

Denver Health Medicaid Choice
DHMP CHP+
Denver Health Medical Plan Inc (312)

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INTRODUCTION

Denver Health Medical Plan (DHMP) and Denver Health Medicaid Choice are pleased to provide the *Denver Health Clinical Formulary* as a useful reference and educational tool. Comments and suggestions from practicing physicians have also been incorporated to ensure that the *Denver Health Clinical Formulary* is reflective of current medical practice.

This document places strong clinical focus on better managed pharmaceutical care. The *Denver Health Clinical Formulary* will assist practitioners in selecting the most clinically appropriate and cost-effective drugs for their patients who have their drug benefits administered through Denver Health Managed Care.

The information contained in the *Denver Health Clinical Formulary* and its appendices is provided solely for the convenience of medical providers. Denver Health Managed Care does not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. The *Denver Health Clinical Formulary* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Denver Health Managed Care does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information. National guidelines can be found on the National Guideline Clearinghouse site at: <http://www.guideline.gov> or on the sites listed in the Web site section of this publication.

PREFACE

The *Denver Health Clinical Formulary* is organized by sections which refer to either a drug class or disease state. Each section contains a list of drugs selected to be on this formulary. Products are listed by generic name, and brand names are included as a reference. Unless exceptions are noted, generally all applicable dosage forms and strengths of the branded drug cited are included in the *Denver Health Clinical Formulary*. Denver Health Medical Plan does not cover over-the-counter (OTC) products, with the exceptions of insulin, glucose monitoring products and those products listed with an 'OTC' indicator. Denver Health Medicaid Choice offers a few OTC products which can be seen on the Denver Health Web site.

OUTPATIENT PHARMACY BENEFITS FOR ALL PLANS

The following drugs are covered under all Denver Health Managed Care plans:

- Prescription drugs as listed on the *Denver Health Clinical Formulary*
- Depo-Provera may be dispensed once every 3 months
- Compounded medication of which at least one ingredient is a prescription drug

The following drug categories are excluded from coverage under all Denver Health Managed Care plans:

- Any drug or device which does not appear on the *Denver Health Clinical Formulary*
- Anti-wrinkle agents (Renova)
- Cosmetic hair removal products
- Dietary Supplements (some are covered as consumable medical expenses)
- Hair growth stimulants
- Immunization agents, blood or blood plasma. Exceptions: Anti-Hemophilic Factor VIII & IX are covered
- Infertility medications
- Pigmenting / Depigmenting Agents

- Smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms (exception: certain smoking cessation medications may be covered while participating in a Denver Health Medical Plan network smoking cessation class)
- Therapeutic devices or appliances, including support garments and other non-medical substances, regardless of intended use (except for certain diabetic supplies, as listed on the *Denver Health Clinical Formulary*)
- Charges for the administration or injection of any drug
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Denver Health Medical Plan (DHMP) P&T Committee consists of physicians, nurses, and pharmacists from the Denver Health and Hospital Authority (DHHA) who are not employees or agents of, nor have financial interest in the DHMP, and who must adhere to the DHHA Standards of Ethics Policy. They are the only voting members of the P&T Committee. DHMP health care professionals on the DHMP P&T Committee are not entitled to vote on any decisions but are present at meetings to represent DHMP's clinical needs.

The decisions of the DHMP P&T Committee are communicated after each quarterly P&T Committee meeting in the Provider and Member newsletters.

PRODUCT SELECTION CRITERIA

The Denver Health Medical Plan P&T Committee will consider all U.S. Food and Drug Administration (FDA) approved drugs for inclusion in the formulary. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared which typically address the following information:

- Safety
- Effectiveness
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion or nonformulary (NF) status of drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the P&T Committee and not added to the formulary receive a nonformulary (NF) designation in the *Denver Health Clinical Formulary*. This designation indicates the P&T Committee's belief that the drug offers no known clinical or cost advantage over comparable formulary drugs, or there is currently insufficient information to determine its appropriate clinical role, or questions remain regarding safety or effectiveness.

All the material in the *Denver Health Clinical Formulary* is provided as a reference for drug therapy selection. The final choice of specific drug selection for an individual patient rests solely with the Prescriber.

Physicians are encouraged to prescribe formulary drugs.

FORMULARY PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are on the formulary, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are on formulary. *The brand names shown are for reference only; a different brand or a generic version may be dispensed.*

Products on formulary include all strengths associated with the dosage form of the cited brand-name product.

lisinopril

Zestril

Because Zestril is a tablet, all strengths of lisinopril tablets (2.5, 5, 10, 20, 30 and 40 mg) are on formulary.

Modified-release or combination products on formulary are defined by the cited brand-name product.

verapamil ext-rel

Calan SR

Only Calan SR products including generic versions are on formulary based upon the entry. Products based upon brand-name references of other verapamil ext-rel products, e.g., Covera HS, are not included on the formulary unless they are also listed.

chlorpheniramine/pseudoephedrine

Deconamine SR

Only the strength and dosage form of Deconamine SR including generic versions are on formulary.

Extended-release and delayed-release products require their own entry.

bupropion ext-rel

Wellbutrin XL

The long-acting product Wellbutrin SR is not on formulary based upon the Wellbutrin XL entry.

metformin ext-rel

Glucophage XR

This entry confirms that the extended-release product is on formulary.

Dosage forms on formulary will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, coverage is limited to the otic solution and suspension. From this entry the ophthalmic solution and ophthalmic ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPTHALMIC and DERMATOLOGY sections of the formulary.

Oral liquids and orally disintegrating tablets for products cited as immediate-release or delayed-release (enteric-coated) oral solids are on formulary. Likewise, suppositories are on formulary when they are used as an alternative to the tablet/capsule.

cimetidine

Tagamet

In addition to the tablets, the oral solution is on formulary.

ondansetron

Zofran

In addition to the tablets, the oral solution and orally disintegrating tablets are on formulary (with Prior Authorization).

When a strength or dosage form is specified, only the specified strength or dosage form is on formulary. Other strengths/dosage forms of the reference product are not on formulary.

medroxyprogesterone acetate 150 mg/mL

Depo-Provera

The 150 mg/mL injection is on formulary. The 104 mg/0.65 mL SQ formulation (Depo-SubQ Provera 104) is not on formulary.

metronidazole tabs

Flagyl

Only tablets are on formulary, not the capsules.

