



KAISER PERMANENTE 2007 – 2008 Formulary Prescription Drug List

KAISER PERMANENTE Formulary

Prescription Drug List | 2007 – 2008



KAISER PERMANENTE®

TABLE OF CONTENTS

Your Prescription Drug Benefit and Formulary

What is my prescription drug coverage? 4

What is the Kaiser Permanente Drug Formulary? 4

How are drugs selected for the formulary? 4

What drugs are included in the formulary? 5

Does the formulary ever change? 5

What if my doctor prescribes a nonformulary drug? 5

Request for Drug Coverage 5

What are “brand-name” and “generic” drugs? 6

Where can I have my prescriptions filled? 6

How do I order prescription refills? 7

How much medication does my copayment cover? 7

What drugs are not covered by my prescription drug benefit? 8

If I have questions, who can help me? 9

Kaiser Permanente Drug Formulary

Important information about our drug formulary. 12

 Anti-Infectives (Antibiotics/Antifungals/Antivirals). 13-18

 Cardiovascular (Blood Pressure/Heart/Cholesterol) 18-22

 Dermatological (Skin). 22-24

 Endocrine
 (Diabetes/Hormones/Contraceptives/Women’s Health). 24-29

 Eye, Ear, Nose, & Throat. 29-32

 Gastrointestinal. 32-34

 Immunological 34

 Mental Health. 34-36

 Neurological 36-38

 Nutritional and Electrolytes 38-40

 Oncology/Cancer. 40-41

 Pain. 41-43

 Respiratory (Allergy/Asthma/Cough & Cold). 43-46

 Urological. 46

Index. 47

Your Prescription Drug Benefit and Formulary

As part of your comprehensive Kaiser Permanente health care plan, you may have a prescription drug benefit. This brochure will help you understand the Kaiser Permanente Drug Formulary, how your prescription drug coverage works, and how to get your prescriptions filled so you can get the most out of this benefit. You may want to take a copy of this brochure with you the next time you visit your physician and ask your physician to consider prescribing medications included on our formulary.

What is my prescription drug coverage?

Coverage can vary from plan to plan, and not all Kaiser Permanente health plans include prescription drug coverage. Additionally, some prescription drug coverage may exclude certain drugs, cover generic drugs only, or limit the amount of the drug you can get with a prescription or copayment. The best way to determine your prescription drug coverage is to consult your *Evidence of Coverage* or call our Customer Relations Department.

What is the Kaiser Permanente Drug Formulary?

The Kaiser Permanente Drug Formulary is a list of drugs that are covered under your prescription drug benefit. Kaiser Permanente doctors and other clinicians use the formulary to help them determine the safest, most effective drugs to prescribe for you.

Kaiser Permanente uses a “closed” formulary, which means that only those medications included in the formulary are covered under the prescription drug benefit. Using formulary medications helps Kaiser Permanente maintain high quality care for you and your family and keep prescription coverage affordable.

How are drugs selected for the formulary?

Medications in the Kaiser Permanente Drug Formulary are chosen by a group of Kaiser Permanente physicians, pharmacists, and nurses known as the Pharmacy and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members. Frequently, more than one drug will work equally well for a medical condition. In those cases, we consider other factors, such as cost, to choose medications that provide the best value.

What drugs are included in the formulary?

Please see the list of formulary drugs beginning on page 13. Coverage of certain formulary medications may be subject to restrictions established by the Pharmacy and Therapeutics Committee. Some medications require special procedures for obtaining or dispensing the medication due to safety or other concerns. The specific drug and allowable quantity is determined by the Pharmacy and Therapeutics Committee (as described on page 4) and may be dispensed only through the Kaiser Permanente Advanced Care Pharmacy.

Does the formulary ever change?

The Pharmacy and Therapeutics Committee reviews and updates our formulary regularly throughout the year and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know. For the most current version of the Kaiser Permanente Drug Formulary, please call our Customer Relations Department or log on to kp.org, click on "Your plan," click on "Forms & publications," and scroll down to "Formulary (list of covered drugs)."

What if my doctor prescribes a nonformulary drug?

If your doctor prescribes a nonformulary drug, your pharmacist may call your doctor to suggest an alternative formulary medication. Your doctor may then either change the prescription to a formulary medication or submit a *Request for Drug Coverage* form to Kaiser Permanente to request coverage of the nonformulary drug. If your plan covers nonformulary drugs, simply pay the nonformulary copayment, the *Request for Drug Coverage* is not applicable for your plan. Please refer to your Evidence of Coverage to determine if your plan covers nonformulary drugs.

Request for Drug Coverage

Nonformulary drugs will be covered for an individual in the same manner as formulary drugs if you meet the following criteria:

- formulary drugs have proven ineffective, **or**
- formulary drugs have caused or are reasonably expected to cause harmful or adverse reactions, **and**
- the use conforms to policies and procedures as well as guidelines and criteria reviewed and approved by the Pharmacy and Therapeutics Committee.

Prescriptions for nonformulary medications can be filled at Kaiser Permanente pharmacies, but it could take longer to receive your prescription if the pharmacy has to place a special order. Please keep in mind that you will be responsible for the full retail cost unless your doctor has obtained approval for the nonformulary medication through the *Request for Drug Coverage* or your plan covers nonformulary drugs.

What are “brand-name” and “generic” drugs?

The Kaiser Permanente Drug Formulary includes brand-name and generic drugs.

- ◆ **Brand-name** drugs are drugs that are produced and sold under the original manufacturer’s brand name.
- ◆ **Generic** drugs are produced and sold under their chemical names after the patent of the brand-name drug expires.

Although the price is lower, **the quality and effectiveness of generic drugs is the same as brand-name drugs.** The Food and Drug Administration requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug. However, a generic drug may differ in certain other ways, such as color, flavor, shape, or inactive ingredients. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the Food and Drug Administration (FDA) and the experts in our comprehensive quality assurance program.

Some brand-name drugs have a generic equivalent and others do not. When both a brand-name and a generic equivalent are available, usually only the generic equivalent is included in the Kaiser Permanente Drug Formulary. When a generic equivalent is not available, the formulary will include the brand-name version.

Where can I have my prescriptions filled?

You can have prescriptions filled at Kaiser Permanente pharmacies located in our medical offices and at affiliated pharmacies in our service area, or you may use the Kaiser Permanente Direct Mail Pharmacy. Pharmacy locations are listed in your *Member Handbook*, in the *Provider Directory* included in your enrollment packet, or in your *Evidence of Coverage*. Please remember to bring your Kaiser Permanente member ID card with you when you pick up your prescriptions.

How do I order prescription refills?

You can order refills from Kaiser Permanente pharmacies in four different ways:

- Log on to **kp.org** and order online, 24 hours a day, 7 days a week.
- Call the 24-hour Prescription Refill Line printed on your prescription label.
- Call the Direct Mail Pharmacy at 1-877-676-6280 (hearing and speech impaired may call Customer Relations at 1-877-676-6677 (TTY); Monday - Thursday, 8:15 a.m. – 5 p.m. and Friday, 9:00 a.m. – 5 p.m. for clarification on how to use the Direct Mail Pharmacy). Prescriptions will be mailed at no extra cost to you. Please allow 10 business days to receive your order.
- Mail your refill request in a postage-paid mail order envelope available at any Kaiser Permanente pharmacy.

Our Kaiser Permanente pharmacies also offer you favorable pricing on selected over-the-counter products that do not require a prescription. Your Kaiser Permanente pharmacist will be happy to assist you in selecting products to meet your health care needs.

How much medication does my copayment cover?

You may receive up to a 31-day supply of medication for a single copayment. You will be charged an additional copayment for each additional 31-day supply of medication, up to a maximum of a three-month supply. Some medications may have quantity restrictions limiting the amount of the drug you can get per prescription or copayment.

Depending on your prescription benefit, you may also be able to obtain up to a 62-day or 90-day supply of maintenance medications (certain restrictions apply) for chronic medical conditions for a single copayment. All you have to do to receive this cost savings is ask your physician to prescribe a two-month or three-month supply of the medication and fill your prescription through the Direct Mail Pharmacy.

By law, the pharmacy may not dispense more than the quantity of medication written on the prescription, regardless of any refills indicated. For example, if a prescription is written for 30 tablets with 12 refills, the pharmacy may dispense no more than 30 tablets at a time without contacting the doctor for authorization.

What drugs are not covered by my prescription drug benefit?

The following drugs are not covered by your Kaiser Permanente prescription benefit. Please refer to your Kaiser Permanente *Evidence of Coverage* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

- Drugs prescribed for cosmetic purposes.
- Drugs that are necessary for or related to an excluded service.
- Drugs used for the purpose of weight loss.
- Drugs and materials that require administration by medical personnel or observation by medical personnel during or after administration (these may be covered under your medical benefit).
- Nonprescription drugs and medications, including nicotine replacement products.
- Investigational or experimental drugs or drugs that are limited to investigational use.
- Replacement of lost or damaged prescriptions.
- Unless an exception is approved by Health Plan, drugs not approved by the FDA and in general use as of March 1 of the year immediately preceding the year in which the health plan coverage became effective or was last renewed.
- Nonformulary drugs at the request of the member, when a Plan Physician believes that the formulary alternative is effective.
- Drugs used to enhance athletic performance.
- Medical supplies such as dressings and antiseptics (these may be covered under a supplemental durable medical equipment (DME) benefit).
- Vitamins and nutritional supplements that can be purchased without a prescription.
- Special medication packaging, other than Health Plan standard packaging, unless required by law.
- Drugs used to shorten the duration of the common cold.

Drugs prescribed for the treatment of involuntary infertility, sexual dysfunction, or contraception may or may not be covered, depending on your drug benefit. Consult your *Evidence of Coverage* or call our Customer Relations Department for more information.

If I have questions, who can help me?

To learn more about your prescription drug benefit or the Kaiser Permanente Drug Formulary, or if you have a question or concern, please talk to your physician or call our Customer Relations Department:

(216) 621-7100 or 1-800-686-7100

TTY: (216) 635-4444 or 1-877-676-6677

Monday–Thursday, 8:15 a.m. to 5:00 p.m.

Friday, 9:00 a.m. to 5:00 p.m.

This drug formulary is intended for non-Medicare or Commercial members. If you need a list of medication that is covered under Medicare Part D, please call Customer Relations.

KAISER PERMANENTE'S Formulary

Prescription Drug List | 2007 – 2008



KAISER PERMANENTE®

This section lists the medications included in the Kaiser Permanente Drug Formulary.

Please remember:

- The formulary is revised periodically and the drugs on this list are subject to change without notice. For the most current version, please call our Customer Relations Department or log on to **kp.org**, click on "Your plan," click on "Forms & publications," and scroll down to "Formulary (list of covered drugs.)"
- The inclusion of a drug in the Formulary does not mean that all strengths or dosage forms are covered or that your physician will prescribe that drug for your condition.
- Coverage limitations may apply. Please refer to your Kaiser Permanente *Evidence of Coverage* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Brand names are listed in the Kaiser Permanente Drug Formulary only to help you identify a formulary drug and do not indicate that a particular brand-name version of a drug is covered. Brand names are capitalized (e.g., Amoxil) and generic names are in lower case (e.g., amoxicillin).

