

Complaint

127 F.T.C.

IN THE MATTER OF
MERCK & CO., INC., ET AL.

CONSENT ORDER, ETC., IN REGARD TO ALLEGED VIOLATION OF
SEC. 7 OF THE CLAYTON ACT AND SEC. 5 OF THE
FEDERAL TRADE COMMISSION ACT

Docket C-3853. Complaint, Feb. 18, 1999--Decision, Feb. 18, 1999

This consent order, among other things, requires Merck & Co., Inc., a leading pharmaceutical manufacturer, and its subsidiary to maintain and make available an open formulary, containing information concerning the relative costs of drugs, and the respondents shall appoint or reappoint an independent committee with the authority to maintain an open formulary. In addition, the consent order prohibits Merck and Medco from sharing proprietary or other non-public information.

Participants

For the Commission: *Karen Berg, Veronica Kayne, Michael McNeely, Naomi Licker, Roberta Baruch, Willard Tom, William Baer, Charissa Wellford, J. Elizabeth Callison, Leslie Farber and Geary Gessler.*

For the respondents: *Michael Sohn, Arnold & Porter*, Washington, D.C.

COMPLAINT

The Federal Trade Commission, having reason to believe that respondent Merck & Co., Inc. ("Merck"), a corporation subject to the jurisdiction of the Commission, acquired Medco Containment Services, Inc., a corporation, now respondent Merck-Medco Managed Care, L.L.C. ("Medco"), a limited liability company subject to the jurisdiction of the Commission, that such acquisition violates Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. 45, and Section 7 of the Clayton Act, as amended, 15 U.S.C. 18, and that a proceeding by it in respect thereof would be in the public interest, hereby issues its complaint pursuant to Section 11 of the Clayton Act, 15 U.S.C. 21, and Section 5(b) of the Federal Trade Commission Act, as amended, 15 U.S.C. 45, stating its charges as follows:

PARAGRAPH 1. Respondent Merck & Co., Inc., is a corporation organized, existing and doing business under and by virtue of the laws of the State of New Jersey, with its principal office located at One Merck Drive, Whitehouse Station, New Jersey.

PAR. 2. Respondent Merck is engaged in the development, production and sale of pharmaceutical products, including Mevacor and Zocor, which are "HMG-CoA reductase inhibitors" used for the treatment of high cholesterol, and Prinivil and Vasotec, which are "angiotensin converting enzyme inhibitors" ("ACE Inhibitors") used for the treatment of hypertension, high blood pressure, and heart disease.

PAR. 3. Respondent Merck-Medco Managed Care, L.L.C., is a limited liability company organized, existing and doing business under and by virtue of the laws of the State of Delaware, with its principal office located at 100 Summit Avenue, Montvale, New Jersey.

PAR. 4. Respondent Medco provides pharmacy benefit management ("PBM") services to corporations, insurance companies, labor unions, Blue Cross Blue Shield organizations, federal and state employee plans, health maintenance organizations, and other members of the healthcare industry.

PAR. 5. On November 18, 1993, Merck acquired all the outstanding stock of Medco Containment Services, Inc., now doing business as Merck-Medco Managed Care, L.L.C., for approximately \$6.6 billion.

PAR. 6. At all times relevant herein, respondents Merck and Medco have been, and are now, engaged in commerce as "commerce" is defined in Section 1 of the Clayton Act, as amended, 15 U.S.C. 12, and are "corporations" whose businesses are in or affecting commerce as "corporation" and "commerce" are defined in Section 4 of the Federal Trade Commission Act, as amended, 15 U.S.C. 44.

PAR. 7. A relevant line of commerce within which to analyze the effects of this acquisition is the provision of pharmacy benefit management ("PBM") services by national full-service PBM firms, and any narrower markets contained therein. Other relevant lines of commerce within which to analyze the effects of this acquisition are the development, manufacture and sale of pharmaceutical products in specific therapeutic categories, and narrower markets contained therein (including, but not limited to, the markets for HMG-CoA reductase inhibitors and angiotensin converting enzyme inhibitors).

PAR. 8. A relevant section of the country within which to analyze the effects of this acquisition is the United States.

PAR. 9. The relevant market for PBM services by national full-service PBM firms, and the relevant markets for pharmaceutical products in specific therapeutic categories, are moderately to highly concentrated.

