This document has been prepared by AmeriChoice for the County of San Diego and is updated at least quarterly throughout the year. Please be sure to confer with the website at http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/index.html to ensure this is the most recent version.
San Diego County CMS Drug Formulary

The County of San Diego has contracted with AmeriChoice as their Administrative Services Organization (ASO) for the County Medical Services (CMS) Program. In turn, AmeriChoice has contracted with Catamran® to act as the Pharmacy Benefits Manager (PBM).

The CMS Pharmacy and Therapeutics (P&T) Committee determines the content of this formulary. Additions to this formulary are recommended by the P&T Committee and must be approved by the County. To request the review of a new product, complete the “Request for Formulary Change” form located at the end of this document and fax to the Medical Management Services Manager at AmeriChoice at (855) 394-7927.

FORMULARY FORMAT

Generic Products
1. The Formulary is generic based.
2. When a brand name drug is ordered and a generic equivalent is available, the generic will be dispensed by the pharmacy. The prescriber must justify any exception and the “Drug Prior Authorization” form must be completed and faxed to Catamran® at (866) 511-2202. The Drug Prior Authorization Form is also located at the end of the formulary.

Maximum Allowable Limits

Except as otherwise noted below, enrollees can receive a 30-day supply of prescribed medications. Exceptions:
- Certain classes of medications used to treat chronic diseases, such as asthma controller medications, statins, blood thinners, ACE-I and ARBs, Insulins, and Beta blockers, may be filled for a 90 day supply if the prescription is written for a 90 day supply. **MEDICATIONS WITH A 90 DAY FILL ARE NOTED WITH AN ASTERICK IN THE FORMULARY.**
- Refills are allowed after 23 days.
- One vacation supply is allowed every 12 months, to a max of one 60 day supply per medication per 12 months.
- One “lost prescription” supply is allowed every 12 months, to a max of a 30 day supply for one lost prescription per medication per 12 months.
- Quantity limits of drugs are noted as applicable. Products containing aspirin have a quantity limit of 4 grams per day. Products containing acetaminophen have a quantity limit of 3 grams per day.

Code 1 Restrictions

Products with this notation are limited to prescriber’s specialty, to a restricted amount, to specific diagnoses, or to step therapy.

Formulary Exclusions
- Medication prescribed for cosmetic purposes
- Medications prescribed for the treatment of mental health conditions
- All OTC products not included in this listing
- Oral birth control and birth control devices for non-pathological reasons
- Nicotine and smoking cessation products
- Experimental drugs, drugs used in an experimental manner, and all drugs without FDA approval
- Medications for the treatment of drug and alcohol abuse
- Medications for the treatment of erectile dysfunction
- Medications related to transgender care
- Drug and alcohol abuse treatment
- Compounded medications

Authorization Policy

Every provider has the right to request coverage of a non-formulary medication. However, medical justification for using a non-formulary medication is required. First, please review any notations found under the “Utilization Management” column in the drug category type of the non-formulary medication. Second, complete the “Drug Prior Authorization” form found at the end of this document and fax to Catamaran® at (866) 511-2202. Additionally, you may contact Catamaran ® Customer Service by phone (800-626-0072) which is available 24 hours a day, every day, to assist with any formulary questions.
Denials and Appeals
When a product is excluded or is not medically justified, Catamaran® will issue a provisional denial to the pharmacy and/or the prescriber. As the CMS Medical Director completes the denial, the prescriber and the enrollee are issued written notification. Appeals may be made directly to CMS, and instructions for submitting an appeal are incorporated in the denial notice.

Formulary Updates
This formulary is published on the Web and is updated on a quarterly basis. The most recent document is located at: [www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf](http://www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf)
### INFECTIOUS DISEASE AGENTS

#### Penicillins

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin Oral</td>
<td>Trimox</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin &amp; Potassium Clavulanate Oral</td>
<td>Augmentin, Augmentin XR</td>
<td></td>
</tr>
<tr>
<td>Ampicillin Oral</td>
<td>Ampicillin</td>
<td></td>
</tr>
<tr>
<td>Dicloxacillin Sodium Oral</td>
<td>Dicloxacillin Sodium</td>
<td></td>
</tr>
<tr>
<td>Penicillin G Benzathine</td>
<td>Bicillin LA</td>
<td>1.2 MU per syringe (2ml) and 2.4 MU per syringe (4ml) only.</td>
</tr>
<tr>
<td>Penicillin V Potassium Oral</td>
<td>Pen-VK, Veetids</td>
<td></td>
</tr>
</tbody>
</table>

#### Cephalosporins

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cefixime Tab 400mg Oral</td>
<td>Suprax</td>
<td></td>
</tr>
<tr>
<td>Cephalexin Monohydrate</td>
<td>Keflex</td>
<td></td>
</tr>
<tr>
<td>Cefdinir Oral</td>
<td>Omnicef</td>
<td></td>
</tr>
<tr>
<td>Cefpodoxime Proxetil Oral</td>
<td>Vantin</td>
<td></td>
</tr>
</tbody>
</table>

#### Fluroquinolones

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacin HCl 250mg, 500mg, 750mg Tab Oral</td>
<td>Cipro</td>
<td>Limited to 28/14 days.</td>
</tr>
<tr>
<td>Levofloxacin Tab Oral</td>
<td>Levaquin</td>
<td>Code 1 Restriction: For diagnosis of Pneumonia. Limited to 10 tablets/10 days.</td>
</tr>
</tbody>
</table>

#### Macrolides

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azithromycin 250mg, 500mg Tab Oral</td>
<td>Zithromax</td>
<td>Limited to 6 tablets/fill and 2 fills/month for 250mg; 3 tablets/fill and 2 fills/month for 500mg.</td>
</tr>
<tr>
<td>Azithromycin Susp Oral</td>
<td>Zithromax</td>
<td>Code 1 Restriction: For diagnosis of community-acquired pneumonia only.</td>
</tr>
<tr>
<td>Clarithromycin 250mg, 500mg Tab Oral</td>
<td>Biaxin</td>
<td>Limited to 28 tablets/14 days.</td>
</tr>
<tr>
<td>Erythromycin Base Oral</td>
<td>Erythromycin</td>
<td></td>
</tr>
<tr>
<td>Erythromycin Delayed Release Oral</td>
<td>E-Mycin, Eryc, Ery-Tab</td>
<td></td>
</tr>
<tr>
<td>Erythromycin w/EC Particles Oral</td>
<td>PCE</td>
<td></td>
</tr>
<tr>
<td>Erythromycin Ethylsuccinate Oral</td>
<td>E.E.S.</td>
<td></td>
</tr>
<tr>
<td>Erythromycin Stearate Oral</td>
<td>Erythocin</td>
<td></td>
</tr>
</tbody>
</table>

#### Misc. Anti-Infectives

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atovaquone</td>
<td>Mepron</td>
<td></td>
</tr>
<tr>
<td>Clindamycin HCL Cap Oral</td>
<td>Cleocin</td>
<td></td>
</tr>
<tr>
<td>Dapsone Oral</td>
<td>Dapsone</td>
<td></td>
</tr>
<tr>
<td>Metronidazole Tab Oral</td>
<td>Flagyl</td>
<td></td>
</tr>
<tr>
<td>Pentamidine</td>
<td>Nebupent, Pentam</td>
<td>Inhaled or injection forms only.</td>
</tr>
<tr>
<td>Trimethoprim</td>
<td>Trimpex, Proloprim</td>
<td>Oral form only.</td>
</tr>
<tr>
<td>Trimethoprim/ Sulfamethoxazole Oral</td>
<td>Bactrim, Bactrim DS</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Sulfonamides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfadiazine</td>
<td>Lantrisul</td>
<td>Oral form only.</td>
</tr>
<tr>
<td>Sulfisoxazole Powder</td>
<td>Sulfisoxazole</td>
<td></td>
</tr>
<tr>
<td>Sulfisoxazole Acetyl Oral</td>
<td>Gantrisin</td>
<td></td>
</tr>
<tr>
<td><strong>Tetracyclines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doxycycline Hyclate Cap 50mg &amp; 100mg, Tab 100mg Oral</td>
<td>Vibramycin, Vabant</td>
<td></td>
</tr>
<tr>
<td>Tetracycline HCl Oral</td>
<td>Sumycin</td>
<td></td>
</tr>
<tr>
<td><strong>Amebicides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iodoquinol Oral</td>
<td>Yodoxin</td>
<td></td>
</tr>
<tr>
<td>Paromomycin</td>
<td>Paromyc in</td>
<td></td>
</tr>
<tr>
<td><strong>Aminoglycosides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neomycin Sulfate Oral</td>
<td>Neomycin Sulfate, Neo-Fradin</td>
<td></td>
</tr>
<tr>
<td><strong>Antihelmintics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mebendazole Oral</td>
<td>Vermox</td>
<td></td>
</tr>
<tr>
<td>Pyrantel Pamoate Oral</td>
<td>Pin-X, Antiminth</td>
<td></td>
</tr>
<tr>
<td>Thiabendazole Oral</td>
<td>Mintezol</td>
<td></td>
</tr>
<tr>
<td><strong>Antifungals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluconazole Tab 50mg, 100mg, 150mg Oral</td>
<td>Diflucan</td>
<td>Limited to 1 tablet/fill, 2 fills/month. Code 1 - 100mg approved with the diagnosis of oral thrush.</td>
</tr>
<tr>
<td>Flucytosine</td>
<td>Ancobon</td>
<td></td>
</tr>
<tr>
<td>Itraconazole Caps</td>
<td>Sporano x</td>
<td></td>
</tr>
<tr>
<td>Ketoconazole Tab Oral</td>
<td>Nizoral</td>
<td></td>
</tr>
<tr>
<td>Nystatin</td>
<td>Mycostatin</td>
<td></td>
</tr>
<tr>
<td>Terbinafine</td>
<td>Lamisil</td>
<td></td>
</tr>
<tr>
<td><strong>Antimalarials</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloroquine Phosphate Tab Oral</td>
<td>Aralen</td>
<td></td>
</tr>
<tr>
<td>Hydroxychloroquine Sulfate Oral</td>
<td>Plaquenil</td>
<td></td>
</tr>
<tr>
<td>Primaquine Phosphate Oral</td>
<td>Primaquine phosphate</td>
<td></td>
</tr>
<tr>
<td>Pyrimethamine Oral</td>
<td>Daraprim</td>
<td></td>
</tr>
<tr>
<td>Quinine Sulfate Tab 324mg Oral</td>
<td>Qualaquin</td>
<td></td>
</tr>
<tr>
<td><strong>Antimycobacterial Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isoniazid Oral</td>
<td>Nydra zid</td>
<td></td>
</tr>
</tbody>
</table>
### Antiviral

- **Acyclovir Oral**
  - **Generic Name:** Acyclovir
  - **Representative Brand Name:** Zovirax

- **Oseltamivir**
  - **Representative Brand Name:** Tamiflu

### ANTINEOPLASTIC AGENTS

Oral agents are covered up to $1500. Prior Authorization required for agents greater than $1500.

### ENDOCRINE AND METABOLIC DRUGS

#### Glucocorticosteroids

- **Cortisone Acetate Oral**
  - **Generic Name:** Cortisone Acetate
  - **Representative Brand Name:** Cortisone

- **Dexamethasone Oral**
  - **Generic Name:** Dexamethasone
  - **Representative Brand Name:** Decadron, Dexone

- **Hydrocortisone Tab Oral**
  - **Generic Name:** Hydrocortisone
  - **Representative Brand Name:** Cortef

- **Prednisolone**
  - **Generic Name:** Prednisolone
  - **Representative Brand Name:** Prelone

- **Prednisolone Sodium Phosphate Powder**
  - **Generic Name:** Prednisolone Sodium Phosphate
  - **Representative Brand Name:** Prelone

- **Prednisone Oral**
  - **Generic Name:** Prednisone
  - **Representative Brand Name:** Meticorten, Deltasone, Liquid Pred

#### Mineralocorticoids

- **Fludrocortisone Acetate Oral**
  - **Generic Name:** Fludrocortisone Acetate
  - **Representative Brand Name:** Florinef

### DIABETIC AGENTS

*Insulins may be filled for a 90 day supply if the prescription is written as such.*

#### Human Insulin

- **Insulin Aspart Inj 100 U/mL**
  - **Generic Name:** Insulin Aspart
  - **Representative Brand Name:** Novolog
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Aspart Prot & Aspart Inj 100 U/mL**
  - **Generic Name:** Insulin Aspart Prot & Aspart
  - **Representative Brand Name:** Novolog Mix

- **Insulin Detemir Inj U/mL**
  - **Generic Name:** Insulin Detemir
  - **Representative Brand Name:** Levemir
  - **Utilization Management:** Limited to 4 vials/month

- **Insulin Glargine Inj 100 U/mL**
  - **Generic Name:** Insulin Glargine
  - **Representative Brand Name:** Lantus (vials only)
  - **Utilization Management:** Limited to 4 vials/month

- **Insulin Lispro Inj 100 U/mL**
  - **Generic Name:** Insulin Lispro
  - **Representative Brand Name:** Humalog

- **Insulin Lispro Prot & Lispro Inj 100 U/mL (75-25)**
  - **Generic Name:** Insulin Lispro Prot & Lispro
  - **Representative Brand Name:** Humalog Mix 75/25

- **Insulin Regular Inj 100 U/mL**
  - **Generic Name:** Insulin Regular
  - **Representative Brand Name:** Humulin, Novolin
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Regular Inj 500 U/mL**
  - **Generic Name:** Insulin Regular
  - **Representative Brand Name:** Humulin R
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Isophane Inj 100 U/mL**
  - **Generic Name:** Insulin Isophane
  - **Representative Brand Name:** Humulin N, Novolin N
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Regular & Isophane Inj 100 U/mL**
  - **Generic Name:** Insulin Regular & Isophane
  - **Representative Brand Name:** Humulin 70/30 Novolin 70/30
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Regular & Isophane Inj 100 U/mL (50)**
  - **Generic Name:** Insulin Regular & Isophane
  - **Representative Brand Name:** Humulin 50/50
  - **Utilization Management:** Limited to 2 vials/month