DRUG AUTHORIZATION PROGRAM

DHMP has three (3) categories for its drug authorization program. All medication requests require the use of the [Pharmacy Drug Request Form](#). These categories are Prior Authorization (PA), Managed Drug Limitations (MDL), and Nonformulary (NF) Medications.

Currently, the following medications require Prior Authorization (PA)

Brand Name	Generic Name
Accutane	isotretinoin
Aranesp	darbepoetin alfa
Atripla	efavirenz/emtricitabine/tenofovir
Avonex	interferon beta-1a
Betaseron	interferon beta-1b
Byetta	exenatide
Celebrex	celecoxib
Cellcept	mycophenolate mofetil
Combivir	lamivudine/zidovudine
Copaxone	glatiramer
Crixivan	indinavir
DDAVP	desmopressin
Dovonex	calcipotriene
Emtriva	emtricitabine
Epivir	lamivudine
Epzicom	abacavir/lamivudine
Geodon	ziprasidone
Imitrex	sumatriptan injection
Intelence	etravirine
Invirase	saquinavir mesylate
Isentress	raltegravir
Januvia	sitagliptin phosphate

Brand Name	Generic Name
Kaletra	lopinavir/ritonavir
Leukine	sargramostim
Lexiva	fosamprenavir
Malarone	atovaquone/proguanil
Neupogen	filgrastim
Norvir	ritonavir
Nutropin, Nutropin AQ	somatropin
Prezista	darunavir
Pulmozyme	dornase alfa
Regranex	becaplermin
Rescriptor	delavirdine
Retrovir	zidovudine
Reyataz	atazanavir
Risperdal	risperidone
Seroquel	quetiapine
Soriatane	acitretin
Spiriva	tiotropium
Sustiva	efavirenz
Trizivir	abacavir/lamivudine/zidovudine
Truvada	emtricitabine/tenofovir
Valcyte	valganciclovir
Viagra	sildenafil
Videx EC	didanosine delayed-rel
Videx soln	didanosine soln
Viracept	nelfinavir
Viramune	nevirapine
Viread	tenofovir
Xeloda	capecitabine
Xenical	orlistat
Zerit	stavudine
Ziagen	abacavir
Zofran	ondansetron

For Prior Authorization (PA) drugs, the prescribing physician should fax the [Pharmacy Drug Request Form](#) to 1-720-956-2303 with the clinical information regarding the necessity of the drug. If you have any questions, call Membership Services at 1-720-956-2100 or 1-800-700-8140, or go online to www.caremark.com and use the pharmacy locator option. If a pharmacist receives a rejection message indicating Prior Authorization required, they should contact the prescriber to have the prescription changed to an alternative Formulary medication. If the prescriber does not feel this is in the best interest of the patient they may request a medical exception using the [Pharmacy Drug Request Form](#) described above.

The Medical Director will review the request and will either approve the request, recommend a therapeutic formulary alternative, or deny the request. The requesting prescriber will be notified of the decision within 72 business hours. An expedited review for urgent situations can be requested.

If the request is denied, the prescriber and the patient will be notified of the process for requesting a reconsideration by the reviewer who made the decision. They will also be notified of the appeal process.

All **initial** authorizations for PA or non-formulary medication from a prior insurance provider will be placed in the system for a limited period (usually 2 months) which will allow the ordering physician time to prescribe a formulary drug for the patient. If the physician wishes an extension of the initial authorization, he or she should notify the pharmacy case manager at 1-720-956-2104. The Pharmacy Case Manager will review the request with the Medical Director, and if approved, will place an authorization in the system for an appropriate period of time. Extensions of authorizations, once expired, will require the PCP or ordering physician to review and complete a new [Pharmacy Drug Request Form](#). This will indicate a review of the patient status on the medication including any pertinent lab results.

The second category includes medications that have Managed Drug Limitations (MDL). These limitations are usually based on quantity criteria. The dispensing pharmacist will receive a message which reads "Drug Limitations Exceeded". An authorization is required for drug requests outside the published limitations. The [Pharmacy Drug Request Form](#) can be faxed to DHMP to request this.

The third category is Nonformulary (NF) medications. The dispensing pharmacy will receive a message which reads "NDC not covered". The NDC stands for National Drug Code, which is specific to a drug, strength, and marketer. An alternative Formulary medication will be listed for the pharmacist. The pharmacist will then notify the prescribing provider of the preferred agent. Any other drug request will require the [Pharmacy Drug Request Form](#) to be completed by the requesting provider.

Currently, the following medications require Managed Drug Limitations (MDL):

Brand Name	Generic Name	Denver Health Medical Plan	Denver Health Medicaid Choice
Fragmin	dalteparin sodium	5 days supply	5 days supply
Imitrex tablets	sumatriptan	25 mg - 36 tabs per 50 days 50 mg - 18 tabs per 50 days 100 mg - 18 tabs per 50 days	25 mg - 18 tabs per 25 days 50 mg - 9 tabs per 25 days 100 mg - 9 tabs per 25 days
Imitrex nasal spray	sumatriptan	12 units per 50 days	6 units per 25 days
Imitrex injection	sumatriptan	6 injections per 50 days	3 injections per 25 days
Insulin injection devices		2 devices per year	2 devices per year
Prilosec OTC	omeprazole	120 caps per 50 days (daily dosing only)	60 caps per 25 days (daily dosing only)
Respiratory Devices		2 devices per year	2 devices per year
Suprax	cefixime	1 tab per 25 days	1 tab per 25 days
Viagra	sildenafil	12 tabs per 50 days	excluded from coverage
Zomig/Zomig-ZMT	zolmitriptan	2.5 mg - 12 tabs per 50 days	2.5 mg - 6 tabs per 25 days
Zomig/Zomig-ZMT	zolmitriptan	5 mg - 6 tabs per 50 days	5 mg - 3 tabs per 25 days

Pharmacies:

DHMP uses a network of participating pharmacies that includes the Denver Health Pharmacies (where your copays are considerably cheaper), and most of the large pharmacy chains (e.g., King Soopers, Walgreens, Safeway, K-Mart, Rite-Aid and Albertsons). If you would like to locate a pharmacy, please call DHMP Member Services at 1-720-956-2100 or 1-800-700-8140, or go to www.caremark.com and use the pharmacy locator option.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic. Examples of the latter include Levoxyl and Trivora.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When an A-rated generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

EDITOR

Your comments and suggestions regarding this *Denver Health Clinical Formulary* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Denver Health.