PAR. 10. There are substantial entry barriers into the relevant markets. Even if new entry were to occur, it would take a long time, during which time substantial harm to competition could occur.

PAR. 11. As part of its PBM services, Medco maintains drug formularies, which are listings, by therapeutic category, of ambulatory drug products that are approved for use by the U.S. Food & Drug Administration, and which are used by pharmacies, physicians, third-party payors, and other persons, to guide in the prescribing and dispensing of pharmaceuticals. Merck pharmaceutical products are included on Medco's formularies. Medco also provides other PBM services, including claims processing, drug utilization review, pharmacy network administration, mail service, and related services. Medco negotiates with pharmaceutical manufacturers, including Merck, concerning placement of drugs on Medco's formularies, rebates, discounts, prices to be paid for pharmaceutical products purchased pursuant to pharmacy benefit plans managed by Medco, and similar matters. Medco thereby influences the prices of pharmaceutical products and the availability of such products under the Medco pharmacy benefit plans.

PAR. 12. The effects of Merck's acquisition of Medco may be substantially to lessen competition in the relevant markets in violation of Section 7 of the Clayton Act, as amended, 15 U.S.C. 18, and Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. 45, in the following ways, among others:

- (a) Products of manufacturers other than Merck are likely to be foreclosed from Medco's formularies;
- (b) Reciprocal dealing, coordinated interaction, interdependent conduct, and tacit collusion among Merck and other vertically integrated pharmaceutical companies will be enhanced;
- (c) Medco will be eliminated as an independent negotiator of pharmaceutical prices with manufacturers;
- (d) Incentives of other manufacturers to develop innovative pharmaceuticals will be diminished; and

- (e) Pharmaceutical prices are likely to increase and the quality of the pharmaceuticals available to consumers is likely to diminish.

PAR. 13. Merck's acquisition of Medco violates Section 7 of the Clayton Act, as amended, 15 U.S.C. 18, and Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. 45.

DECISION AND ORDER

The Federal Trade Commission ("Commission") having initiated an investigation of the acquisition by respondent Merck and Company, Inc., of respondent Merck-Medco Managed Care, LLC, and the respondents having been furnished thereafter with a copy of a draft of complaint which the Bureau of Competition proposed to present to the Commission for its consideration and which, if issued by the Commission, would charge respondents with a violation of Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. 45, and a violation of Section 7 of the Clayton Act, as amended, 15 U.S.C. 18; and

The respondents, their attorneys, and counsel for the Commission having thereafter executed an agreement containing a consent order, an admission by the respondents of all the jurisdictional facts set forth in the aforesaid draft of complaint, a statement that the signing of said agreement is for settlement purposes only and does not constitute an admission by respondents that the law has been violated as alleged in such complaint, or that the facts as alleged in such complaint, other than jurisdictional facts, are true and waivers and other provisions as required by the Commission's Rules; and

The Commission having thereafter considered the matter and having determined that it had reason to believe that the respondents have violated the said Acts, and that a complaint should issue stating its charges in that respect, and having thereupon accepted the executed consent agreement and placed such agreement on the public record for a period of sixty (60) days, and having duly considered the comments received, now in further conformity with the procedure prescribed in Section 2.34 of its Rules, the Commission hereby issues its complaint, makes the following jurisdictional findings and enters the following order:

1. Respondent Merck & Company, Inc., ("Merck") is a corporation organized, existing and doing business under and by virtue of the laws of the State of New Jersey, with its office and principal place of business located at One Merck Drive, Whitehouse Station, New Jersey.

2. Respondent Merck-Medco Managed Care, LLC, ("Medco") is a limited liability company organized, existing and doing business under and by virtue of the laws of the State of Delaware, with its office and principal place of business located at 100 Summit Avenue, Montvale, New Jersey.

3. The Federal Trade Commission has jurisdiction of the subject matter of this proceeding and of the respondents, and the proceeding is in the public interest.

ORDER

I.

It is ordered, That the following definitions shall apply herein:

A. "*Merck*" means Merck & Co., Inc., its directors, officers, employees, agents, representatives, predecessors, successors and assigns; its subsidiaries, divisions, groups, affiliates, partnerships and joint ventures controlled by Merck & Co., Inc., other than Medco or any other supplier of PBM Services owned or controlled by Merck; and the respective directors, officers, employees, agents, representatives, successors and assigns of each.

