Introduction

The Anthem Blue Cross Medicaid Managed Care Approved Formulary Drug List is a list of drugs covered under your benefit. These are commonly prescribed Food and Drug Administration (FDA)-approved drugs chosen by Anthem Blue Cross for their value and effectiveness. Select drugs may require prior authorization. Anthem Blue Cross’ Medicaid Managed Care Approved Formulary Drug List is updated quarterly and is subject to change without prior notification. To check for regular updates to the formulary, please visit us on the web at www.anthem.com. Alternatively, you can contact the Customer Service Center at the number listed on your Anthem Blue Cross ID card. We encourage you to share this drug list with your doctor.
Brand name vs. generics

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

Quantity supply limit

Quantity supply limit is the maximum amount of a drug that a pharmacy can dispense at a given time. The Anthem Blue Cross PDL adheres to FDA-approved dosing guidelines. If a prescribing provider feels that a quantity supply greater than the defined maximum is medically necessary, then we direct the prescriber to submit a prior authorization request detailing the need for exceeding the recommended quantity.

Prior authorization

The prior authorization program is designed to encourage appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen, have a high side effect potential, should be reserved for specific FDA indication, have high misuse or abuse potential, or have lower cost alternatives. Brand-name drugs with generic equivalents available require prior authorization to encourage utilization of appropriate generic alternatives as first line therapies. Prior to prescribing any brand name medications, physicians are encouraged to consider using its preferred generic alternative.

Select medications on the PDL may require prior authorization. If a medication requires prior authorization, a Prior Authorization form needs to be completed by the prescriber for submission to Anthem Blue Cross. To obtain a prior authorization form and a list of drugs which require prior authorization, please go to the website, www.anthem.com. Alternatively, you can contact Customer Care at 1-800-338-6180 for more information.

Narrow therapeutic drugs

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

The following is a list of narrow therapeutic index drugs:

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Generic Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armour Thyroid</td>
<td>Elixophyllin</td>
<td>Lithobid</td>
<td>Tirosint</td>
</tr>
<tr>
<td>Carbatrol, -ER</td>
<td>Epitol</td>
<td>Myförtic</td>
<td>Topamax (all forms)</td>
</tr>
<tr>
<td>CellCept</td>
<td>Equetro</td>
<td>Mysoline</td>
<td>Topiram</td>
</tr>
<tr>
<td>Cerebyx</td>
<td>Gengraf</td>
<td>Nature-Throid</td>
<td>Trileptal</td>
</tr>
<tr>
<td>Clozaril</td>
<td>Hecoria</td>
<td>Neoral</td>
<td>Unithroid</td>
</tr>
<tr>
<td>Cordarone</td>
<td>Jantoven</td>
<td>NP Thyroid</td>
<td>Westhroid</td>
</tr>
<tr>
<td>Coumadin</td>
<td>Keppra, -XR</td>
<td>Phenytek</td>
<td>WP Thyroid</td>
</tr>
<tr>
<td>Depacon</td>
<td>Lamictal (all forms)</td>
<td>Prograf</td>
<td>Zonortin</td>
</tr>
<tr>
<td>Depakene</td>
<td>Lanoxin</td>
<td>Sandimmune</td>
<td>Zonegran</td>
</tr>
<tr>
<td>Depakote, -ER</td>
<td>Levothroid</td>
<td>Stavzor</td>
<td></td>
</tr>
<tr>
<td>Diastat</td>
<td>Levothyroxine</td>
<td>Synthroid</td>
<td></td>
</tr>
<tr>
<td>Dilantin</td>
<td>Levoxy</td>
<td>Tegretol, -XR</td>
<td></td>
</tr>
</tbody>
</table>

The Anthem Blue Cross pharmacy benefit will provide coverage for these brand-name medications for Anthem Blue Cross members currently receiving the brand-name medication.
How to use this guide
The Anthem Blue Cross PDL lists the brand name or common name of a given drug. If a medication does not appear on this PDL, the medication will require prior authorization to be covered under the pharmacy benefit. A prior authorization form will need to be completed by the prescriber and submitted to Anthem Blue Cross before the prescription may be filled. To obtain a prior authorization form, please go to the website, www.anthem.com. Alternatively, you can contact Customer Care at 1-800-338-6180 for more information.

Contact information
If you have questions about the Anthem Blue Cross PDL, please contact Customer Care at 1-800-338-6180, or fax at 1-800-601-4829 for more information. Hours of operation are Monday through Friday 8 a.m.–9 p.m., and Saturday and Sunday 8 a.m. to 6 p.m. In addition, regular updates to the PDL are available by visiting www.anthem.com.

Legend
In each class, drugs are alphabetically listed by active ingredient.

If only the word 'generic' appears within the parenthesis, only the generic is on Formulary.

**Example:** Cefaclor (generic) means that the generic Cefaclor is covered and the brand is not covered.

If the word 'generic' does not appear within the parentheses, the active ingredient is only available as a brand and is on Formulary. The drug name in parentheses is the brand name.

**Example:** Levofoxacin (Levaquin) means that the brand Levaquin is covered and there is no generic available. Levaquin is the brand name.

If the word 'generic' and the brand name both appear within the parentheses, both the generic and the brand-name drugs are on Formulary.

**Example:** Warfarin (Coumadin/generic) means that both the brand and generic are available. Therefore, the brand Coumadin and the generic Warfarin are covered.