If viewing this formulary via the Internet, please be advised that the formulary is updated periodically and changes may appear prior to their effective date to allow for client notification.

LEGEND

##	Only the brand-name product noted is on formulary
MDL	Managed Drug Limitation
OTC	Over the counter
PA	Prior Authorization
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

ANALGESICS

Practice guidelines of pain management are available at:

<http://www.asahq.org>

NSAIDs

diclofenac sodium delayed-rel	VOLTAREN
ibuprofen	MOTRIN
indomethacin	
indomethacin susp	INDOCIN susp
ketoprofen	
naproxen	NAPROSYN
salsalate	
sulindac	CLINORIL

COX-2 INHIBITORS

PA celecoxib	CELEBREX
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GOUT

allopurinol	ZYLOPRIM
colchicine tabs	
probenecid	

NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org/professionals>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<http://www.asipp.org/Guidelines.htm>

aspirin/codeine	
codeine/acetaminophen	TYLENOL w/CODEINE
hydrocodone/acetaminophen 2.5/500	LORTAB
hydrocodone/acetaminophen 5/500	VICODIN 5/500
hydrocodone/acetaminophen 7.5/500	LORTAB

NARCOTIC ANALGESICS, CII

codeine sulfate	
fentanyl transdermal	DURAGESIC
hydromorphone	DILAUDID
morphine	
morphine ext-rel	MS CONTIN
oxycodone	OXYIR
oxycodone/acetaminophen	PERCOCET
oxycodone/aspirin	PERCODAN

NON-NARCOTIC ANALGESICS

butalbital/acetaminophen/caffeine	FIORICET
butalbital/aspirin/caffeine	FIORINAL
tramadol	ULTRAM

ANTI-INFECTIVES

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:

<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis B by the American Association for the Study of Liver Disease are available at:

<http://www.aasld.org>

Guidelines for the diagnosis, management and treatment of hepatitis C by the American Association for the Study of Liver Disease are available at:

<http://www.aasld.org>

HIV/AIDS: Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:

<http://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at:

<http://www.americanheart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at:

<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

International Travel: CDC recommendations for international travel are available at:

<http://www.cdc.gov/travel>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:

<http://www.cdc.gov/std/treatment/2006/clinical.htm>

Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:

Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:

http://www.cdc.gov/drugresistance/community/healthcare_provider.htm

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:

<http://www.idsociety.org>

ANTIBACTERIALS

Cephalosporins

First Generation

cephalexin

KEFLEX

Second Generation

cefaclor

cefuroxime axetil

CEFTIN

Third Generation

cefdinir

OMNICEF

MDL cefixime

SUPRAX

ceftibuten

CEDAX

SUPRAX MDL Medical Plan 1 tab per 25 days

MDL Medicaid Choice 1 tab per 25 days

Erythromycins/Macrolides

azithromycin

ZITHROMAX

clarithromycin

BIAXIN

erythromycin delayed-rel

erythromycin delayed-rel

ERY-TAB

erythromycin ethylsuccinate

E.E.S.

erythromycin stearate

erythromycin/sulfisoxazole

Fluoroquinolones		
	ciprofloxacin	CIPRO
	levofloxacin	LEVAQUIN
Penicillins		
	amoxicillin	AMOXIL
	amoxicillin/clavulanate	AUGMENTIN
	ampicillin	
	dicloxacillin	
	penicillin VK	
Sulfonamides		
	acetyl sulfisoxazole susp	GANTRISIN
Tetracyclines		
	doxycycline hyclate	VIBRAMYCIN
	tetracycline	
ANTIFUNGALS		
	clotrimazole troches	MYCELEX
	fluconazole	DIFLUCAN
	griseofulvin microsize susp	GRIFULVIN V susp
	griseofulvin microsize tabs	GRIFULVIN V tabs
	griseofulvin ultramicrosize	GRIS-PEG
	ketoconazole	NIZORAL
	nystatin	MYCOSTATIN
ANTIMALARIALS		
PA	atovaquone/proguanil	MALARONE
	chloroquine	ARALEN
	mefloquine	LARIAM
	primaquine	
	pyrimethamine	DARAPRIM
ANTIRETROVIRAL AGENTS		
Antiretroviral Combinations		
PA	abacavir/lamivudine	EPZICOM
PA	abacavir/lamivudine/zidovudine	TRIZIVIR
PA	efavirenz/emtricitabine/tenofovir	ATRIPLA
PA	emtricitabine/tenofovir	TRUVADA
PA	lamivudine/zidovudine	COMBIVIR
Integrase Inhibitors		
PA	raltegravir	ISENRESS
Non-nucleoside Reverse Transcriptase Inhibitors		
PA	delavirdine	RESCRIPTOR
PA	efavirenz	SUSTIVA
PA	etravirine	INTELENCE
PA	nevirapine	VIRAMUNE
Nucleoside Reverse Transcriptase Inhibitors		
PA	abacavir	ZIAGEN
PA	didanosine delayed-rel	VIDEX EC
PA	didanosine soln	VIDEX soln
PA	emtricitabine	EMTRIVA
PA	lamivudine	EPIVIR
PA	stavudine	ZERIT
PA	zidovudine	RETROVIR

Nucleotide Reverse Transcriptase Inhibitors

PA	tenofovir	VIREAD
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Protease Inhibitors

PA	atazanavir	REYATAZ
PA	darunavir	PREZISTA
PA	fosamprenavir	LEXIVA
PA	indinavir	CRIXIVAN
PA	lopinavir/ritonavir	KALETRA
PA	nelfinavir	VIRACEPT
PA	ritonavir	NORVIR
PA	saquinavir mesylate	INVIRASE

ANTITUBERCULAR AGENTS

	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifabutin	MYCOBUTIN
	rifampin	RIFADIN