B. "*Medco*" means Merck-Medco Managed Care, L.L.C., its managers, directors, officers, employees, agents, representatives, predecessors, successors and assigns; its subsidiaries, divisions, groups, affiliates, partnerships and joint ventures controlled by Medco other than Merck; all other suppliers of PBM Services owned or controlled by Merck; and the respective directors, officers, employees, agents, representatives, successors and assigns of each.

C. "*Respondents*" means both Merck and Medco.

D. "*Comission*" means the Federal Trade Commission.

E. "*Formulary*" means a listing, by therapeutic category, of branded and generic ambulatory drug products that are approved for use by the U.S. Food & Drug Administration ("FDA"), which listing is made available to pharmacies, physicians, third-party payors, or other persons involved in the healthcare industry, to guide in the prescribing or dispensing of pharmaceuticals. An "Open Formulary"

is a formulary that allows the inclusion of any ambulatory prescription drug product approved by the FDA for use in the United States, which the P&T Committee (defined below) determines is appropriate for inclusion in such formulary. For purposes of this order, an Open Formulary may provide truthful information stating or indicating the benefits of drugs on the formulary.

F. "*Pharmacy Benefit Management Services*" or "*PBM Services*" means services provided by a pharmacy benefits manager, such as formulary services, negotiation of rebates or discounts from pharmaceutical manufacturers, prescription claims processing, and drug utilization review.

G. "*Formulary Services*" means the provision, development, establishment, management or maintenance of a formulary by a pharmacy benefits manager. For purposes of this order, "management" of a formulary includes the negotiation and administration of rebate or discount agreements with pharmaceutical manufacturers for drugs included on a formulary.

H. "*Merck Non-Public Information*" means information not in the public domain that is provided to Merck by a supplier of PBM Services in connection with the supply of PBM Services and that directly or indirectly discloses actual, relative or proposed prices, discounts, rebates, other trade terms (including, but not limited to, returned goods arrangements, delivery arrangements, performance levels and guarantees) or similar terms or conditions of sale of such supplier of PBM Services.

I. "*Medco Non-Public Information*" means information not in the public domain that is provided to Medco by a manufacturer of prescription drug products in connection with the supply of prescription drug products and that directly or indirectly discloses actual, relative or proposed prices, discounts, rebates, other trade terms (including, but not limited to, returned goods arrangements, delivery arrangements, and payment terms or schedules) or similar terms or conditions of sale of such manufacturer of prescription drug products.

J. "*Auditors*" means 1) those employees of Merck whose primary responsibility is systematically inspecting, substantiating, and reporting on: the reliability and integrity of Merck's information; its compliance with laws and regulations; the safeguarding of its assets; the economical and efficient use of its resources; and the accomplishment of its established objectives and goals; and who regularly work

in the organizational subdivision of Merck with company-wide responsibility for performing these functions, and 2) employees of independent firms retained by Merck to perform one or more of these functions.

K. "*Pharmacy and Therapeutics Committee*" or "*P&T Committee*" means a group of healthcare professionals, such as doctors, pharmacists, and pharmacologists, appointed for the purpose of evaluating prescription drug products for inclusion on a formulary.

II.

It is ordered, That:

A. Within sixty (60) days from the date this order becomes final, Merck shall cause Medco to, and Medco shall, maintain, disclose the availability of, and make available an Open Formulary. Such Open Formulary shall provide information concerning the relative costs of drugs listed on such formulary and such information shall be truthful and accurate. As of the date this order becomes final, the Medco "Universal Formulary," a copy of which is attached hereto as Appendix A, shall be deemed an Open Formulary that complies with this paragraph II.A.

B. Within thirty (30) days from the date this order becomes final, Merck shall cause Medco to, and Medco shall, appoint or reappoint an independent P&T Committee with the authority and responsibility to maintain an Open Formulary as required by paragraph II.A above. Such P&T Committee shall make all decisions concerning the inclusion of drugs on such Open Formulary, the exclusion of drugs from such Open Formulary, and the clinical and therapeutic advice and evaluation appearing in such Open Formulary, and shall operate according to the following provisions:

1. Such P&T Committee shall consist of at least seven (7) members, all of whom shall be physicians, pharmacists, pharmacologists, or other healthcare professionals.