Contents

<table>
<thead>
<tr>
<th>Category</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillins</td>
<td>5</td>
</tr>
<tr>
<td>Cephalosporins – 1st Generation</td>
<td></td>
</tr>
<tr>
<td>Cephalosporins – 2nd Generation</td>
<td></td>
</tr>
<tr>
<td>Cephalosporins – 3rd Generation</td>
<td></td>
</tr>
<tr>
<td>Macrolides</td>
<td></td>
</tr>
<tr>
<td>Tetracyclines</td>
<td></td>
</tr>
<tr>
<td>Quinolones</td>
<td></td>
</tr>
<tr>
<td>Aminoglycosides</td>
<td></td>
</tr>
<tr>
<td>Antimycobacterium Agents</td>
<td></td>
</tr>
<tr>
<td>Antifungal Antibiotics</td>
<td></td>
</tr>
<tr>
<td>Antivirals, HIV-Specific</td>
<td></td>
</tr>
<tr>
<td>Antivirals, General</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Treatment Agents (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis C Treatment Agents (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Plasmocides</td>
<td>5</td>
</tr>
<tr>
<td>Amebacides</td>
<td>5</td>
</tr>
<tr>
<td>Anthelmintics</td>
<td>5</td>
</tr>
<tr>
<td>Anaerobic Antiprotozoal</td>
<td>5</td>
</tr>
<tr>
<td>Antibacterial Agents</td>
<td>5</td>
</tr>
<tr>
<td>Vancomycin and Derivatives</td>
<td>5</td>
</tr>
<tr>
<td>Lincosamides</td>
<td>5</td>
</tr>
<tr>
<td>Chemotherapeutics, Antibacterial, Miscellaneous</td>
<td>5</td>
</tr>
<tr>
<td>Absorbable Sulfonamides</td>
<td>5</td>
</tr>
<tr>
<td>Antineoplastic/Immunosuppressant Drugs (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Antineoplastic Lhrh (GnRH) Agonist, Pituitary Suppr. (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Glucocorticoids</td>
<td>5</td>
</tr>
<tr>
<td>Mineralocorticoids</td>
<td>5</td>
</tr>
<tr>
<td>Androgenic Agents (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Estrogenic Agents</td>
<td>5</td>
</tr>
<tr>
<td>Estrogen/Androgen Combinations</td>
<td>5</td>
</tr>
<tr>
<td>Progestational Agents</td>
<td>5</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>5</td>
</tr>
<tr>
<td>Insulins</td>
<td>5</td>
</tr>
<tr>
<td>Antihyperglycemic, Aminyl Analog-Type (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Antihyperglycemic, Incretin Mimetic (GLP-1 Recep. Agonist) (PA Required)</td>
<td>5</td>
</tr>
<tr>
<td>Hypoglycemics, Insulin — Release Stimulant Type</td>
<td>5</td>
</tr>
<tr>
<td>Hyperglycemics</td>
<td>5</td>
</tr>
<tr>
<td>Hypoglycemics, Biguanide Type</td>
<td>5</td>
</tr>
<tr>
<td>Hypoglycemics, Alpha-Glucosidase Inhib Type</td>
<td>6</td>
</tr>
<tr>
<td>Dipeptidyl Peptidase — Iv Inhib and Combos</td>
<td>6</td>
</tr>
<tr>
<td>Hypoglycemics, Insulin — Response Enhancer</td>
<td>6</td>
</tr>
<tr>
<td>Blood Sugar Diagnostics</td>
<td>6</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>6</td>
</tr>
<tr>
<td>Thyroid Hormones</td>
<td>6</td>
</tr>
<tr>
<td>Antithyroid Preparations</td>
<td>6</td>
</tr>
<tr>
<td>Oxytocics</td>
<td>6</td>
</tr>
<tr>
<td>Bone Resorption Inhibitors</td>
<td>6</td>
</tr>
<tr>
<td>Growth Hormones (PA Required)</td>
<td>6</td>
</tr>
<tr>
<td>Somatostatic Agents (PA Required)</td>
<td>6</td>
</tr>
<tr>
<td>Pituitary Suppressive Agents</td>
<td>6</td>
</tr>
<tr>
<td>Antidiuretic and Vasopressor Hormones (PA Required)</td>
<td>6</td>
</tr>
<tr>
<td>Metabolic Deficiency Agents</td>
<td>6</td>
</tr>
<tr>
<td>Digitalis Glycosides</td>
<td>6</td>
</tr>
<tr>
<td>Vasodilators, Coronary</td>
<td>6</td>
</tr>
<tr>
<td>Beta-Adrenergic Blocking Agents</td>
<td>6</td>
</tr>
</tbody>
</table>