- **Insulin Zinc Inj 100 U/mL**
  - **Generic Name:** Insulin Zinc
  - **Representative Brand Name:** Humulin L, Novolin L
  - **Utilization Management:** Limited to 2 vials/month
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sulfonylureas</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glimepiride Oral</td>
<td>Amaryl</td>
<td>Limited to 1/tablet/day for 1mg &amp; 2mg and 2 tablets/day for 4mg</td>
</tr>
<tr>
<td>Glipizide Tab Oral</td>
<td>Glucotrol</td>
<td></td>
</tr>
<tr>
<td>Glyburide Oral</td>
<td>Diabeta Micronase</td>
<td>Limited to 120/30 days</td>
</tr>
<tr>
<td>Glyburide Micronized</td>
<td>Glynase</td>
<td>Limited to 120/30 days</td>
</tr>
<tr>
<td><strong>Biguanides-Metformin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metformin HCL Oral</td>
<td>Glucophage</td>
<td>Limited to 2500 mg/day</td>
</tr>
<tr>
<td>Glyburide/Metformin Tab</td>
<td>Glucovance</td>
<td></td>
</tr>
<tr>
<td><strong>Other Antidiabetics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acarbose Tab Oral</td>
<td>Precose</td>
<td></td>
</tr>
<tr>
<td>Glucagon Kit Injection</td>
<td>Glucagon Kit</td>
<td></td>
</tr>
<tr>
<td>Glucose Chew Tab Oral</td>
<td>BD - Glucose Chw</td>
<td></td>
</tr>
<tr>
<td><strong>Thiazolidinediones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pioglitazone Oral</td>
<td>Actos</td>
<td>Contingent Therapy: To be used in conjunction with Sulfonylureas, Biguanides or Alpha-Glucosidase Inhibitors</td>
</tr>
<tr>
<td>Pioglitazone/Metformin</td>
<td>Actoplus Met</td>
<td></td>
</tr>
<tr>
<td><strong>Thyroid Hormones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levothyroxine Sodium Oral</td>
<td>Synthroid, L-Thyroxine, Levothroid, Levoxyl, Euthyrox</td>
<td>Available as “Do Not Substitute”</td>
</tr>
<tr>
<td>Liothyronine Sodium Oral</td>
<td>Cytomel</td>
<td></td>
</tr>
<tr>
<td><strong>Antithyroid Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methimazole Oral</td>
<td>Tapazole</td>
<td></td>
</tr>
<tr>
<td>Propylthiouracil Oral</td>
<td>Propylthiouracil (PTU)</td>
<td></td>
</tr>
<tr>
<td><strong>Vasopressin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabergoline Oral</td>
<td>Dostinex</td>
<td></td>
</tr>
<tr>
<td>Desmopressin Acetate Oral, Nasal Spray</td>
<td>DDAVP</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Arrhythmia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disopyramide Phosphate Oral</td>
<td>Norpace CR</td>
<td></td>
</tr>
<tr>
<td>Dofetilide Oral</td>
<td>Tikosyn</td>
<td></td>
</tr>
<tr>
<td>Flecainide Acetate Oral</td>
<td>Tambocor</td>
<td></td>
</tr>
<tr>
<td>Mexiletine HCL</td>
<td>Mexiletine</td>
<td></td>
</tr>
<tr>
<td>Moricizine HCL Oral</td>
<td>Ethmozine</td>
<td></td>
</tr>
<tr>
<td>Procainamide HCL Oral</td>
<td>Pronestyl</td>
<td></td>
</tr>
<tr>
<td>Propafenone HCL Oral</td>
<td>Rythmol</td>
<td></td>
</tr>
<tr>
<td>Quinidine Gluconate CR Oral</td>
<td>Quinidine</td>
<td></td>
</tr>
</tbody>
</table>

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CARDIOVASCULAR AGENTS

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June 2015

Page 7 of 42
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quinidine Sulfate Tab Oral</td>
<td>Quinidex</td>
<td></td>
</tr>
</tbody>
</table>

**ACE Inhibitors**

*ACE Inhibitors may be filled for a 90 day supply if the prescription is written as such.

- Benazepril HCL Oral: Lotensin
- Captopril Oral: Capoten
- Enalapril Oral: Vasotec
- Lisinopril Oral: Prinivil, Zestril

**Adrenolytics-Central**

Avoid in elderly enrollees

- Clonidine HCL Oral: Catapres
- Methyldopa Oral: Aldomet

**Alpha-Blockers**

- Doxazosin Mesylate Oral: Cardura
- Prazosin HCL Oral: Minipress
- Terazosin Oral: Hytrin
- Finasteride: Proscar

Contingent therapy: For enrollee failing therapy with Terazosin.

**Angiotensin II Inhibitors**

*Angiotensin II Inhibitors may be filled for a 90 day supply if the prescription is written as such.

- Olmesartan Tabs: Benicar
- Losartan Oral: Cozaar

Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors.

**Angiotensin II Inhibitor Combinations**

*Angiotensin II Inhibitor Combinations may be filled for a 90 day supply if the prescription is written as such.

- Losartan-HCTZ Oral: Hyzaar

Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day

**Anti-Anginals, Other**

- Dipyridamole Oral: Persantine

**Beta-Blockers Non-Selective**

*Beta-Blockers Non-Selective may be filled for a 90 day supply if the prescription is written as such.

- Propranolol HCL Oral: Inderal, Inderal LA
- Sotalol HCl Oral: Betapace, Betapace AF

**Beta-Blockers Cardio-Selective**

*Beta-Blockers Cardio-Selective may be filled for a 90 day supply if the prescription is written as such.

- Atenolol Oral: Tenormin
- Metoprolol Succinate SR Oral: Toprol XL
- Metoprolol Tartrate Oral: Lopressor

Code 1 Restriction: For Heart Failure. Limited to 1 tablet/day.
### Alpha-Beta Blockers

*Alpha-Beta Blockers may be filled for a 90 day supply if the prescription is written as such.*

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Carvedilol Tab Oral</em></td>
<td>Coreg</td>
<td>Code 1 Restriction: For Heart Failure, MI or Diabetes. Limited to 2 tablets/day</td>
</tr>
<tr>
<td><em>Labetalol HCL Oral</em></td>
<td>Trandate, Normodyne</td>
<td></td>
</tr>
</tbody>
</table>

### Calcium Blockers

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amlodipine Besylate Oral</td>
<td>Norvasc</td>
</tr>
<tr>
<td>Diltiazem HCLC Oral</td>
<td>Cardizem SR, Diltiazem ER</td>
</tr>
<tr>
<td>Diltiazem HCL Oral</td>
<td>Cardizem</td>
</tr>
<tr>
<td>Diltiazem HCL SR/24hr Oral</td>
<td>Dilacor XR</td>
</tr>
<tr>
<td>Nimodipine Cap Oral</td>
<td>Nimotop</td>
</tr>
<tr>
<td>Verapamil HCL Tab Oral</td>
<td>Calan, Isoptin</td>
</tr>
</tbody>
</table>

### Digitalis

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digoxin Oral</td>
<td>Lanoxin</td>
</tr>
</tbody>
</table>

### Nitrites

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isosorbide Dinitrate Oral</td>
<td>Isordil, Sorbitrate, Isosorbide Dinitrate Oral Tabs &amp; Chew Tabs</td>
</tr>
<tr>
<td>Isosorbide Dinitrate SLOral</td>
<td>Isordil</td>
</tr>
<tr>
<td>Isosorbide Mononitrate Oral</td>
<td>Monoket, ISMO, Imdur</td>
</tr>
<tr>
<td>Nitroglycerin Buccal Oral</td>
<td>Nitrogard</td>
</tr>
<tr>
<td>Nitroglycerin SL Tab &amp; Aer Oral</td>
<td>Nitrostat, Nitrotab, Nitroquick</td>
</tr>
<tr>
<td>Nitroglycerin Intravenous Soln</td>
<td>Nitroglycerin</td>
</tr>
<tr>
<td>Nitroglycerin CR Oral</td>
<td>Nitro-Time, Nitroglyn</td>
</tr>
<tr>
<td>Nitroglycerin Oint 2% Transdermal</td>
<td>Nitrobid, Nitrol</td>
</tr>
<tr>
<td>Nitroglycerin TD Transdermal</td>
<td>Nitro-Dur, Minitran, Transdem-Nitro, Deponit, Nitrodisc</td>
</tr>
</tbody>
</table>

### Carbonic Anhydrase Inhibitors

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetazolamide Oral</td>
<td>Acetazolamide</td>
</tr>
<tr>
<td>Methazolamide Oral</td>
<td>Neptazane</td>
</tr>
</tbody>
</table>

### Loop Diuretics

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furosemide Oral</td>
<td>Lasix</td>
</tr>
</tbody>
</table>

### Potassium Sparing Diuretics

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spironolactone Oral 25mg, 50mg, 100mg</td>
<td>Aldactone</td>
</tr>
</tbody>
</table>
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
</table>

### Thiazides
- Chlorthalidone 25mg, 50mg, 100mg tablet Oral
  - Hygroton
  - Limited to 1 tablet per day
- Hydrochlorothiazide (HCTZ) Oral
  - Hydrodiuril, Oretic, Esidrix, Microzide
- Indapamide Oral
  - Lozol
- Metolazone Oral
  - Zaroxolyn
  - Code 1: For Impaired Renal Function or CHF

### Combination Diuretics
- Spironolactone & HCTZ Oral
  - Aldactazide
- Triamterene & HCTZ Oral
  - Dyazide, Maxzide

### Vasodilators
- Hydralazine HCL Oral
  - Apresoline
- Minoxidil Oral
  - Loniten

### Anaphylaxis Therapy Agents
- Epinephrine HCl Injection (Anaphylaxis)
  - Epipen, Epipen Jr.
  - Code 1 for Epipen Jr.: Approve for enrollees <30kg
- Epinephrine-Chlorpheniramine
  - Ana-Kit

### Bile Sequestrants
- Cholestyramine Powder Can Oral & Packets Oral
  - Questran/Lite

### Antihyperlipidemics: Fenamates
- Gemfibrozil Oral
  - Lopid
- Fenofibrate Tabs Oral
  - Lofibra
  - Available as the following strengths: 48mg, 54mg, 145mg, and 160mg tablets.
- Fenofibrate Micronized Caps Oral
  - Tricor
  - Available as the following strengths: 67mg, 130mg, 134mg, 200mg capsules

### Antihyperlipidemics: HMG-CoA Reduase Inhibitor
- *Antihyperlipidemics: HMG-CoA Reduase Inhibitors may be filled for a 90 day supply if the prescription is written as such.*
  - Atorvastatin Oral 40mg, 80mg
    - Lipitor
    - Contingent Therapy: For enrollee failing therapy with or intolerant to Simvastatin. Limited to 1 tablet/day
  - Lovastatin Oral
    - Mevacor
  - Simvastatin Oral
    - Zocor
  - Pravastatin Oral
    - Pravachol
### Nicotinic Acid Derivatives

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niacin</td>
<td>Vitamin B-3</td>
<td></td>
</tr>
<tr>
<td>Niacin Tab CR</td>
<td>Niaspan</td>
<td>Contingent Therapy: For enrollee failing therapy with or intolerant to niacin. Limited to 1 tablet/day</td>
</tr>
</tbody>
</table>

### RESPIRATORY AGENTS

#### Antihistamines-Alkylamines

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyproheptadine HCL Oral</td>
<td>Periactin</td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine HCL capsule, tablet Oral</td>
<td>Benadryl, Dipheudy</td>
<td></td>
</tr>
<tr>
<td>Promethazine HCL Oral</td>
<td>Phenergan, Phenergan Forte</td>
<td></td>
</tr>
<tr>
<td>Promethazine HCL Suppos Rectal</td>
<td>Phenergan</td>
<td></td>
</tr>
</tbody>
</table>

#### Antihistamines-Non-Sedating

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loratadine 10mg Tab Oral (OTC)</td>
<td>Claritin</td>
<td>Limited to 1 tablet/day</td>
</tr>
</tbody>
</table>

#### Nasal Steroids

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flunisolide 0.025% Nasal</td>
<td>Nasalide</td>
<td>Code 1 Restriction: For diagnosis of nasal polyps, chronic sinusitis, or asthma. Limited to 1 unit/month</td>
</tr>
<tr>
<td>Fluticasone Propionate Nasal</td>
<td>Flonase</td>
<td>Limited to 1 unit/month</td>
</tr>
</tbody>
</table>

#### Expectorants

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaifenesin Oral</td>
<td>Organidin NR, Diabetic Tus, Robitussin Cold/Cough, Naldecon Sr</td>
</tr>
</tbody>
</table>

#### Miscellaneous Respiratory

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Chloride Soln Nebu 0.9%</td>
<td>Broncho Saline</td>
</tr>
</tbody>
</table>

#### Decongestant or Decongestant Combinations

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenylephrine-GG Oral</td>
<td>Resc on-GG</td>
</tr>
<tr>
<td>Promethazine &amp; Phenylephrine Syrup 6.25-5mg/5mL Oral</td>
<td>Phenergan VC</td>
</tr>
<tr>
<td>Pseudoephedrine HCL Oral</td>
<td>Sudafed</td>
</tr>
<tr>
<td>Pseudoephedrine w/DM-GG Cap 30-10-200mg Oral</td>
<td>Robitussin Cod/Cgh, Novahistine-DMX</td>
</tr>
<tr>
<td>Pseudoephedrine-GG/CR Oral</td>
<td>Humibid, Guaifed, Robitussin PE, Guaifed-PD</td>
</tr>
</tbody>
</table>
# San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triprolidine &amp; Pseudoephedrine Oral</td>
<td>Actifed</td>
<td></td>
</tr>
</tbody>
</table>

**Antitussive-Antihistamine Narcotic**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codine-GG Oral</td>
<td>Tussi-Organi, Robitussin A-C</td>
<td></td>
</tr>
<tr>
<td>Narcotic (codeine cough syrup)</td>
<td>Phenergan w/Codeine, etc.</td>
<td>Limited to 240 mL/fill, maximum of 3 fills/month.</td>
</tr>
</tbody>
</table>

**Antitussive Non-Narcotic**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorpheniramine-DM Syrup Oral</td>
<td>Scot-Tussin DM SF</td>
</tr>
<tr>
<td>Dextromethorphan-GG Liquid 10-100mg/5mL Oral</td>
<td>Robitussin DM, Diabetic Tus DM</td>
</tr>
<tr>
<td>Phenylephrine-Chlorphen-DM Oral</td>
<td>Cerase-DM</td>
</tr>
<tr>
<td>Phenylephrine-Pyrilamine-DM Oral</td>
<td>Codimal DM, Codituss DM</td>
</tr>
<tr>
<td>Promethazine-DM Syrup Oral</td>
<td>Phenergan DM</td>
</tr>
<tr>
<td>Pseudoephed-Bromphen-DM Oral</td>
<td>Dimetane-DX, Bromatane DX</td>
</tr>
<tr>
<td>Pseudoephed-Carbinoxamine-DM Liquid Oral</td>
<td>Rondec DM</td>
</tr>
<tr>
<td>Chlorpheniramine &amp; Pseudoephedrine Oral</td>
<td>Sudafed Plus, Chlor-Trimeton, Histex, Deconamine</td>
</tr>
<tr>
<td>Dextromethorphan &amp; Pseudoephedrine Oral</td>
<td>Sudex</td>
</tr>
<tr>
<td>Phenylephrine w/DM-GG Oral</td>
<td>Tussex</td>
</tr>
</tbody>
</table>

**Anticholinergics**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipratropium Bromide Inhalation</td>
<td>Atrovent HFA</td>
</tr>
<tr>
<td>Ipratropium Sol Inh</td>
<td>Atrovent</td>
</tr>
<tr>
<td>Tiotropium</td>
<td>Spiriva Handihaler</td>
</tr>
</tbody>
</table>

**Mast Cell Stabilizers**

* Mast Cell Stabilizers may be filled for a 90 day supply if the prescription is written as such. 