2. A majority of the P&T Committee shall consist of persons who are not employees, officers, directors, or agents of, and who have no financial interest in: (a) Merck, (b) Medco, or (c) any other person who has an ownership interest in Merck or Medco; provided, however, that Medco may pay P&T Committee members reasonable and customary consulting fees and/or honoraria for their services.

Any person who meets the criteria set forth in this subparagraph shall be deemed an "independent" member of the P&T Committee.

3. Each independent member of the P&T Committee shall have one vote on each decision of the P&T Committee.

4. All members of the P&T Committee who are employees, officers, directors, or agents of, or who have a financial interest in, Merck, Medco, or any other person who has an ownership interest in Merck or Medco, shall not be entitled to vote on decisions of the P&T Committee.

5. All independent members of the P&T Committee shall be appointed for two-year terms, except that the initial terms for approximately one-half of the independent members may be for fewer than two years if necessary to ensure that approximately one-half of the independent members' terms expire each year. At the expiration of their terms, or upon the occurrence of a vacancy, members may be reappointed, or new members may be appointed, by a majority of the then-appointed independent members of the P&T Committee.

6. No independent member of the P&T Committee may be removed except for cause by vote of a majority of the independent members of the P&T Committee.

7. In performing its responsibilities in maintaining the Open Formulary, the P&T Committee shall utilize only criteria relating to safety, efficacy, FDA approved indications, side effects, contraindications, pharmacokinetics, patient compliance, physician follow-up requirements, effect on emergency room visits and hospitalizations, laboratory tests, cost, and similar objective factors. Such P&T Committee shall give no preference to the products of Merck, or of any other person with an ownership interest in Medco, except on the basis of such objective criteria.

8. Merck shall cause Medco to, and Medco shall, cover the reasonable costs and expenses of the P&T Committee, and Merck shall cause Medco to, and Medco shall, indemnify the P&T Committee against any losses or claims of any kind that might arise out of its performance of functions under this order, except to the extent that such losses or claims result from misfeasance, gross negligence, willful or wanton acts, or bad faith.

9. Medco shall maintain written records, for five (5) years from the date thereof, sufficient to show the basis and rationale for all P&T

Committee decisions relating to the exclusion of any products from the Open Formulary required by paragraph II.A.

C. Merck shall cause Medco to, and Medco shall, accept all discounts, rebates or other concessions offered solely in connection with the Open Formulary by any manufacturer, seller or distributor of pharmaceutical products included by the P&T Committee on the Open Formulary, and Merck shall cause Medco to, and Medco shall, ensure that all such discounts, rebates, or concessions are truthfully and accurately reflected in the information concerning the relative costs of drugs listed on such Open Formulary.

D. Nothing in this order shall preclude Medco from offering any formulary other than the Open Formulary to any customer.

E. Merck shall cause Medco to, and Medco shall, provide a copy of this order to each member of the P&T Committee on or before the date of each such person's appointment to such P&T Committee or on or before the date this order becomes final.

III.

It is further ordered, That:

A. Merck shall not provide, disclose, or otherwise make available to Medco any Merck Non-Public Information; and

B. Medco shall not provide, disclose, or otherwise make available to Merck any Medco Non-Public Information; provided, however:

1. For the purpose of obtaining legal advice, Medco may provide Medco Non-Public Information to lawyers for Merck, on condition that such lawyers for Merck shall not disclose such Medco Non-Public Information to any other person at Merck not expressly permitted to receive the information under this Section III.B. and shall not use such information for any purpose other than providing legal advice;

2. For the purpose of obtaining legal advice, Merck may provide Merck Non-Public Information to lawyers for Medco, on condition that such lawyers for Medco shall not disclose such Merck Non-Public Information to any other person at Medco not expressly permitted to receive the information under this Section III.B. and shall not use such information for any purpose other than providing legal advice; and

3. Medco may disclose to Merck auditors Medco Non-Public Information to the extent necessary to enable Merck auditors to perform their auditing duties in the ordinary course of business, on condition that such auditors shall not use such Non-Public Information for any other purpose and shall not disclose such Non-Public Information to any other person at Merck not expressly permitted to receive the information under this Section III.B.

IV.