BRAND NAME	GENERIC NAME
ANTI-INFECTIVES (Antibiotics/Antifungals/Antivirals)	
Antibiotics, Oral • Cephalosporins	
Ceclor*	cefaclor
Ceftin* tablets only	cefuroxime
Cefzil suspension only	cefprozil
Duricef* 500 mg capsule only	cefadroxil
Keflex* (Keftab nonformulary)	cephalexin
Omnicef suspension only	cefdinir
Suprax* suspension only	cefixime
Vantin*	cefpodoxime
Antibiotics, Oral • Fluoroquinolones	
Avelox Quantity Restricted (max 28-day supply per Rx)	moxifloxacin
Cipro* Quantity Restricted (max 28-day supply per Rx)	ciprofloxacin
Antibiotics, Oral • Macrolides	
Biaxin* XL tablets nonformulary	clarithromycin
E.E.S.* suspension, tablets	erythromycin ethylsuccinate
Eryc*	erythromycin base
Ery-Tab+	erythromycin
Erythrocin* tablets	erythromycin stearate
Pediazole*	erythromycin & sulfisoxazole
Zithromax 600 mg tablet only	azithromycin
Zithromax*	azithromycin

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Antibiotics, Oral • Penicillins	
Amoxil* (875 mg tablets nonformulary)	amoxicillin
Augmentin*, Augmentin ES-600*	amoxicillin/clavulanic acid
Beepen-VK*	penicillin VK
Dynapen*	dicloxacillin
Geocillin	carbenicillin
Pen-Vee K*, Veetids*	penicillin VK
Antibiotics, Oral • Sulfas	
Bactrim*, Bactrim DS*	trimethoprim & sulfamethoxazole
Gantrisin*	sulfisoxazole
Pediazole*	erythromycin & sulfisoxazole
Antibiotics, Oral • Tetracyclines	
Declomycin*	demeclocycline
Minocin*	minocycline
Sumycin*	tetracycline
Vibra-Tabs*, Vibramycin*, Monodox* monohydrate 100mg caps only	doxycycline
Antibiotics, Oral • Others	
Cleocin oral suspension	clindamycin
Cleocin* capsules	clindamycin
Flagyl*	metronidazole
Nebupent	pentamidine
neomycin* tablet	neomycin
Peridex*	chlorhexidine gluconate
Vancocin	vancomycin
Zyvox	linezolid
Antibiotics, Topical	
Akne-Mycin	erythromycin
Bactroban*	mupirocin
Cleocin T*	clindamycin
Cortisporin	bacitracin/neomycin/polymyxin B/hydrocortisone
Cortisporin	neomycin/polymyxin B/hydrocortisone
Eryderm*, Erygel*	erythromycin
Garamycin*	gentamicin

BRAND NAME	GENERIC NAME
MetroCream+	metronidazole
MetroGel* 0.75%	metronidazole
MetroLotion+	metronidazole
Peridex*	chlorhexidine gluconate
Silvadene*	silver sulfadiazine
Sulfamylon* Cream	mafenide

Antifungals, Oral

Ancobon	flucytosine
Diflucan*	fluconazole
Grifulvin V tablets	griseofulvin microsize
Grifulvin V* suspension	griseofulvin microsize
Gris-PEG tablets only	griseofulvin ultramicrosize
Lamisil* Not covered for cosmetic purposes	terbinafine
Mycelex* troche	clotrimazole
Nystatin*	nystatin
Nizoral*	ketoconazole
VFEND	voriconazole

Antifungals, Topical

gentian violet*	gentian violet
Loprox*, Loprox TS* cream, topical suspension	ciclopirox
Mycolog II*	nystatin & triamcinolone
Mycostatin*	nystatin
Nizoral*	ketoconazole

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Selsun*	selenium sulfide
Spectazole*	econazole
Vioform-HC*	iodochlorhydroxyquin & hydrocortisone
Antivirals, Injectable	
Fuzeon	enfuvirtide
Intron A	interferon alfa-2b
Pegasys Quantity Restricted	peginterferon alfa-2a
PEG-Intron, PEG-Intron Redi-Pen Quantity Restricted	peginterferon alfa-2b
Antivirals, Oral	
Agenerase	amprenavir
Aptivus	tipranavir
Atripla	efavirenz/emtricitabine/tenofovir
Combivir	zidovudine & lamivudine
Crixivan	indinavir
Cytovene*	ganciclovir
Emtriva	emtricitabine
Epivir, Epivir HBV	lamivudine
Epzicom	abacavir/lamivudine
Flumadine*	rimantadine tablet
Flumadine	rimantadine syrup
Hepsera	adefovir
Intelence	etravirine
Invirase	saquinavir
Isentress	raltegravir
Kaletra	lopinavir & ritonavir
Lexiva	fosamprenavir
Norvir	ritonavir
Prezista	darunavir
Rebetol*	ribavirin
Rescriptor	delavirdine
Retrovir	zidovudine syrup
Retrovir*	zidovudine capsule, tablet
Reyataz	atazanavir
Selzentry	maraviroc tabs
Sustiva	efavirenz
Symmetrel*	amantadine
Trizivir	abacavir, lamivudine, and zidovudine

BRAND NAME	GENERIC NAME
Valcyte	valganciclovir
Videx, Videx EC 200mg, 250mg, 400mg DR capsule generic	didanosine
Viracept	nelfinavir
Viramune	nevirapine
Viread	tenofovir
Zerit	stavudine
Ziagen	abacavir
Zovirax*	acyclovir

Antivirals, Topical

Condylox topical gel	podofilox
Condylox* topical solution	podofilox
Zovirax ointment only	acyclovir

Malaria

Aralen*	chloroquine phosphate
Daraprim	pyrimethamine
Lariam*	mefloquine
Malarone	atovaquone & proguanil
Mepron* Suspension	atovaquone
Plaquenil*	hydroxychloroquine sulfate

Tuberculosis

Myambutol*	ethambutol
Mycobutin	rifabutin
Nydrazid*	isoniazid
pyrazinamide*	pyrazinamide
Rifadin*	rifampin
Rifamate*	isoniazid & rifampin
Seromycin*	cycloserine

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Urinary Tract Agents	
Furadantin suspension	nitrofurantoin
Macrochantin* capsules (Macrobid nonformulary)	nitrofurantoin
Proloprim* tablet only	trimethoprim
Usept	methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue
Vaginal Agents	
Aci-Jel*	acetic acid
Boric Acid 600 mg vaginal capsules, compounded	boric acid
Cleocin* vaginal cream	clindamycin
Cleocin vaginal ovule	clindamycin
MetroGel Vaginal*	metronidazole
Mycostatin*	nystatin
Sultrin*	triple sulfa
Miscellaneous Agents	
Albenza	albendazole
Avlosulfon*	dapsone
Elimite*	permethrin
Eurax* lotion, cream	crotamiton
Humatin*	paromomycin
Mintezol*	thiabendazole
Ovide	malathion
TOBI	tobramycin
Vermox*	mebendazole
Vivotif Berna	typhoid vaccine
Yodoxin*	lodoquinol
CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)	
ACE Inhibitors	
Capoten*	captopril
Lotensin*	benazepril
Prinivil*	lisinopril
Vasotec*	enalapril

BRAND NAME	GENERIC NAME
------------	--------------

Angiotensin Receptor Blockers

Cozaar	losartan
--------	----------

Beta Blockers

Blocadren*	timolol maleate
------------	-----------------

Coreg*	carvedilol
--------	------------

Corgard*	nadolol
----------	---------

Inderal*, Inderal LA*	propranolol
-----------------------	-------------

Kerlone*	betaxolol
----------	-----------

Lopressor*	metoprolol
------------	------------

Normodyne*	labetalol
------------	-----------

Sectral*	acebutolol
----------	------------

Tenormin*	atenolol
-----------	----------

Trandate*	labetalol
-----------	-----------

Zebeta*	bisoprolol
---------	------------

Blood Formation/Coagulation

Aggrenox	dipyridamole & aspirin
----------	------------------------

Agrylin*	anagrelide
----------	------------

Quantity Restricted

Amicar*	aminocaproic acid
---------	-------------------

Arixtra	fondaparinux
---------	--------------

Coumadin*	warfarin
-----------	----------

heparin*	heparin
----------	---------

Leukine	sargramostim
---------	--------------

Quantity Restricted

Lovenox	enoxaparin
---------	------------

Neumega	oprelvekin
---------	------------

Quantity Restricted

Neupogen	filgrastim
----------	------------

Quantity Restricted

Persantine*	dipyridamole
-------------	--------------

Plavix	clopidogrel
--------	-------------

Pletal*	cilostazol
---------	------------

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Procrit	epoetin alfa
Trental*	pentoxifylline

Calcium Channel Blockers

Cardizem*, Cardizem SR* SR coated beads	diltiazem
Calan*, Calan SR*, Verelan*	verapamil
Norvasc*	amlodipine
Plendil*	felodipine
Procardia XL*, Nifediac CC*	nifedipine

Cholesterol-Lowering

Colestid*	colestipol
Lofibra* tablet	fenofibrate
Lopid*	gemfibrozil
Mevacor*	lovastatin
Niacor*	niacin
Questran*, Questran Light*	cholestyramine
Vytorin 10mg/80mg strength tablets only	ezetimibe/simvastatin
Zocor*	simvastatin

Diuretics

Aldactazide*	hydrochlorothiazide & spironolactone
Aldactone*	spironolactone
Bumex*	bumetanide
Diuril*	chlorothiazide
Dyrenium*	triamterene
Edecrin*	ethacrynic acid
HydroDIURIL*, Microzide*	hydrochlorothiazide
Hygroton*	chlorthalidone
Lasix*	furosemide
Lozol*	indapamide
Maxzide*, Dyazide*	hydrochlorothiazide & triamterene
Midamor*	amiloride
Moduretic 5-50*	hydrochlorothiazide & amiloride
Prinzide*	hydrochlorothiazide & lisinopril
Zaroxolyn*	metolazone
Ziac*	hydrochlorothiazide & bisoprolol

BRAND NAME	GENERIC NAME
Heart Rhythm	
Betapace* Formulary Restricted	sotalol
Cordarone*	amiodarone
Ethmozine*	morizine
Inderal*, Inderal LA*	propranolol
Lanoxin*, Lanoxicaps*	digoxin
Mexitil*	mexiletine
Norpace*, Norpace CR*	disopyramide
Procan SR*, Pronestyl*	procainamide
Quinidex Extentabs*, Quinaglute Dura-Tabs*	quinidine
Rythmol*	propafenone
Sectral*	acebutolol
Tambocor*	flecainide
Tikosyn	dofetilide
Nitrates	
ISMO*, Imdur*, Monoket*	isosorbide mononitrate
Isordil*, Isordil Tembids*, Dilatrate-SR*	isosorbide dinitrate
Minitran	nitroglycerin
Nitro-Bid+	nitroglycerin
Nitro-Dur*, Nitrostat*	nitroglycerin
Miscellaneous	
Aldomet*	methyldopa
Amyl nitrite solution inhalation	amyl nitrite solution
Apresoline*	hydralazine
Cardura*	doxazosin
Catapres* tablets only (patches nonformulary)	clonidine
Guanabenz*	guanabenz
Hytrin*	terazosin
Key	* Generic version of the drug is available. + Brand name that is covered as a generic drug.
	Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.
	Criteria Restricted Medication — member must meet certain criteria and physician must submit a <i>Request for Drug Coverage</i> form.
	Quantity Restricted — quantity of medication is restricted per prescription or per copayment.
	Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Loniten*	minoxidil
Minipress*	prazosin
ProAmatine	midodrine
Serpasil*	reserpine
Tenex*	guanfacine
Tenoretic*	atenolol/chlorthalidone