<table>
<thead>
<tr>
<th>Drug</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cromolyn Sodium Solution</td>
<td>Intal</td>
<td>Limited to 30/month for aerosol solution</td>
</tr>
</tbody>
</table>

**Beta Adrenergics**

* Beta Adrenergics noted with an asterisk may be filled for a 90 day supply if the prescription is written as such.
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol Sulfate Aero Inhalation</td>
<td>Ventolin HFA</td>
<td></td>
</tr>
<tr>
<td>Albuterol Sulfate Soln Nebu Inhalation</td>
<td>Ventolin, Accuneb</td>
<td></td>
</tr>
<tr>
<td>*Budesonide/Formoterol</td>
<td>Symbicort</td>
<td></td>
</tr>
<tr>
<td>Ipratropium/Albuterol Sol</td>
<td>Duoneb</td>
<td></td>
</tr>
<tr>
<td>Mometasone furoate/ Formoterol fumarate dehydrate</td>
<td>Dulera Aer</td>
<td></td>
</tr>
<tr>
<td>Indacateriol Oral Inh.</td>
<td>Arcapta Neohaler Cap</td>
<td></td>
</tr>
<tr>
<td>Salmeterol Xinafoate Powder Disks Inhalation</td>
<td>Serevent Diskus</td>
<td>Limited to 1 unit/month Contingent Therapy: For diagnosis of asthma only. Use with steroid.</td>
</tr>
<tr>
<td>Terbutaline Sulfate Oral</td>
<td>Brethine</td>
<td></td>
</tr>
</tbody>
</table>

**Adrenergic Combinations**

| Albuterol-Ipratropium Aerosol Inhalation         | Combivent Respiomat        |                                                                                        |

**Xanthines (Theophylline)**

*Xanthines (Theophylline) may be filled for a 90 day supply if the prescription is written as such.*

*Theophylline Tab ER Oral*  | Theochron ER |
*Theophylline Tab CR Oral*  | Theo-24       |

**Steroid Inhalants**

*Steroid Inhalants may be filled for a 90 day supply if the prescription is written as such.*

*Beclomethasone Dipropionate Inhal Aero*  | QVAR |
*Fluticasone*  | Flovent Diskus |

**Leukotriene Receptor Inhibitors**

*Leukotriene Receptor Inhibitors may be filled for a 90 day supply if the prescription is written as such.*

*Montelukast Sodium TAB Oral*  | Singulair |

**GASTROINTESTINAL AGENTS**

<table>
<thead>
<tr>
<th>Antiperistaltic Agents</th>
<th>Gastrointestinal Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenoxylate w/ Atropine Oral</td>
<td>Lomotil, Lonox</td>
</tr>
<tr>
<td>Loperamide HCL Oral</td>
<td>Imodium, Imodium A-D</td>
</tr>
</tbody>
</table>

**Belladonna Alkaloids**
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyoscyamine Sulfate Oral</td>
<td>Levsinex, Cystospaz-M, Levsin, Levsin SL, Anaspaz, Levbid, Colytrol</td>
<td></td>
</tr>
<tr>
<td><strong>Antispasmodics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dicyclomine HCL Oral</td>
<td>Bentyl</td>
<td></td>
</tr>
<tr>
<td><strong>Anticholinergic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belladonna Alkaloids-Phenobarbital Tab &amp; Elixir</td>
<td>Donnatal Tab, Donnatal Elixir</td>
<td></td>
</tr>
<tr>
<td><strong>H-2 Antagonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Famotidine Tablet 10mg, 20mg, 40mg Oral</td>
<td>Pepcid</td>
<td></td>
</tr>
<tr>
<td>Ranitidine HCL Tabs 75mg, 150mg, 300mg</td>
<td>Zantac Rx</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Ulcers: Imidazoles (Proton-Pump Inhibitors)</strong></td>
<td></td>
<td>Limited to 2 tablets/day, quantity limit of 180 days or 6 months with look back of 365 days</td>
</tr>
<tr>
<td>Omeprazole Magnesium Tab</td>
<td>Prilosec (OTC)</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Anti-Ulcer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sucralfate Oral</td>
<td>Carafate</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Emetics-Anticholinergic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meclizine Oral</td>
<td>Antivert</td>
<td></td>
</tr>
<tr>
<td>Promethazine HCL Oral</td>
<td>Phenergan, Phenergan Forte</td>
<td></td>
</tr>
<tr>
<td>Prochlorperazine Maleate Oral Prochlorperazine Maleate Cap CR &amp; Tab Oral</td>
<td>Compazine</td>
<td></td>
</tr>
<tr>
<td>Prochlorperazine Edisylate Oral</td>
<td>Compazine</td>
<td></td>
</tr>
<tr>
<td>Metoclopramide HCL Oral</td>
<td>Reglan</td>
<td></td>
</tr>
<tr>
<td><strong>Gallstone Solubilizing Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ursodiol Capsule 300mg Oral</td>
<td>Actigall</td>
<td></td>
</tr>
<tr>
<td><strong>GI Stimulants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metoclopramide HCL Oral</td>
<td>Reglan</td>
<td></td>
</tr>
<tr>
<td><strong>Intestinal Acidifiers</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactulose Syr 10gm/15mL Oral</td>
<td>Cephulac, Enulose Calulose, Cholac, Generlac</td>
<td>Code 1 for Encephalopathy</td>
</tr>
</tbody>
</table>

### Laxatives
- Clearlax Polyethylene Glycol 3350 SM Powder: Miralax

### Misc. GI
- Mesalamine Enema Rectal, Suppos Rectal, Oral: Asacol, Asacol HD, Canasa, Rowasa, Pentasa  
- Sulfasalazine Tab & EC Oral: Azulfidine

#### ESTROGENS/PROGESTINS
**Coverage may depend on patient gender**

**Estrogen**
- Estrogen Vaginal Cream: Estrace
- Estradiol Vaginal Cream: Estrogel
- Estradiol: Femtrace, Estrace
- Estropipate: Orth-est/Ogen

**Progestins**
- Medroxyprogesterone Acetate: Provera

### GENITOURINARY PRODUCTS

#### Calcium Acetate (Phosphate Binder)
- Calcium Acetate (Phosphate Binder) Cap 667mg Oral: PhosLo, Biphos

#### Urinary Anti-Infectives
- Nitrofurantoin Susp Oral: Furadantin
- Nitrofurantoin Macrocystalline Oral: Macrobid
- Nitrofurantoin Monohydrate Macrocystalline Oral: Macrobid

#### Urinary Antispasmodics
- Bethanechol Chloride Oral: Urecholine
- Hyoscymine Tab 0.15 mg Oral: Cystospaz
- Oxybutynin Chloride Tab & Syr Oral: Ditropan

#### Vaginal Anti-Infectives
- Clindamycin Phosphate CR Vaginal: Cleocin Vaginal
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metronidazole Gel 0.75% Vaginal</td>
<td>Metrogel Vag Gel, Vandazole</td>
<td></td>
</tr>
<tr>
<td><strong>Vaginal Antifungals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nystatin Tab 100000 U Vaginal</td>
<td>Nystatin Vaginal Tab</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole Vaginal</td>
<td>Gyne-Lotrimin</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole Tab Cream 1% Kit Vaginal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miconazole Nitrate Vagina, Miconazole Nitrate Vagina Kit, Miconazole Nitrate Cream, Suppos Vaginal</td>
<td>Monistat</td>
<td></td>
</tr>
<tr>
<td><strong>Urinary Analgesics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phenazopyridine HCL Tab Oral, Kit</td>
<td>Azo-gesic, Pyridium, Urogesic, Uro Femme Kit</td>
<td></td>
</tr>
<tr>
<td><strong>Misc. Genitourinary Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pentosan Polysulfate Sodium Oral</td>
<td>Elmiron</td>
<td></td>
</tr>
<tr>
<td>Potassium &amp; Sodium Citrates w/Citric Acid Oral</td>
<td>Cytra K, Polycitra, Tricitrates</td>
<td></td>
</tr>
<tr>
<td><strong>Genitourinary Irrigants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride Irrigation Soln</td>
<td>Sodium Chloride Irrigation Soln</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Benzodiazepines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clonazepam Tab Oral</td>
<td>Klonopin</td>
<td>Code 1 Restriction: For seizure</td>
</tr>
<tr>
<td>Diazepam Tab Oral</td>
<td>Valium</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Antihistamine Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydroxyzine HCL Oral</td>
<td>Atarax</td>
<td></td>
</tr>
<tr>
<td>Hydroxyzine Pamoate Oral</td>
<td>Vistaril</td>
<td></td>
</tr>
<tr>
<td><strong>Tricyclic Agents</strong></td>
<td></td>
<td>Code 1 Restriction: For diagnosis of neuropathy or as an adjunct to pain management.</td>
</tr>
<tr>
<td>Amitriptyline HCL Oral</td>
<td>Elavil</td>
<td></td>
</tr>
<tr>
<td>Amoxapine Oral</td>
<td>Ascendin</td>
<td></td>
</tr>
<tr>
<td>Clomipramine HCL Oral</td>
<td>Anafranil</td>
<td></td>
</tr>
<tr>
<td>Desipramine HCL Oral</td>
<td>Norpramin</td>
<td></td>
</tr>
<tr>
<td>Doxepin HCL Oral</td>
<td>Sinequan</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Imipramine HCl Oral</td>
<td>Tofranil</td>
<td></td>
</tr>
<tr>
<td>Nortriptyline HCl Oral</td>
<td>Pamelor</td>
<td></td>
</tr>
<tr>
<td>Protriptyline HCl Oral</td>
<td>Vivactil</td>
<td></td>
</tr>
<tr>
<td>Trimipramine Maleate Oral</td>
<td>Surmontil</td>
<td></td>
</tr>
<tr>
<td><strong>Barbiturate Hypnotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phenobarbital Oral</td>
<td>Phenobarbital</td>
<td>PA required for FDA indications only</td>
</tr>
</tbody>
</table>

**ANALGESICS AND ANESTHETICS**

<table>
<thead>
<tr>
<th>Salicylates</th>
<th>Maximum acetaminophen daily dose = 3gm/day</th>
<th>Maximum aspirin daily dose = 4gm/day</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Salicylates may be filled for a 90 day supply if the prescription is written as such.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Aspirin Oral</td>
<td>Bayer ASA, Empirin, Ascriptin, ASA Low Dose, Ecotrin, Genacote</td>
<td>Does not include single source branded products</td>
</tr>
<tr>
<td>*Aspirin Suppos Rectal</td>
<td>Aspirin Supp</td>
<td>Does not include single source branded products</td>
</tr>
<tr>
<td>*Salsalate Oral</td>
<td>Salflex, Disalcid, Amigesic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salicylate Combinations</th>
<th>Maximum acetaminophen daily dose = 3gm/day</th>
<th>Maximum aspirin daily dose = 4gm/day</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Salicylate Combinations may be filled for a 90 day supply if the prescription is written as such.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Aspirin Buffered (mg Carbonate-Al Glycinate) 325mg Tab Oral</td>
<td>Aspirin Buffered, Gennin-FC</td>
<td></td>
</tr>
<tr>
<td>*Aspirin Buffered 325mg Tab Oral</td>
<td>Buffaprin, Buffered ASA</td>
<td></td>
</tr>
</tbody>
</table>

**Analgesics Other**

| Acetaminophen Oral              | TYLENOL | |
| Acetaminophen Suppos Rectal      | Feverall, Acephen | |

**Narcotic Agonist**

| Methadone HCl Oral              | Code 1 for pain. Use for substance abuse is not a covered benefit. | |
| Morphine Sulfate Tab Oral       | MSIR | Limited to 12 tablets/day |
| Morphine Sulfate Tab CR Oral    | MS Contin, Oramoph SR | Limited to 4 tablets/day |
| Tramadol HCL Tab                | Ultram | Limited to 8 tablets/day |

**Narcotic Combinations**

| Oxycodone w/ Acetaminophen 5-325mg & 7.5-325mg Tab Oral | Roxicet | Maximum acetaminophen daily dose = 3gm/day | Maximum aspirin daily dose = 4gm/day |
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Codeine Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen w/ Codeine 300-15mg, 300-30mg, 300-60mg, 650-30mg Tab Oral</td>
<td>TYLENOL/Codeine #2, #3, #4, Vopac</td>
<td>Limited to 60 tablets/month</td>
</tr>
<tr>
<td>Acetaminophen w/ Codeine Oral Soln</td>
<td>TYLENOL/Codeine</td>
<td>Limited to 500mL/month</td>
</tr>
<tr>
<td>Aspirin w/ Codeine 325-15mg, 325-30mg, &amp; 325-60mg Tab Oral</td>
<td>EMPIRIN/Codeine #2, #3, #4</td>
<td>Limited to 60 tablets/month</td>
</tr>
<tr>
<td><strong>Hydrocodone Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen w/ Hydrocodone 5-500mg, 7.5-750mg, 10-325mg Tab Oral</td>
<td>LORTAB 5mg, Norco 10-325mg, VICODIN, VICODIN ES</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen w/ Hydrocodone 7.5-500mg/15mL Soln Oral</td>
<td>Lortab Elixir</td>
<td>Limited to 500mL/month</td>
</tr>
<tr>
<td><strong>Nonsteroidal Anti-Inflammatory Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diclofenac Potassium Oral</td>
<td>CATFLAM</td>
<td>Limited to 4 tablets/day</td>
</tr>
<tr>
<td>Diclofenac Sodium EC Oral</td>
<td>VOLTAREN</td>
<td>Limited to 4 tablets/day</td>
</tr>
<tr>
<td>Etodolac Cap &amp; Tab Oral</td>
<td>LODINE</td>
<td>Limited to 3 capsules/day for 200mg &amp; 300mg capsules; 3 tablets/day for 400mg tablet and 2 tablets/day for 500mg tablet</td>
</tr>
<tr>
<td>Fenoprofen Calcium Oral</td>
<td>NALFON</td>
<td>Limited to 16 tablets/day</td>
</tr>
<tr>
<td>Ibuprofen Oral</td>
<td>MORTIN</td>
<td>Limited to FDA approved limit</td>
</tr>
<tr>
<td>Indomethacin Oral, Suppos Rectal</td>
<td>INDICIN</td>
<td></td>
</tr>
<tr>
<td>Meloxicam Tab Oral</td>
<td>Mobic</td>
<td>Limited to 1 tablet/day</td>
</tr>
<tr>
<td>Naproxen Oral</td>
<td>NAPROSYN</td>
<td></td>
</tr>
<tr>
<td>Naproxen DR Oral</td>
<td>EC-NAPROSYN</td>
<td>Code 1: Failure of naproxen or GI disease</td>
</tr>
<tr>
<td>Oxaprozin Oral</td>
<td>DAYPRO</td>
<td>Limited to 2 tablets/day</td>
</tr>
<tr>
<td>Piroxicam Oral</td>
<td>FELDENE</td>
<td>Limited to 2 capsules/day for 10mg and 1 capsule/day for 20mg</td>
</tr>
<tr>
<td>Sulindac Oral</td>
<td>CLINORIL</td>
<td>Limited to 2 tablets/day</td>
</tr>
<tr>
<td><strong>ANTI-RHEUMATIC AND ANTI-PSORIATIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methotrexate Oral 2.5mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Migraine Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APAP-Isomethotheptane-Dichloral Cap 325-65-100mg Oral</td>
<td>MIDRIN</td>
<td></td>
</tr>
</tbody>
</table>
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Combinations</strong></td>
<td></td>
<td>Maximum acetaminophen daily dose = 3gm/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum aspirin daily dose = 4gm/day</td>
</tr>
<tr>
<td>Butalbital-Acetaminophen-Caff w/ Cod</td>
<td>Phrenilin w/ Codeine</td>
<td>Limitation: Phrenilin w/ codeine</td>
</tr>
<tr>
<td>Butalbital-Acetaminophen 50-650mg Cap</td>
<td>Phrenilin, Sedapop</td>
<td>Limitation: Phrenilin, Sedapop</td>
</tr>
<tr>
<td>Butalbital-Asprin-Caff w/ Codeine 50</td>
<td>Fiorinal w/ Codeine</td>
<td>Limitation: Fiorinal w/ Codeine</td>
</tr>
<tr>
<td>Acetaminophen-Caffeine-Butalbital 325</td>
<td>Esgic, Esgic Plus, Fioricet</td>
<td>Limitation: Esgic, Esgic Plus, Fioricet</td>
</tr>
<tr>
<td>Serotonin Agonist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sumatriptan Spray Nasal</td>
<td>Imitrex NS</td>
<td>Contingent Therapy: For enrollee failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 6 units/month</td>
</tr>
<tr>
<td>Sumatriptan Succinate Injection</td>
<td>Imitrex</td>
<td>Contingent Therapy: For enrollee failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 4 packages (8 injections)/month</td>
</tr>
<tr>
<td>Sumatriptan Succinate Tab Oral</td>
<td>Imitrex</td>
<td>Contingent therapy: For enrollee failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 18 tablets/month for 25mg &amp; 50mg and 9 tablets/month for 100mg</td>
</tr>
<tr>
<td>Amerge</td>
<td>Naratriptan Tab</td>
<td>For trial and failure of Sumatriptan tabs with 120 day look back. Limited to 9 tabs/month.</td>
</tr>
<tr>
<td>Rizatriptan</td>
<td>Maxalt-MLT</td>
<td>For trial and failure of Sumatriptan tabs with 120 day look back. Limited to 9 tabs/month.</td>
</tr>
<tr>
<td>Ergot Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ergotamine w/ Caffeine 1-100mg Tab Oral</td>
<td>Wigraine, Ercaf</td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allopurinol Tab Oral</td>
<td>Zyloric</td>
<td></td>
</tr>
</tbody>
</table>

