u>DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1) (Y3A)</u>
LANCETS (OTC)
<u>RESPIRATORY AIDS,DEVICES,EQUIPMENT (Y7A)</u>
PEAK FLOW METER
SPACER
<u>DIABETIC SUPPLIES (Y9A)</u>
BREEZE 2 (OTC)
CONTOUR (OTC)
LANCING DEVICE (OTC)
<u>DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING (Z1G)</u>
ZAVESCA (PA required)
<u>ANTIHISTAMINES (Z2A)</u>
PROMETHAZINE HCL (PA required if < 2 years of age)
<u>IMMUNOSUPPRESSIVES (Z2E)</u>
AZASAN (PA required)
AZATHIOPRINE
CELLCEPT
CYCLOSPORINE
GENGRAF
NEORAL
PROGRAF
RAPAMUNE
SANDIMMUNE
<u>MAST CELL STABILIZERS (Z2F)</u>
CROMOLYN SODIUM nebulizer solution
INTAL inhaler
TILADE
<u>IMMUNOMODULATORS (Z2G)</u>
ACTIMMUNE
ALDARA
ROFERON-A (PA required)
<u>1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS (Z2N) (PA required under 2yrs of age)</u>
BROMPHENIRAMINE -PSEUDOEPHEDRINE (Rx and OTC)
BROMPHENIRAMINE-PHENYLEPHRINE (Rx and OTC)
CARBINOXAMINE-PSEUDOEPHEDRINE
CHLORPHENIRAMINE-PHENYLEPHRINE
CHLORPHENIRAMINE-PSEUDOEPHEDRINE
CHLORPHENIRAMINE-PHENYLTOLOXAMINE-PHENYLEPHRINE
DEXBROMPHENIRAMINE-PSEUDOEPHEDRINE
DEXCHLORPHENIRAMINE-PSEUDOEPHEDRINE
DIPHENHYDRAMINE-PHENYLEPHRINE

<u>ANTIHISTAMINES/ 2ND GENERATION/DECONGESTANT (Z2O) (PA required under 2yrs of age)</u>
LORATADINE D 12 HOUR (OTC)
LORATADINE D 24 HOUR (OTC)
<u>ANTIHISTAMINES - 1ST GENERATION (Z2P)</u>
BROMPHENIRAMINE
CARBINOXAMINE
CHLORPHENIRAMINE (RX and OTC)
CLEMASTINE (RX and OTC)
CYPROHEPTADINE HCL
DEXCHLORPHENIRAMINE MALEATE
DIPHENHYDRAMINE (RX and OTC)
HYDROXYZINE HCL
HYDROXYZINE PAMOATE
PROMETHAZINE HCL (PA required under 2yrs of age)
<u>ANTIHISTAMINES - 2ND GENERATION (Z2Q)</u>
CETIRIZINE (OTC)
FEXOFENADINE HCL (PA required)
LORATADINE (OTC)
<u>LEUKOTRIENE RECEPTOR ANTAGONISTS (Z4B)</u>
SINGULAIR (PA required > 4 years of age)