It is further ordered, That Merck shall retain all documents and shall cause Medco to separately retain all documents, and Medco shall retain all documents, that relate to (A) the exclusion of any prescription drug product from the Open Formulary required by paragraph II.A above, (B) any preference or ranking accorded to any prescription drug product on the Open Formulary required by paragraph II.A above, or (C) statements or indications of discounts, rebates, or other concessions, as described in paragraph II.C above, for a period of five (5) years from the date such document is created or received.

V.

It is further ordered, That Merck and Medco shall disclose the availability of the Open Formulary as follows:

A. Merck shall cause Medco to, and Medco shall, disclose the availability of the Open Formulary to all persons who currently have an agreement with Medco concerning PBM Services or concerning the inclusion of pharmaceuticals on a formulary, by providing to each such person a written communication containing the following statement not later than ten (10) days after initiation of contact between Medco and such person regarding renewal or extension of such person's existing agreement with Medco:

Medco maintains an Open Formulary that allows, subject to the determination of an independent Pharmacy and Therapeutics Committee, the inclusion of any ambulatory prescription drug product approved by the FDA for use in the United States. This Open Formulary will be provided to you upon request.

B. For a period of five (5) years from the date this order becomes final, Merck shall cause Medco to, and Medco shall, provide in writing the statement set forth in paragraph V.A above to each prospective customer of Medco at the time of Medco's response to such prospective customer's request for proposal, or at the time of Medco's initial written formulary proposal to such prospective customer, whichever occurs first.

VI.

It is further ordered, That respondents shall notify the Commission at least thirty (30) days prior to any proposed change in the corporate respondents such as dissolution, assignment, sale resulting in the emergence of a successor corporation, or the creation or dissolution of subsidiaries or any other change in the corporation that may affect compliance obligations arising out of the order.

VII.

It is further ordered, That:

A. Within thirty (30) days after the date this order becomes final, respondents shall submit to the Commission verified written reports setting forth in detail the manner and form in which they have complied and are complying with paragraph II.B of this order.

B. Within sixty (60) days after the date this order becomes final, respondents shall submit to the Commission verified written reports setting forth in detail the manner and form in which they have complied and are complying with paragraph II.A of this order.

C. One (1) year from the date this order becomes final, annually thereafter on the anniversary of the date this order becomes final until the order terminates, and at other times as the Commission may require, respondents shall file verified written reports with the Commission setting forth in detail the manner and form in which they have complied and are complying with this order.

D. Respondents shall include in their compliance reports a copy of the Open Formulary required by paragraph II.A above, and all written communications, internal memoranda, and reports and recommendations concerning compliance with the order.

VIII.

It is further ordered, That, for the purpose of determining or securing compliance with this order, respondents shall permit any duly authorized representative of the Commission:

A. Access, during office hours and in the presence of counsel, to inspect and copy all books, ledgers, accounts, correspondence, memoranda and other records and documents in the possession or under the control of respondents relating to any matters contained in this order; and

B. Upon five days' notice to respondents and without restraint or interference from them, to interview officers, directors, or employees of respondents in the presence of counsel.

IX.

It is further ordered, That this order shall terminate on February 18, 2006.

APPENDIX A

Anesthetics

Cardiovascular

Endocrine

G. I.

Psychotherapeutics

Respiratory

**Merck-Medco
Universal
Formulary™**



ATTACHMENT A

 **Merck-Medco
Managed Care, L.L.C.**
A subsidiary of Merck & Co., Inc.

APPENDIX A

Dear Provider,

The Universal Formulary is a list of selected FDA approved, prescription medications developed by Merck-Medco Managed Care's Pharmacy and Therapeutics (P&T) Committee. In a totally coordinated prescription drug benefit program, the formulary can assist you in maintaining quality of care and cost containment for your patient's benefit plan.

Our P&T Committee is an independent group of distinguished health care professionals with various medical and pharmacological specialties. The P&T Committee reviews drugs in all therapeutic categories and evaluates them on such objective criteria as safety and efficacy. To ensure the integrity of the formulary for our plan sponsors and their members, the P&T Committee reviews new and existing drugs on a regular basis and revises the formulary accordingly.

The Universal Formulary also includes specific information on the use of medications in the elderly that has been reviewed by an outside panel of geriatric experts. This information indicates those drugs that, in general, should not be prescribed to the elderly because they pose unnecessary risk. The Universal Formulary also provides information on drugs where the initial dosage should be decreased in the elderly.