GOUT AGENTS

June 2015           Page 19 of 42
### Uricosurics

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probenecid Oral</td>
<td>Benemid</td>
<td></td>
</tr>
<tr>
<td>Sulfinpyrazone Oral</td>
<td>Anturane</td>
<td></td>
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</tbody>
</table>

### Combination Gout Drugs

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colchicine w/Probenecid Tab 0.5-500 mg Oral</td>
<td>Proben-C</td>
<td></td>
</tr>
</tbody>
</table>

### NEUROMUSCULAR AGENTS

### Hydantoins

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenytoin Sod. Susp</td>
<td>Dilantin</td>
<td></td>
</tr>
<tr>
<td>Phenytoin Inj.</td>
<td>Dilantin</td>
<td></td>
</tr>
<tr>
<td>Phenytoin Sod. Extended Caps</td>
<td>Dilantin</td>
<td></td>
</tr>
</tbody>
</table>

### Valproic Acid

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divalproex Sodium EC Cap Oral</td>
<td>Depakote Sprinkle</td>
<td></td>
</tr>
<tr>
<td>Divalproex Sodium EC Tab Delayed Release 125mg, 250mg, 500mg</td>
<td>Depakote EC</td>
<td></td>
</tr>
<tr>
<td>Divalproex Sodium SR 24 Hr Tab Oral</td>
<td>Depakote ER</td>
<td></td>
</tr>
<tr>
<td>Valproic Acid Cap 250mg Oral</td>
<td>Depakene</td>
<td></td>
</tr>
<tr>
<td>Valproate Sodium Syrup</td>
<td>Depakene</td>
<td></td>
</tr>
<tr>
<td>Valproate Acid Soln</td>
<td>Depakene</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Anticonvulsants

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine Tab SR Oral</td>
<td>Tegretol XR</td>
<td>Limited to enrollee intolerant to or failing therapy with carbamazepine tablets</td>
</tr>
<tr>
<td>Carbamazepine Chew Tab Oral</td>
<td>Tegretol, Epitol</td>
<td></td>
</tr>
<tr>
<td>Carbamazepine Susp Oral</td>
<td>Tegretol</td>
<td></td>
</tr>
<tr>
<td>Gabapentin 400mg Cap, 400mg, 600mg, &amp; 800mg Tablet Oral</td>
<td>Neurontin</td>
<td>Limited to 6 capsules/day for 400mg capsules, 6 tablets/day for 400mg tablets, 5 tablets/day for 600mg tablets, and 4 tablets/day for 800mg tablets</td>
</tr>
<tr>
<td>Primidone Tablet Oral</td>
<td>Mysoline</td>
<td></td>
</tr>
<tr>
<td>Lamotrigine 5mg, 25mg, 100mg, 150mg, &amp; 200mg Tabs, 25mg chew</td>
<td>Lamictal</td>
<td>Limited to 120 tablets/30 days for 5mg tablet, 25mg tablet, 25mg chew &amp; 200mg tablet, 60 tablets/30 days for 100mg tablet, 150 tablets/30 days for 150mg tablets</td>
</tr>
<tr>
<td>Ethosuximide Caps</td>
<td>Zarontin</td>
<td></td>
</tr>
<tr>
<td>Zonisamide Capsule Oral</td>
<td>Zonegran</td>
<td>Approved as Adjunct Therapy for Seizure Disorder</td>
</tr>
<tr>
<td>Levetiracetam Tabs</td>
<td>Keppra</td>
<td></td>
</tr>
</tbody>
</table>
### San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxcarbazepine Tabs</td>
<td>Trileptal</td>
<td></td>
</tr>
<tr>
<td>Topiramate Tabs</td>
<td>Topamax</td>
<td></td>
</tr>
<tr>
<td>Topiragen Tabs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Antiparkinsonian Agents**

Generic agents in this class are covered (i.e. carbidopa, levodopa, benztropine, etc.)

**Central Muscle Relaxants**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baclofen Tab Oral</td>
<td>Lioresal, Lioresal DS</td>
<td>Limited to 4 tablets/day</td>
</tr>
<tr>
<td>Cyclobenzaprine HCL 10mg Tab Oral</td>
<td>Flexeril</td>
<td>Limited to 3 tablets/day</td>
</tr>
<tr>
<td>Methocarbamol Oral</td>
<td>Robaxin</td>
<td>Limited to 6 tablets/day</td>
</tr>
</tbody>
</table>

**Antimyasthenic Agents**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neostigmine Bromide Tab 15mg Oral</td>
<td>Prostigmin</td>
</tr>
<tr>
<td>Pyridostigmine Bromide Oral</td>
<td>Mestinon</td>
</tr>
</tbody>
</table>

**Vitamin B-3**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niacin Oral</td>
<td>Niacin</td>
</tr>
</tbody>
</table>

**Vitamin B-6**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Code 1 Restriction: For use with INH only</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCL Cap, HLC Cap CR, Tab Oral</td>
<td>Vitamin B-6</td>
<td></td>
</tr>
</tbody>
</table>

**Vitamin K**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phytonadione Tab 5mg Oral</td>
<td>Mephyton</td>
</tr>
</tbody>
</table>

**Potassium**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium Chloride Cap CR 8mEq &amp; 10mEq Oral</td>
<td>Micro-K</td>
</tr>
<tr>
<td>Potassium Chloride Tab CR 8mEq, 10mEq, 15mEq &amp; 20mEq Oral</td>
<td>Slow-K, Klor-Con, K-Tabs, K-Dur, Klortrix, Kaon-CL</td>
</tr>
<tr>
<td>Potassium Chloride Oral Liq 10% &amp; 20% Oral</td>
<td>Klorvess, Kaochlor, Kay Ciel KCL, Kaon-CL SF</td>
</tr>
<tr>
<td>Potassium &amp; Sodium Phosphates for Soln 278-164-250mg/75mL, Powder 278-164-250mg &amp; 280-160-250mg Oral</td>
<td>Neutrophos</td>
</tr>
</tbody>
</table>

**Potassium Removing Resin**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Polystyrene Sulfonate Susp 15gm/60mL Oral/Rectal</td>
<td>SPS</td>
</tr>
</tbody>
</table>
# San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Polystyrene Sulfonate Powder Oral</td>
<td>Kayexalate</td>
<td></td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride Injection</td>
<td>Normal Saline (IV)</td>
<td></td>
</tr>
<tr>
<td><strong>HEMATOLOGICAL AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Folic Acid</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic Acid Oral</td>
<td>Folic Acid</td>
<td></td>
</tr>
<tr>
<td><strong>Iron</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferrous Fumarate Oral</td>
<td>Feostat</td>
<td></td>
</tr>
<tr>
<td>Ferrous Gluconate Oral</td>
<td>Ferrous Gluconate</td>
<td></td>
</tr>
<tr>
<td>Ferrous Sulfate Oral</td>
<td>Iron, Slow-Fe, Feosol,</td>
<td>Feosol, Fer-In-Sol,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feratab</td>
</tr>
<tr>
<td><strong>Coumarin Anticoagulants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Coumarin Anticoagulants may be filled for a 90 day supply if the prescription is written as such.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Warfarin Sodium Tab Oral</td>
<td>Coumadin</td>
<td></td>
</tr>
<tr>
<td><strong>Platelet Aggregation Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Platelet Aggregation Inhibitors may be filled for a 90 day supply if the prescription is written as such.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cilostazol</em></td>
<td>Pletal</td>
<td></td>
</tr>
<tr>
<td>*Dipyridamole Tab Oral</td>
<td>Persantine</td>
<td></td>
</tr>
<tr>
<td>*Clopidogrel Bisulfate Tab Oral</td>
<td>Plavix</td>
<td></td>
</tr>
<tr>
<td><strong>Heparins and Heparinoid-Like Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Heparins and Heparinoid-Like Agents may be filled for a 90 day supply if the prescription is written as such.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enoxaparin Sodium Injection</td>
<td>Lovenox</td>
<td>Limited to 10 vials per month.</td>
</tr>
<tr>
<td><strong>OPHTHALMIC AND OTIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Antibiotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciproflaxacin HCL Soln 0.3% Ophthalmic</td>
<td>Ciloxan</td>
<td></td>
</tr>
<tr>
<td>Erythromycin Oint 5mg/gm Ophthalmic</td>
<td>Llotycin</td>
<td></td>
</tr>
<tr>
<td>Gentamicin Sulfate Soln &amp; Oint 0.3% Ophthalmic</td>
<td>Garamycin, Genoptic</td>
<td></td>
</tr>
<tr>
<td>Ofloxacin in Ophth Soln 0.3% Ophthalmic</td>
<td>Ocuflox</td>
<td></td>
</tr>
<tr>
<td>Sodium Sulfacetamide 10% Ophthalmic</td>
<td>Bleph-10, Sod Sulamyd</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Beta-Blockers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betaxolol HCL Soln -.5% &amp; 1%</td>
<td>Betoptic, Betoptic-S</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>and Susp 0.25% Ophthalmic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carteolol HCL Soln 1% Ophthalmic</td>
<td>Ocupress</td>
<td></td>
</tr>
<tr>
<td>Metipranolol HCL Soln 0.3% Ophthalmic</td>
<td>Optipranolol</td>
<td></td>
</tr>
<tr>
<td>Levobunolol HCL Soln 0.25% &amp; 0.5% Ophthalmic</td>
<td>Betagan</td>
<td></td>
</tr>
<tr>
<td>Timolol Maleate Soln 0.25% &amp; 0.5% Ophthalmic</td>
<td>Timoptic</td>
<td></td>
</tr>
<tr>
<td>Timolol Maleate Soln (Gel Forming) 0.25% &amp; 0.5%</td>
<td>Timoptic XE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Carbonic Anhydrase Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brinzolamide Susp 1% Ophthalmic</td>
<td>Azopt</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Carbonic Anhydrase Inhibitors - Beta-Blocker Combination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorzolamide-Timolol Soln 2-0.5% Ophthalmic</td>
<td>Cosopt</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Steroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone Susp 0.1% Ophthalmic</td>
<td>Maxidex</td>
<td></td>
</tr>
<tr>
<td>Dexamethasone Sodium Phosphate Soln Ophthalmic</td>
<td>Decadron, Dexa-sol</td>
<td></td>
</tr>
<tr>
<td>Fluorometholone Susp Ophthalmic</td>
<td>FML Liquifilm, FML Forte</td>
<td></td>
</tr>
<tr>
<td>Fluorometholone Oint 0.1% Ophthalmic</td>
<td>FML S.O.P.</td>
<td></td>
</tr>
<tr>
<td>Fluorometholone Acetate Susp 0.1% Ophthalmic</td>
<td>Flarex, Eflone</td>
<td></td>
</tr>
<tr>
<td>Prednisolone Acetate Susp 1% Ophthalmic</td>
<td>Econopred Plus, Omnipred Pred Forte</td>
<td></td>
</tr>
<tr>
<td>Prednisolone Sodium Phosphate Soln 1% Ophthalmic</td>
<td>Inflamase Forte</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Steroid Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loteprednol etabonate-Tobramycin Susp 0.5-0.3% Ophthalmic</td>
<td>Zylet</td>
<td></td>
</tr>
<tr>
<td>Sulfacetamide Sodium-Prednisolone Susp 10-0.2% Ophthalmic</td>
<td>Blephamide</td>
<td></td>
</tr>
<tr>
<td>Sulfacetamide Sodium-Prednisolone Oint 10-0.2%</td>
<td>Blephamide S.O.P.</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobramycin-Dexamethasone Susp &amp; Oint 0.3-0.1% Ophthalmic</td>
<td>Tobralex</td>
<td></td>
</tr>
<tr>
<td>Neomycin-Polymyxin-Dexamethasone Susp &amp; Oint 0.1% Ophthalmic</td>
<td>Maxitrol, Dexamidin</td>
<td></td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Susp Ophthalmic</td>
<td>Cortisporin</td>
<td></td>
</tr>
<tr>
<td>Bacitracin-Polymyxin-Neomycin-HC Ophthalmic Oint 1%</td>
<td>Cortisporin, AK-Spore HC, Triple Antibiotic</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmics- Alpha 2 Adrenergic Agonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brimonidine Soln 0.1% Ophthalmic</td>
<td>Alphagan/Alphagan-P</td>
<td></td>
</tr>
<tr>
<td><strong>Prostaglandin Agonists Ophthalmic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latanoprost Soln 0.005% Ophthalmic</td>
<td>Xalatan</td>
<td></td>
</tr>
<tr>
<td><strong>Cycloplegics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atropine Sulfate Soln 1% Ophthalmic</td>
<td>Iso Atropine</td>
<td></td>
</tr>
<tr>
<td>Atropine Sulfate Oint 1% Ophthalmic</td>
<td>Ocu-tropine</td>
<td></td>
</tr>
<tr>
<td>Cyclopentolate HCL Soln 0.5%, 1%, 2% Ophthalmic</td>
<td>Cyclogyl</td>
<td></td>
</tr>
<tr>
<td>Homatropine HBr Soln 2%, 5% Ophthalmic</td>
<td>Iso Homatropine</td>
<td></td>
</tr>
<tr>
<td>Scopolamine HBr Soln 0.25% Ophthalmic</td>
<td>Iso Hyoscine</td>
<td></td>
</tr>
<tr>
<td>Tropicamide Soln 0.5%, 1% Ophthalmic</td>
<td>Mydriacyl, Infi-Cyle</td>
<td></td>
</tr>
<tr>
<td><strong>Cycloplegics Mydriatic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclopentolate w/ Phenylephrine Soln 0.2-1% Ophthalmic</td>
<td>Cyclomydri</td>
<td></td>
</tr>
<tr>
<td>Scopolamine w/ Phenylephrine Soln 0.3-10% Ophthalmic</td>
<td>Murocoll-2</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Decongestant Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naphazoline w/ Antazoline Soln 0.05-0.5% Ophthalmic</td>
<td>Vacon-A</td>
<td></td>
</tr>
<tr>
<td>Naphazoline w/ Pheniramine Soln 0.025-0.3% Ophthalmic</td>
<td>Naphcon-A</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Ophthalmics - Direct Acting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilocarpine HCL Soln 0.5%, 1%, 2%, 4%, 6% Ophthalmic</td>
<td>Iso Carpine, Pilocar</td>
<td></td>
</tr>
<tr>
<td>Pilocarpine HCL Gel 4% Ophthalmic</td>
<td>Pilopine HS</td>
<td></td>
</tr>
<tr>
<td><strong>Adrenergic Mydriatics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dipivefrin Soln 0.1% Ophthalmic</td>
<td>Propine-C</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Anti-Allergic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olopatadine HCL Soln Ophthalmic</td>
<td>Patanol</td>
<td>Contingent Therapy: For enrollee failing therapy with or intolerant to Naphcon-A or Vasacon-A</td>
</tr>
<tr>
<td><strong>Ophthalmic Non-Steroidal Anti-Inflammatory Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diclofenac Sodium Soln 0.1% Ophthalmic</td>
<td>Voltaren</td>
<td>Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days</td>
</tr>
<tr>
<td>Flurbiprofen Soln 0.03% Ophthalmic</td>
<td>Ocufen</td>
<td></td>
</tr>
<tr>
<td>Ketorolac Tromethamine Soln 0.4%, 0.5% Ophthalmic</td>
<td>Acular LS, Acular</td>
<td>Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days</td>
</tr>
<tr>
<td>Nepafenac Susp 0.1% Ophthalmic</td>
<td>Nevanac</td>
<td>Code 1 Restriction: For Ophthalmologist Limited to #3mL/30 days</td>
</tr>
<tr>
<td>Bromfenac Sodium Soln 0.09% Ophthalmic</td>
<td>Xibrom</td>
<td>Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days</td>
</tr>
<tr>
<td><strong>Otic Steroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone W/ Acetic Acid 1-2% Soln Otic</td>
<td>Vosol-HC</td>
<td></td>
</tr>
<tr>
<td><strong>Otic Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetic Acid 2% Soln Otic</td>
<td>Vosol</td>
<td></td>
</tr>
<tr>
<td>Carbamide Peroxide 6.5% Soln Otic</td>
<td>Debrox</td>
<td></td>
</tr>
<tr>
<td><strong>Otic Steroid Antibiotic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzocaine-Antipyrine 1.4-5.4% Soln Otic</td>
<td>Auralgan</td>
<td></td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-1% Otic</td>
<td>Cortisporin Otic</td>
<td></td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Soln 1% Otic</td>
<td>Cortisporin Otic</td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%</td>
<td>Cipro HC Otic</td>
<td>Code 1 Restriction: Must be written by ENT or Emergency Department Physician.</td>
</tr>
</tbody>
</table>
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
</table>