DERMATOLOGICAL (SKIN)

Acne Products

Akne-Mycin	erythromycin
Avita+	tretinoin
Azelex	azelaic acid
Cleocin T*	clindamycin
Differin	adapalene
Eryderm*	erythromycin
Erygel*	erythromycin
EryPad*	erythromycin
Retin-A*	tretinoin
	cream, gel (not covered for cosmetic use; Retin-A-Micro nonformulary)
Sotret	isotretinoin
Sulfacet-R*	sulfur & sodium sulfacetamide

Psoriasis/Seborrhea

Capex shampoo	fluocinolone
Dovonex	calcipotriene
Exsel, Selsun*	selenium sulfide
Psoriatec	anthralin
Soriatane	acitretin
Tazorac	tazarotene

Topical Corticosteroids

Aclovate* ointment	alclometasone
Aclovate cream	alclometasone
Cordran, Cordran SP	flurandrenolide
Cordran Tape	flurandrenolide
Cutivate*	fluticasone
Cyclocort*	amcinonide
Derma-Smoothe/FS	fluocinolone acetonide

BRAND NAME	GENERIC NAME
DesOwen*	desonide
Diprolene lotion	betamethasone dipropionate augmented
Diprolene*, Diprolene AF*, Diprosone*	betamethasone dipropionate
Elocon*	mometasone furoate
Hytone*	hydrocortisone
Kenalog*	triamcinolone
Lidex, Lidex-E*	flucinonide
Locoid*, Locoid Lipocream*	hydrocortisone butyrate
Nutracort* Formulary Restricted	hydrocortisone lotion
Psorcon*, Psorcon e*	diflorasone
Synalar*	flucinolone acetonide
Temovate*	clobetasol
Texacort 2.5% solution only	hydrocortisone
Topicort*	desoximetasone
Valisone*	betamethasone valerate
Westcort*	hydrocortisone valerate
Miscellaneous	
Accuzyme	papain & urea
acetic acid* 0.25% irrigation solution	acetic acid
Aci-Jel*	acetic acid
Amino-Cerv*	urea
Condylox topical gel	podofilox
Condylox* topical solution	podofilox
Drysol+	aluminum chloride hexahydrate
Efudex, Carac, Fluoroplex cream	flourouracil

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Efudex* topical solution	fluorouracil
Elidel	pimecrolimus
EMLA*	lidocaine/prilocaine
Granulex, Xenaderm	balsam peru/castor oil/ trypsin
OxSORALEN Ultra	methoxsalen
Panafil*	papain/urea/chlorophyllin/copper complex
Pramosone	pramoxine & hydrocortisone
Protopic	tacrolimus
Prudoxin*, Zonalon*	doxepin
Santyl*	collagenase
sodium chloride* 0.9% irrigation solution	sodium chloride
water, sterile* for irrigation	water, sterile
Xylocaine*	lidocaine

ENDOCRINE

(Diabetes/Hormones/Contraceptives/Women's Health)

Androgens

Androderm	testosterone
Depo-Testosterone*	testosterone cypionate
Halotestin*	fluoxymesterone
Oxandrin*	oxandrolone
Testred*, Methitest*	methyltestosterone

Blood Glucose Testing • Covered under DME benefit only

Chemstrip bG, Glucostix	blood glucose test strips
One Touch	glucose control solution
One Touch FinePoint, One Touch UltraSoft	lancets
One Touch Profile, One Touch Ultra 2	blood glucose meter, test strips
One Touch UltraMini	blood glucose meter
One Touch UltraSmart	blood glucose meter

Contraceptives, Oral • Quantity Restricted

Aygestin*, Micronor*, Nor-QD+	norethindrone
Brevicon*, Microgestin Fe*, Modicon*, Norinyl*, Nortrel*, Tri-Norinyl*	ethinyl estradiol & norethindrone
Levlen*, Trivora*	ethinyl estradiol & levonorgestrel

BRAND NAME	GENERIC NAME
Ortho Cyclen*, Ortho Tri-Cyclen*, Sprintec*, Tri-Sprintec*	ethinyl estradiol & norgestimate
Necon 10/11*	ethinyl estradiol & norethindrone
Necon*, Ortho-Novum 1/50*	mestranol & norethindrone
Ogestrel	ethinyl estradiol & norgestrel
Plan B	levonorgestrel
Yasmin	ethinyl estradiol & drospirenone
Zovia 1/35E & 1/50E+	ethinyl estradiol & ethynodiol diacetate

Contraceptives, Other • Quantity Restricted

Member must obtain injectables and IUDs from participating pharmacy prior to appointment for administration in the physician's office.

Depo-Provera Contraceptive*	medroxyprogesterone
Mirena IUD	levonorgestrel
NuvaRing	ethinyl estradiol & etonogestrel
Ortho All-Flex	diaphragm
Paragard T380A	IUD

Corticosteroids, Oral

Cortef 20mg tablet	hydrocortisone
Cortef* 5 mg and 10mg tablet	hydrocortisone
Cortone Acetate*	cortisone
Decadron*	dexamethasone
Deltasone*, Sterapred*, Sterapred DS*	prednisone
Florinef*	fludrocortisone
Medrol*	methylprednisolone
Orapred*, Pediapred*, Prelone*	prednisolone

Diabetes

Actos	pioglitazone
Amaryl*	glimepiride

B-D insulin syringes

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
glucagon*	glucagon
Glucophage* , Glucophage XR* tablets	metformin
Glucotrol*	glipizide
Glynase Prestab* , Micronase*	glyburide
Glyset	miglitol
Lantus	glargine insulin
Novolin R, L, N, 70/30 vials only	human insulin
Novolog vials only	insulin aspart
Novolog 70/30 vials only	insulin aspart/NPH
Orinase*	tolbutamide
Riomet solution	metformin
Tolinase*	tolazamide
Estrogens/Progestins	
Aygestin*	norethindrone acetate
Climara*	estradiol
Estrace* tablets, vaginal cream	estradiol
Estratest, Estratest H.S.	esterified estrogen & methyltestosterone
Estring Quantity Restricted (3 copayments per ring)	estradiol
Ogen*	estropipate tablets
Ortho-Est*	estropipate
Premarin vaginal cream only	conjugated estrogens
progesterone vaginal suppositories, compounded	progesterone
Prometrium	micronized progesterone
Provera*	medroxyprogesterone
Vagifem	estradiol
Infertility • (Covered 50% only)	
Clomid*	clomiphene
Follistim AQ	follitropin beta
Gonal-F	follitropin alpha
Gonal-F RFF	follitropin alpha
Lupron*	leuprolide

BRAND NAME	GENERIC NAME
Novarel+	chorionic gonadotropin
Profasi HP*	chorionic gonadotropin
Repronex*	menotropins
Serophene*	clomiphene

Osteoporosis • See also Estrogens/Progestins for Hormone Replacement Therapy

Actonel	risedronate
Calcimar*	calcitonin
Didronel*	etidronate
Evista	raloxifene
Forteo Criteria Restricted	teriparatide
Fortical nasal spray	calcitonin
Fosamax 40 mg tablets/Formulary Restricted	alendronate
Fosamax Plus D	alendronate/cholecalciferol

Thyroid

Armour Thyroid	thyroid hormone
Cytomel	liothyronine
Levothyroid+	levothyroxine
propylthiouracil*	propylthiouracil
Tapazole*	methimazole

Miscellaneous

Cytadren	aminoglutethimide
DDAVP* tablets	desmopressin
DDAVP* nasal spray	desmopressin
Danocrine*	danazol
Dibenzyline	phenoxybenzamine
Didronel*	etidronate
Dostinex*	cabergoline

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Lupron	leuprolide
Methergine	methylergonovine
Metopirone	metyrapone
Mifeprex	mifepristone
Norditropin NordiFlex Formulary Restricted/Quantity Restricted	somatropin
Parlodel*	bromocriptine
Synarel	nafarelin acetate

EYE, EAR, NOSE, & THROAT

Anti-Infective and Combination Eye Agents

AK-Con	naphazoline
bacitracin*	bacitracin
Bleph-10*	sodium sulfacetamide
Blephamide S.O.P. ointment only	sodium sulfacetamide & prednisolone
Ciloxan	ciprofloxacin
Cortisporin* ointment only	bacitracin/neomycin/polymyxin B/hydrocortisone
Cortisporin ophthalmic susp*	neomycin/ polymyxin B/ hydrocortisone
Garamycin*	gentamicin
Ilotycin*	erythromycin
Maxitrol*	neomycin/polymixin B/dexamethasone
Murocoll-2*	scopolamine & phenylephrine
Neosporin* ointment	bacitracin/neomycin/polymixin B
Neosporin* solution	neomycin/polymixin B gramicidin
Ocuflox*	ofloxacin
Polysporin*	bacitracin & polymyxin B
Polytrim* solution only	trimethoprim/polymyxin B
Pred-G Ophth ointment & Suspension	gentamicin-prednisolone
Sodium Sulamyd*	sodium sulfacetamide
TobraDex	tobramycin & dexamethasone
Tobrex ointment	tobramycin
Tobrex* solution	tobramycin

BRAND NAME	GENERIC NAME
Vasocidin*	sodium sulfacetamide & prednisolone
Viroptic*	trifluridine
Zymar	gatifloxacin
Anti-Inflammatory Eye Agents	
Acular LS, PF	ketorolac
Crolom*	cromolyn sodium
Decadron* solution only	dexamethasone sodium phosphate
FML*, FML Forte*	fluorometholone
Inflamase Forte*	prednisolone sodium phosphate
Ocufen*	flurbiprofen
Pred Forte*, Pred Mild	prednisolone acetate
Voltaren	diclofenac
Ear (Otic) Agents	
Auralgan*	antipyrine & benzocaine
Ciprodex* Suspension	ciprofloxacin & dexamethasone
Coly-Mycin S	neomycin/colistin/hydrocortisone
Cortisporin Otic*	neomycin/polymixin B/hydrocortisone
Domeboro Otic*	aluminum acetate/acetic acid
Floxin Otic	ofloxacin
Vosol*	acetic acid/propylene glycol
Vosol HC*	acetic acid/propylene glycol/diacetate/hydrocortisone
Glaucoma	
Alphagan* (Alphagan P nonformulary)	brimonidine
Atropisol*	atropine
Azopt	brinzolamide
Betagan*	levobunolol
Betimol	timolol hemihydrate
Betoptic*, Betoptic-S	betaxolol

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Carbotic*	carbachol
Cosopt	dorzolamide/timolol
Diamox*, Diamox Sequels	acetazolamide
Epifrin	epinephrine
Isopto Carbachol 1.5%, 2.25%	carbachol
Isopto Carbachol* 3%	carbachol
Isopto Homatropine	homatropine
Isopto-Hyoscine	scopolamine
Lumigan	bimatoprost
Neo-Synephrine*	phenylephrine
Neptazane*	methazolamide
OptiPranolol*	metipranolol
Phospholine Iodide	echothiophate iodide
Pilocar*, Pilopine HS	pilocarpine
Propine*	dipivefrin
Timoptic*, Timoptic XE*, Timoptic Ocudose	timolol maleate
Travatan Z	travoprost