ANTIVIRALS**Cytomegalovirus Agents**

	ganciclovir	
PA	valganciclovir	VALCYTE

Herpes Agents

	acyclovir	ZOVIRAX
	valacyclovir	VALTREX

Influenza Agents

	amantadine	
	influenza vaccine	FLUMIST
	oseltamivir	TAMIFLU

MISCELLANEOUS

	clindamycin	
	dapsone	
	mebendazole	
	metronidazole tabs	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
	paromomycin	
	sulfamethoxazole/trimethoprim	SEPTRA/SEPTRA DS
	trimethoprim soln	PRIMSOL soln
	trimethoprim tabs	
	vancomycin	VANCOGIN

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.nccn.org>

<http://www.asco.org>

ALKYLATING AGENTS

	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide	

lomustine	CEENU
melphalan	ALKERAN
temozolomide	TEMODAR

ANTIMETABOLITES

PA capecitabine	XELODA
mercaptopurine	PURINETHOL
thioguanine	

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

bicalutamide	CASODEX
flutamide	

Antiestrogens

tamoxifen	
toremifene	FARESTON

Aromatase Inhibitors

anastrozole	ARIMIDEX
exemestane	AROMASIN
letrozole	FEMARA

Progestins

megestrol acetate	MEGACE
megestrol acetate susp	MEGACE ES

MISCELLANEOUS

bexarotene caps	TARGRETIN caps
etoposide	
hydroxyurea	HYDREA
mitotane	LYSODREN
procarbazine	MATULANE
retinoin caps	VESANOID

CARDIOVASCULAR

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.hfsa.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

captopril	CAPOTEN
lisinopril	ZESTRIL

ACE INHIBITOR/DIURETIC COMBINATIONS

lisinopril/hydrochlorothiazide	ZESTORETIC
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ADRENOLYTICS, CENTRAL

clonidine	CATAPRES
clonidine transdermal	CATAPRES-TTS
guanfacine	TENEX

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

doxazosin	CARDURA
prazosin	MINIPRESS

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://www.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

irbesartan	AVAPRO
irbesartan/hydrochlorothiazide	AVALIDE

ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:

<http://www.acc.org>

amiodarone	CORDARONE
sotalol	BETAPACE

ANTILIPEMICS

Guidelines for the use of antilipemics in various patient populations are available at:

<http://www.nhlbi.nih.gov>

Bile Acid Resins

colestipol tabs	COLESTID
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Fibrates

gemfibrozil	LOPID
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HMG-CoA Reductase Inhibitors

atorvastatin	LIPITOR
fluvastatin	LESCOL
rosuvastatin	CRESTOR

Niacins

niacin	NIACOR
niacin ext-rel	NIASPAN

BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

atenolol	TENORMIN
carvedilol	COREG
labetalol	TRANDATE
metoprolol	LOPRESSOR
metoprolol ext-rel	TOPROL-XL
nadolol	CORGARD

pindolol	
propranolol	
propranolol ext-rel	INDERAL LA

BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

atenolol/chlorthalidone	TENORETIC
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CALCIUM CHANNEL BLOCKERS

Dihydropyridines

amlodipine	NORVASC
felodipine ext-rel	PLENDIL
nifedipine	PROCARDIA
nifedipine ext-rel	PROCARDIA XL
nisoldipine ext-rel	SULAR

Nondihydropyridines

diltiazem	CARDIZEM
diltiazem ext-rel	DILACOR XR
verapamil	CALAN
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN

DIGITALIS GLYCOSIDES

digoxin	LANOXIN
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DIURETICS

bumetanide	BUMEX
chlorthalidone	
furosemide	LASIX
hydrochlorothiazide	
metolazone	ZAROXOLYN
spironolactone	ALDACTONE
spironolactone/hydrochlorothiazide	ALDACTAZIDE
triamterene/hydrochlorothiazide	DYAZIDE
triamterene/hydrochlorothiazide	MAXZIDE
triamterene/hydrochlorothiazide	MAXZIDE-25

NITRATES

Oral

isosorbide dinitrate ext-rel tabs	
isosorbide dinitrate tabs	ISORDIL
isosorbide mononitrate ext-rel	IMDUR

Sublingual

isosorbide dinitrate sublingual	
nitroglycerin sublingual	NITROSTAT

Transdermal

nitroglycerin transdermal	NITRO-DUR
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MISCELLANEOUS

hydralazine	
methyldopa	
minoxidil	

CENTRAL NERVOUS SYSTEM

Practice Guidelines for psychiatric disorders are available at:
<http://www.psych.org>

ANTI-ANXIETY

Benzodiazepines

alprazolam	XANAX
chlordiazepoxide	LIBRIUM
clonazepam tabs	KLONOPIN
diazepam	VALIUM
lorazepam	ATIVAN

Miscellaneous

bupirone	BUSPAR
clomipramine	ANAFRANIL

ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:
<http://www.aan.com>

carbamazepine	TEGRETOL
carbamazepine ext-rel	TEGRETOL-XR
divalproex sodium delayed-rel	DEPAKOTE
divalproex sodium ext-rel	DEPAKOTE ER
ethosuximide	ZARONTIN
felbamate	FELBATOL
gabapentin	NEURONTIN
phenobarbital	
phenytoin	DILANTIN INFATABS
phenytoin sodium extended	DILANTIN
primidone	MYSOLINE
topiramate	TOPAMAX
valproic acid	DEPAKENE

ANTIDEMENTIA

donepezil	ARICEPT
donepezil orally disintegrating tabs	ARICEPT ODT

ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications including bipolar disorder, obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:
<http://www.psych.org>

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram	CELEXA
fluoxetine	PROZAC
paroxetine HCl	PAXIL
sertraline	ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)*

* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

venlafaxine	EFFEXOR
venlafaxine ext-rel	EFFEXOR XR

Tricyclic Antidepressants (TCAs)

amitriptyline	
desipramine	NORPRAMIN
doxepin	
imipramine HCl	TOFRANIL
nortriptyline	PAMELOR

Miscellaneous Agents

bupropion	WELLBUTRIN
bupropion ext-rel	WELLBUTRIN SR
bupropion ext-rel	WELLBUTRIN XL
mirtazapine	REMERON
trazodone	

ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<http://www.aan.com>

amantadine, except tabs	
benztropine	
bromocriptine	PARLODEL
carbidopa/levodopa	SINEMET
carbidopa/levodopa ext-rel	SINEMET CR
trihexyphenidyl	

ANTIPSYCHOTICS**Atypicals**

	clozapine	CLOZARIL
PA	quetiapine	SEROQUEL
PA	risperidone	RISPERDAL
PA	ziprasidone	GEODON