### Mouth & Throat (Local)

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidocaine HCL in Viscous Soln 2% (Mouth-Throat)</td>
<td>Lidocaine Viscous</td>
<td></td>
</tr>
<tr>
<td>Nystatin Susp 100000 U/mL (Mouth/Throat)</td>
<td>Mycostatin, Bio-Statin</td>
<td></td>
</tr>
<tr>
<td>Pilocarpine HCL 5mg Tab Oral</td>
<td>Salagen</td>
<td></td>
</tr>
<tr>
<td>Triamcinolone Acetonide in Orabase 0.1% (Mouth)</td>
<td>Kenalog</td>
<td></td>
</tr>
</tbody>
</table>

### Antibiotics - Topical

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mupirocin 2% Oint External</td>
<td>Bactroban</td>
<td>Limited to 60gm/month</td>
</tr>
</tbody>
</table>

### Antifungals - Topical

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crotamiton External</td>
<td>Eurax</td>
<td></td>
</tr>
<tr>
<td>Nystatin External</td>
<td>Mycostatin, Nystop, Pedi-Dri</td>
<td></td>
</tr>
<tr>
<td>Tolnaftate Power External</td>
<td>Tinactin</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole External</td>
<td>Desenex, Lotrimin, Lotrimin AF</td>
<td></td>
</tr>
<tr>
<td>Ketoconazole Cream 2% External</td>
<td>Nizoral</td>
<td></td>
</tr>
<tr>
<td>Ketoconazole Shampoo 2% External</td>
<td>Nizoral</td>
<td>Limited to 120mL/month</td>
</tr>
<tr>
<td>Miconazole Nitrate Cream 2% External</td>
<td>Micatin, Monistat</td>
<td></td>
</tr>
</tbody>
</table>

### Antifungals - Topical Combinations

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotrimazole w/ Betamethasone Cream, External</td>
<td>Lotrisone</td>
<td></td>
</tr>
<tr>
<td>Nystatin-Triamcinolone Cream &amp; Oint External</td>
<td>Mycolog II</td>
<td></td>
</tr>
</tbody>
</table>

### Burn Products

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver Sulfadiazine Cream 1% External</td>
<td>Silvadene</td>
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</tr>
</tbody>
</table>

### Tar Products

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allantoin-Coal Tar and Combinations Shampoo External</td>
<td>Tegrin Medicated Shampoo 7%</td>
<td></td>
</tr>
<tr>
<td>Coal Tar External</td>
<td>Fototar, G-Tar, Tegrin, Medotar</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Representative Brand Name</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Corticosteroids - Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betamethasone Dipropionate Cream External</td>
<td>Diprosone, Maxivate</td>
<td>Limited to 90gm/mo for cream, &amp; ointment, and 120ml/mo for lotion.</td>
</tr>
<tr>
<td>Fluocinolone Acetonide Cream, Soln External</td>
<td>Synalar, Fluorosyn,</td>
<td>Limited to 120 gm/mo for cream, &amp; ointment, and 120ml/mo for solution.</td>
</tr>
<tr>
<td>Fluocinonide Cream, Emusified Cream, Gel, Soln, Oint 0.05%External</td>
<td>Lidex, Lidex-E</td>
<td>Limited to 120 gm/mo for cream, gel &amp; ointment, and 120ml/mo for solution.</td>
</tr>
<tr>
<td>Hydrocortisone External</td>
<td>Corticreme, Genasone, Demacort, Cortaid, Hytone, Dematex HC, Nutracort, Hydrocort, Cortaid, Nercainal, Lanacort HC, AC/Aloe, Anusol HC, Hydrocort/ AN, Cotacort</td>
<td>Limited to 120gm/mo for cream &amp; ointment, and 120ml/mo for lotion.</td>
</tr>
<tr>
<td>Triamcinolone Acetonide Cream, Ointment External</td>
<td>Aristocort A, Kenalog</td>
<td>Limited to 80gm/mo for 0.025%, 0.1% and 45gm/mo for 0.5%</td>
</tr>
<tr>
<td><strong>Anorectal Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone w/ Pramoxine Foam 1-1% Rectal</td>
<td>Proctofoam-HC</td>
<td></td>
</tr>
<tr>
<td>Phenylephrine in Hard Fat Suppos 0.25% Rectal</td>
<td>Rectacaine</td>
<td></td>
</tr>
<tr>
<td>Pramoxine Hcl Oint 1% Rectal</td>
<td>Tucks</td>
<td></td>
</tr>
<tr>
<td>Pramoxine-HC External</td>
<td>Analpram-HC, Epifoam, Pramosone</td>
<td></td>
</tr>
<tr>
<td>Pramoxine w/ Zinc Oxide in Mineral Oil Oint 1-12.5% Rectal</td>
<td>Tucks, Anusol</td>
<td></td>
</tr>
<tr>
<td>Starch Suppositories 51% Rectal</td>
<td>Tucks</td>
<td></td>
</tr>
<tr>
<td><strong>Enzymes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papain-Urea Ointment External</td>
<td>Accuzyme, Ethezyme</td>
<td></td>
</tr>
<tr>
<td>Papain &amp; Urea-Chlorophyllin Ointment External</td>
<td>Panafil</td>
<td></td>
</tr>
<tr>
<td>Trypsin w/ Castor Oil &amp; Peruvian Balsam Ointment External</td>
<td>Xenaderm</td>
<td></td>
</tr>
<tr>
<td><strong>Keratolytics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podofilox Soln &amp; Gel 0.5% External</td>
<td>Condylox</td>
<td></td>
</tr>
</tbody>
</table>
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<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Anesthetics - Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidocaine HCL Gel 2% External</td>
<td>Xylocaine</td>
<td></td>
</tr>
<tr>
<td>Lidocaine HCL Viscous Soln 2% Mouth/Throat</td>
<td>Xylocaine</td>
<td></td>
</tr>
<tr>
<td><strong>Scabicides &amp; Pediculocides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crotamiton Cream &amp; Lotion 10% External</td>
<td>Eurax</td>
<td></td>
</tr>
<tr>
<td>Malathion 0.5% Lotion External</td>
<td>Ovide</td>
<td></td>
</tr>
<tr>
<td>Pemethrin Cream Rinse 1% External</td>
<td>Nix Cream Rinse</td>
<td></td>
</tr>
<tr>
<td>Pemethrin Cream 5% External</td>
<td>Elimite, Acticin</td>
<td></td>
</tr>
<tr>
<td>Pyrethrins-Piperonyl Butoxide External</td>
<td>Rid, A-200, Pronto</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcipotriene Soln External</td>
<td>Dovonex</td>
<td></td>
</tr>
<tr>
<td>Coal Tar (Crude) Solution</td>
<td>Coal Tar</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Reagents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetone Test</td>
<td>Acetest, Ketostix</td>
<td></td>
</tr>
<tr>
<td>Glucose Urine Test-(Glucose Oxidase)</td>
<td>Diastix, Clinistix</td>
<td></td>
</tr>
<tr>
<td>Glucose Urine Test-(Copper Sulfate)</td>
<td>Clinitest</td>
<td>Limited to 50 per 30 days if not on insulin. If on insulin, allow limit 100 per 30 days. Limited to Bayer Ascencia Contour, Ascencia Breeze 2, and Contour Next only.</td>
</tr>
<tr>
<td><strong>Glucose Blood Test Strips</strong></td>
<td>Ascencia Contour</td>
<td>Limited to 1 fill per year. Maximum of $60 per fill. Limited to Ascencia Contour, Breeze 2, and Contour Next products.</td>
</tr>
<tr>
<td></td>
<td>Ascencia Breeze 2</td>
<td></td>
</tr>
<tr>
<td><strong>Multiple Urine Test Strips</strong></td>
<td>Chemstrips</td>
<td>Limited to 51/month. Maximum of 3 fills/prescription</td>
</tr>
<tr>
<td><strong>Urine Glucose-Ketones Test Strips</strong></td>
<td>Chemstrips</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetic Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose Blood Calibration Soln</td>
<td>Control Solutions</td>
<td></td>
</tr>
<tr>
<td>Glucose Blood Monitoring Kit</td>
<td>Ascencia Contour</td>
<td>Limited to 100/month. Maximum of 3 fills/prescription</td>
</tr>
<tr>
<td></td>
<td>Ascencia Breeze 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contour Next</td>
<td></td>
</tr>
</tbody>
</table>
## San Diego County Drug Formulary