Throat and Mouth Products

Cetacaine* aerosol spray only	benzocaine/butyl aminobenzoate/tetracaine/ benzalkonium chloride
Kenalog in Orabase*	triamcinolone acetonide
Mycelex*	clotrimazole
Peridex*	chlorhexidine gluconate
Salagen*	pilocarpine
Xylocaine*	lidocaine

GASTROINTESTINAL

Anti-Diarrheals

Lomotil*	diphenoxylate & atropine
Opium Tincture	opium
paregoric*	paregoric

Anti-Nausea

Ativan*	lorazepam
Compazine*	prochlorperazine
Marinol	dronabinol

BRAND NAME	GENERIC NAME
Phenergan*	promethazine
Reglan*	metoclopramide
Tigan*	trimethobenzamide
Transderm Scop	scopolamine
Zofran*	ondansetron

Anti-Spasmodic Agents

Bentyl*	dicyclomine
Donnatal*, Donnatal Extentab*	hyoscyamine/atropine scopolamine/phenobarbital
Levbid*, Levsin*, Levsinex Timecaps*	hyoscyamine
Librax*	clidinium & chlordiazepoxide
Pro-Banthine*	propantheline
Reglan*	metoclopramide
Robinul*	glycopyrrolate
Sal-Tropine*	atropine
Scopace*	scopolamine

Cathartics and Laxatives

Chronulac*, Generlac*	lactulose
CoLyte*	polyethylene glycoelectrolyte solution
MiraLax*	polyethylene glycol
Osmitol	mannitol
sorbitol*	sorbitol
	70% oral solution

Heartburn and Ulcer Drugs

Carafate*	sucralfate
Cytotec*	misoprostol
Helidac	bismuth/metronidazole/tetracycline
Pepcid*	famotidine
Prilosec*	omeprazole
Zantac*	ranitidine
Zegerid	omeprazole/sodium bicarbonate
	oral suspension only

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Pancreatic Enzymes	
Pancrease-MT	amylase/lipase/protease
Pangestyme	amylase/lipase/protease
Viokase 8	amylase/lipase/protease
Miscellaneous	
Actigall*	ursodiol
Analpram-HC	pramoxine & hydrocortisone
Anusol-HC*	hydrocortisone acetate
Asacol, Pentasa Formulary Restricted	mesalamine
Azulfidine*	sulfasalazine
Canasa, Rowasa*	mesalamine
Colazal	balsalazide
Cortenema*	hydrocortisone
Epivir-HBV	lamivudine
Hepsera	adefovir
Intron A	interferon alfa-2b
PEG-Intron, PEG-Intron Redi-Pen Quantity Restricted	peginterferon alfa-2b
Pegasys Quantity Restricted	peginterferon alfa-2a
Pramosone	pramoxine & hydrocortisone
Proctofoam-HC	pramoxine & hydrocortisone
IMMUNOLOGICAL	
Immune Suppression/Organ Transplants	
CellCept, Myfortic	mycophenolate
Gengraf+	cyclosporine
Imuran*	azathioprine
Neoral*	cyclosporine
Prograf	tacrolimus
Rapamune	sirolimus
Sandimmune	cyclosporine
MENTAL HEALTH	
Antidepressants	
Anafranil*	clomipramine
Asendin*	amoxapine

BRAND NAME	GENERIC NAME
Aventyl*	nortriptyline
Celexa*	citalopram
Desyrel*	trazodone
Effexor*, Effexor XR	venlafaxine
Elavil*	amitriptyline
Ludiomil*	maprotiline
Luvox*	fluvoxamine
Nardil	phenelzine
Norpramin*	desipramine
Pamelor*	nortriptyline
Parnate*	tranylcypromine
Paxil*	paroxetine
Prozac*	fluoxetine
Remeron*	mirtazapine
Serzone Formulary Restricted	nefazodone
Sinequan*	doxepin
Tofranil* (Tofranil PM nonformulary)	imipramine
Triavil*	amitriptyline & perphenazine
Vivactil*	protriptyline
Wellbutrin*, Wellbutrin SR*, Wellbutrin XL*	bupropion
	Quantity Restricted (coverage for smoking cessation limited to one course per year when member participates in and pays the cost of a Plan-approved smoking cessation class)
Zoloft*	sertraline

Antipsychotics

Clozaril*	clozapine
Compazine*	prochlorperazine
Haldol*	haloperidol
Loxitane*	loxapine
Mellaril*	thioridazine
Moban	molindone

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Navane*	thiothixene
Orap	pimozide
Prolixin*	fluphenazine
Risperdal	risperidone
Seroquel	quetiapine
Stelazine*	trifluoperazine
Thorazine*	chlorpromazine
Triavil*	amitriptyline & perphenazine
Trilafon*	perphenazine
Zyprexa	olanzapine

Anxiolytics, Sedatives, and Hypnotics

Ativan*	lorazepam
Buspar*	buspirone
chloral hydrate*	chloral hydrate
Halcion*	triazolam
Klonopin*	clonazepam
Librium*	chlordiazepoxide
Restoril*	temazepam
Serax*	oxazepam
Tranxene*	clorazepate
Valium*	diazepam
Versed	midazolam
Xanax*	alprazolam

Attention Deficit/Hyperactivity Disorder

Adderall*	dextroamphetamine racemic salts (Adderall XR nonformulary)
Concerta	methylphenidate ER
Dexedrine*, Dextrostat*	dextroamphetamine
Metadate ER*	methylphenidate (Metadate CD nonformulary)
Ritalin*, Ritalin SR*, Methylin*	methylphenidate (Ritalin LA nonformulary)

Miscellaneous

Ambien*	zolpidem
Antabuse	disulfiram
Atarax*	hydroxyzine HCl
Campral	acamprosate
Eskalith CR*, Lithobid, Lithonate*, Lithotabs*	lithium carbonate

BRAND NAME	GENERIC NAME
lithium citrate* syrup	lithium citrate
ReVia*	naltrexone
Suboxone	buprenorphine with naloxone
Vistaril*	hydroxyzine pamoate

NEUROLOGICAL

Parkinson's Disease

Artane*	trihexyphenidyl
Azilect	rasagiline
Cogentin*	benztropine
Comtan	entacapone
Eldepryl*	selegiline
Ergomar*	ergotamine tartrate
Hydergine*	ergoloid mesylates
Kemadrin	procyclidine
Lodosyn	carbidopa
Mirapex	pramipexole
Parlodel*	bromocriptine
Permax*	pergolide
Requip	ropinirole
Sinemet*, Sinemet CR*	levodopa/carbidopa
Stalevo	levodopa/carbidopa/entacapone
Symmetrel*	amantadine

Seizures

Carbatrol, Tegretol*, Tegretol XR	carbamazepine
Celontin	methsuximide
Depakene*	valproic acid, sodium valproate
Depakote	divalproex sodium
Diastat	diazepam
Dilantin Infatab, Dilantin Kapseals*, Dilantin*	phenytoin
Gabitril	tiagabine

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Keppra	levetiracetam
Klonopin*	clonazepam
Lamictal, Lamictal Starter Kits*, Lamictal CD* Formulary Restricted	lamotrigine
Mysoline*	primidone
Neurontin*	gabapentin
Phenobarbital*	phenobarbital
Topamax	topiramate
Trileptal*	oxcarbazepine
Valium*	diazepam
Zarontin*	ethosuximide
Zonegran*	zonisamide

Skeletal Muscle Relaxants

Dantrium*	dantrolene
Flexeril*	cyclobenzaprine
Lioresal*	baclofen
Parafon Forte*	chlorzoxazone
Robaxin*	methocarbamol
Zanaflex*	tizanidine

Miscellaneous

Aricept, Aricept ODT	donepezil
Avonex Quantity Restricted	interferon beta-1a
Betaseron Quantity Restricted	interferon beta-1b
Copaxone Formulary Restricted, Quantity Restricted	glatiramer acetate
Mestinon*	pyridostigmine
Namenda Formulary Restricted	memantine
Nimotop*	nimodipine
Rebif Quantity Restricted	interferon beta-1a
Rilutek	riluzole

NUTRITIONAL AND ELECTROLYTES

Electrolytes

Bicitra*	sodium citrate & citric acid
Calcibind*	cellulose disodium phosphate

BRAND NAME	GENERIC NAME
Citric Acid Monohydrate Granules*	citric acid monohydrate granules
K-Dur* 20 mEq SR tablets	potassium chloride
K-Phos Neutral*	potassium phosphate
K-Phos No 2* 305-700mg only	potassium & sodium phosphates
K-Tab+, Klor-Con*, Klor-Con M10, Slow-K*, Micro-K*	potassium chloride
Kayexalate*	sodium polystyrene sulfonate
PhosLo	calcium acetate
Polycitra*	potassium citrate & sodium citrate
Polycitra-K*	potassium citrate & citric acid
Potassium bicarbonate effervescent	Potassium
Renagel	sevelamer
Urocit-K*	potassium citrate

Individual Vitamins and Minerals

Aquasol*	vitamin A
DHT*	dihydrotachysterol
Drisdol*	ergocalciferol or vitamin D2
Flura-Drops+, Flura-Loz, Luride Lozi-Tabs, Prevident, Prevident 5000 Plus*	sodium fluoride
folic acid* 1 mg tablets only	folic acid
Mephyton	phytonadione or vitamin K1
Rocaltrol*	calcitriol or vitamin D3
Wellcovorin*	leucovorin

Multivitamins

Berocca*, Berocca Plus*
Chromagen*
Natachew*
Nephrocaps

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Niferex-150 Forte*	
Poly-Vi-Flor*, Poly-Vi-Flor with Iron*	
prenatal vitamins*	
Tri-Vi-Flor*, Tri-Vi-Flor with Iron*	
Ultra NatalCare*	

Miscellaneous

Carnitor*	levocarnitine
Chemet	succimer

ONCOLOGY/CANCER

Agrylin* Quantity Restricted	anagrelide
Alkeran	melphalan
Arimidex	anastrozole
Aromasin	exemestane
Arranon	nelarabine
CeeNU	lomustine
Cytadren	aminoglutethimide
Cytoxan*	cyclophosphamide
Efudex	fluorouracil
Eulexin*	flutamide
Femara	letrozole
Gleevec Quantity Restricted	imatinib
Hexalen	altretamine
Hydrea*	hydroxyurea
Intron A	interferon alfa-2b
Leukeran	chlorambucil
Lupron	leuprolide
Lysodren	mitotane
Matulane	procarbazine
Megace*	megestrol
Mesnex*	mesna
Trexall*	methotrexate
Myleran	busulfan
Nexavar Quantity Restricted	sorafenib
Nolvadex*	tamoxifen
Purinethol*	mercaptapurine

BRAND NAME	GENERIC NAME
Revlimid Quantity Restricted	lenalidomide
Sprycel Quantity Restricted	dasatinib
Sutent Quantity Restricted	sunitinib
Tarceva Quantity Restricted	erlotinib
Targretin	bexarotene
Temodar	temozolamide
Thalomid Quantity Restricted	thalidomide
Toposar	etoposide
Tykerb Quantity Restricted	lapatinib
Wellcovorin*	leucovorin
Xeloda	capecitabine