Miscellaneous

chlorpromazine	
fluphenazine	
fluphenazine decanoate	
haloperidol	
haloperidol decanoate	
loxapine	LOXITANE
perphenazine	
thioridazine	
thiothixene	NAVANE
trifluoperazine	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<http://www.aacap.org>

<http://www.aap.org>

amphetamine/dextroamphetamine mixed salts	ADDERALL
dextroamphetamine	DEXEDRINE
methylphenidate	RITALIN

HYPNOTICS

Practice parameters for the treatment of sleep disorders are available at:

<http://www.aasmnet.org>

Benzodiazepines

flurazepam	DALMANE
temazepam	RESTORIL
triazolam	HALCION

Nonbenzodiazepines

chloral hydrate	
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MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<http://www.aan.com>

Ergotamine Derivatives

ergotamine/caffeine	CAFERGOT
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Selective Serotonin Agonists

PA MDL	sumatriptan inj	IMITREX
MDL	sumatriptan spray	IMITREX
MDL	sumatriptan tabs	IMITREX
MDL	zolmitriptan	ZOMIG/ZOMIG-ZMT

IMITREX tablets	MDL Medical Plan	25 mg - 36 tabs per 50 days
		50 mg - 18 tabs per 50 days
		100 mg - 18 tabs per 50 days
MDL Medicaid Choice	25 mg - 18 tabs per 25 days	
	50 mg - 9 tabs per 25 days	
	100 mg - 9 tabs per 25 days	
IMITREX nasal spray	MDL Medical Plan	12 units per 50 days
	MDL Medicaid Choice	6 units per 25 days
IMITREX injection	MDL Medical Plan	6 injections per 50 days
	MDL Medicaid Choice	3 injections per 25 days
ZOMIG/ZOMIG ZMT	MDL Medical Plan	2.5 mg - 12 tabs per 50 days
		5 mg - 6 tabs per 50 days
		2.5 mg - 6 tabs per 25 days
	MDL Medicaid Choice	5 mg - 3 tabs per 25 days

Miscellaneous

acetaminophen/dichloralphenazone/isometheptene	
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MOOD STABILIZERS

lithium carbonate	
lithium carbonate ext-rel tabs 300 mg	LITHOBID
lithium carbonate ext-rel tabs 450 mg	

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<http://www.aan.com>

PA	glatiramer	COPAXONE
PA	interferon beta-1a	AVONEX
PA	interferon beta-1b	BETASERON

MUSCULOSKELETAL THERAPY AGENTS

baclofen	
carisoprodol	SOMA
cyclobenzaprine	FLEXERIL

dantrolene	DANTRIUM
methocarbamol	ROBAXIN
orphenadrine/aspirin/caffeine	

MYASTHENIA GRAVIS

pyridostigmine	MESTINON
pyridostigmine ext-rel	MESTINON TIMESPAN

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

disulfiram	ANTABUSE
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ENDOCRINE AND METABOLIC

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://www.diabetes.org>

Alpha-glucosidase Inhibitors

acarbose	PRECOSE
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Biguanides

metformin	GLUCOPHAGE
metformin ext-rel	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

glyburide/metformin	GLUCOVANCE
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PA sitagliptin phosphate	JANUVIA
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Incretin Mimetic Agents

PA exenatide	BYETTA
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Insulins

insulin aspart	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
insulin glargine	LANTUS
OTC insulin human	HUMULIN R
OTC insulin human	NOVOLIN R
OTC insulin isophane human	NOVOLIN N
OTC insulin isophane human	HUMULIN N
OTC insulin isophane human 50%/regular 50%	HUMULIN 50/50
OTC insulin isophane human 70%/regular 30%	NOVOLIN 70/30
OTC insulin isophane human 70%/regular 30%	HUMULIN 70/30
insulin lispro	HUMALOG
insulin lispro protamine 75%/insulin lispro 25%	HUMALOG MIX 75/25

Insulin Sensitizers

pioglitazone	ACTOS
rosiglitazone	AVANDIA

Sulfonylureas

glipizide	GLUCOTROL
glyburide	MICRONASE
glyburide	DIABETA

Supplies

OTC blood glucose test strips	TRUETRACK test strips
OTC MDL insulin injection device	AUTOJECT 2
OTC MDL insulin injection device	AUTOPEN

OTC MDL	insulin injection device		B-D PEN
OTC MDL	insulin injection device		B-D PEN MINI
OTC MDL	insulin injection device		INJECT-EASE
OTC MDL	insulin injection device		INNOVO
OTC MDL	insulin injection device		NOVOPEN
OTC MDL	insulin injection device		NOVOPEN JR
OTC	lancets		LANCETS

Insulin injection devices **MDL Medical Plan** 2 devices per year
MDL Medicaid Choice 2 devices per year

ANTIOBESITY

Guidelines of treatment and management of obesity are available at:

<http://www.aace.com>

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

Fat Absorption Decreasing Agents

PA	orlistat		XENICAL
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CALCIUM REGULATORS

Bisphosphonates

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

	alendronate		FOSAMAX
	alendronate/vitamin D3		FOSAMAX PLUS D
	etidronate		DIDRONEL
	risedronate		ACTONEL
	risedronate + calcium carbonate		ACTONEL WITH CALCIUM

Calcitonins

	calcitonin-salmon		MIACALCIN
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CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

	levonorgestrel/EE 0.1/20 - Aviane		
	norethindrone acetate/EE 1/20		LOESTRIN 1/20
	norethindrone acetate/EE/iron 1/20		LOESTRIN FE 1/20

30 mcg Estrogen

	desogestrel/EE 0.15/30		ORTHO-CEPT
	drospirenone/EE 3/30		YASMIN
	levonorgestrel/EE 0.15/30 - Levora		
	norethindrone acetate/EE 1.5/30		LOESTRIN 1.5/30
	norethindrone acetate/EE/iron 1.5/30		LOESTRIN FE 1.5/30
	norgestrel/EE 0.3/30 - Low-Ogestrel		

35 mcg Estrogen

	ethynodiol diacetate/EE 1/35 - Zovia 1/35		
	norethindrone/EE 0.5/35		MODICON
	norethindrone/EE 1/35		ORTHO-NOVUM 1/35
	norgestimate/EE 0.25/35		ORTHO-CYCLEN