Sunday 8 a.m. to 6 p.m. In addition, regular updates to the PDL are available by visiting www.anthem.com.
<table>
<thead>
<tr>
<th>Category</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha/Beta-Adrenergic Blocking Agents</td>
<td>6</td>
</tr>
<tr>
<td>Calcium Channel Blocking Agents</td>
<td>6</td>
</tr>
<tr>
<td>Antiarrhythmics</td>
<td>6</td>
</tr>
<tr>
<td>Hypotensives, Ace Inhibitors, Combinations</td>
<td>6</td>
</tr>
<tr>
<td>Hypotensives, Angiotensin Receptor Antagonist</td>
<td>6</td>
</tr>
<tr>
<td>Hypotensives, Sympatholytic</td>
<td>6</td>
</tr>
<tr>
<td>Drugs For Pheochromocytoma</td>
<td>6</td>
</tr>
<tr>
<td>Alpha-Adrenergic Blocking Agents</td>
<td>6</td>
</tr>
<tr>
<td>Hypotensives, Vasodilators</td>
<td>6</td>
</tr>
<tr>
<td>Ace Inhibitor/Calcium Channel Block Combination</td>
<td>6</td>
</tr>
<tr>
<td>Hypotensives, Miscellaneous</td>
<td>6</td>
</tr>
<tr>
<td>Loop Diuretics</td>
<td>6</td>
</tr>
<tr>
<td>Potassium Sparing Diuretics</td>
<td>6</td>
</tr>
<tr>
<td>Thiazide and Related Diuretics</td>
<td>6</td>
</tr>
<tr>
<td>Adrenergic Vasopressor</td>
<td>6</td>
</tr>
<tr>
<td>Anaphylaxis Therapy Agents</td>
<td>6</td>
</tr>
<tr>
<td>Lipotropics</td>
<td>6</td>
</tr>
<tr>
<td>Xanthines</td>
<td>6</td>
</tr>
<tr>
<td>Vasodilating Drugs (PA Required)</td>
<td>6</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>6</td>
</tr>
<tr>
<td>Expectorants</td>
<td>6</td>
</tr>
<tr>
<td>Nasal Anti-Inflammatory Steroids</td>
<td>6</td>
</tr>
<tr>
<td>Nasal Antihistamine</td>
<td>6</td>
</tr>
<tr>
<td>Antihistamine and Decongestant Combinations</td>
<td>6</td>
</tr>
<tr>
<td>Decongestant – Expectorant Combinations</td>
<td>6</td>
</tr>
<tr>
<td>(PA Required Age &lt; 2)</td>
<td>6</td>
</tr>
<tr>
<td>General Inhalation Agents</td>
<td>6</td>
</tr>
<tr>
<td>Non-narcotic Antitussive Combinations</td>
<td>6</td>
</tr>
<tr>
<td>(PA Required For Age &lt; 2)</td>
<td>6</td>
</tr>
<tr>
<td>Narcotic Antitussive Combinations</td>
<td>6</td>
</tr>
<tr>
<td>(PA Required Age &lt; 2)</td>
<td>6</td>
</tr>
<tr>
<td>General Bronchodilator Agents</td>
<td>7</td>
</tr>
<tr>
<td>Mast Cell Stabilizers</td>
<td>7</td>
</tr>
<tr>
<td>Beta-Adrenergic Agents</td>
<td>7</td>
</tr>
<tr>
<td>Beta-Adrenergic Combination Agents</td>
<td>7</td>
</tr>
<tr>
<td>Inhaled Corticosteroids</td>
<td>7</td>
</tr>
<tr>
<td>Beta-Adrenergics and Glucocorticoids</td>
<td>7</td>
</tr>
<tr>
<td>Combinations</td>
<td>7</td>
</tr>
<tr>
<td>Leukotriene Receptor Antagonists</td>
<td>7</td>
</tr>
<tr>
<td>Immunoglobulin Antibodies (PA Required)</td>
<td>7</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>7</td>
</tr>
<tr>
<td>Laxatives and Cathartics</td>
<td>7</td>
</tr>
<tr>
<td>Antidiarrheals</td>
<td>7</td>
</tr>
<tr>
<td>Antacids</td>
<td>7</td>
</tr>
<tr>
<td>Antispasmodics</td>
<td>7</td>
</tr>
<tr>
<td>Gastric Acid Secretion Reducers</td>
<td>7</td>
</tr>
<tr>
<td>Antiemetic/Antivertigo Agents</td>
<td>7</td>
</tr>
<tr>
<td>Pancreatic Enzymes</td>
<td>7</td>
</tr>
<tr>
<td>Bile Salts</td>
<td>7</td>
</tr>
<tr>
<td>Antiflatulents</td>
<td>7</td>
</tr>
<tr>
<td>Intestinal Motility Stimulants</td>
<td>7</td>
</tr>
<tr>
<td>Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat</td>
<td>7</td>
</tr>
<tr>
<td>Blood Detoxicants</td>
<td>7</td>
</tr>
<tr>
<td>Parasympathetic Agents</td>
<td>7</td>
</tr>
<tr>
<td>Urinary Tract Antispasmodic/ Anti-incontinence Agent</td>
<td>7</td>
</tr>
<tr>
<td>Vaginal Antibiotics</td>
<td>7</td>
</tr>
<tr>
<td>Vaginal Antifungals</td>
<td>7</td>
</tr>
<tr>
<td>Vaginal Estrogen Preparations</td>
<td>7</td>
</tr>
<tr>
<td>Urinary pH Modifiers</td>
<td>7</td>
</tr>
<tr>
<td>Urinary Tract Anesthetic/Analgesic Agent</td>
<td>7</td>
</tr>
<tr>
<td>Benign Prostatic Hypertrophy/Micturition Agents (PA Required)</td>
<td>7</td>
</tr>
<tr>
<td>Antianxiety Drugs</td>
<td>7</td>
</tr>
<tr>
<td>Alpha-2 Receptor Antagonist Antidepressants</td>
<td>7</td>
</tr>
<tr>
<td>Serotonin-2 Antagonist/Reuptake Inhibitors (SARs)</td>
<td>7</td>
</tr>
<tr>
<td>MAO Inhibitors</td>
<td>7</td>
</tr>
<tr>
<td>Selective Serotonin Reuptake Inhibitor (SSRIs)</td>
<td>7</td>
</tr>
<tr>
<td>Serotonin-Norepinephrine Reuptake – Inhib (SNRIs)</td>
<td>7</td>
</tr>
<tr>
<td>Tricyclic Antidepressants and Rel. Non-Sel.</td>
<td>7</td>
</tr>
<tr>
<td>RU-Inhib</td>
<td>7</td>
</tr>
<tr>
<td>Norepinephrine and Dopamine Reuptake Inhib (NDRIs)</td>
<td>7</td>
</tr>
<tr>
<td>Antipsychotics, Atypical</td>
<td>7</td>
</tr>
<tr>
<td>Antipsychotics, Typical</td>
<td>7</td>
</tr>
<tr>
<td>Tricyclic Antidepressant/Phenothiazine</td>
<td>7</td>
</tr>
<tr>
<td>Combinations</td>
<td>7</td>
</tr>
<tr>
<td>Tricyclic Antidepressant/Benzodiazepine</td>
<td>7</td>
</tr>
<tr>
<td>Combinations</td>
<td>7</td>
</tr>
<tr>
<td>Antimania Drugs</td>
<td>7</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>7</td>
</tr>
<tr>
<td>Sedative-Hypnotics, Nonbarbiturates</td>
<td>7</td>
</tr>
<tr>
<td>Tx for Attention Deficit-Hyperact (ADHD)</td>
<td>7</td>
</tr>
<tr>
<td>Cholinesterase Inhibitors</td>
<td>7</td>
</tr>
<tr>
<td>Smoking Deterrent Agents</td>