PAIN

Arthritis

Arava*	leflunomide
Azulfidine*	sulfasalazine
Cuprimine	penicillamine
Gengraf+	cyclosporine
Hyalgan	hyaluronate sodium
Imuran*	azathioprine
Trexall*	methotrexate
Neoral*	cyclosporine
Orencia	abatacept
Plaquenil*	hydroxychloroquine sulfate
Ridaura	auranofin
Sandimmune	cyclosporine

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Gout	
Benemid*	probenecid
ColBENEMID*	colchicine & probenecid
colchicine*	colchicine
Zyloprim*	allopurinol
Migraine	
Cafergot*	ergotamine/caffeine
D.H.E. 45*	dihydroergotamine
Fioricet*	butalbital/acetaminophen/caffeine
Fioricet With Codeine*	acetaminophen/butalbital/caffeine/codeine
Fiorinal*	butalbital/aspirin/caffeine
Fiorinal With Codeine #3*	aspirin/butalbital/caffeine/codeine
Maxalt-MLT	rizatriptan
Quantity Restricted (12 tablets per copayment)	
Midrin*	isometheptene/dichloralphenazone/ acetaminophen
Migranal	dihydroergotamine
Quantity Restricted (1 package of 4 bottles per copayment)	
Narcotic Pain Relievers	
B&O Suppettes*	belladonna & opium
codeine phosphate*	codeine phosphate
solution, tablets	
Dilaudid*	hydromorphone
Dolophine*	methadone
Duragesic*	fentanyl
Formulary Restricted	
Endocet*, Percocet*	oxycodone & acetaminophen
Fiorinal With Codeine #3*	aspirin/butalbital/caffeine/codeine
Lortab*	hydrocodone & acetaminophen
elixir	
morphine sulfate*	morphine sulfate
tablets, solution	
MS Contin*	morphine SR
Opium Tincture	opium
Roxicodone*, OxyIR*	oxycodone
Tylenol With Codeine*	acetaminophen & codeine
Tylox*	oxycodone & acetaminophen
Vicodin*, Vicodin ES*	hydrocodone & acetaminophen

BRAND NAME	GENERIC NAME
------------	--------------

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Anaprox* , Naprosyn*	naproxen
Ansaid*	flurbiprofen
Clinoril*	sulindac
Daypro*	oxaprozin
Disalcid*	salsalate
Dolobid*	diflunisal
Easprin*	aspirin
Indocin, Indocin SR*	indomethacin
Lodine* (Lodine XL nonformulary)	etodolac
Meclomen*	meclofenamate
Mobic*	meloxicam
Motrin*	ibuprofen
Nalfon*	fenoprofen
Orudis* regular & extended release capsules	ketoprofen
Ponstel*	mefenamic acid
Relafen*	nabumetone
Tolectin*	tolmetin
Trilisate*	choline magnesium trisalicylate
Voltaren* (Voltaren - XR and Cataflam nonformulary)	diclofenac sodium

Other Non-Narcotic Pain Relievers

Ultram*	tramadol
----------------	----------

RESPIRATORY (Allergy/Asthma/Cough & Cold)

Antihistamine/Decongestant Combinations

Deconamine SR* , Kronofed-A Jr* , Deconamine syrup*	chlorpheniramine & pseudoephedrine
Dehistine+, Extendryl SR*	chlorpheniramine/methscopolamine/ phenylephrine
Dexaphen SA*	dexbrompheniramine & pseudoephedrine

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
Rondec* , Bromfenex* , Bromfenex PD* syrup, ER capsules	brompheniramine & pseudoephedrine
Rynatan* Pediatric Suspension	chlorpheniramine & phenylephrine
Antihistamines	
Atarax*	hydroxyzine HCl
Claritin* tablets, syrup only (Reditabs and Claritin-D nonformulary)	loratadine
Periactin*	cyproheptadine
Phenergan*	promethazine
Polaramine* Syrup	dexchlorpheniramine maleate
Vistaril*	hydroxyzine pamoate
Asthma/Pulmonary Disease	
Accuneb* , Proventil HFA* , Vospire ER	albuterol
Advair Diskus 500/50 strength only	fluticasone and salmeterol
Aerochamber ZStat Plus Quantity Restricted (1 spacer per year)	spacer device
Alupent* (nebulization solution not formulary)	metaproterenol
aminophylline* liquid	aminophylline
Asmanex Twisthaler	mometasone
Atrovent HFA inhaler	ipratropium
Atrovent* inhalation solution	ipratropium
Brethine*	terbutaline
Combivent	albuterol/ipratropium
epinephrine* solution for nebulization	epinephrine
Epipen, Epipen Jr	epinephrine
Intal inhaler	cromolyn sodium
Intal* solution	cromolyn sodium
Pulmozyme Quantity Restricted	dornase alfa

BRAND NAME	GENERIC NAME
QVAR	beclomethasone
racepinephrine* 2.25% solution	racepinephrine
Serevent Diskus	salmeterol
Slo-Bid*, Theo-Dur*, Uniphyll	theophylline
Spiriva	tiotropium
Tilade	nedocromil
Water, Sterile for inhalation	water, sterile

Cough/Cold

Ami-Tex LA*	guaifenesin & phenylephrine
C-Phen*	chlorpheniramine & phenylephrine
Hycodan*	hydrocodone & homatropine
Kwelcof*	hydrocodone & guaifenesin
Mucomyst*	acetylcysteine
Mytussin AC*	codeine & guaifenesin
Phenergan*	promethazine
Phenergan VC*	promethazine & phenylephrine
Phenergan VC with Codeine*	promethazine/phenylephrine/codeine
Phenergan with Codeine*	promethazine & codeine
Phenergan with DM*	promethazine & dextromethorphan
Tessalon Perles*	benzonatate

Nasal Sprays

Atrovent*	ipratropium bromide
Flonase*	fluticasone propionate
Nasarel+	flunisolide

SMOKING CESSATION AID

Habitrol transdermal patch* OTC covered at copay	nicotine
---	----------

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Formulary Restricted — medication must be prescribed by or in consultation with certain specialists or departments.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

Step Therapy — member must have tried and failed or been intolerant to certain medication(s) prior to coverage.

BRAND NAME	GENERIC NAME
------------	--------------

UROLOGICAL

Erectile Dysfunction • Drugs prescribed for the treatment of sexual dysfunction are excluded from the basic benefit. These drugs are covered only for members having a sexual dysfunction drug rider.

alprostadil/papaverine/ phentolamine† injection, compounded	alprostadil/papaverine/phentolamine
Edex Quantity Restricted	alprostadil
Levitra Quantity Restricted (max 8 tablets or doses per copayment every 31 days)	sildenafil
VED with DME benefit only	vacuum erection device
Viagra Quantity Restricted (max 8 tablets or doses per copayment every 31 days)	sildenafil
Yocon*	yohimbine

Urological Agents

Cardura*	doxazosin
Cystagon*	cysteamine
Ditropan* (Ditropan XL nonformulary)	oxybutynin
Hiprex*, Mandelamine*	methenamine
Hytrin*	terazosin
Lithostat*	acetohydroxamic acid
Minipress*	prazosin
Proscar* Formulary Restricted	finasteride
Urecholine*	bethanechol
Urised	methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue

† Not available at Kaiser Permanente (KP) medical office pharmacies. Pharmacy will provide a drug purchase authorization card to members in order to obtain at a non-KP pharmacy. The card must be completed by the member and the pharmacist at the non-KP pharmacy and returned to Kaiser Permanente Pharmacy Administration to obtain reimbursement of prescription charge (less copayment). Suggested pharmacies include:

Lee-Silsby Compounding Drug, 3216 Silsby Rd., Cleveland Heights

Ritzman Pharmacies, 55 Arch St., Akron

INDEX

KAISER PERMANENTE'S Formulary

Prescription Drug List | 2007 – 2008



KAISER PERMANENTE®

Accuneb* , Proventil HFA* , Vospire ER (albuterol)	42
Accuzyme (papain & urea)	23
acetic acid* (acetic acid)	23
Aci-Jel* (acetic acid)	18, 23
Aclovate (alclometasone)	22
Aclovate* (alclometasone)	22
Actigall* (ursodiol)	32
Actonel (risedronate)	27
Actos (pioglitazone)	25
Acular LS, PF (ketorolac)	29
Adderall* (dextroamphetamine racemic salts)	34
Advair Diskus (fluticasone and salmeterol)	42
Aerochamber ZStat Plus (spacer device)	42
Agenerase (amprenavir)	16
Aggrenox (dipyridamole & aspirin)	19
Agrylin* (anagrelide)	19, 38
AK-Con (naphazoline)	28
Akne-Mycin (erythromycin)	14, 22
Albenza (albendazole)	18
Aldactazide* (hydrochlorothiazide & spironolactone)	20
Aldactone* (spironolactone)	20
Aldomet* (methyldopa)	21
Alkeran (melphalan)	38
Alphagan* (brimonidine)	29
alprostadil/papaverine/phentolamine† (alprostadil/papaverine/phentolamine)	44
Alupent* (metaproterenol)	42
Amaryl* (glimepiride)	25
Ambien* (zolpidem)	34
Amicar* (aminocaproic acid)	19
Amino-Cerv* (urea)	23
aminophylline* (aminophylline)	42
Ami-Tex LA* (guaifenesin & phenylephrine)	43
Amoxil* (amoxicillin)	14
Amyl nitrite solution (amyl nitrite solution)	21
Anafranil* (clomipramine)	32
Analpram-HC (pramoxine & hydrocortisone)	32
Anaprox* , Naprosyn* (naproxen)	41
Ancobon (flucytosine)	15
Androderm (testosterone)	24
Ansaid* (flurbiprofen)	41
Antabuse (disulfiram)	34
Anusol-HC* (hydrocortisone acetate)	32
Apresoline* (hydralazine)	21
Aptivus (tipranavir)	16
Aquasol* (vitamin A)	37
Aralen* (chloroquine phosphate)	17
Arava* (leflunomide)	39
Aricept , Aricept ODT (donepezil)	36
Arimidex (anastrozole)	38
Arixtra (fondaparinux)	19
Armour Thyroid (thyroid hormone)	27
Aromasin (exemestane)	38
Arranon (nelarabine)	38
Artane* (trihexyphenidyl)	35
Asacol , Pentasa (mesalamine)	32
Asendin* (amoxapine)	32
Asmanex Twisthaler (mometasone)	42
Atarax* (hydroxyzine HCl)	34, 42
Ativan* (lorazepam)	30, 34
Atripla (efavirenz/emtricitabine/tenofovir)	16
Atropisol* (atropine)	29