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Representative Brand Name</th>
<th>Utilization Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancets</td>
<td>Lancets</td>
<td>Limited to 51/month. Maximum of 3 fills/prescription</td>
</tr>
<tr>
<td>Lancets Devices</td>
<td>Lancets</td>
<td>Limited to 2 fills/year, maximum $25/prescription</td>
</tr>
<tr>
<td><strong>Transplant Medications</strong></td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>
A
A-200, 28
AC/Aloe, 27
Acarbose Tab Oral, 7
Accuneb, 13
Accuzyme, 27
**ACE Inhibitors**, 8
Acephen, 17
Acetaminophen Oral, 17
Acetaminophen Suppos Rectal, 18
Acetaminophen w/ Codeine Oral Soln, 18
Acetaminophen w/ Hydrocodone 5-500mg, 7.5-750mg, 10-325mg Tab Oral, 18
Acetaminophen w/ Hydrocodone 5-500mg/15mL Soln, 18
Acetaminophen w/ Hydroc...
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin Suppos Rectal, 17</td>
<td>17</td>
</tr>
<tr>
<td>Aspirin w/ Codeine 325-15mg, 325-30mg, &amp; 325-60mg Tab Oral, 18</td>
<td></td>
</tr>
<tr>
<td>Aspirin-Caffeine-Butalbital 325-40-50mg Tab &amp; Cap Oral, 19</td>
<td></td>
</tr>
<tr>
<td>Atarax, 16</td>
<td>16</td>
</tr>
<tr>
<td>Atenolol Oral, 8</td>
<td>8</td>
</tr>
<tr>
<td>Atorvastatin Oral, 10</td>
<td>10</td>
</tr>
<tr>
<td>Atovaquone, 4</td>
<td></td>
</tr>
<tr>
<td>Atropine Sulfate Oint 1% Ophthalmic, 24</td>
<td></td>
</tr>
<tr>
<td>Atropine Sulfate Soln 1% Ophthalmic, 24</td>
<td></td>
</tr>
<tr>
<td>Atrovent, 12</td>
<td>12</td>
</tr>
<tr>
<td>Atrovent HFA, 12</td>
<td>12</td>
</tr>
<tr>
<td>Augmentin, 4</td>
<td>4</td>
</tr>
<tr>
<td>Augmentin XR, 4</td>
<td>4</td>
</tr>
<tr>
<td>Auralgan, 25</td>
<td>25</td>
</tr>
<tr>
<td>Azopt, 23</td>
<td>23</td>
</tr>
<tr>
<td>Azulfidine, 15</td>
<td>15</td>
</tr>
<tr>
<td>Bacitracin-Polymyxin-Neomycin-HC Ophthalmic Oint 1%, 24</td>
<td>24</td>
</tr>
<tr>
<td>Baclofen Tab Oral, 21</td>
<td>21</td>
</tr>
<tr>
<td>Bactrim, 4</td>
<td>4</td>
</tr>
<tr>
<td>Bactroban, 26</td>
<td>26</td>
</tr>
<tr>
<td>Barbiturate Hypnotics, 17</td>
<td>17</td>
</tr>
<tr>
<td>Bayer ASA, 17</td>
<td>17</td>
</tr>
<tr>
<td>BD - Glucose Chw, 7</td>
<td>7</td>
</tr>
<tr>
<td>B-D Insulin Syringes, 28</td>
<td>28</td>
</tr>
<tr>
<td>Beclomethasone Dipropionate Inhal Aero, 13</td>
<td>13</td>
</tr>
<tr>
<td>Belladonna Alkaloids, 14</td>
<td>14</td>
</tr>
<tr>
<td>Belladonna Alkaloids- Phenobarbital Tab &amp; Elixir, 14</td>
<td></td>
</tr>
<tr>
<td>Benadryl, 11</td>
<td>11</td>
</tr>
<tr>
<td>Benazepril HCL Oral, 8</td>
<td>8</td>
</tr>
<tr>
<td>Benemid, 20</td>
<td>20</td>
</tr>
<tr>
<td>Benicar, 8</td>
<td>8</td>
</tr>
<tr>
<td>Bentyl, 14</td>
<td>14</td>
</tr>
<tr>
<td>Benzocaine-Antipyrine 1.4-5.4% Soln Otic, 25</td>
<td>25</td>
</tr>
<tr>
<td>Benzodiazepines, 16</td>
<td>16</td>
</tr>
<tr>
<td>Beta Adrenergics, 13</td>
<td>13</td>
</tr>
<tr>
<td>Beta Blockers Cardio-Selective, 8</td>
<td>8</td>
</tr>
<tr>
<td>Beta Blockers Non-Selective, 8</td>
<td>8</td>
</tr>
<tr>
<td>Betagan, 23</td>
<td>23</td>
</tr>
<tr>
<td>Betamethasone Dipropionate Cream External, 27</td>
<td>27</td>
</tr>
<tr>
<td>Betapace, 8</td>
<td>8</td>
</tr>
<tr>
<td>Betapace AF, 8</td>
<td>8</td>
</tr>
<tr>
<td>Betaxolol HCL Soln -5% &amp; 1% and Susp 0.25% Ophthalmic, 22</td>
<td>22</td>
</tr>
<tr>
<td>Bethanechol Chloride Oral, 15</td>
<td>15</td>
</tr>
<tr>
<td>Betoptic, 22</td>
<td>22</td>
</tr>
<tr>
<td>Betoptic-S, 22</td>
<td>22</td>
</tr>
<tr>
<td>Biaxin, 4</td>
<td>4</td>
</tr>
<tr>
<td>Bicillin LA, 4</td>
<td>4</td>
</tr>
<tr>
<td>Biguaniides-Metformin, 7</td>
<td>7</td>
</tr>
<tr>
<td>Bile Sequestrants, 10</td>
<td>10</td>
</tr>
<tr>
<td>Bio-Statin, 26</td>
<td>26</td>
</tr>
<tr>
<td>Biphos, 15</td>
<td>15</td>
</tr>
<tr>
<td>Bleph-10, 22</td>
<td>22</td>
</tr>
<tr>
<td>Blephamide, 23</td>
<td>23</td>
</tr>
<tr>
<td>Blephamide S.O.P., 23</td>
<td>23</td>
</tr>
<tr>
<td>Brethine, 13</td>
<td>13</td>
</tr>
<tr>
<td>Brinzolamide Susp 1% Ophthalmic, 23</td>
<td>23</td>
</tr>
<tr>
<td>Bromatane DX, 12</td>
<td>12</td>
</tr>
<tr>
<td>Bromfenac Sodium Soln 0.09% Ophthalmic, 25</td>
<td>25</td>
</tr>
<tr>
<td>Broncho Saline, 11</td>
<td>11</td>
</tr>
<tr>
<td>Budesonide/Formoterol, 13</td>
<td>13</td>
</tr>
<tr>
<td>Buffaprin, 17</td>
<td>17</td>
</tr>
<tr>
<td>Buffered ASA, 17</td>
<td>17</td>
</tr>
<tr>
<td>Butalbital CPD, 19</td>
<td>19</td>
</tr>
<tr>
<td>Butalbital-Acetaminophen, 19</td>
<td>19</td>
</tr>
<tr>
<td>Butalbital-Acetaminophen-Caff w/ Cod 50-325-40-30mg Cap Oral, 19</td>
<td>19</td>
</tr>
<tr>
<td>Butalbital-Aspirin-Caff w/ Codeine 50-325-40-30mg Cap Oral, 19</td>
<td>19</td>
</tr>
<tr>
<td>Cabergoline Oral, 7</td>
<td>7</td>
</tr>
<tr>
<td>Calan, 9</td>
<td>9</td>
</tr>
<tr>
<td>Calciotriene Soln External, 28</td>
<td>28</td>
</tr>
<tr>
<td>Calcium Acetate, 15</td>
<td>15</td>
</tr>
<tr>
<td>Calcium Acetate (Phosphate Binder), 15</td>
<td>15</td>
</tr>
<tr>
<td>Calcium Blockers, 9</td>
<td>9</td>
</tr>
<tr>
<td>Calulose, 15</td>
<td>15</td>
</tr>
<tr>
<td>Canasa, 15</td>
<td>15</td>
</tr>
<tr>
<td>Capoten, 8</td>
<td>8</td>
</tr>
<tr>
<td>Captopril Oral, 8</td>
<td>8</td>
</tr>
<tr>
<td>Carafate, 14</td>
<td>14</td>
</tr>
<tr>
<td>Carbamazepine Chew Tab Oral, 20</td>
<td>20</td>
</tr>
<tr>
<td>Carbamazepine Susp Oral, 20</td>
<td>20</td>
</tr>
<tr>
<td>Carbamazepine Tab SR Oral, 20</td>
<td>20</td>
</tr>
<tr>
<td>Carbamide Peroxide 6.5% Soln Otic, 25</td>
<td>25</td>
</tr>
<tr>
<td>Carbonic Anhydrase Inhibitors, 9</td>
<td>9</td>
</tr>
<tr>
<td>CARDIOVASCULAR AGENTS, 7</td>
<td>7</td>
</tr>
<tr>
<td>Cardizem, 9</td>
<td>9</td>
</tr>
<tr>
<td>Cardizem SR, 9</td>
<td>9</td>
</tr>
<tr>
<td>Cardura, 8</td>
<td>8</td>
</tr>
<tr>
<td>Captopril HCL Soln 1% Ophthalmic, 23</td>
<td>23</td>
</tr>
<tr>
<td>Carvedilol Tab Oral, 9</td>
<td>9</td>
</tr>
<tr>
<td>Cataflam, 18</td>
<td>18</td>
</tr>
<tr>
<td>Catapres, 8</td>
<td>8</td>
</tr>
<tr>
<td>Cefdinir Oral, 4</td>
<td>4</td>
</tr>
<tr>
<td>Cefixime Tab 400mg Oral, 4</td>
<td>4</td>
</tr>
<tr>
<td>Cefpodoxime Proxetil Oral, 4</td>
<td>4</td>
</tr>
<tr>
<td>Central Muscle Relaxants, 21</td>
<td>21</td>
</tr>
<tr>
<td>Cephalexin Monohydrate, 4</td>
<td>4</td>
</tr>
<tr>
<td>Cephalosporins, 4</td>
<td>4</td>
</tr>
<tr>
<td>Cephulac, 15</td>
<td>15</td>
</tr>
<tr>
<td>Ceftriaxone &amp; Pseudom. Oral, 12</td>
<td>12</td>
</tr>
<tr>
<td>Chloramphenicol Phosphate Tab Oral, 5</td>
<td>5</td>
</tr>
<tr>
<td>Chlorpheniramine &amp; Pseudoephedrine Oral, 12</td>
<td>12</td>
</tr>
<tr>
<td>Chlorpheniramine-DM Syrup Oral, 12</td>
<td>12</td>
</tr>
<tr>
<td>Chlorthalidone Oral, 10</td>
<td>10</td>
</tr>
<tr>
<td>Chlor-Trimeton, 12</td>
<td>12</td>
</tr>
<tr>
<td>Chlophedian, 15</td>
<td>15</td>
</tr>
<tr>
<td>Cholac, 15</td>
<td>15</td>
</tr>
<tr>
<td>Cholestyramine Powder &amp; Packets Oral, 10</td>
<td>10</td>
</tr>
<tr>
<td>Cholestyramine Powder Can Oral, 10</td>
<td>10</td>
</tr>
<tr>
<td>Cilostazol, 22</td>
<td>22</td>
</tr>
<tr>
<td>Cloxa 20</td>
<td>22</td>
</tr>
</tbody>
</table>

June 2015
Dimetane-DX, 12
Diphenhydramine HCL Oral, 11
Diphenoxylate w/ Atropine Oral, 13
Dipivefrin Soln 0.1% Ophthalmic, 24, 25
Diprosone, 27
Dipyramidole Oral, 8
Dipyramidole Tab Oral, 22
Disalcid, 17
Disopyramide Phosphate Oral, 7
Diphenhydramine HCL Oral, 11
Diphenylpropanolamine HCl Oral, 12
Dipivoxil Sol 10mg Oral, 12
Dipivoxil Tab Oral, 13
Diprolene, 11
Diprosone, 27
Dipyridamole Oral, 8
Dipyridamole Tab Oral, 22
Disopyramide Phosphate Oral, 7
Diphenhydramine HCL Oral, 11
Diphenhydramine HCl Tab Oral, 12
Diphenhydramine HCL Oral, 11
Diphenoxylate w/ Atropine Oral, 13
Dipivoxil Sol 10mg Oral, 12
Dipivoxil Tab Oral, 13
Diprosone, 27
Dipyridamole Oral, 8
di-pyr-e-dam-ole Oral, 8
di-pyr-e-dam-ole Tab Oral, 22
Di-salcid, 17
Di-sop-ry-ma-dide Phosphate Oral, 7
Di-tro-pa-n, 15
Di-val-proe-x Sodium EC Cap Oral, 20
Di-val-proe-x Sodium EC Tab Oral, 20
Di-val-proe-x Sodium SR 24 HR Tab Oral, 20
Do-fet-il-ide Ora, 7
Do-natal, 14
Do-natal Elixir, 14
Dor-zo-la-mide-Tim-o-lo-ol Soln 2-0.5% Ophthalmic, 23
Dosti-nex, 7
Dov-onex, 28
Doxazosin Mesylate Oral, 8
Doxepin HCL Oral, 12
Doxy-zy-mine, 7
Dulera Aer, 13
Duoneb, 13
Dyazide, 10
E.E.S., 4
E.C.-Na-prosyn, 18
Econopred Plus, 23
Ecotrin, 17
Elavil, 17
Elmiron, 16
Empirin, 17
Empirin/Codeine #2, #3, #4, 18
E-Mycin, 4
Enalapril Oral, 8
E-No-xa-par-in Sodium Injection, 22
Enulose, 15
Enzymes, 27
Epifo-am, 27
Epinephrine HCl Injection (Anaphylaxis), 10
Epinephrine-Chlorpheniramine, 10
Epipen, 10
Epipen Jr, 10
Ercaf, 19
Ergo-ti-mob-ol Combina-tions, 19
Ergotamine w/ Caffeine 1-100mg Tab Oral, 19
Eryc, 4
Ery-Tab, 4
Erythrocil, 4
Erythromycin, 4
Erythromycin in Base Oral, 4
Erythromycin in Delayed Release Oral, 4
Erythromycin in Ethylsuccinate Oral, 4
Erythromycin Oint Smg/gm Ophthalmic, 22
Erythromycin in Stearate Oral, 4
Eryanestin, 13
Erythromycin w/EC Particles Oral, 4
Esgic, 19
Esgic Plus, 19
Esrilin, 10
Estrace, 15
Estradiol, 15
Estradiol Vaginal Cream, 15
Estrogel, 15
Estrone, 15
ESTROGENS, 15
Estropipate, 15
Ethamphetamine, 7
Ethmozine, 7
Ethosuximide Caps, 20
Eto-dol-ac Cap & Tab Oral, 18
Eurox, 26, 28
Euthryx, 7
Expectorants, 11

F
Famotidine Tablet 40mg Oral, 14
Fel-dene, 18
Fenofibrate Micronized Caps Oral, 10
Fenofibrate Oral, 10
Fenoprofen Calcium Oral, 18
Feosol, 22
Feostat, 22
Feratab, 22
Feron-Sol, 22
Ferrous Fumarate Oral, 22
Ferrous Gluconate, 22
Ferrous Gluconate Oral, 22
Ferrous Sulfate Oral, 22
Feverall, 17
Finasteride, 8
Fioricet, 19
Fiorinal, 19
Fiorinal w/ Codeine, 19
Fioral, 19
Flagyl, 4
Flarex, 23
Flecainide Acetate Oral, 7
Flaxeril, 21
Flonase, 11
Florinef, 6
Flovent Disku, 13
Fluconazole Tab 50mg, 100mg, 150mg Oral, 5
Flucytosine, 5
Fludrocortisone Acetate Oral, 6
Flunisolide 0.025% Nasal, 11
Flucinolone Acetonide Cream, Oil, Soln External, 27
Flucinolone Acetonide Cream, Emulsified Cream, Gel, Soln, Oint 0.05% External, 27
Flurometholone Acetate Susp 0.1% Ophthalmic, 23
Flurometholone Oint 0.1% Ophthalmic, 23
Fluorometholone Susp Ophthalmic, 23
Fluorosyn, 27
Flurbiprofen Soln 0.03% Ophthalmic, 25
Fluroquinolones, 4
Fluticasone, 13
Fluticasone Propionate Nasal, 11
G

Gabapentin 400mg Cap, 400mg, 600mg, & 800mg
   Tablet Oral, 20

Gallstone Solubilizing Agents, 14
Gantrisin, 5
Garamycin, 22

GASTROINTESTINAL AGENTS, 13
Gemfibrozil Oral, 10
Genacote, 17
Genasone, 27
Generlac, 15

Genitourinary Irrigants, 16
GENITOURINARY PRODUCTS, 15
Gennin –FC, 17
Genoptic, 22

Glucose Blood Monitoring Kit, 28
Glucose Blood Test Strips, 28
Glucose Chew Tab Oral, 7
Glucose Urine Test-(Copper Sulfate), 28
Glucose Urine Test-(Glucose Oxidase), 28
Glucose Blood Calibration Soln, 28
Glucotrol, 7

Glucagon Kit Injection, 7

GLUCOCORTICOSTEROIDS, 6
Glucophage, 7
Glucophage 400mg Cap, 400mg, 600mg, & 800mg
   Tablet Oral, 20

Glucagon Kit Injection, 7

Gout, 19

GOUTAGENTS, 19
G-Tar, 26
Guaifed, 12
Guaifed-PD, 12
Guaifenesin Oral, 11

Gyne-Lotrimin, 16

Humalog, 6
Humalog Mix 75/25, 6
Human Insulin, 6
Humibid, 12
Humulin 50/50, 6
Humulin 70/30, 6
Humulin L, 6
Humulin N, 6
Humulin R, 6

HYDANTOINS, 20
Hydralazine HCL Oral, 10
Hydrochlorothiazide (HCTZ) Oral, 10

HYDROCODONE COMBINATIONS, 18
Hydrocot, 27
Hydrocot/AN, 27

Hydrocortisone Exter nal, 27
Hydrocortisone Tab Oral, 6
Hydrocortisone W/ Acetic Acid 1-2% Soln Otic, 25
Hydrocortisone W/ Pramoxine Foam 1-1% Rectal, 27
Hydrodiuril, 10
Hydroxychloroquine Sulfate Oral, 5
Hydroxyzine HCL Oral, 16
Hydroxyzine Pamoate Oral, 16
Hygroton, 10
Hyoscymamine Sulfate Oral, 14
Hyoscymamine Tab 0.15 mg Oral, 15

Hytrin, 8

Hyzaar, 8

Ibuprofen Oral, 18
Imdur, 9

Imipramine HCL Oral, 17
Imitrex, 19
Imitrex NS, 19

Imodium, 13

Indocin, 18

Indomethacin Oral, Suppos Rectal, 18

INFECTIOUS DISEASE AGENTS, 4

Intal, 12

Intestinal Acidifiers, 15

June 2015
Iodoquinol Oral, 5
Ipratropium Sol Inh, 12
Ipratropium Bromide Inhalation, 12
Ipratropium/Albuterol Sol, 13
Iron, 22
Irrigation Soln, 16
ISM0, 9
Iso Atropine, 24
Iso Carpine, Pilocar, 25
Iso Homatropine, 24
Iso Hyoscine, 24
Isoniazid Oral, 5
Isoptin, 9
Isoveril, 9
Isosorbide Dinitrate Oral, 9
Isosorbide Dinitrate Oral Tabs & Chew Tabs, 9
Isosorbide Dinitrate SL Oral, 9
Isosorbide Mononitrate Oral, 9
Itraconazole Caps, 5

K
Kaochlor, 21
Kaon-CL, 21
Kaon-CL SF, 21
Kay Ciel KCL, 21
Kayexalate, 22
K-Dur, 21
Keflex, 4
Kenalog, 26, 27
Keppra, 20
Keratolytics, 27
Ketelconazole Cream 2% Externa1, 26
Ketoconazole Shampoo 2% Externa1, 26
Ketoconazole Tab Oral, 5
Ketorolac, 25
Ketorolac Tromethamine Soln 0.4%, 0.5% Ophthamlic, 25
Ketostix, 28
Klonopin, 16
Klor-Con, 21
Klortrix, 21
Klorvas, 21
K-Tabs, 21