<td>7</td>
</tr>
<tr>
<td>Drugs to Treat Multiple Sclerosis (PA Required)</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol Antagonist</td>
<td>8</td>
</tr>
<tr>
<td>Analgesic/Antipyretics, Salicylates</td>
<td>8</td>
</tr>
<tr>
<td>Analgesic/Antipyretics, Nonsalicylate</td>
<td>8</td>
</tr>
<tr>
<td>Analgesics, Narcotics</td>
<td>8</td>
</tr>
<tr>
<td>Narcotic Antagonists</td>
<td>8</td>
</tr>
<tr>
<td>NSAIDs, Cyclooxygenase Inhibitor – Type</td>
<td>8</td>
</tr>
<tr>
<td>Anti-inflammatory Tumor Necrosis Factor Inhibitor</td>
<td>8</td>
</tr>
<tr>
<td>Anti-inflammatory, Pyrimidine Synthesis</td>
<td>8</td>
</tr>
<tr>
<td>Inhibitor</td>
<td>8</td>
</tr>
<tr>
<td>Antiarthritis, Folate Antagonist Agents</td>
<td>8</td>
</tr>
<tr>
<td>Hyperuricemia TxA Purine Inhibitors</td>
<td>8</td>
</tr>
<tr>
<td>Uricosuric Agents</td>
<td>8</td>
</tr>
<tr>
<td>Urine Glucose Test Aids</td>
<td>8</td>
</tr>
<tr>
<td>Colchicine</td>
<td>8</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>8</td>
</tr>
<tr>
<td>Antiparkinsonism Drugs, Anticholinergic</td>
<td>8</td>
</tr>
<tr>
<td>Antiparkinsonism Drugs, Other</td>
<td>8</td>
</tr>
<tr>
<td>Skeletal Muscle Relaxants</td>
<td>8</td>
</tr>
<tr>
<td>Other CNS/Autonomic Drugs</td>
<td>8</td>
</tr>
<tr>
<td>Vitamin B1 Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Vitamin B6 Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Vitamin B12 Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Folic Acid Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Iron Replacement</td>
<td>8</td>
</tr>
<tr>
<td>Vitamin D Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Pediatric Vitamin Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Prenatal Vitamin Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Calcium Replacement</td>
<td>8</td>
</tr>
<tr>
<td>Vitamin K Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Zinc Replacement</td>
<td>8</td>
</tr>
<tr>
<td>Potassium Replacement</td>
<td>8</td>
</tr>
<tr>
<td>Electrolyte Replacement</td>
<td>8</td>
</tr>
<tr>
<td>Hematinics, Other</td>
<td>8</td>
</tr>
<tr>
<td>Heparin and Related Preparations</td>
<td>8</td>
</tr>
<tr>
<td>Oral Anticoagulants, Coumarin Type</td>
<td>8</td>
</tr>
<tr>
<td>Antifibrinolytic Agents</td>
<td>8</td>
</tr>
<tr>
<td>Platelet Aggregation Inhibitors</td>
<td>8</td>
</tr>
<tr>
<td>Hemorheologic Agents</td>
<td>8</td>
</tr>
<tr>
<td>Platelet Reducing Agents</td>
<td>8</td>
</tr>
<tr>
<td>Miotics/Other Intraoc. Pressure Reducers</td>
<td>8</td>
</tr>
<tr>
<td>Mydriatics</td>
<td>8</td>
</tr>
<tr>
<td>Ophthalmic Antibiotics</td>
<td>8</td>
</tr>
<tr>
<td>Eye Antibiotic-Corticoid Combinations</td>
<td>8</td>
</tr>
<tr>
<td>Eye Antivirals</td>
<td>8</td>
</tr>
<tr>
<td>Artificial Tears</td>
<td>8</td>
</tr>
<tr>
<td>Eye Vasoconstrictors (Rx Only)</td>
<td>8</td>
</tr>
<tr>
<td>Eye Vasoconstrictors (OTC Only)</td>
<td>8</td>
</tr>
<tr>
<td>Eye Local Anesthetics</td>
<td>8</td>
</tr>
<tr>
<td>Eye Antihistamines</td>
<td>9</td>
</tr>
<tr>
<td>Ophthalmic Mast Cell Stabilizers</td>
<td>9</td>
</tr>
<tr>
<td>Eye Anti-Inflammatory Agents</td>
<td>9</td>
</tr>
<tr>
<td>Otic Preparations, Miscellaneous, Anti-infectives</td>
<td>9</td>
</tr>
<tr>
<td>Otic Preparations, Anti-Inflammatory – Antibiotics</td>
<td>9</td>
</tr>
<tr>
<td>Otic Preparations, Local Anesthetics</td>
<td>9</td>
</tr>
<tr>
<td>Otic Preparations, Antibiotics</td>
<td>9</td>
</tr>
<tr>
<td>Fluoride Preparations</td>
<td>9</td>
</tr>
<tr>
<td>Periodontal Collagenase Inhibitors</td>
<td>9</td>
</tr>
<tr>
<td>Dental Aids and Preparations</td>
<td>9</td>
</tr>
<tr>
<td>Hemorrhoidal Preparations</td>
<td>9</td>
</tr>
<tr>
<td>Vitamin A Derivatives (PA Required)</td>
<td>9</td>
</tr>
<tr>
<td>Keratolytics</td>
<td>9</td>
</tr>
<tr>
<td>Acne Agents, Systemic (PA Required)</td>
<td>9</td>
</tr>
<tr>
<td>Acne Agents, Topical</td>
<td>9</td>
</tr>
<tr>
<td>Rosacea Agents, Topical</td>
<td>9</td>
</tr>
<tr>
<td>Topical Antibiotics</td>
<td>9</td>
</tr>
<tr>
<td>Topical Antifungals</td>
<td>9</td>
</tr>
<tr>
<td>Antisporesiant Agents</td>
<td>9</td>
</tr>
<tr>
<td>Topical Antivirals</td>
<td>9</td>
</tr>
<tr>
<td>Topical Antineoplastic and Preamalignant</td>
<td>9</td>
</tr>
<tr>
<td>Topical Anti-inflammatory Steroidal Agents</td>
<td>9</td>
</tr>
<tr>
<td>Topical Agents, Miscellaneous</td>
<td>9</td>
</tr>
<tr>
<td>Topical Immunomodulators (PA Required)</td>
<td>9</td>
</tr>
<tr>
<td>Topical Anesthetics</td>
<td>9</td>
</tr>
<tr>
<td>Topical Antiparasitics</td>
<td>9</td>
</tr>
<tr>
<td>Antiseptics, General</td>
<td>9</td>
</tr>
<tr>
<td>Condoms</td>
<td>9</td>
</tr>
<tr>
<td>Diaphragms/Cervical Cap.</td>
<td>9</td>
</tr>
<tr>
<td>Needles/Needleless Devices</td>
<td>9</td>
</tr>
<tr>
<td>Syringes and Accessories</td>
<td>9</td>
</tr>
<tr>
<td>Respiratory Aids, Devices, Equipment</td>
<td>9</td>
</tr>
<tr>
<td>Rubber Syringes</td>
<td>9</td>
</tr>
<tr>
<td>Immunosuppressants</td>
<td>9</td>
</tr>
</tbody>
</table>
PENICILLINS
- Amoxicillin
- Amoxicillin Clavulanate, -ER
- Ampicillin
- Dicloxacillin
- Penicillin VK