Atrovent HFA (ipratropium)	42
Atrovent* (ipratropium bromide)	43
Atrovent* (ipratropium)	42, 43
Augmentin* , Augmentin ES-600* (amoxicillin/clavulanic acid)	14
Auralgan* (antipyrine & benzocaine)	29
Avelox (moxifloxacin)	13
Aventyl* (nortriptyline)	33
Avita+ (tretinoin)	22
Avlosulfon* (dapson)	18
Avonex (interferon beta-1a)	36
Aygestin* (norethindrone acetate)	26
Aygestin* , Micronor* , Nor-QD+ (norethindrone)	24
Azelex (azelaic acid)	22
Azilect (rasagiline)	35
Azopt (brinzolamide)	29
Azulfidine* (sulfasalazine)	32, 39
B&O Supprett* (belladonna & opium)	40
bacitracin* (bacitracin)	28
Bactrim* , Bactrim DS* (trimethoprim & sulfamethoxazole)	14
Bactroban* (mupirocin)	14
B-D insulin syringes ()	25
Beepen-VK* (penicillin VK)	14
Benemid* (probenecid)	40
Bentyl* (dicyclomine)	31
Berocca* , Berocca Plus* ()	37
Betagan* (levobunolol)	29
Betapace* (sotalol)	21
Betaseron (interferon beta-1b)	36
Betimol (timolol hemihydrate)	29
Betoptic* , Betoptic-S (betaxolol)	29
Biaxin* (clarithromycin)	13
Bicitra* (sodium citrate & citric acid)	36
Bleph-10* (sodium sulfacetamide)	28
Blephamide S.O.P. (sodium sulfacetamide & prednisolone)	28
Blocadren* (timolol maleate)	19
Boric Acid (boric acid)	18
Brethine* (terbutaline)	42
Brevicon* , Microgestin Fe* , Modicon* , Norinyl* , Nortrel* , Tri-Norinyl* (ethinyl estradiol & norethindrone)	24
Bumex* (bumetanide)	20
Buspar* (buspirone)	34
Cafergot* (ergotamine/cafeine)	40
Calan* , Calan SR* , Verelan* (verapamil)	20
Calcibind* (cellulose disodium phosphate)	36
Calcimar* (calcitonin)	27
Campral (acamprosate)	34
Canasa , Rowasa* (mesalamine)	32
Capex (fluocinolone)	22
Capoten* (captopril)	18
Carafate* (sucralfate)	31
Carbatrol , Tegretol* , Tegretol XR (carbamazepine)	35
Carboptic* (carbachol)	30
Cardizem* , Cardizem SR* (diltiazem)	20
Cardura* (doxazosin)	21, 44
Carnitor* (levocarnitine)	38
Catapres* (clonidine)	21
Ceclor* (cefaclor)	13
CeeNU (lomustine)	38
Ceftin* (cefuroxime)	13
Cefzil (cefprozil)	13
Celexa* (citalopram)	33

CellCept, Myfortic (mycophenolate)	32
Celontin (methsuximide)	35
Cetacaine* (benzocaine/butyl aminobenzoate/tetracaine/benzalkonium chloride)	30
Chemet (succimer)	38
Chemstrip bG, Glucostix (blood glucose test strips)	24
chloral hydrate* (chloral hydrate)	34
Chromagen* ()	37
Chronulac*, Generlac* (lactulose)	31
Ciloxan (ciprofloxacin)	28
Cipro* (ciprofloxacin)	13
Ciprodex* (ciprofloxacin & dexamethasone)	29
Citric Acid Monohydrate Granules* (citric acid monohydrate granules)	37
Claritin* (loratadine)	42
Cleocin (clindamycin)	14, 18
Cleocin T* (clindamycin)	14, 22
Cleocin* (clindamycin)	14, 18
Climara* (estradiol)	26
Clinoril* (sulindac)	41
Clomid* (clomiphene)	26
Clozaril* (clozapine)	33
codeine phosphate* (codeine phosphate)	40
Cogentin* (benztropine)	35
Colazal (balsalazide)	32
ColBENEMID* (colchicine & probenecid)	40
colchicine* (colchicine)	40
Colestid* (colestipol)	20
Coly-Mycin S (neomycin/colistin/hydrocortisone)	29
CoLyte* (polyethylene glycoelectrolyte solution)	31
Combivent (albuterol/ipratropium)	42
Combivir (zidovudine & lamivudine)	16
Compazine* (prochlorperazine)	30, 33
Comtan (entacapone)	35
Concerta (methylphenidate ER)	34
Condylox (podofilox)	17, 23
Condylox* (podofilox)	17, 23
Copaxone (glatiramer acetate)	36
Cordarone* (amiodarone)	21
Cordran Tape (flurandrenolide)	22
Cordran, Cordran SP (flurandrenolide)	22
Coreg* (carvedilol)	19
Corgard* (nadolol)	19
Cortef (hydrocortisone)	25
Cortef* (hydrocortisone)	25
Cortenema* (hydrocortisone)	32
Cortisporin (neomycin/polymyxin B/hydrocortisone)	14
Cortisporin (bacitracin/neomycin/polymyxin B/hydrocortisone)	14, 28
Cortisporin ophthalmic susp* (neomycin/ polymyxin B/ hydrocortisone)	28
Cortisporin Otic* (neomycin/polymyxin B/hydrocortisone)	29
Cortisporin* (bacitracin/neomycin/polymyxin B/hydrocortisone)	14, 28
Cortone Acetate* (cortisone)	25
Cosopt (dorzolamide/timolol)	30
Coumadin* (warfarin)	19
Cozaar (losartan)	19
C-Phen* (chlorpheniramine & phenylephrine)	43
Crixivan (indinavir)	16
Crolom* (cromolyn sodium)	29
Cuprimine (penicillamine)	39
Cutivate* (fluticasone)	22
Cyclocort* (amcinonide)	22
Cystagon* (cysteamine)	44
Cytadren (aminoglutethimide)	27, 38

Cytomel (liothyronine)	27
Cytotec* (misoprostol)	31
Cytovene* (ganciclovir)	16
Cytoxan* (cyclophosphamide)	38
D.H.E. 45* (dihydroergotamine)	40
Danocrine* (danazol)	27
Dantrium* (dantrolene)	36
Daraprim (pyrimethamine)	17
Daypro* (oxaprozin)	41
DDAVP* (desmopressin)	27
DDAVP* (desmopressin)	27
Decadron* (dexamethasone sodium phosphate)	29
Decadron* (dexamethasone)	25, 29
Declomycin* (demeclocycline)	14
Deconamine SR*, Kronofed-A Jr*, Deconamine syrup* (chlorpheniramine & pseudoephedrine)	41
Dehistine+, Extendryl SR* (chlorpheniramine/methscopolamine/ phenylephrine)	41
Deltasone*, Sterapred*, Sterapred DS* (prednisone)	25
Depakene* (valproic acid, sodium valproate)	35
Depakote (divalproex sodium)	35
Depo-Provera Contraceptive* (medroxyprogesterone)	25
Depo-Testosterone* (testosterone cypionate)	24
Derma-Smoother/FS (fluocinolone acetonide)	22
DesOwen* (desonide)	23
Desyrel* (trazodone)	33
Dexaphen SA* (dexbrompheniramine & pseudoephedrine)	41
Dexedrine*, Dextrostat* (dextroamphetamine)	34
DHT* (dihydrotachysterol)	37
Diamox*, Diamox Sequels (acetazolamide)	30
Diastat (diazepam)	35
Dibenzyline (phenoxybenzamine)	27
Didronel* (etidronate)	27
Didronel* (etidronate)	27
Differin (adapalene)	22
Diflucan* (fluconazole)	15
Dilantin Infatab, Dilantin Kapseals*, Dilantin* (phenytoin)	35
Dilaudid* (hydromorphone)	40
Diprolene (betamethasone dipropionate augmented)	23
Diprolene*, Diprolene AF*, Diprosone* (betamethasone dipropionate)	23
Disalcid* (salsalate)	41
Ditropan* (oxybutynin)	44
Diuril* (chlorothiazide)	20
Dolobid* (diflunisal)	41
Dolophine* (methadone)	40
Domeboro Otic* (aluminum acetate/acetic acid)	29
Donnatal*, Donnatal Extentab* (hyoscyamine/atropine scopolamine/phenobarbital)	31
Dostinex* (cabergoline)	27
Dovonex (calcipotriene)	22
Drisdol* (ergocalciferol or vitamin D2)	37
Drysol+ (aluminum chloride hexahydrate)	23
Duragesic* (fentanyl)	40
Duricef* (cefadroxil)	13
Dynapen* (dicloxacillin)	14
Dyrenium* (triamterene)	20
E.E.S.* (erythromycin ethylsuccinate)	13
Easprin* (aspirin)	41
Edecrin* (ethacrynic acid)	20
Edex (alprostadiol)	44
Effexor*, Effexor XR (venlafaxine)	33
Efudex (fluorouracil)	24, 38
Efudex* (fluorouracil)	24, 38

Efudex, Carac, Fluoroplex (fluorouracil)	23
Elavil* (amitriptyline)	33
Eldepryl* (selegiline)	35
Elidel (pimecrolimus)	24
Elimite* (permethrin)	18
Elocon* (mometasone furoate)	23
EMLA* (lidocaine/prilocaine)	24
Emtriva (emtricitabine)	16
Endocet*, Percocet* (oxycodone & acetaminophen)	40
Epifrin (epinephrine)	30
epinephrine* (epinephrine)	42
Epipen, Epipen Jr (epinephrine)	42
Epivir, Epivir HBV (lamivudine)	16
Epivir-HBV (lamivudine)	32
Epzicom (abacavir/lamivudine)	16
Ergomar* (ergotamine tartrate)	35
Eryc* (erythromycin base)	13
Eryderm* (erythromycin)	22
Eryderm*, Erygel* (erythromycin)	14
Erygel* (erythromycin)	14, 22
EryPad* (erythromycin)	22
Ery-Tab+ (erythromycin)	13
Erythrocin* (erythromycin stearate)	13
EskaliTH CR*, Lithobid, Lithonate*, Lithotabs* (lithium carbonate)	34
Estrace* (estradiol)	26
Estratest, Estratest H.S. (esterified estrogen & methyltestosterone)	26
Estring (estradiol)	26
Ethmozine* (moricizine)	21
Eulexin* (flutamide)	38
Eurax* (crotamiton)	18
Evista (raloxifene)	27
Exsel, Selsun* (selenium sulfide)	22
Femara (letrozole)	38
Fioricet With Codeine* (acetaminophen/butalbital/caffeine/codeine)	40
Fioricet* (butalbital/acetaminophen/caffeine)	40
Fiorinal With Codeine #3* (aspirin/butalbital/caffeine/codeine)	40
Fiorinal* (butalbital/aspirin/caffeine)	40
Flagyl* (metronidazole)	14
Flexeril* (cyclobenzaprine)	36
Flonase* (fluticasone propionate)	43
Florinef* (fludrocortisone)	25
Floxin Otic (ofloxacin)	29
Flumadine (rimantadine syrup)	16
Flumadine* (rimantadine tablet)	16
Flura-Drops+, Flura-Loz, Luride Lozi-Tabs, Prevident, Prevident 5000 Plus* (sodium fluoride)	37
FML*, FML Forte* (fluorometholone)	29
folic acid* (folic acid)	37
Follistim AQ (follitropin beta)	26
Forteo (teriparatide)	27
Fortical (calcitonin)	27
Fosamax (alendronate)	27
Fosamax Plus D (alendronate/cholecalciferol)	27
Furadantin (nitrofurantoin)	18
Fuzeon (enfuvirtide)	16
Gabitril (tiagabine)	35
Gantrisin* (sulfisoxazole)	14
Garamycin* (gentamicin)	14, 28
Gengraf+ (cyclosporine)	32, 39
gentian violet* (gentian violet)	15
Geocillin (carbenicillin)	14