L
Labetalol HCL Oral, 9
Lactulose Syr, 15
Lamictal, 20
Lamisil, 5
Lamotrigine Tabs, 20
Lanacort HC, 27
Lancets, 29
Lancets Devices, 29
Lanoxin, 9
Lantrisul, 5
Lantus, 6
Lasix, 9
Latanoprost Soln 0.005% Ophthamlic, 24
Leukotriene Receptor Inhibitor, 13
Levaquin, 4
Levbid, 14
Levermir, 6
Levetiracetam Tabs, 20
LevoBunolol HCL Soln 0.25% & 0.5% Ophthamlic, 23
Levofoxcin Tab Oral, 4
Levothroid, 7
Levothyroxine Sodium Oral, 7
Levoxyl, 7
Levsin, 14
Levsin SL, 14
Levsinex, 14
Lidex, 27
Lidex-E, 27
Lidocone HCL Gel 2% Externa1, 28
Lidocone HCL in Viscous Soln 2% (Mouth-Throat), 26
Lidocone HCL Viscous Soln 2% Mouth/Throat, 28
Lidocone Viscous, 26
Lioresal, 21
Lioresal DS, 21
Liothyronine Sodium Oral, 7
Lipitor, 10
Liqiuid Pred, 6
Lisinopril Oral, 8
Lotycin, 22
Local Anesthetics - Topical, 28
Lodine, 18
Lofibra, 10
Lomotil, 13
Loritain, 10
Lonox, 13
Loop Diuretics, 9
Loperamide HCL Oral, 13
Lopid, 10
Lopressor, 8
Loratadine 10mg Tab Oral (OTC), 11
Lortab, 18
Lotensin, 8
Loteprednol etabonate-Tobramycin Susp 0.5-0.3% Ophthamlic, 23
Lotrimin, 26
Lotrimin AF, 26
Lotrisone, 26
Lovastatin Oral, 10
Lovenox, 22
Lozol, 10

M
Macrobid, 15
Macrodantin, 15
Macrolides, 4
Malathion 0.5% Lotion Externa1, 28
Mast Cell Stabilizers, 12
Maxalt-MLT, 19
Maxidex, 23
Maxitol, 24
Maxivate, 27
Maxzide, 10
Mebendazole Oral, 5
Meclovine Oral, 14
Medotar, 26
Medoxyprogesterone Acetate, 15
Meloxicam, 18
Mephitin, 21
Mepron, 4

June 2015
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesalamine Enema Rectal, Suppos Rectal, Oral</td>
<td>15</td>
</tr>
<tr>
<td>Mestinon</td>
<td>21</td>
</tr>
<tr>
<td>Metformin HCL Oral</td>
<td>7</td>
</tr>
<tr>
<td>Methadone HCL Oral</td>
<td>17</td>
</tr>
<tr>
<td>Methazolamide Oral</td>
<td>9</td>
</tr>
<tr>
<td>Methimazole Oral</td>
<td>7</td>
</tr>
<tr>
<td>Methocarbarnol Oral</td>
<td>21</td>
</tr>
<tr>
<td>Methotrexate Oral</td>
<td>18</td>
</tr>
<tr>
<td>Methylprednisolone Oral</td>
<td>8</td>
</tr>
<tr>
<td>Metocorten, Deltasone</td>
<td>6</td>
</tr>
<tr>
<td>Metipranolol HCL Soln 0.3% Ophthalmic</td>
<td>23</td>
</tr>
<tr>
<td>Metoclopramide HCL Oral</td>
<td>14</td>
</tr>
<tr>
<td>Metolazone Oral</td>
<td>10</td>
</tr>
<tr>
<td>Metoprolol Succinate SR Oral</td>
<td>8</td>
</tr>
<tr>
<td>Metoprolol Tartrate Oral</td>
<td>8</td>
</tr>
<tr>
<td>Metrogel Vag Gel</td>
<td>16</td>
</tr>
<tr>
<td>Metronidazole Gel 0.75% Vaginal</td>
<td>16</td>
</tr>
<tr>
<td>Metronidazole Tab Oral</td>
<td>4</td>
</tr>
<tr>
<td>Micatin</td>
<td>26</td>
</tr>
<tr>
<td>Miconazole Nitrate Cream 2% External</td>
<td>26</td>
</tr>
<tr>
<td>Miconazole Nitrate Cream, Suppos Vaginal</td>
<td>16</td>
</tr>
<tr>
<td>Miconazole Nitrate Vagina</td>
<td>16</td>
</tr>
<tr>
<td>Miconazole Nitrate Vagina Kit</td>
<td>16</td>
</tr>
<tr>
<td>Micro-K</td>
<td>21</td>
</tr>
<tr>
<td>Microzide</td>
<td>10</td>
</tr>
<tr>
<td>Midrin</td>
<td>18</td>
</tr>
<tr>
<td>MIGRAINE AGENTS</td>
<td>18</td>
</tr>
<tr>
<td>Migraine Products</td>
<td>18</td>
</tr>
<tr>
<td>Mineralocorticoids</td>
<td>6</td>
</tr>
<tr>
<td>Minipress</td>
<td>8</td>
</tr>
<tr>
<td>Minitran</td>
<td>9</td>
</tr>
<tr>
<td>Minoxidol Oral</td>
<td>10</td>
</tr>
<tr>
<td>Mintezol</td>
<td>5</td>
</tr>
<tr>
<td>Miralax</td>
<td>15</td>
</tr>
<tr>
<td>Misc. Anti-Infectives</td>
<td>4</td>
</tr>
<tr>
<td>Misc. Genitourinary Agents</td>
<td>16</td>
</tr>
<tr>
<td>Misc. GI</td>
<td>15</td>
</tr>
<tr>
<td>Miscellaneous Anticonvulsants</td>
<td>20</td>
</tr>
<tr>
<td>Miscellaneous Antihistamine Agents</td>
<td>16</td>
</tr>
<tr>
<td>Miscellaneous Anti-Ucer</td>
<td>14</td>
</tr>
<tr>
<td>Miscellaneous Respiratory</td>
<td>11</td>
</tr>
<tr>
<td>Miscellaneous Topical</td>
<td>28</td>
</tr>
<tr>
<td>Mobic</td>
<td>18</td>
</tr>
<tr>
<td>Mometasone furoate/ Formoterol fumarate dehydrate</td>
<td>13</td>
</tr>
<tr>
<td>Monistat</td>
<td>16, 26</td>
</tr>
<tr>
<td>Monoket</td>
<td>9</td>
</tr>
<tr>
<td>Montelukast Sodium Oral</td>
<td>13</td>
</tr>
<tr>
<td>Moricizine HCl Oral</td>
<td>7</td>
</tr>
<tr>
<td>Morphine Sulfate Tab CR Oral</td>
<td>17</td>
</tr>
<tr>
<td>Morphine Sulfate Tab Oral</td>
<td>17</td>
</tr>
<tr>
<td>Motrin</td>
<td>18</td>
</tr>
<tr>
<td>Mouth &amp; Throat (Local)</td>
<td>26</td>
</tr>
<tr>
<td>MS Contin</td>
<td>17</td>
</tr>
<tr>
<td>MSIR</td>
<td>17</td>
</tr>
<tr>
<td>Multiple Urine Test Strips</td>
<td>28</td>
</tr>
<tr>
<td>Mupirocin 2% Oint External</td>
<td>26</td>
</tr>
<tr>
<td>Murocoll-2</td>
<td>24</td>
</tr>
<tr>
<td>Mycolog II</td>
<td>26</td>
</tr>
<tr>
<td>Mycostatin</td>
<td>5, 26</td>
</tr>
<tr>
<td>Mydriacil</td>
<td>24</td>
</tr>
<tr>
<td>Mysoline</td>
<td>20</td>
</tr>
<tr>
<td>Naldecon Sr</td>
<td>11</td>
</tr>
<tr>
<td>Nalfon</td>
<td>18</td>
</tr>
<tr>
<td>Naphazoline w/ Pheniramine Soln 0.025-0.3% Ophthalmic</td>
<td>24</td>
</tr>
<tr>
<td>Naprosyn</td>
<td>18</td>
</tr>
<tr>
<td>Naproxen DR Oral</td>
<td>18</td>
</tr>
<tr>
<td>Naproxen Oral</td>
<td>18</td>
</tr>
<tr>
<td>Naratriptan Tab</td>
<td>19</td>
</tr>
<tr>
<td>Narcotic (codeine cough syrup)</td>
<td>12</td>
</tr>
<tr>
<td>Narcotic Agonist</td>
<td>17</td>
</tr>
<tr>
<td>Narcotic Combinations</td>
<td>17</td>
</tr>
<tr>
<td>Nasal Steroids</td>
<td>11</td>
</tr>
<tr>
<td>Nasalide</td>
<td>11</td>
</tr>
<tr>
<td>Nebupent</td>
<td>4</td>
</tr>
<tr>
<td>Neo-Fradin</td>
<td>5</td>
</tr>
<tr>
<td>Neomycin Sulfate, 5</td>
<td></td>
</tr>
<tr>
<td>Neomycin Sulfate Oral</td>
<td>5</td>
</tr>
<tr>
<td>Neomycin-Polymyxin-Dexamethasone Susp &amp; Oint 0.1% Ophthalmic</td>
<td>24</td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Soln 1% Otic</td>
<td>25</td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-1% Otic</td>
<td>25</td>
</tr>
<tr>
<td>Neomycin-Polymyxin-HC Susp Ophthalmic</td>
<td>24</td>
</tr>
<tr>
<td>Neostigmine Bromide Tab 15mg Oral</td>
<td>21</td>
</tr>
<tr>
<td>Nepafenac Susp 0.1% Ophthalmic</td>
<td>25</td>
</tr>
<tr>
<td>Neptazene</td>
<td>9</td>
</tr>
<tr>
<td>Nerital</td>
<td>27</td>
</tr>
<tr>
<td>NEUROMUSCULAR AGENTS</td>
<td>20</td>
</tr>
<tr>
<td>Neurontin</td>
<td>20</td>
</tr>
<tr>
<td>Neutraphos</td>
<td>21</td>
</tr>
<tr>
<td>Nevanac</td>
<td>25</td>
</tr>
<tr>
<td>Niacin</td>
<td>11, 21</td>
</tr>
<tr>
<td>Niacin Oral</td>
<td>21</td>
</tr>
<tr>
<td>Niacin Tab CR</td>
<td>11</td>
</tr>
<tr>
<td>Niaspan</td>
<td>11</td>
</tr>
<tr>
<td>Nicotinic Acid Derivatives</td>
<td>11</td>
</tr>
<tr>
<td>Nilstat</td>
<td>26</td>
</tr>
<tr>
<td>Nimodipine Cap Oral</td>
<td>9</td>
</tr>
<tr>
<td>Nimotop</td>
<td>9</td>
</tr>
<tr>
<td>Nitrates</td>
<td>9</td>
</tr>
<tr>
<td>Nitro</td>
<td>9</td>
</tr>
<tr>
<td>Nitrobid</td>
<td>9</td>
</tr>
<tr>
<td>Nitrodisc</td>
<td>9</td>
</tr>
<tr>
<td>Nitro-Dur</td>
<td>9</td>
</tr>
<tr>
<td>Nitrofurantoin</td>
<td>15</td>
</tr>
<tr>
<td>Nitrofurantoin Macrocystalline Oral</td>
<td>15</td>
</tr>
<tr>
<td>Nitrofurantoin Monohydrate Macrocystalline Oral</td>
<td>15</td>
</tr>
<tr>
<td>Nitrofurantoin Susp Oral</td>
<td>15</td>
</tr>
<tr>
<td>Nitrogard</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin Buccal Oral</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin CR Oral</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin Intravenous Soln</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin Oint 2% Transdermal</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin SL Tab &amp; Aer Oral</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycerin TD Transdermal</td>
<td>9</td>
</tr>
<tr>
<td>Nitroglycin</td>
<td>9</td>
</tr>
<tr>
<td>Nitroquick</td>
<td>9</td>
</tr>
</tbody>
</table>
Nitrostat, 9
Nitrotab, 9
Nitro-Time, 9
Nix Cream Rinse, 28
Nizoral, 5, 26
Nonsteroidal Anti-Inflammatory Agents, 18
Norco, 18
Normal Saline (IV), 22
Normodyne, 9
Norpace CR, 7
Norpramin, 16
Nortriptyline HCL Oral, 17
Norvasc, 9
Novahistine-DM, 11
Novolin 70/30, 6
Novolin L, 6
Novolin N, 6
Novolin R, 6
Novolog, 6
Novolog Mix, 6
Nutracort, 27
Nutritional Products, 21
Nydrazid, 5
Nystatin, 5
Nystatin External, 26
Nystatin Susp 100000 U/mL (Mouth/Throat), 26
Nystatin Tab 100000 U Vaginal, 16
Nystatin Vaginal Tab, 16
Nystatin-Triamcinolone Cream & Oint External, 26
Nystop, 26
Ocufen, 25
Ocuflox, 22
Ocupress, 23
Ocu-tropine, 24
Ofloxacin Ophth Soln 0.3% Ophthalmic, 22
Olmesartan Oral, 8
Olmesartan Tabs, 8
Olmesartan-HCTZ Oral, 8
Olopatadine HCL Soln Ophthalmic, 25
Omeprazole Magnesium Tab, 14
Omnicef, 4
Omnipred., 23
Ophthalmic Anti-Allergics, 25
Ophthalmic Antibiotics, 22
Ophthalmic Beta-Blockers, 22
Ophthalmic Carbonic Anhydrase Inhibitors, 23
Ophthalmic Carbonic Anhydrase Inhibitors - Beta-Blocker Combination, 23
Ophthalmic Decongestant Combinations, 24
Ophthalmic Non-Steroidal Anti-Inflammatory Agents, 25
Ophthalmic Steroid, 23
Ophthalmic Steroid Combinations, 23
Ophthalmics - Direct Acting, 25
Ophthalmic- Alpha 2 Adrenergic Agonists, 24
Opioid Combinations, 19
Optipranolol, 23
Oramorph SR, 17
Oretic, 10
Organidin NR, 11
Oth-est/Ogen, 15
Oseltamivir, 6
Other Antidiabetics, 7
Otic Miscellaneous, 25
Otic Steroid Antibiotic Combinations, 25
Otic Steroids, 25
Oxaprozin Oral, 18
Oxcarbazepine Tabs, 21
Oxybutynin Chloride Tab & Syr Oral, 15
Oxycodeone w/ Acetaminophen 5-325mg, 7.5-325mg, & 10-325mg Tab Oral, 17
Pamelo, 17
Panafil, 27
Papain & Urea-Chlorophyllin Ointment External, 27
Papain-Urea Ointment External, 27
Paromomycin, 5
Paromycin, 5
Patanol, 25
PEC, 4
Pedi-Dri, 26
Penicillin G Benzathine, 4
Penicillin V Potassium Oral, 4
Pentam, 4
Pentamidine, 4
Pentasa, 15
Pentosan Polysulfate Sodium Oral, 16
Pen-VK, Veetids, 4
Pepcid, 14
Periactin, 11
Permethrin Cream 5% External, 28
Permethrin Cream Rinse 1% External, 28
Persantine, 8, 22
Phenazopyridine HCL Tab Oral, Kit, 16
Phenergan, 11, 14
Phenergan DM, 12
Phenergan Forte, 11, 14
Phenergan VC, 11
Phenergan w/Codeine, 12
Phenobarbital, 17
Phenobarbital Oral, 17
Phenylephrine in Hard Fat Suppos 0.25% Recta, 27
Phenylephrine w/DM-GG Oral, 12
Phenylephrine-Chlorphen-DM Oral, 12
Phenylephrine-GG Oral, 11
Phenylephrine-Pyrilamine-DM Oral, 12
Phenytoin Inj., 20
Phenytoin Sod. Extended Caps, 20
Phenytoin Sod. Susp and Inj., 20
PhosLo, 15
Phrenilin, 19
Phrenilin w/ Codine, 19
Phytanadione Tab 5mg Oral, 21
Pilocarpine HCL 5mg Oral, 10
Pilocarpine HCL 5mg Tab Oral, 26
Pilocarpine HCL Gel 4% Ophthalmic, 25
Pilocarpine HCL Soln 0.5%, 1%, 2%, 4%, 6% Ophthalmic, 25
Pilocarpine HCL Soln 5-325mg, 7.5-325mg, & 10-325mg Tab Oral, 17
Pilocarpine HS, 25
Pin-X, 5
Pioglitazone Oral, 7
Pioglitazone/Metformin, 7
Piroxicam, 18
Piroxicam Ora, 18
Plaqueqni, 5
Platelet Aggregation Inhibitors, 22
Plavix, 22
Pletal, 22
Podofilox Soln & Gel 0.5% External, 27
Potassium, 21
Potassium & Sodium Citrates w/ Citric Acid Oral, 16
Potassium & Sodium Phosphates for Soln 278-164-250mg/75mL Powder 278-164-250mg & 280-160-250mg Oral, 21
Potassium Chloride Cap CR 8mEq & 10mEq Oral, 21
Potassium Chloride Oral Liq 10% & 20% Oral, 21
Potassium Chloride Tab CR 8mEq, 10mEq, 15mEq & 20mEq Oral, 21
Potassium Removing Resin, 21
Potassium Sparring Diuretics, 9
Pramosone, 27
Pramoxine HCl Oint 1% Rectal, 27
Pramoxine w/ Zinc Oxide in Mineral Oil Oint 1-12.5% Rectal, 27
Pramoxine-HC External, 27
Pred Forte, 23
Prednisolone, 6
Prednisolone Sodium Phosphate Powder, 6
Prednisolone Acetate Susp 1% Ophthalmic, 23
Prednisolone Sodium Phosphate Oral, 6
Prednisolone Sodium Phosphate Soln 1% Ophthalmic, 23
Prednisone Oral, 6
Prilosec (OTC), 14
Primaquine phosphate, 5
Primaquine Phosphate Oral, 5
Primidone Tablet Oral, 20
Prinivil, Zestril, 8
Proben-C, 20
Probenecid Oral Probenecid Tab 500 mg, 20
Procainamide HCI Oral, 7
Prochlorperazine Edisylate Oral, 14
Prochlorperazine Maleate CR & Tab Oral, 14
Prochlorperazine Maleate Oral, 14
Proctofoam-HC, 27
Progestins, 15
Propafenone HCI Oral, 7
Propionate, 5
Propranolol HCI Oral, 8
Propylthiouracil (PTU), 7
Proscar, 8
Prostaglandin Agonists Ophthalmic, 24
Prostigmin, 21
Protonix, 14
Protriptyline HCL Oral, 17
Provera, 15
Pseudoeph-Bromphen-DM Oral, 12
Pseudoeph-Carbinoxamine-DM Liquid Oral, 12
Pseudoephedrine HCL Oral, 11
Pseudoephedrine w/DM-00 Cap 30-10-200mg Oral, 11
Pseudoephedrine-G/G/CR Oral, 12
Psychotherapeutic Agents, 16
Pyrantel Pamoate Ora, 5
Pyrethrin-Piperonyl Butoxide External, 28
Pyridium, 16
Pyridostigmine Bromide Oral, 21
Pyrimethamine Oral, 5
Qualaquin, 5
Quenplan/Lite, 10
Quinorde, 8
Quinidine, 7
Quinidine Gluconeate CR Oral, 7
Quinidine Sulfate Tab Oral, 8
Quinine Sulfate, 6
Quinine Sulfate Tab, 5
QVAR, 13
Ranitidine HCL Tabs 75mg, 150mg, 300mg, 14
Rectacaine, 27
Reglan, 14
Rescon-GG, 11
Respiratory Agents, 11
Rid, 28
Rifadin, 5
Rifaxin, 5
Rizatriptan, 19
Robaxin, 21
Robitussin, 11
Robitussin A-C, 12
Robitussin Cod/Cgh, 11
Robitussin DM, 12
Robitussin PE, 12
Rondec DM, 12
Rowasa, 15
Roxicet, 17
Rythmal, 7
Salagen, 26
Salflex, 17
Salicylate Combinations, 17
Salicylates, 17
Salmeterol Xinafoate Powder Disks Inhalation, 13
Salsate Oral, 17
Scabicides & Pediculocides, 28
Scopolamine HBr Soln 0.25% Ophthalmic, 24
Scopolamine w/ Phenylephrine Soln 0.3-10% Ophthalmic, 24
Salmeterol Xinafoate Powder Disks Inhalation, 13
Salsate Oral, 17
Scabicides & Pediculocides, 28
Scopolamine HBr Soln 0.25% Ophthalmic, 24
Scopolamine w/ Phenylephrine Soln 0.3-10% Ophthalmic, 24
Scot-Tussin DM SF, 12
Sedapop, 19
Serevent Diskus, 13
**Serotonin Agonist**, 19
Silvadene, 26
Silver Sulfadiazine Cream 1% External, 26
Simvastatin Oral, 10
Sinequan, 16
Singulair, 13
Slow-Fe, 22
Slow-K, 21
Sod Sulamyd, 22
Sodium, 22
Sodium Chloride, 16
Sodium Chloride Injection, 22
Sodium Chloride Irrigation Soln, 22
Sodium Chloride Soln Nebu 0.9%, 22
Sodium Chloride Susp 15gm/60mL Oral/Rectal, 21
Sodium Sulfacetamide 10% Ophthalmic, 22
Sodium Sulfacetamide Sodium-Prednisolone Oint 10-0.2% Ophthalmic, 23
Sodium Sulfacetamide Sodium-Prednisolone Susp 10-0.2% Ophthalmic, 23
Sodium Sulfacetamide, 5, 26
Sulfasalazine Tab & EC Oral, 20
Sulfisoxazole, 5
Sulfisoxazole Acetyl Oral, 5
Sulfisoxazole Powder, 5
**Sulfonamides**, 5
**Sulfonylureas**, 7
Sulindac Oral, 18
Sumatriptan Spray Nasal, 19
Sumatriptan Succinate Injection, 19
Sumatriptan Succinate Tab Oral, 19
Sumycin, 5
Suprax, 4
Sumontil, 17
Symbicort, 13
Synalar, 27
Synthroid, L, 7