Providers, as important professional resources in the coordinated managed care process, are invited to offer suggestions for the improvement of the Universal Formulary. Please send correspondence to Merck-Medco Managed Care, L.L.C., Clinical Services Department, 100 Summit Avenue, Montvale, New Jersey 07645.

Thank you for your continued support.

APPENDIX A

THERAPEUTIC CHAPTERS

- 1. Anti-Infectives**
 - 1.1 Penicillins
 - 1.2 Tetracyclines
 - 1.3 Cephalosporins
 - 1.3.1 First Generation Cephalosporins
 - 1.3.2 Second Generation Cephalosporins
 - 1.3.3 Third Generation Cephalosporins
 - 1.3.4 Carbacephems
 - 1.4 Erythromycins & Other Macrolides
 - 1.5 Quinolones
 - 1.6 Sulfas and Related Agents
 - 1.7 Urinary Tract Agents
 - 1.8 Antivirals
 - 1.8.1 Miscellaneous Antivirals
 - 1.8.2 HIV/AIDS Therapy
 - 1.9 Antifungal Agents
 - 1.10 Vancomycin
 - 1.11 Miscellaneous Anti-infectives
 - 1.11.1 Miscellaneous Anti-infectives
 - 1.11.2 Antiparasitics
 - 1.11.3 Antimalarials
 - 1.11.4 Antimycobacterials
 - 1.11.5 Aminoglycosides
- 2. Antineoplastics & Immunosuppressant Drugs**
 - 2.1 Antineoplastics & Immunosuppressant Drugs
 - 2.1.1 Alkylating Agents
 - 2.1.2 Antimetabolites
 - 2.1.3 Androgens, Estrogens, Hormones & Related Drugs
 - 2.1.3.1 Androgens
 - 2.1.3.2 Estrogens
 - 2.1.3.3 Hormones
 - 2.1.3.4 Antiestrogens
 - 2.1.3.5 Antiandrogens
 - 2.1.5 Immunosuppressant Drugs
 - 2.1.6 Miscellaneous Antineoplastic Drugs
 - 2.2 Adjunctive Agents
 - 2.2.1 Adjunctive Agents
- 3. Autonomic & CNS Drugs, Neurology & Psych**
 - 3.1 Narcotic Analgesics
 - 3.1.1 Narcotics
 - 3.1.2 Combination Narcotic/Analgesics
 - 3.2 Propoxyphene
 - 3.3 Non-Narcotic Analgesics
 - 3.3.1 NSAIDs
 - 3.3.2 Salicylates
 - 3.3.3 Miscellaneous Analgesics
 - 3.3.4 Narcotic Antagonists
 - 3.4 Migraine & Cluster Headache Therapy
 - 3.4.1 Headache Therapy
 - 3.4.2 Antivertigo & Antiemetic Drugs
 - 3.5 Antiparkinsonism Agents
 - 3.6 Anticonvulsants
 - 3.7 Miscellaneous Neurological Therapy
 - 3.8 Muscle Relaxants & Antispasmodic Therapy
 - 3.8.1 Muscle Relaxants & Antispasmodic Agents