Gleevec (imatinib)	38
glucagon* (glucagon)	26
Glucophage* , Glucophage XR* (metformin)	26
Glucotrol* (glipizide)	26
Glynase Prestab* , Micronase* (glyburide)	26
Glyset (miglitol)	26
Gonal-F (follitropin alpha)	26
Gonal-F RFF (follitropin alpha)	26
Granulex , Xenaderm (balsam peru/castor oil/ trypsin)	24
Grifulvin V (griseofulvin microsize)	15
Grifulvin V* (griseofulvin microsize)	15
Gris-PEG (griseofulvin ultramicrosize)	15
Guanabenz* (guanabenz)	21
Habitrol transdermal patch* (nicotine)	43
Halcion* (triazolam)	34
Haldol* (haloperidol)	33
Halotestin* (fluoxymesterone)	24
Helidac (bismuth/metronidazole/tetracycline)	31
heparin* (heparin)	19
Hepsera (adefovir)	16, 32
Hexalen (altretamine)	38
Hiprex* , Mandelamine* (methenamine)	44
Humatin* (paromomycin)	18
Hyalgan (hyaluronate sodium)	39
Hycodan* (hydrocodone & homatropine)	43
Hydergine* (ergoloid mesylates)	35
Hydrea* (hydroxyurea)	38
HydroDIURIL* , Microzide* (hydrochlorothiazide)	20
Hytroton* (chlorthalidone)	20
Hytone* (hydrocortisone)	23
Hytrin* (terazosin)	21, 44
Ilotycin* (erythromycin)	28
Imuran* (azathioprine)	32, 39
Inderal* , Inderal LA* (propranolol)	19, 21
Indocin , Indocin SR* (indomethacin)	41
Inflamase Forte* (prednisolone sodium phosphate)	29
Intal (cromolyn sodium)	42
Intal* (cromolyn sodium)	42
Intelence (etravirine)	16
Intron A (interferon alfa-2b)	16, 32, 38
Invirase (saquinavir)	16
Isentress (raltegravir)	16
ISMO* , Imdur* , Monoket* (isosorbide mononitrate)	21
Isopto Carbachol (carbachol)	30
Isopto Carbachol* (carbachol)	30
Isopto Homatropine (homatropine)	30
Isopto-Hyoscine (scopolamine)	30
Isordil* , Isordil Tembids* , Dilatrate-SR* (isosorbide dinitrate)	21
Kaletra (lopinavir & ritonavir)	16
Kayexalate* (sodium polystyrene sulfonate)	37
K-Dur* (potassium chloride)	37
Keflex* (cephalexin)	13
Kemadrin (procyclidine)	35
Kenalog in Orabase* (triamcinolone acetone)	30
Kenalog* (triamcinolone)	23
Keppra (levetiracetam)	36
Kerlone* (betaxolol)	19
Klonopin* (clonazepam)	34, 36
K-Phos Neutral* (potassium phosphate)	37
K-Phos No 2* (potassium & sodium phosphates)	37
K-Tab+ , Klor-Con* , Klor-Con M10 , Slow-K* , Micro-K* (potassium chloride)	37

Kwelcof* (hydrocodone & guaifenesin)	43
Lamictal, Lamictal Starter Kits*, Lamictal CD* (lamotrigine)	36
Lamisil* (terbinafine)	15
Lanoxin*, Lanoxicaps* (digoxin)	21
Lantus (glargine insulin)	26
Lariam* (mefloquine)	17
Lasix* (furosemide)	20
Leukeran (chlorambucil)	38
Leukine (sargramostim)	19
Levbid*, Levsin*, Levsinex Timecaps* (hyoscyamine)	31
Levitra (vardenafil)	44
Leven*, Trivora* (ethinyl estradiol & levonorgestrel)	24
Levothroid+ (levothyroxine)	27
Lexiva (fosamprenavir)	16
Librax* (clidinium & chlordiazepoxide)	31
Librium* (chlordiazepoxide)	34
Lidex, Lidex-E* (fluocinonide)	23
Lioresal* (baclofen)	36
lithium citrate* (lithium citrate)	35
Lithostat* (acetohydroxamic acid)	44
Locoid*, Locoid Lipocream* (hydrocortisone butyrate)	23
Lodine* (etodolac)	41
Lodosyn (carbidopa)	35
Lofibra* (fenofibrate)	20
Lomotil* (diphenoxylate & atropine)	30
Loniten* (minoxidil)	22
Lopid* (gemfibrozil)	20
Lopressor* (metoprolol)	19
Loprox*, Loprox TS* (ciclopirox)	15
Lortab* (hydrocodone & acetaminophen)	40
Lotensin* (benazepril)	18
Lovenox (enoxaparin)	19
Loxitane* (loxapine)	33
Lozol* (indapamide)	20
Ludiomil* (maprotiline)	33
Lumigan (bimatoprost)	30
Lupron (leuprolide)	26, 28, 38
Lupron* (leuprolide)	26, 28, 38
Luvox* (fluvoxamine)	33
Lysodren (mitotane)	38
Macrochantin* (nitrofurantoin)	18
Malarone (atovaquone & proguanil)	17
Marinol (dronabinol)	30
Matulane (procarbazine)	38
Maxalt-MLT (rizatriptan)	40
Maxitrol* (neomycin/polymixin B/dexamethasone)	28
Maxzide*, Dyazide* (hydrochlorothiazide & triamterene)	20
Meclofen* (meclofenamate)	41
Medrol* (methylprednisolone)	25
Megace* (megestrol)	38
Mellaril* (thioridazine)	33
Mephyton (phytonadione or vitamin K1)	37
Mepron* (atovaquone)	17
Mesnex* (mesna)	38
Mestinon* (pyridostigmine)	36
Metadate ER* (methylphenidate)	34
Methergine (methylergonovine)	28
Metopirone (metyrapone)	28
MetroCream+ (metronidazole)	15
MetroGel Vaginal* (metronidazole)	18
MetroGel* (metronidazole)	15

MetroLotion+ (metronidazole)	15
Mevacor* (lovastatin)	20
Mexitol* (mexiletine)	21
Midamor* (amiloride)	20
Midrin* (isometheptene/dichloralphenazone/ acetaminophen)	40
Mifeprex (mifepristone)	28
Migranal (dihydroergotamine)	40
Minipress* (prazosin)	22, 44
Minitran (nitroglycerin)	21
Minocin* (minocycline)	14
Mintezol* (thiabendazole)	18
MiraLax* (polyethylene glycol)	31
Mirapex (pramipexole)	35
Mirena IUD (levonorgestrel)	25
Moban (molindone)	33
Mobic* (meloxicam)	41
Moduretic 5-50* (hydrochlorothiazide & amiloride)	20
morphine sulfate* (morphine sulfate)	40
Motrin* (ibuprofen)	41
MS Contin* (morphine SR)	40
Mucomyst* (acetylcysteine)	43
Murocol-2* (scopolamine & phenylephrine)	28
Myambutol* (ethambutol)	17
Mycelex* (clotrimazole)	15, 30
Mycobutin (rifabutin)	17
Mycolog II* (nystatin & triamcinolone)	15
Mycostatin* (nystatin)	15, 18
Myleran (busulfan)	38
Mysoline* (primidone)	36
Mytussin AC* (codeine & guaifenesin)	43
Nalfon* (fenoprofen)	41
Namenda (memantine)	36
Nardil (phenelzine)	33
Nasarel+ (flunisolide)	43
Natachew* ()	37
Navane* (thiothixene)	34
Nebupent (pentamidine)	14
Necon 10/11* (ethinyl estradiol & norethindrone)	25
Necon*, Ortho-Novum 1/50* (mestranol & norethindrone)	25
neomycin* (neomycin)	14
Neoral* (cyclosporine)	32, 39
Neosporin* (bacitracin/neomycin/polymixin B)	28
Neosporin* (neomycin/polymixin B gramicidin)	28
Neo-Synephrine* (phenylephrine)	30
Nephrocaps ()	37
Neptazane* (methazolamide)	30
Neumega (oprelvekin)	19
Neupogen (filgrastim)	19
Neurontin* (gabapentin)	36
Nexavar (sorafenib)	38
Niacor* (niacin)	20
Niferex-150 Forte* ()	38
Nimotop* (nimodipine)	36
Nitro-Bid+ (nitroglycerin)	21
Nitro-Dur*, Nitrostat* (nitroglycerin)	21
Nizoral* (ketoconazole)	15
Nizoral* (ketoconazole)	15
Nolvadex* (tamoxifen)	38
Norditropin NordiFlex (somatotropin)	28
Normodyne* (labetalol)	19
Norpace*, Norpace CR* (disopyramide)	21

Norpramin* (desipramine)	33
Norvasc* (amlodipine)	20
Norvir (ritonavir)	16
Novarel+ (chorionic gonadotropin)	27
Novolin R, L, N, 70/30 (human insulin)	26
Novolog (insulin aspart)	26
Novolog 70/30 (insulin aspart/NPH)	26
Nutracort* (hydrocortisone lotion)	23
NuvaRing (ethinyl estradiol & etonogestrel)	25
Nydravid* (isoniazid)	17
Nystatin* (nystatin)	15
Ocufen* (flurbiprofen)	29
Ocuflox* (ofloxacin)	28
Ogen* (estropipate tablets)	26
Ogestrel (ethinyl estradiol & norgestrel)	25
Omnicef (cefdinir)	13
One Touch (glucose control solution)	24
One Touch FinePoint, One Touch UltraSoft (lancets)	24
One Touch Profile, One Touch Ultra 2 (blood glucose meter, test strips)	24
One Touch UltraMini (blood glucose meter)	24
One Touch UltraSmart (blood glucose meter)	24
Opium Tincture (opium)	30, 40
OptiPranolol* (metipranolol)	30
Orap (pimozide)	34
Orapred*, Pediapred*, Prelone* (prednisolone)	25
Orencia (abatacept)	39
Orinase* (tolbutamide)	26
Ortho All-Flex (diaphragm)	25
Ortho Cyclen*, Ortho Tri-Cyclen*, Sprintec*, Tri-Sprintec* (ethinyl estradiol & norgestimate)	25
Ortho-Est* (estropipate)	26
Orudis* (ketoprofen)	41
Osmitol (mannitol)	31
Ovide (malathion)	18
Oxandrin* (oxandrolone)	24
Oxsoralen Ultra (methoxsalen)	24
Pamelor* (nortriptyline)	33
Panafil* (papain/urea/chlorophyllin/copper complex)	24
Pancrease-MT (amylase/lipase/protease)	32
Pangestyme (amylase/lipase/protease)	32
Parafon Forte* (chlorzoxazone)	36
Paragard T380A (IUD)	25
paregoric* (paregoric)	30
Parlodel* (bromocriptine)	28, 35
Parnate* (tranylcypromine)	33
Paxil* (paroxetine)	33
Pediazole* (erythromycin & sulfisoxazole)	13, 14
Pegasys (peginterferon alfa-2a)	16, 32
PEG-Intron, PEG-Intron Redi-Pen (peginterferon alfa-2b)	16, 32
Pen-Vee K*, Veetids* (penicillin VK)	14
Pepcid* (famotidine)	31
Periactin* (cyproheptadine)	42
Peridex* (chlorhexidine gluconate)	14, 15, 30
Permax* (pergolide)	35
Persantine* (dipyridamole)	19
Phenergan VC with Codeine* (promethazine/phenylephrine/codeine)	43
Phenergan VC* (promethazine & phenylephrine)	43
Phenergan with Codeine* (promethazine & codeine)	43
Phenergan with DM* (promethazine & dextromethorphan)	43
Phenergan* (promethazine)	31, 42, 43
Phenobarbital* (phenobarbital)	36