CEPHALOSPORINS — 1ST GENERATION
- Cefadroxil
- Cephalexin

CEPHALOSPORINS — 2ND GENERATION
- Cefaclor, -ER
- Cefdinir
- Cefpodoxime
- Cefprozil
- Cefuroxime

CEPHALOSPORINS — 3RD GENERATION
- Ceftibuten
- Ceftriaxone

OXAZOLIDINONE
- Zyvox

MACROLIDES
- Azithromycin
- Clarithromycin
- Erythromycin-Sulfisox

TETRACYCLINES
- Demeclocycline
- Doxycycline
- Minocycline
- Tetracycline

QUINOLONES
- Ciprofloxacin
- Levofloxacain
- Ofloxacain

AMINOGLYCOSIDES
- Neomycin
- Tobramycin

ANTIMYCOBACTERIUM AGENTS
- Ethambutol
- Isoniazid
- Mycobutin
- Pyrazinamide
- Rifabutin
- Rifampin, -INH/Pyraz
- Sulfadiazine

ANTIFUNGAL ANTIBIOTICS
- Fluconazole
- Fluycytosine
- Griseofulvin
- Itraconazole (PA required)
- Ketoconazole
- Nystatin
- Terbinafine (PA Required)
- Voriconazole (PA Required)

ANTIVIRALS, HIV-SPECIFIC
- Abacavir, -Lamiv/Zidov
- Atripla
- Complera
- Crixivan
- Didanosine
- Edurant
- Entriva
- Epzicom
- Fuzeon
- Intolerance
- Invirase
- Isentress
- Kaletra
- Lamivudine, -Zidovudine
- Lexiva
- Nevirapine, -ER
- Norvir
- Prezista
- Rescriptor
- Reyataz
- Selzentry
- Stavudine
- Stribild
- Tivicay
- Trizivir
- Truvada
- Viracea
- Viramune XR
- Viread
- Zidovudine

HEPATITIS B TREATMENT AGENTS
- Adefovir (PA Required)
- Baraclude
- Epivir HBV
- Gilead
- Hexal
- Hydroxyurea
- Irritoxazole
- Leucovorin
- Leuprolide
- Leukeran
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin

HEPATITIS C TREATMENT AGENTS
- Adefovir
- Baraclude
- Epivir HBV
- Gilead
- Hexal
- Hydroxyurea
- Itraconazole
- Leucovorin
- Leuprolide
- Leukeran
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
- Alkeran
- Anastrozole
- Bicuillamide
- Cyclophosphamide
- Ecmpt
- Etoposide
- Flutamide
- Gleevec
- Hexal
- Hydroxyurea
- Letrozole
- Leucovorin
- Leuprolide
- Leukerin
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin

AMEBACIDES
- Atovaquone
- Tinidazole
- Yodoxin

ANTHELMINTICS
- Mebendazole
- Rebox Pinworm

ANAEROBIC ANTIPROTOZOAL ANTIBACTERIAL AGENTS
- Metronidazole

VANCYMYCIN AND DERIVATIVES
- Vancomycin (PA Required)

LINCOSAMIDES
- Clindamycin

CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISCELLANEOUS (PA REQUIRED)
- Dapsone
- Methenamine
- Nitrofurantoin

ABSORBABLE SULFONAMIDES
- Sulfadiazine
- Sulfacetamide
- Sulphamethoxazole/Tmp
- Sulfasalazine

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
- Adefovir (PA Required)
- Baraclude
- Epivir HBV
- Gilead
- Hexal
- Hydroxyurea
- Itraconazole
- Leucovorin
- Leuprolide
- Leukeran
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin

ANTINEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR. (PA Required)
- Alkeran
- Anastrozole
- Bicuillamide
- Cyclophosphamide
- Ecmpt
- Etoposide
- Flutamide
- Gleevec
- Hexal
- Hydroxyurea
- Letrozole
- Leucovorin
- Leuprolide
- Leukerin
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin

INSULINS
- Apidra
- Humulin
- Lantus
- Novolin

ANTIHYPERTYGYCEMIC, AMYLIN ANALOG-TYPE (PA REQUIRED)
- Symlin, Symlin Pen

ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEP. AGONIST) (PA REQUIRED)
- Bydureon
- Byetta

HYPOGGLYCEMICS, INSULIN — RELEASE STIMULANT TYPE
- Glimepiride
- Glipizide, -ER, -XL, -metformin
- Glyburide, -metformin
- Nateglinide
- Tolazamide

HYPOGGLYCEMICS
- Glucagon
- Glucose

ANTIVIRALS, HIV-SPECIFIC
- Atripla
- Complera
- Crixivan
- Didanosine
- Edurant
- Entriva
- Epzicom
- Fuzeon
- Intolerance
- Invirase
- Isentress
- Kaletra
- Lamivudine, -Zidovudine
- Lexiva
- Nevirapine, -ER
- Norvir
- Prezista
- Rescriptor
- Reyataz
- Selzentry
- Stavudine
- Stribild
- Tivicay
- Trizivir
- Truvada
- Viracea
- Viramune XR
- Viread
- Zidovudine

ANTIVIRALS, GENERAL
- Acyclovir
- Amantadine
- Famciclovir
- Ganciclovir
- Relenza
- Rimantidine
- Tamiflu
- Valacyclovir (PA Required)
- Valcyle