 - 3.8.2 Myasthenia Gravis
 - 3.9 Psychotherapeutic Drugs
 - 3.9.1 Hypnotic Agents
 - 3.9.2 Antidepressant Agents
 - 3.9.2.1 Tricyclics
 - 3.9.2.2 Miscellaneous Antidepressants
 - 3.9.2.3 MAO Inhibitors
 - 3.9.2.4 Selective Serotonin Reuptake Inhibitors
 - 3.9.3 Antipsychotics
 - 3.9.3.1 Phenothiazines
 - 3.9.3.2 Butyrophenones
 - 3.9.3.3 Miscellaneous Antipsychotics
 - 3.9.4 Miscellaneous Psychotherapeutic Agents
 - 3.9.5 Anxiolytics
 - 3.9.6 Barbiturates
- 4. Cardiovascular, Hypertension & Lipids**
 - 4.1 Antiarrhythmic Agents
 - 4.2 Cardiac Glycosides
 - 4.3 Nitrates
 - 4.3.1 Rapid Acting Nitrates
 - 4.3.2 Long Acting Nitrates
 - 4.4 Coagulation Therapy
 - 4.4.1 Anticoagulants
 - 4.4.2 Antiplatelet Drugs
 - 4.4.3 Heparin
 - 4.4.4 Vitamin K
 - 4.4.5 Hemostatics
 - 4.4.6 Miscellaneous Coagulation Agents
 - 4.5 Antihypertensive Therapy
 - 4.5.1 Thiazide & Related Diuretics
 - 4.5.2 Beta Blockers
 - 4.5.3 Calcium Channel Blockers
 - 4.5.4 ACE Inhibitors
 - 4.5.5 Adrenergic Antagonists & Related Drugs
 - 4.5.6 Agents for Pheochromocytoma
 - 4.5.7 Vasodilators
 - 4.5.8 Other Antihypertensive Combinations
 - 4.5.9 Angiotensin II Receptor Blockers
 - 4.6 Lipid/Cholesterol Lowering Agents
- 5. Dermatologicals/Topical Therapy**
 - 5.1 Topical Corticosteroids
 - 5.1.1 Topical Corticosteroids Group I
 - 5.1.2 Topical Corticosteroids Group II
 - 5.1.3 Topical Corticosteroids Group III
 - 5.1.4 Topical Corticosteroids Group IV
 - 5.1.5 Topical Corticosteroids Group V
 - 5.1.6 Topical Corticosteroids Group VI
 - 5.1.7 Topical Corticosteroids Group VII
 - 5.2 Topical Anesthetics
 - 5.3 Therapy for Acne
 - 5.4 Topical Antibacterials
 - 5.5 Topical Antifungals
 - 5.6 Topical Antivirals
 - 5.7 Burn Therapy
 - 5.8 Topical Enzymes
 - 5.9 Keratolytics
 - 5.10 Antipsoriatic/Antiseborrheic
 - 5.11 Topical Scabicides/Pediculicides
 - 5.12 Miscellaneous Dermatologicals
- 6. Ear, Nose & Throat Medications**
 - 6.1 Intranasal Steroids
 - 6.2 Miscellaneous Otic Preparations
 - 6.3 Otic Steroids/Antibiotics
 - 6.4 Miscellaneous Agents