**T**

Tambocor, 7
Tamiflu, 6
Tapiazole, 7
**Tar Products**, 26

**Tegretol**, 20
Tegretol XR, 20
Tegrin, 26
Tegrin Medicated Shampoo 7%, 26
Tenomin, 8
Terazosin Oral, 8
Terbinafine, 5
Terbutaline Sulfate Oral, 13
Terconazole Vaginal, 16
Tetracycline HCl Oral, 5
**Tetracyclines**, 5
Theo-24, 13
Theochron, 13
Theophylline Tab CR Oral, 13
Theophylline Tab Oral, 13
Thiabendazole Oral, 5
**Thiazides**, 10
Thiazonides, 7
**Thyroid Hormones**, 7
Thyroxine, 7
Tikosyn, 7
Timolol Maleate Soln (Gel Forming) 0.25% & 0.5% Ophthalmic, 23
Timolol Maleate Soln 0.25% & 0.5% Ophthalmic, 23
Timoptic, 23
Timoptic XE, 23
Tinactin, 26
Tiotropium, 12
Tobradex, 24
Tobramycin-Dexamethasone Susp & Oint 0.3-0.1% Ophthalmic, 24
Tofranil, 17
Tolnaftate Power External, 26
Topamax, 21
Topirame Tabs, 21
Topiramate Tabs, 21
Toprol XL, 8
Tramadol HCL Tab 50mg Oral, 17
Trandate, 9
Transderm-Nitro, 9
**Transplant Medications**, 29
Triamcinolone Acetonide External, 27
Triamcinolone Acetonide in Orabase 0.1% (Mouth), 26
Triamterene & HCTZ Oral, 10
Tricitrates, 16
Tricor, 10
**Tricyclic Agents**, 16
Tpriseptal, 21
Trimethoprim, 4
Trimethoprim/Sulfamethoxazole Oral, 4
Trimipramine Maleate Oral, 17
Trimox, 4
Trimpex, 4
Triple Antibiotic, 24
Triprolidine & Pseudoephedrine Oral, 12
Tropicamide Soln 0.5%, 1% Ophthalmic, 24
Trypsin w/ Castor Oil & Peruvian Balsam Ointment External, 27
Tucks, 27
Tussex, 12
Tussi-Organ, 12
Tylenol, 17
Tylenol/Codeine, 18
<table>
<thead>
<tr>
<th>Tylenol/Codeine #2, #3, #4</th>
<th>Vitamin B-3, 11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vitamin B-6, 21</td>
</tr>
<tr>
<td></td>
<td>Vitamin K, 21</td>
</tr>
<tr>
<td>U</td>
<td>Vivactil, 17</td>
</tr>
<tr>
<td>Ultra m, 17</td>
<td>Voltaren, 18, 25</td>
</tr>
<tr>
<td>Urecholine, 15</td>
<td>Vopac, 18</td>
</tr>
<tr>
<td>Uricosurics, 20</td>
<td>Vosol, 25</td>
</tr>
<tr>
<td>Urinary Analgesics, 16</td>
<td>Vosol-HC, 25</td>
</tr>
<tr>
<td>Urinary Anti-infectives, 15</td>
<td></td>
</tr>
<tr>
<td>Urinary Antispasmodics, 15</td>
<td></td>
</tr>
<tr>
<td>Urine Glucose-Ketones Test Strips, 28</td>
<td></td>
</tr>
<tr>
<td>Uro Femme Kit, 16</td>
<td>Warfarin Sodium Tab Oral, 22</td>
</tr>
<tr>
<td>Urogesic, 16</td>
<td>Wigraine, 19</td>
</tr>
<tr>
<td>Ursodiol Capsule, 14</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>X</td>
</tr>
<tr>
<td>Vaginal Antifungals, 16</td>
<td>Xalatan, 24</td>
</tr>
<tr>
<td>Vaginal Anti-Infectives, 15</td>
<td>Xanthines (Theophylline), 13</td>
</tr>
<tr>
<td>Valium, 16</td>
<td>Xenadren, 27</td>
</tr>
<tr>
<td>Valproate Acid Caps Soln, 20</td>
<td>Xibrom, 25</td>
</tr>
<tr>
<td>Valproate Sodium Syrup, 20</td>
<td>Xylocaine, 28</td>
</tr>
<tr>
<td>Valproic Acid, 20</td>
<td>Y</td>
</tr>
<tr>
<td>Valproic Acid Cap 250mg Oral, 20</td>
<td>Yodoxin, 5</td>
</tr>
<tr>
<td>Vandazole, 16</td>
<td></td>
</tr>
<tr>
<td>Vantin, 4</td>
<td>Z</td>
</tr>
<tr>
<td>Vasocon-A, 24</td>
<td>Zantac Rx, 14</td>
</tr>
<tr>
<td>Vasodilators, 10</td>
<td>Zarontin, 20</td>
</tr>
<tr>
<td>Vasopressin, 7</td>
<td>Zarnocyn, 10</td>
</tr>
<tr>
<td>Vasotec, 8</td>
<td>Zithromax, 4</td>
</tr>
<tr>
<td>Ventolin, 13</td>
<td>Zocor, 10</td>
</tr>
<tr>
<td>Ventolin HFA, 13</td>
<td>Zonegran, 20</td>
</tr>
<tr>
<td>Verapamil HCL Tab Oral, 9</td>
<td>Zonisamide Capsule Oral, 20</td>
</tr>
<tr>
<td>Vermox, 5</td>
<td>Zovirax, 6</td>
</tr>
<tr>
<td>Vibramycin, 5</td>
<td>Zylet, 23</td>
</tr>
<tr>
<td>Vibratab, 5</td>
<td>Zyloprim, 19</td>
</tr>
<tr>
<td>Vicodin, 18</td>
<td></td>
</tr>
<tr>
<td>Vicodin ES, 18</td>
<td></td>
</tr>
<tr>
<td>Vistaril, 16</td>
<td></td>
</tr>
<tr>
<td>Vitamin B, 21</td>
<td></td>
</tr>
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SAN DIEGO COUNTY CMS
REQUEST FOR Formulary Change FORM
Fax Completed Form to (855) 394-7927
Attention: Medical Management Services, Manager

DATE FORM COMPLETED: ____________________
REQUESTED BY: __________________________________________________________
CLINIC ___________________________________ SPECIALTY _________________________
PHONE NUMBER: ___________________ FAX NUMBER: __________________ EMAIL: ________________

COMPARABLE DRUG (S) ON FORMULARY:
1) ________________________________________________________________
2) ________________________________________________________________

DRUG INFORMATION
GENERIC NAME __________________ BRAND NAME __________________________________
MANUFACTURER __________________ DOSAGE: ________________________________
MEDICAL INDICATIONS: _____________________________________________________
PRECAUTIONS/ALERTS: _____________________________________________________
ADVANTAGES AND DISADVANTAGES: (YOU MAY ATTACH REFERENCES OR PUBLICATIONS THAT SUPPORT THE
Efficacy of this drug) _______________________________________________________

FOR CMS PROGRAM USE ONLY
COMMITTEE COMMENTS: _____________________________________________________

DRUG COST PER MONTH_________________________ POTENTIAL OVERALL COST ______________________
ADVANTAGE/DISADVANTAGE ______________________________
ACCEPTED: _______________ REJECTED: __________________ DATE: _____________________
DATE ADDED TO FORMULARY ________________________________ FORM 7/01/11
Check here for **URGENT** request: □ Medical justification for urgent request: ________________________________

Completed by: ________________________________
Direct Phone #: ________________________________

Appeal or reconsideration of denial? □ YES □ NO
Has Patient Assistance Program been denied? □ YES □ NO
Has this medication been denied by ADAP? □ YES □ NO □ N/A

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<th>Prescriber Information</th>
<th>Member Information</th>
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<td>DEA/NPI:</td>
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<th>Prescriber Information</th>
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<td>Specialty:</td>
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<tr>
<th>Medication Information</th>
<th>Quantity and Dosing</th>
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<td>Drug Name and Strength:</td>
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<td>Diagnosis:</td>
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**Medication Request:** □ NEW □ RENEWAL

- **Renewal Original RX Date:** ________________________________

**Prior Authorization Criteria: General (Non-Preferred)**

**You must answer ALL questions**

1. Has the patient tried/failed an adequate trial of a preferred drug? (Document drug, dates of trials, and description of failures below)
   
   ________________________________

2. Has the patient experienced an adverse event, or been intolerant to, a preferred drug? (Document drug, dates of trials, and description of failures below)
   
   ________________________________

3. Is the patient currently taking the requested medication? (If yes, please describe how the medication was supplied)
   
   ________________________________

Please note any other information pertinent to this request:

*Information given on this form is accurate as of this date.*

**Prescriber or Authorized Signature:** ________________________________

**Date:** ________________________________

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I understand that informed Rx’s use or disclosure of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).