HEPATITIS B TREATMENT AGENTS (PA REQUIRED)
- Adefovir
- Baraclude
- Epivir HBV
- Gilead
- Hexal
- Hydroxyurea
- Itraconazole
- Leucovorin
- Leuprolide
- Leukerin
- Megestrol
- Mercaptopurine
- Mesnex
- Methotrexate
- Myleran
- Paregoric
- Tamoxifen
- Tretinoin
<table>
<thead>
<tr>
<th>Medical Category</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemics, Alpha-glucosidase Inhib Type</td>
<td>Acarbose</td>
</tr>
<tr>
<td>Dipeptidyl Peptidase — IV Inhib and Combs (ST Required)</td>
<td>Januvia, Janumet, -XR, Kombiglyze XR, Onglyza</td>
</tr>
<tr>
<td>Hypoglycemics, Insulin — Response Enhancer</td>
<td>Avandamet, Avandaryl, Avandia, Pioglitazone, -metformin, glimepiride</td>
</tr>
<tr>
<td>Blood Sugar Diagnostics</td>
<td>TrueTest</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Lancets, Lancet Device, Control Solution</td>
</tr>
<tr>
<td>Thyroid Hormones</td>
<td>Armour Thyroid, Levothyroid, Levothyroxine, Levoxyl, Liothyronine, Nature Throid, NP Thyroid, Synthroid, Unithroid, Westhroid, WP Thyroid</td>
</tr>
<tr>
<td>Antithyroid Preparations</td>
<td>Methimazole, Propylthiouracil</td>
</tr>
<tr>
<td>Oxytocics</td>
<td>Methylergonovine</td>
</tr>
<tr>
<td>Bone Resorption Inhibitors</td>
<td>Alendronate, Calcitonin, Fortical, Raloxifene</td>
</tr>
<tr>
<td>Growth Hormones (PA Required)</td>
<td>Omnitrope, Norditropin, Tev-Tropin</td>
</tr>
<tr>
<td>Somatostatic Agents (PA Required)</td>
<td>Octreotide</td>
</tr>
<tr>
<td>Pituitary Suppressive Agents</td>
<td>Cabergoline</td>
</tr>
<tr>
<td>Antidiuretic and Vasopressor Hormones (PA Required)</td>
<td>Desmopressin</td>
</tr>
<tr>
<td>Metabolic Deficiency Agents</td>
<td>Calcitriol, Levocarnitine</td>
</tr>
<tr>
<td>Digitalis Glycosides</td>
<td>Digoxin</td>
</tr>
<tr>
<td>Vasoconstrictors, Coronary</td>
<td>Isosorbide, Nitroglycerin</td>
</tr>
<tr>
<td>Beta-Adrenergic Blocking Agents</td>
<td>Acebutol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol, Timolol</td>
</tr>
<tr>
<td>Calcium Channel Blocking Agents</td>
<td>Amlodipine, Diltiazem, Felodipine, Isradipine, Nicardipine, Nifedipine, Verapamil</td>
</tr>
<tr>
<td>Antiarrhythmics</td>
<td>Amiodarone, Disopyramide, Flecaïnide, Mexiletine, Quinidine, Propafenone</td>
</tr>
<tr>
<td>Antihypertensives, ACE Inhibitors, Combinations</td>
<td>Benazepril, Benazepril-Hctz, Captopril, Captopril-Hctz, Enalapril, Enalapril-Hctz, Fosinopril Fosinopril-Hctz, Lisinopril, Lisinopril-Hctz, Moexipril, Moexipril-Hctz, Quinapril, Quinapril-Hctz, Ramipril, Trandolapril</td>
</tr>
<tr>
<td>Lipotropics</td>
<td>Atorvastatin, Cholestyramine, Colestipol, Fenofibrate, Gemfibrozil, Lovastatin, Niacin, Niacinamide, Pravastatin, Simvastatin</td>
</tr>
<tr>
<td>Vasodilating Drugs (PA Required)</td>
<td>Adcirca, Sildenafil</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Clemastine, Cyproheptadine, Deschlorpheniramine, Diphenhydramine, Fexofenadine, Loratadine</td>
</tr>
<tr>
<td>Expectorants</td>
<td>Guaiifenesis</td>
</tr>
<tr>
<td>Nasal Anti-Inflammatory Steroids</td>
<td>Flunisolide, Fluticasone, Ipratropium</td>
</tr>
<tr>
<td>Nasacort Allergy (OTC) Nasal Antihistamine</td>
<td>Cromolyn, Azelastine</td>
</tr>
<tr>
<td>Antihistamine and Decongestant Combinations</td>
<td>Brompheniramine-Pse, Carboxamine, Fexofenadine-D (PA Required), Levocetirizine-D, Loratadine-D, Phenyleph-Bromphe, Phenylephrine, Pseudoephedrine</td>
</tr>
<tr>
<td>Decongestant — Expectorant Combinations (PA Required</td>
<td>Guaifenes-Phe, Phenylephrine, Pseudoephedrine, Pseudoephedrine-Guaifen</td>
</tr>
<tr>
<td>General Inhalation Agents</td>
<td>Broncho Saline, Mucolytics Acetylcysteine, Pulmozyme (PA Required), Water for Inhalation</td>
</tr>
<tr>
<td>Non-Narcotic Antitussive Combinations (PA Required for Age &lt; 2)</td>
<td>Dextromethorphan-Cs Phenyl, D-Methorphan, Omethorphan-Pe Chlorphenir Carbetapentane-Chlorphenir, Guaifene-Dextromethorphan, Hydrocodoine-Homatropine, Phenylephrine, Promethazine-DM</td>
</tr>
<tr>
<td>Narcotic Antitussive Combinations (PA Required for Age &lt; 2)</td>
<td>Brompheniramine-Hydroc-Pse, Guaifenesin/Codeine, Hydrocodoine/Guaiifenesin, Hydrocodo/Phenyle/Cp, Phenyleph/Hcod, Hydrocodo Cp, Hydrocodo Hdp, Promethazine/Codeine</td>
</tr>
</tbody>
</table>
GENERAL BRONCHODILATOR AGENTS
Atrovent HFA
Ipratropium bromide
Spiriva

MAST CELL STABILIZERS
Cromolyn

BETA-ADRENERGIC AGENTS
Albuterol
Metaproterenol
ProAir HFA
Serevent Terbutaline
Ventolin HFA

BETA-ADRENERGIC COMBINATION AGENTS
Atrovent HFA
Combivent Respimat
Ipratropium, -Albuterol

INHALED CORTICOSTEROIDS
Asmanex
Flovent (Budesonide Respules (PA Required age > 5 years)
Pulmicort Flexhaler QVAR

INHALED CORTICOSTEROIDS AND BETA-ADRENERGIC COMBINATIONS
Advair HFA (ST Required)
Dulera (ST Required)
Symbicort (ST Required)

LEUKOTRIENE RECEPTOR ANTAGONISTS
Montelkast
Zafirlukast

ANTHISTAMINES AND CATHARTICS
Bisacodyl
Docusate
Glycerin
Lactulose
Magnesium
Mineral Oil
PEGs
Sodium Phosphate