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 - Zovia 1/50	
norethindrone/ME 1/50	ORTHO-NOVUM 1/50
norgestrel/EE 0.5/50 - Ogestrel	

Biphasic

desogestrel/EE	MIRCETTE
norethindrone/EE	NECON 10/11

Triphasic

desogestrel/EE	CYCLESSA
levonorgestrel/EE - Trivora	
norethindrone/EE	ORTHO-NOVUM 7/7/7
norethindrone/EE	TRI-NORINYL
norgestimate/EE	ORTHO TRI-CYCLEN
norgestimate/EE	ORTHO TRI-CYCLEN LO

Progestin Only

norethindrone	ORTHO MICRONOR
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Emergency Contraception

levonorgestrel	PLAN B
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Injectable

medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
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Transdermal

norelgestromin/EE	ORTHO EVRA
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Vaginal

etonogestrel/EE ring	NUVARING
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ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:

<http://www.menopause.org>

Oral

estradiol	ESTRACE
estrogens, conjugated	PREMARIN
estrogens, esterified	MENEST
estropipate	OGEN

Transdermal

estradiol	ESTRADERM
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Vaginal

estrogens, conjugated crm	PREMARIN crm
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ESTROGEN/PROGESTINS**Oral**

estrogens, conjugated/medroxyprogesterone	PREMPHASE
estrogens, conjugated/medroxyprogesterone	PREMPRO

GLUCOCORTICOIDS

dexamethasone	
fludrocortisone	
hydrocortisone	CORTEF
methylprednisolone	MEDROL

prednisolone	
prednisolone syrup	PRELONE
prednisone	

GLUCOSE ELEVATING AGENTS

glucagon, human recombinant	GLUCAGON EMERGENCY KIT
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HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com>

PA ## somatropin	NUTROPIN/NUTROPIN AQ
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PHOSPHATE BINDER AGENTS

calcium acetate	PHOSLO
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PROGESTINS

medroxyprogesterone acetate	PROVERA
norethindrone acetate	AYGESTIN

THYROID AGENTS

Antithyroid Agents

methimazole	TAPAZOLE
propylthiouracil	

Thyroid Supplements

levothyroxine	SYNTHROID
levothyroxine - Levoxyl	
liothyronine	CYTOMEL
liotrix	THYROLAR

VASOPRESSINS

PA desmopressin	DDAVP
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MISCELLANEOUS

methylergonovine	METHERGINE
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GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<http://www.acg.gi.org>

<http://www.gastro.org>

ANTIDIARRHEALS

diphenoxylate/atropine	LOMOTIL
loperamide	

ANTIEMETICS

meclizine	ANTIVERT
metoclopramide	REGLAN
PA ondansetron	ZOFRAN
prochlorperazine	
promethazine	
trimethobenzamide caps	TIGAN

ANTISPASMODICS

atropine/hyoscyamine/scopolamine/phenobarbital	DONNATAL
dicyclomine	BENTYL
hyoscyamine sulfate	LEVSIN

CHOLELITHOLYTICS

ursodiol	ACTIGALL
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H₂-RECEPTOR ANTAGONISTS

cimetidine	TAGAMET
ranitidine	ZANTAC

INFLAMMATORY BOWEL DISEASE**Oral Agents**

mesalamine delayed-rel tabs	ASACOL
olsalazine	DIPENTUM
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS

Rectal Agents

hydrocortisone enema	
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LAXATIVES

lactulose	
peg 3350/electrolytes	GOLYTELY
peg 3350/electrolytes	NULYTELY
peg 3350/electrolytes + bisacodyl	HALFLYTELY
polyethylene glycol 3350	MIRALAX

PANCREATIC ENZYMES

pancrelipase	LIPRAM
pancrelipase delayed-rel	LIPRAM-PN
pancrelipase delayed-rel	LIPRAM-UL

PROSTAGLANDINS

misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

OTC MDL omeprazole magnesium delayed-rel	PRILOSEC OTC
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* Covered with a prescription.

PRILOSEC OTC	MDL Medical Plan	120 caps per 50 days (daily dosing only)
	MDL Medicaid Choice	60 caps per 25 days (daily dosing only)

STEROIDS, RECTAL

hydrocortisone acetate supp 25 mg	ANUSOL-HC
hydrocortisone acetate/pramoxine crm 1%	PROCTOCREAM-HC
hydrocortisone acetate/pramoxine foam	PROCTOFOAM-HC
hydrocortisone crm 2.5%	ANUSOL-HC 2.5%

MISCELLANEOUS

sucralfate	CARAFATE
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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<http://www.auanet.org/guidelines>

	finasteride	PROSCAR
	tamsulosin	FLOMAX

ERECTILE DYSFUNCTION

Phosphodiesterase Inhibitors

PA MDL	sildenafil	VIAGRA
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VIAGRA	MDL Medical Plan	12 tabs per 50 days
	MDL Medicaid Choice	excluded from coverage

URINARY ANTISPASMODICS

	oxybutynin	DITROPAN
	propantheline	
	tolterodine	DETROL
	tolterodine ext-rel	DETROL LA

VAGINAL ANTI-INFECTIVES

	metronidazole	METROGEL-VAGINAL
	terconazole	TERAZOL 7
	terconazole	TERAZOL 3

MISCELLANEOUS

	bethanechol	URECHOLINE
	phenazopyridine	PYRIDIUM
	potassium citrate/sodium citrate/citric acid	POLYCITRA-K

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<http://www.hemophilia.org>

ANTICOAGULANTS

Injectable

MDL	dalteparin	FRAGMIN
	heparin sodium	
FRAGMIN	MDL Medical Plan	5 days supply
	MDL Medicaid Choice	5 days supply

Oral

	warfarin	COUMADIN
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HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

<http://www.kidney.org/professionals/kdoqi/guidelines.cfm>

PA	darbepoetin alfa	ARANESP
PA	filgrastim	NEUPOGEN
PA	sargramostim	LEUKINE

PLATELET AGGREGATION INHIBITORS

clopidogrel

PLAVIX

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

Guidelines for the management of rheumatic diseases are available at:

<http://www.rheumatology.org>

auranofin

RIDAURA

hydroxychloroquine

PLAQUENIL

methotrexate 2.5 mg

penicillamine

CUPRIMINE

IMMUNOSUPPRESSANTS

Antimetabolites

azathioprine

IMURAN

PA

mycophenolate mofetil

CELLCEPT

Calcineurin Inhibitors

cyclosporine

SANDIMMUNE

cyclosporine, modified

NEORAL

NUTRITIONAL/SUPPLEMENTS

Guidelines for recommended dietary intakes for vitamins and minerals are available at:

<http://www.nal.usda.gov/fnic/etext/000105.html>

ELECTROLYTES

Potassium

potassium chloride ext-rel

K-DUR

potassium chloride liquid

Potassium-Removing Agents

sodium polystyrene sulfonate

KAYEXALATE

VITAMINS AND MINERALS

Folic Acid Agents

folic acid

Prenatal Vitamins

prenatal vitamins/folic acid

NATACHEW

prenatal vitamins/folic acid

NATAFORT

prenatal vitamins/folic acid

Miscellaneous

B complex + C/folic acid

NEPHRO-VITE

cyanocobalamin inj

ergocalciferol (D2)

DRISDOL

phytonadione

MEPHYTON

RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>

<http://www.nhlbi.nih.gov>

<http://www.goldcopd.com>

<http://www.ginasthma.com>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

epinephrine	EPIPEN
epinephrine	EPIPEN JR.

ANTICHOLINERGICS

ipratropium soln	
ipratropium, CFC-free aerosol	ATROVENT HFA
PA tiotropium	SPIRIVA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol	COMBIVENT
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ANTIHISTAMINES, SEDATING

clemastine 2.68 mg	
cyproheptadine	
diphenhydramine	
hydroxyzine HCl	
hydroxyzine pamoate	VISTARIL

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

brompheniramine/pseudoephedrine ext-rel 12 mg/120 mg	
brompheniramine/pseudoephedrine ext-rel 6 mg/60 mg	
chlorpheniramine/pseudoephedrine ext-rel 8 mg/120 mg	DECONAMINE SR

ANTITUSSIVES

benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS

Narcotic

codeine/guaifenesin	
codeine/promethazine	
codeine/promethazine/phenylephrine	PROMETHAZINE VC w/CODEINE

Non-narcotic

dextromethorphan/promethazine	
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BETA AGONISTS

Inhalants

Short Acting

albuterol	PROVENTIL
albuterol soln	PROVENTIL
albuterol sulfate, CFC-free aerosol	PROVENTIL HFA
metaproterenol	ALUPENT
metaproterenol soln	
pirbuterol	MAXAIR

Long Acting		
	salmeterol xinafoate	SEREVENT
Oral Agents		
	albuterol	
	terbutaline	BRETHINE
CYSTIC FIBROSIS		
PA	dornase alfa	PULMOZYME
LEUKOTRIENE RECEPTOR ANTAGONISTS		
	montelukast	SINGULAIR
	zafirlukast	ACCOLATE
MAST CELL STABILIZERS		
	cromolyn inhaler	INTAL
	cromolyn soln	
NASAL STEROIDS		
	budesonide spray	RHINOCORT AQUA
	flunisolide spray	NASAREL
	fluticasone spray	FLONASE
	mometasone spray	NASONEX
RESPIRATORY DEVICES		
MDL	respiratory device	AEROCHAMBER
MDL	respiratory device	INSPIREASE
Respiratory devices	MDL Medical Plan	2 devices per year
	MDL Medicaid Choice	2 devices per year
STEROID/BETA AGONIST COMBINATIONS		
	fluticasone/salmeterol	ADVAIR
	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
STEROID INHALANTS		
	budesonide	PULMICORT FLEXHALER
	budesonide susp	PULMICORT RESPULES
	fluticasone, CFC-free aerosol	FLOVENT HFA
	triamcinolone	AZMACORT
XANTHINES		
	theophylline ext-rel caps	THEO-24
	theophylline ext-rel tabs	
	theophylline ext-rel tabs	UNIPHYL
	theophylline liquid	ELIXOPHYLLIN
MISCELLANEOUS		
	ipratropium spray	ATROVENT spray

TOPICAL

DERMATOLOGY

Guidelines for care of dermatological conditions are available at:

<http://www.aad.org/professionals/guidelines/>

Acne

Guidelines for the care and treatment of acne vulgaris are available at:

<http://www.aad.org>

Oral

PA	isotretinoin	ACUTANE
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Topical

	benzoyl peroxide	BENZAC AC
	clindamycin gel, lotion, soln	CLEOCIN T
	erythromycin gel 2%	ERYGEL
	erythromycin soln	
*	tretinoin crm	RETIN-A

* cream only

Actinic Keratosis

	fluorouracil	EFUDEX
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Antibiotics

	gentamicin	
	silver sulfadiazine	SILVADENE

Antifungals

	clotrimazole	
	ketoconazole	NIZORAL
	nystatin	MYCOSTATIN
	nystatin/triamcinolone	

Antipsoriatics

PA	acitretin	SORIATANE
PA	calcipotriene	DOVONEX

Antiseborrheics

	ketoconazole shampoo 2%	NIZORAL SHAMPOO
	selenium sulfide shampoo 2.5%	SELSUN

Corticosteroids

Guidelines of care for the use of topical corticosteroids are available at:

<http://www.aad.org>

Low Potency

	desonide crm, lotion, oint 0.05%	DESOWEN
	fluocinolone acetonide soln 0.01%	
	hydrocortisone crm 2.5%	HYTONE
	hydrocortisone lotion 1%	

Medium Potency

	betamethasone valerate crm, lotion, oint 0.1%	
	fluocinolone acetonide crm, oint 0.025%	
	triamcinolone acetonide crm, lotion 0.025%	
	triamcinolone acetonide crm, lotion, oint 0.1%	

High Potency

betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
betamethasone dipropionate crm, lotion, oint 0.05%	
desoximetasone crm, oint 0.25%, gel 0.05%	TOPICORT
fluocinonide crm, gel, oint 0.05%	LIDEX
triamcinolone acetone crm 0.5%	

Very High Potency

betamethasone dipropionate augmented gel, oint 0.05%	DIPROLENE
clobetasol propionate crm, gel, lotion, oint 0.05%	TEMOVATE

Depigmenting and Repigmenting Agents

hydroquinone/sunscreens	ALPHAQUIN HP
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Rosacea

metronidazole crm 0.75%	METROCREAM
metronidazole gel 1%	METROGEL
metronidazole lotion 0.75%	METROLOTION