PhosLo (calcium acetate)	37
Phospholine iodide (echothiophate iodide)	30
Pilocar* , Pilopine HS (pilocarpine)	30
Plan B (levonorgestrel)	25
Plaquenil* (hydroxychloroquine sulfate)	17, 39
Plavix (clopidogrel)	19
Plendil* (felodipine)	20
Pletal* (cilostazol)	19
Polaramine* (dexchlorpheniramine maleate)	42
Polycitra* (potassium citrate & sodium citrate)	37
Polycitra-K* (potassium citrate & citric acid)	37
Polysporin* (bacitracin & polymyxin B)	28
Polytrim* (trimethoprim/polymyxin B)	28
Poly-Vi-Flor* , Poly-Vi-Flor with Iron* ()	38
Ponstel* (mefenamic acid)	41
Potassium bicarbonate (Potassium)	37
Pramosone (pramoxine & hydrocortisone)	24, 32
Pred Forte* , Pred Mild (prednisolone acetate)	29
Pred-G (gentamicin-prednisolone)	28
Premarin (conjugated estrogens)	26
prenatal vitamins* ()	38
Prezista (darunavir)	16
Prilosec* (omeprazole)	31
Prinivil* (lisinopril)	18
Prinzide* (hydrochlorothiazide & lisinopril)	20
ProAmatine (midodrine)	22
Pro-Banthine* (propantheline)	31
Procan SR* , Pronestyl* (procainamide)	21
Procardia XL* , Nifediac CC* (nifedipine)	20
Procrit (epoetin alfa)	20
Proctofoam-HC (pramoxine & hydrocortisone)	32
Profasi HP* (chorionic gonadotropin)	27
progesterone (progesterone)	26
Prograf (tacrolimus)	32
Prolixin* (fluphenazine)	34
Proloprim* (trimethoprim)	18
Prometrium (micronized progesterone)	26
Propine* (dipivefrin)	30
propylthiouracil* (propylthiouracil)	27
Proscar* (finasteride)	44
Protopic (tacrolimus)	24
Provera* (medroxyprogesterone)	26
Prozac* (fluoxetine)	33
Prudoxin* , Zonalon* (doxepin)	24
Psorcon* , Psorcon e* (diflorasone)	23
Psoriatec (anthralin)	22
Pulmozyme (dornase alfa)	42
Purinethol* (mercaptopurine)	38
pyrazinamide* (pyrazinamide)	17
Questran* , Questran Light* (cholestyramine)	20
Quinidex Extentabs* , Quinaglute Dura-Tabs* (quinidine)	21
QVAR (beclomethasone)	43
racepinephrine* (racepinephrine)	43
Rapamune (sirolimus)	32
Rebetol* (ribavirin)	16
Rebif (interferon beta-1a)	36
Reglan* (metoclopramide)	31
Relafen* (nabumetone)	41
Remeron* (mirtazapine)	33
Renagel (sevelamer)	37
Repronex* (menotropins)	27

Requip (ropinirole)	35
Rescriptor (delavirdine)	16
Restoril* (temazepam)	34
Retin-A* (tretinoin)	22
Retrovir (zidovudine syrup)	16
Retrovir* (zidovudine capsule, tablet)	16
ReVia* (naltrexone)	35
Revlimid (lenalidomide)	39
Reyataz (atazanavir)	16
Ridaura (auranofin)	39
Rifadin* (rifampin)	17
Rifamate* (isoniazid & rifampin)	17
Rilutek (riluzole)	36
Riomet (metformin)	26
Risperdal (risperidone)	34
Ritalin* , Ritalin SR* , Methylin* (methylphenidate)	34
Robaxin* (methocarbamol)	36
Robinul* (glycopyrrolate)	31
Rocaltrol* (calcitriol or vitamin D3)	37
Rondex* , Bromfenex* , Bromfenex PD* (brompheniramine & pseudoephedrine)	42
Roxicodone* , OxylR* (oxycodone)	40
Rynatan* (chlorpheniramine & phenylephrine)	42
Rythmol* (propafenone)	21
Salagen* (pilocarpine)	30
Sal-Tropine* (atropine)	31
Sandimmune (cyclosporine)	32, 39
Santyl* (collagenase)	24
Scopace* (scopolamine)	31
Sectral* (acebutolol)	19, 21
Selsun* (selenium sulfide)	16, 22
Selzentry (maraviroc tabs)	16
Serax* (oxazepam)	34
Serevent Diskus (salmeterol)	43
Seromycin* (cycloserine)	17
Serophene* (clomiphene)	27
Seroquel (quetiapine)	34
Serpasil* (reserpine)	22
Serzone (nefazodone)	33
Silvadene* (silver sulfadiazine)	15
Sinemet* , Sinemet CR* (levodopa/carbidopa)	35
Sinequan* (doxepin)	33
Slo-Bid* , Theo-Dur* , Uniphyll (theophylline)	43
sodium chloride* (sodium chloride)	24
Sodium Sulamyd* (sodium sulfacetamide)	28
sorbitol* (sorbitol)	31
Soriatane (acitretin)	22
Sotret (isotretinoin)	22
Spectazole* (econazole)	16
Spiriva (tiotropium)	43
Sprycel (dasatinib)	39
Stalevo (levodopa/cardidopa/entacapone)	35
Stelazine* (trifluoperazine)	34
Suboxone (buprenorphine with naloxone)	35
Sulfacet-R* (sulfur & sodium sulfacetamide)	22
Sulfamylon* (mafenide)	15
Sultrin* (triple sulfa)	18
Sumycin* (tetracycline)	14
Suprax* (cefixime)	13
Sustiva (efavirenz)	16
Sutent (sunitinib)	39
Symmetrel* (amantadine)	16, 35
Synalar* (fluocinolone acetonide)	23

Synarel (nafarelin acetate)	28
Tambacor* (flecainide)	21
Tapazole* (methimazole)	27
Tarceva (erlotinib)	39
Targretin (bexarotene)	39
Tazorac (tazarotene)	22
Temodar (temozolamide)	39
Temovate* (clobetasol)	23
Tenex* (guanfacine)	22
Tenoretic* (atenolol/chlorthalidone)	22
Tenormin* (atenolol)	19
Tessalon Perles* (benzonatate)	43
Testred*, Methitest* (methyltestosterone)	24
Texacort (hydrocortisone)	23
Thalomid (thalidomide)	39
Thorazine* (chlorpromazine)	34
Tigan* (trimethobenzamide)	31
Tikosyn (dofetilide)	21
Tilade (nedocromil)	43
Timoptic*, Timoptic XE*, Timoptic Ocducose (timolol maleate)	30
TOBI (tobramycin)	18
TobraDex (tobramycin & dexamethasone)	28
Tobrex (tobramycin)	28
Tobrex* (tobramycin)	28
Tofranil* (imipramine)	33
Tolectin* (tolmetin)	41
Tolinase* (tolazamide)	26
Topamax (topiramate)	36
Topicort* (desoximetasone)	23
Toposar (etoposide)	39
Trandate* (labetalol)	19
Transderm Scop (scopolamine)	31
Tranxene* (clorazepate)	34
Travatan Z (travoprost)	30
Trental* (pentoxifylline)	20
Trexall* (methotrexate)	38, 39
Triavil* (amitriptyline & perphenazine)	33, 34
Trilafon* (perphenazine)	34
Trileptal* (oxcarbazepine)	36
Trilisate* (choline magnesium trisalicylate)	41
Tri-Vi-Flor*, Tri-Vi-Flor with Iron* ()	38
Trizivir (abacavir, lamivudine, and zidovudine)	16
Tykerb (lapatinib)	39
Tylenol With Codeine* (acetaminophen & codeine)	40
Tylox* (oxycodone & acetaminophen)	40
Ultra NatalCare* ()	38
Ultram* (tramadol)	41
Urecholine* (bethanechol)	44
Urised (methenamine/phenylsalicylate/atropine/hyoscyamine/benzoic acid/methylene blue)	44
Urocit-K* (potassium citrate)	37
Usept (methenamine/phenylsalicylate/atropine/hyoscyamine/benzoic acid/methylene blue)	18
Vagifem (estradiol)	26
Valcyte (valganciclovir)	17
Valisone* (betamethasone valerate)	23
Valium* (diazepam)	34, 36
Valium* (diazepam)	34, 36
Vancocin (vancomycin)	14
Vantin* (cefepodoxime)	13
Vasocidin* (sodium sulfacetamide & prednisolone)	29
Vasotec* (enalapril)	18
VED (vacuum erection device)	44
Vermox* (mebendazole)	18

Versed (midazolam) 34

VFEND (voriconazole) 15

Viagra (sildenafil) 44

Vibra-Tabs*, **Vibramycin***, **Monodox*** (doxycycline) 14

Vicodin*, **Vicodin ES*** (hydrocodone & acetaminophen) 40

Videx, **Videx EC** (didanosine) 17

Vioform-HC* (iodochlorhydroxyquin & hydrocortisone) 16

Viokase 8 (amylase/lipase/protease) 32

Viracept (nelfinavir) 17

Viramune (nevirapine) 17

Viread (tenofovir) 17

Viroptic* (trifluridine) 29

Vistaril* (hydroxyzine pamoate) 35, 42

Vistaril* (hydroxyzine pamoate) 35, 42

Vivactil* (protriptyline) 33

Vivotif Berna (typhoid vaccine) 18

Voltaren (diclofenac) 29, 41

Voltaren* (diclofenac sodium) 41

Vosol HC* (acetic acid/propylene glycoldiacetate/hydrocortisone) 29

Vosol* (acetic acid/propylene glycol) 29

Vytorin (ezetimibe/simvastatin) 20

Water, Sterile for inhalation (water, sterile) 43

water, sterile* (water, sterile) 24

Wellbutrin*, **Wellbutrin SR***, **Wellbutrin XL*** (bupropion) 33

Wellcovorin* (leucovorin) 37, 39

Wellcovorin* (leucovorin) 37, 39

Westcort* (hydrocortisone valerate) 23

Xanax* (alprazolam) 34

Xeloda (capecitabine) 39

Xylocaine* (lidocaine) 24, 30

Xylocaine* (lidocaine) 24, 30

Yasmin (ethinyl estradiol & drospirenone) 25

Yocon* (yohimbine) 44

Yodoxin* (iodoquinol) 18

Zanaflex* (tizanidine) 36

Zantac* (ranitidine) 31

Zarontin* (ethosuximide) 36

Zaroxolyn* (metolazone) 20

Zebeta* (bisoprolol) 19

Zegerid (omeprazole/sodium bicarbonate) 31

Zerit (stavudine) 17

Ziac* (hydrochlorothiazide & bisoprolol) 20

Ziagen (abacavir) 17

Zithromax (azithromycin) 13

Zithromax* (azithromycin) 13

Zocor* (simvastatin) 20

Zofran* (ondansetron) 31

Zolofit* (sertraline) 33

Zonegran* (zonisamide) 36

Zovia 1/35E & 1/50E+ (ethinyl estradiol & ethynodiol diacetate) 25

Zovirax (acyclovir) 17

Zovirax* (acyclovir) 17

Zyloprim* (allopurinol) 40

Zymar (gatifloxacin) 29

Zyprexa (olanzapine) 34

Zyvox (linezolid) 14



Kaiser Foundation Health Plan of Ohio
North Point Tower
Suite 1200
1001 Lakeside Avenue
Cleveland, Ohio 44114-1153

© 2008 Kaiser Foundation Health Plan of Ohio