LAXATIVES AND CATHARTICS
Bismuth Subsalicylate
Diphenoxylate/Atropine
Loperamide

ANTACIDS
Aluminum
Calcium
Magnesium
Simethicone
Sodium Bicarbonate

ANTISPASMODICS
Dicyclomine
Glycopyrrolate
Hyoscyamine-Propantheline

GASTRIC ACID SECRETION REDUCERS
Famotidine
Famot/Calcium Carb/Mag
Misoprostol (PA Required)
Nizatidine
Pantoprazole
Prevacid 24 hr
Ranitidine
Sucralfate

ANTIMETIC/ANTIVERTIGO AGENTS
Dronabinol (PA Required)
Meclizine
Ondansetron
Promethazine (PA Required for ages < 2)
Prochlorperazine
Trimethobenzamide

PANCREATIC ENZYMES
Creon
Lactase
Pancrarelase

BILE SALTS
Ursodiol

ANTIFLATULENTS
Simethicone

INTESTINAL MOTILITY STIMULANTS
Metoclopramide

DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT
Asacol HB
Balsalazide
Colazal
Delsal
Mesalamine
Pentasa
Sulfasalazine

BLOOD DETOXICANTS
Calcium Acetate
Eliphos
Renvela (PA Required)

PARASYMPATHETIC AGENTS
Bethanechol

URINARY TRACT ANTISPASMODIC/ ANTI-INCONTINENCE AGENT
Oxybutynin, -ER
Oxytrol

VAGINAL ANTIBIOTICS
Clindamycin
Metronidazole

VAGINAL ANTIFUNGALS
Clotrimazole
Miconazole

VAGINAL ESTROGEN PREPARATIONS
Premarin

URINARY PH MODIFIERS
Potassium Citrates

URINARY TRACT ANESTHESIC/ ANALGESIC AGENT
Phenazopyridine

BENIGN PROSTATIC HYPERPLASIA/ MICTURITION AGENTS (PA REQUIRED)
Alfuzosin
Finasteride
Tamsulosin

ANTIANXIETY DRUGS
Alprazolam
Buspirone
Chlordiazepoxide
Clorazepate
Diazepam
Hydroxyzine
Lorazepam
Diazepam

ALPHA-2 RECEPTOR ANTAGONIST ANTIADRENERGICS
Mirtazapine

SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)
Nefazodone
Trazodone

SELECTIVE SEROTONIN REUPTAKE INHIBITOR — INHIB (SNRIS)
Venlafaxine, -ER

TRICYCLIC ANTIDEPRESSANTS AND REL. NON-SEL. RU-INHIB
Amfetamine/D-amphetamine
Caffeine Citrate
Dextroamphetamine
Dexmethylphenidate
Methylphenidate, -ER, -SR

TRICYCLIC ANTIDEPRESSANTS
Amfetamine/D-amphetamine
Caffeine Citrate
Dextroamphetamine
Dexmethylphenidate
Methylphenidate, -ER, -SR

ANTIPSYCHOTICS
Abilify (PA Required)
Clozapine
Loxapine
Olanzapine, -ODT
Quetiapine
Risperidone, -ODT
Ziprasidone

ANTIPSYCHOTICS, TYPICAL
Chlorpromazine
Haloperidol
Fluphenazine
Mohan
Perphenazine
Prochlorperazine
Thoridazine
Thiothixene
Trifluoperazine

TRICYCLIC ANTIDEPRESSANT/ PHENOTHIAZINE COMBINATIONS
Amfetamine/D-chlordiazepoxide

ANTIMANIA DRUGS
Lithium Carbonate, -ER

BARBITURATES
Phenobarbital

SEDATIVE-HYPNOTICS, NONBARBITURATES
Chloral Hydrate
Diphenhydramine
Doxylamine
Estazolam
Flurazepam
Temazepam
Triazolam
Zaleplon
Zolpidem

TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY
Amfetamine/D-amphetamine
Caffeine Citrate
Dextroamphetamine
Dexmethylphenidate
Methylphenidate, -ER, -SR
Strattera (ST Required)

CHOLINESTERASE INHIBITORS
Donepezil
Galantamine
Namenda
Rivastigmine

SMOKING DETERRENT AGENTS
Bupropion, -SR
Nicotine

norepinephrine and dopamine reuptake inhi (ndris)
Bupropion, SR

Antipsychotics, Atypical
Abilify (PA Required)
Clozapine
Loxapine
Olanzapine, -ODT
Quetiapine
Risperidone, -ODT
Ziprasidone

Antipsychotics, Typical
Chlorpromazine
Haloperidol
Fluphenazine
Mohan
Perphenazine
Prochlorperazine
Thoridazine
Thiothixene
Trifluoperazine

Tricyclic Antidepressant/ Phenothiazine Combinations
Amfetamine/D-Chlordiazepoxide

Tricyclic Antidepressant/ Benzoazepine Combinations
Amfetamine/Chlordiazepoxide

Antimania Drugs
Lithium Carbonate, -ER

Barbiturates
Phenobarbital

Sedative-Hypnotics, Nonbarbiturates
Chloral Hydrate
Diphenhydramine
Doxylamine
Estazolam
Flurazepam
Temazepam
Triazolam
Zaleplon
Zolpidem

TX for Attention Deficit-Hyperact (ADHD)/Narcolepsy
Amphetamine/D-amphetamine
Caffeine Citrate
Dextroamphetamine
Dexmethylphenidate
Methylphenidate, -ER, -SR
Strattera (ST Required)

Cholinesterase Inhibitors
Donepezil
Galantamine
Namenda
Rivastigmine

Smoking Deterrent Agents
Bupropion, -SR
Nicotine
DRUGS TO TREAT MULTIPLE SCLEROSIS (PA REQUIRED)
Avonex
Betaseron
Copaxone
Extavia
Gilenya
Rebif
Tecfidera

ALCOHOL ANTAGONIST
Disulfiram

ANALGESIC/ANTIPYRETICS, SALICYLATES
Aspirin
Choline Magnesium Diflunisal Salsalate

ANALGESIC/ANTIPYRETICS, NONSALICYLATE
APAP-Diphenhydramine ASA-Diphenhydramine

ANTIMIGRAINE PREPARATIONS
Apap-Butalbital Apap/Diphendphydramine Apap/Asa/Caffeine APAP-Diphenhydramine ASA-Diphenhydramine