Scabicides and Pediculicides

crotamiton	EURAX
lindane	
permethrin 5%	ELIMITE

Miscellaneous Skin and Mucous Membrane

acyclovir	ZOVIRAX oint
PA becaplermin	REGRANEX
imiquimod	ALDARA
podofilox	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS**Anesthetics - Topical Oral**

lidocaine viscous	XYLOCAINE VISCOUS
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Steroids - Mouth/Throat

triamcinolone paste	
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OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of glaucoma are available at:

<http://www.aoa.org/education/guidelines/ppp/index.cfm>

Antiallergics

cromolyn sodium	CROLOM
lodoxamide	ALOMIDE
olopatadine	PATANOL

Anti-infectives

bacitracin	
erythromycin	
gentamicin	
neomycin/polymyxin B/gramicidin	NEOSPORIN
ofloxacin	OCUFLOX
polymyxin B/bacitracin	
polymyxin B/trimethoprim	POLYTRIM

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/dexamethasone	MAXITROL
neomycin/polymyxin B/hydrocortisone	CORTISPORIN
sulfacetamide/prednisolone phosphate 10%/0.25%	
tobramycin/dexamethasone	TOBRADEX

Anti-inflammatories**Nonsteroidal**

diclofenac sodium	VOLTAREN
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Steroidal

dexamethasone sodium phosphate	
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fluorometholone	FML
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prednisolone acetate 0.12%	PRED MILD
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prednisolone acetate 1%	PRED FORTE
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prednisolone phosphate 1%	
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rimexolone	VEXOL
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Anti-virals

trifluridine	VIROPTIC
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Beta-blockers**Nonselective**

carteolol	
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metipranolol	OPTIPRANOLOL
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timolol hemihydrate	BETIMOL
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timolol maleate	TIMOPTIC
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timolol maleate gel	TIMOPTIC-XE
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Selective

betaxolol	BETOPTIC S
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Carbonic Anhydrase Inhibitors**Oral**

acetazolamide	
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acetazolamide ext-rel	DIAMOX SEQUELS
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methazolamide	
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Topical

dorzolamide	TRUSOPT
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Parasympathomimetics

pilocarpine	ISOPTO CARPINE
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Prostaglandins

latanoprost	XALATAN
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travoprost	TRAVATAN/TRAVATAN Z
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Sympathomimetics

brimonidine 0.1%, 0.15%	ALPHAGAN P
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dipivefrin	PROPINE
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Miscellaneous

atropine	
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cyclopentolate	CYCLOGYL
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OTIC

Clinical practice guidelines for the treatment of otitis media are available at:

<http://www.aap.org>

Anti-infectives

acetic acid	
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acetic acid/aluminum acetate	DOMEBORO OTIC
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Anti-infective/Anti-inflammatory Combinations

acetic acid/hydrocortisone	
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neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC
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WEB SITES

Agency for Healthcare Research and Quality

<http://www.ahrq.gov>

Alzheimer's Association

<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology

<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry

<http://www.aacap.org>

American Academy of Dermatology

<http://www.aad.org>

American Academy of Neurology

<http://www.aan.com>

American Academy of Ophthalmology

<http://www.aao.org>

American Academy of Pediatrics

<http://www.aap.org>

American Association for the Study of Liver Disease

<http://www.aasld.org>

American Association of Clinical Endocrinologists

<http://www.aace.com>

American Association of Diabetes Educators

<http://www.AADEnet.org>

American Cancer Society

<http://www.cancer.org>

American College of Allergy, Asthma and Immunology

<http://www.acaai.org>

American College of Cardiology

<http://www.acc.org>

American College of Chest Physicians

<http://www.chestjournal.org>

American College of Gastroenterology

<http://www.acg.gi.org>

American College of Obstetricians and Gynecologists

<http://www.acog.org>

American College of Physicians

<http://www.acponline.org>

American College of Rheumatology

<http://www.rheumatology.org>

American Council for Headache Education

<http://www.achenet.org>

American Diabetes Association

<http://www.diabetes.org>

American Gastroenterological Association

<http://www.gastro.org>

American Heart Association

<http://www.americanheart.org>

American Lung Association

<http://www.lungusa.org>

American Medical Association

<http://www.ama-assn.org>

American Psychiatric Association

<http://www.psych.org>

American Society of Anesthesiologists

<http://www.asahq.org>

American Society of Clinical Oncology

<http://www.asco.org>

American Society of Interventional Pain Physicians

<http://www.asipp.org>

American Urological Association

<http://www.auanet.org>

Caremark

<http://www.caremark.com>

Centers for Disease Control and Prevention

<http://www.cdc.gov>

Centers for Disease Control and Prevention
Guideline topics: AIDS

<http://www.cdc.gov/hiv/pubs/guidelines.htm#treatment>

Centers for Disease Control and Prevention
Guideline topics: Sexually Transmitted Diseases

<http://www.cdc.gov/std/treatment/2006/clinical.htm>

The Food and Drug Administration

<http://www.fda.gov>

Global Initiative for Asthma
<http://www.ginasthma.com>

Infectious Disease Society of America
<http://www.idsociety.org>

Institute for Safe Medication Practices
<http://www.ismp.org>

Johns Hopkins AIDS Service
<http://www.hopkins-aids.edu>

Juvenile Diabetes Research Foundation International
<http://www.jdf.org>

MedWatch
<http://www.fda.gov/medwatch>

National Agricultural Library
<http://www.nal.usda.gov>

National Cancer Institute
<http://www.cancer.gov/cancerinformation>

National Comprehensive Cancer Network
<http://www.nccn.org>

National Foundation for Infectious Diseases
<http://www.nfid.org>

National Guideline Clearinghouse
<http://www.guideline.gov>

National Heart, Lung and Blood Institute
<http://www.nhlbi.nih.gov>

National Institutes of Health
<http://www.nih.gov>

National Kidney Foundation
<http://www.kidney.org>

National Osteoporosis Foundation
<http://www.nof.org>

North American Menopause Society
<http://www.menopause.org>

United States Department of Health and Human Services
<http://www.os.dhhs.gov>

World Health Organization
<http://www.who.int>

A World of Information on Pain
<http://www.pain.com>

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