ANALGESICS, NARCOTICS
Acetaminophen/Cod Aspirin/Codeine Buprenorphine, -Naloxone Butorphanol Carisoprodol Codeine, -Apap Fentanyl Hydrocodone/Apap Hydrocodone/Ibuprofen Hydromorphone Meperidine Methadone Morphine Oxycodone Oxycodone-Apap Oxycodone-Aspirin Pentazocine-Apap Pentazocine-Naloxone Ritalin-Apap, -Codeine, -Butalbital

ANTICOLCHINIC DRUGS
Benztropine Trihexyphenidyl

ANTIPEPTIDYREXINS, ANTIPEPTIDYREXINS, OTHER
CARBAMOXYGENASE INHIBITORS

HETEROGENEOUS AGENTS
Fenoprofen Flurbiprofen Ibuprofen, -Apap, Diphehydramine Indomethacine Ketoprofen Ketorolac Meclomenamate Meloxicam Nabumetone Naproxen Oxaproxin Piroxicam Sulfadiazol Tolmetin

ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR
Enbrel (PA Required) Humira (PA Required)

ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC
Benzotropine Trihexyphenidyl

ANTIPARKINSONISM DRUGS, OTHER
Amantadine Bromocriptine

CARBIDOPA/Levo/Entacapone Entacapone Pramipexole Rotinirole Selegiline

SKELETAL MUSCLE RELAXANTS
Baclofen Carisoprodol, -ASA, -Codeine Chlorzoxazone Cyclobenzaprine Dantrolene Methocarbamol Orphenadrine (PA Required) Rilutek (PA Required) Tizanidine

OTHER CNS/AUTONOMIC DRUGS
Pyridostigmine

VITAMIN B1 PREPARATIONS

VITAMIN B6 PREPARATIONS

VITAMIN B12 PREPARATIONS

FOLIC ACID PREPARATIONS

CALCIUM REPLACEMENT

VITAMIN K PREPARATIONS

ZINC REPLACEMENT

ELECTROLYTE REPLACEMENT

HEMATINICS, OTHER
Procrit (PA Required)

HEPARIN AND RELATED PREPARATIONS
Heparin

ORAL ANTIICOAGULANTS, COUMARIN TYPE
Warfarin

ANTIFIBRINOLYTIC AGENTS
Aminocaproic Acid

PLATELET AGGREGATION INHIBITORS
Cilostazol Clopidogrel Dyipiradamole Pradaxa (PA Required) Ticlopidine Xarelto (PA Required)

HOMORHEOLOGIC AGENTS
Pentoxifylline

PLATELET REDUCING AGENTS
Anagrelide

MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS
Acetazolamide Apraclonidine Betaxolol Brimonidine Carteolol Dorzolamide Doxolamine-Timolol Latanoprost Levobunolol Methoxolamine Metipranolol Pilocarpine Timolol

HYPERURICEMIA TX — PURINE INHIBITORS
Allopurinol

URICOSURIC AGENTS
Probenecid

URINE GLUCOSE TEST AIDS

COLCHICININE
Probenecid-Colchicine

EYE VASOCONSTRICTORS (OTC ONLY)
Tetrahydrozoline

EYE ANTIVIRALS
Trifaridine

ARTIFICIAL TEARS

EYE LOCAL ANESTHETICS
Proparacaine

EYE ANTISTAMINES
Alaway Azelastine Epinistine Ketotifen
OPHTHALMIC MAST CELL STABILIZERS
Cromolyn

EYE ANTI-INFLAMMATORY AGENTS
Dexamethasone
Diclofenac
Flurometholone
Flurbiprofen
Prednisolone

TOPICAL ANTI-INFLAMMATORY — ANTIBIOTICS
Ciprodex (PA Required)
Neomycin-Polymyxin-Dexa
Sulfacetamide-Prednisolone
Tobramycin-Dexamethasone

OTIC PREPARATIONS, ANTI-INFLAMMATORY — ANTIBIOTICS
Ciprodex (PA Required)
Neomycin-Polymyxin-Dexa
Sulfacetamide-Prednisolone
Tobramycin-Dexamethasone

OTIC PREPARATIONS, LOCAL ANESTHETICS
Benzocaine

OTIC PREPARATIONS, ANTIBIOTICS
Neo/Polyoxin/HC
Ofloxacin
Pramoxide/HC

FLUORIDE PREPARATIONS

PERIODONTAL COLLAGENASE INHIBITORS
Doxycycline

DENTAL AIDS AND PREPARATIONS
Triamcinolone

HEMORRHOIDAL PREPARATIONS
HC Pramoxine
Lidocaine-Prilocaine

VITAMIN A DERIVATIVES (PA REQUIRED)
Adapalene

KERATOLYRICS
Benzoyl Peroxide

ACNE AGENTS, SYSTEMIC (PA REQUIRED)
Amnesteem
Claravis
Sotret

ACNE AGENTS, TOPICAL
Benzoyl Peroxide,-Clindamycin,-Urea,
Clindamycin
Erythromycin
Sod.Sulfacet/Sulfur,-Urea

ROSACEA AGENTS, TOPICAL
Metronidazole

TOPICAL ANTIBIOTICS
Bacitracin
Bacitracin-Polymyxin
Clindamycin
Cluoquinol/Hydrocortisone
Erythromycin

TOPICAL ANTI-INFLAMMATORY STEROIDAL AGENTS
Alclometasone
Amincione
Betamethasone
Desonide
Desoximetasone
Diflorasone
Flucinolone
Flucinonide
Fluticasone
Halobetasol
Hydrocortisone
Mometasone
Pramoxine-HC
Prednicarbate
Triamcinolone

TOPICAL ANTI-INFECTIVE Agents

TOPICAL ANTI-INFECTIVE Agents, MISCELLANEOUS

TOPICAL IMMUNOMODULATORS (PA REQUIRED)

TOPICAL ANESTHETICS
Lidocaine,-Prilocaine

TOPICAL ANESTHETICS

ANTIParasitics
Malathion
Permethrin
Piperonyl-pyrethrins,-permethrin

ANTISEPTICS, GENERAL
Alcohol Prep Swabs

CONDOMS
Diaphragms/Cervical Cap

NEEDLES/NEEDLELESS DEVICES

SYRINGES AND ACCESSORIES

RUBBER SYRINGES
Nasal Aspirator

IMMUNOSUPPRESSANTS
Azathioprine
CellCept
Cyclosporine
Gengraf
Hecoria
Mycophenolate
Rapamune
Sirolimus
Tacrolimus