APPENDIX A

7. Endocrine/Diabetes
 - 7.1 Antithyroid Agents
 - 7.2 Thyroid Hormones
 - 7.3 Adrenal Hormones
 - 7.4 Miscellaneous Hormones
 - 7.4.1 Androgens
 - 7.4.2 Ovarian Stimulants
 - 7.4.3 Miscellaneous Agents
 - 7.4.4 Gonadotropin & Related Agents
 - 7.5 Diabetes Therapy
 - 7.5.1 Insulin Therapy
 - 7.5.2 Oral Hypoglycemic Agents
 - 7.5.3 Glucose Elevating Agents
 - 7.5.4 Insulin Syringes
 - 7.5.5 Blood Glucose Monitoring Strips
 - 7.5.6 Blood Glucose Monitoring Meters
8. Gastroenterology
 - 8.1 Ulcer Therapy
 - 8.1.1 H₂ Antagonists
 - 8.1.2 Prostaglandins
 - 8.1.3 Other Ulcer Therapy
 - 8.1.4 Proton Pump Inhibitors
 - 8.2 Antidiarrheals & Antispasmodics
 - 8.2.1 Antidiarrheals
 - 8.2.2 Antispasmodics
 - 8.2.3 Combination Anticholinergics
 - 8.3 Miscellaneous Gastrointestinal Agents
 - 8.3.1 Bile Acids
 - 8.3.2 Digestive Enzymes
 - 8.3.3 Miscellaneous Gastrointestinal Agents
 - 8.3.4 Antiemetics
 - 8.3.5 Bowel Evacuants
9. Biotechnology Drugs
 - 9.1.1 Erythroid Stimulants
 - 9.1.2 Myeloid Stimulants
 - 9.1.3 Interferons
 - 9.1.4 Growth Hormones
10. Musculoskeletal & Rheumatology
 - 10.1 NSAIDs
 - 10.1.2 Salicylates
 - 10.2 Gout Therapy
 - 10.3 Other Rheumatologicals
 - 10.3.1 Corticosteroids
 - 10.3.2 Miscellaneous Rheumatological Agents
 - 10.3.3 Muscle Relaxants & Antispasmodic Therapy
 - 10.4 Osteoporosis Therapy
11. Obstetric & Gynecology
 - 11.1 Oral Contraceptives & Related Agents
 - 11.1.2 Progestin Only
 - 11.2 Oxytocics
 - 11.3 Estrogens & Progestins
 - 11.3.1 Progestins
 - 11.3.2 Estrogens
 - 11.3.3 Estrogen Combinations
 - 11.4 Miscellaneous OB/GYN
 - 11.4.1 Drugs to Treat Infertility/IVF Agents
 - 11.4.2 Vaginal Cleanser/Anti-Infectives
 - 11.4.3 Vaginal Antifungals
 - 11.4.4 Specialized OB/GYN Drugs
12. Ophthalmology
 - 12.1 Beta-Blockers
 - 12.2 Cholinesterase Inhibitor Miotics
 - 12.3 Direct Acting Miotics
 - 12.4 Other Glaucoma Drugs
 - 12.5 Oral Drugs for Glaucoma
 - 12.6 Cycloplegic Mydriatics
 - 12.7 Non-Steroidal Anti-Inflammatory Agents
 - 12.8 Vasoconstrictor Decongestants
 - 12.9 Antibiotics
 - 12.10 Sulfonamides
 - 12.11 Steroids
 - 12.12 Steroid-Antibiotic Combinations
 - 12.13 Steroid-Sulfonamide Combinations
 - 12.14 Sympathomimetics
 - 12.15 Miscellaneous Ophthalmologics
 - 12.16 Antivirals
13. Respiratory, Allergy, Cough & Cold
 - 13.1 Antihistamine & Antiallergenic Agents
 - 13.1.1 Antihistamines
 - 13.1.2 Adrenergics
 - 13.1.3 Corticosteroids
 - 13.2 Cough & Cold Therapy
 - 13.2.1 Antitussive Combinations
 - 13.2.2 Expectorant Combinations
 - 13.2.3 Decongestant/Antihistamines
 - 13.3 Pulmonary Agents
 - 13.3.1 Xanthines
 - 13.3.2 Beta Agonists Oral
 - 13.3.3 Beta Agonists Inhalers
 - 13.3.4 Inhaled Corticosteroids
 - 13.3.5 Intranasal Steroids
 - 13.3.6 Miscellaneous Pulmonary Agents
14. Urologicals
 - 14.1 Cholinergic Stimulants
 - 14.2 Anticholinergics & Antispasmodics
 - 14.3 Urinary Anesthetics
 - 14.4 Miscellaneous Urologicals
15. Vitamins, Hematinics & Electrolytes
 - 15.1 Vitamins & Hematinics
 - 15.2 Coagulation Therapy
 - 15.2.1 Anticoagulants
 - 15.2.2 Antiplatelet Drugs
 - 15.2.3 Heparin
 - 15.2.4 Vitamin K
 - 15.2.5 Hemostatics
 - 15.2.6 Miscellaneous Coagulation Agents
 - 15.3 Electrolytes
 - 15.4 Miscellaneous Vitamins, Hematinics & Electrolytes
16. Diagnostics & Miscellaneous
 - 16.1 Miscellaneous Agents
 - 16.2 Smoking Deterrents
 - 16.4 Miscellaneous Agents
 - 16.6 Irrigation Solutions
 - 16.7 Enzymes
 - 16.9 Local Anesthetics

APPENDIX A

INTRODUCTION

The Universal Formulary is a list of FDA approved, prescription drug medications which was developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of distinguished health care professionals. Use of the formulary will assist in maintaining the quality of patient care and cost containment for the patient's drug benefit plan. Providers, participating physicians and pharmacists, are requested to refer to the Universal Formulary when selecting prescription drug therapy for eligible plan members.

Physicians are requested to prescribe medications included in the formulary whenever possible. Information on geriatric prescribing provides suggested alternatives for prescriptions that may pose particular risk to elderly persons.

The Universal Formulary is divided into major therapeutic categories (chapters) for easy use. Products that are approved for more than one therapeutic indication may be included in more than one chapter. Formulary drugs are identified by generic names. Brand names are included only for reference. Dependent upon the number of branded products, not all branded names are identified, but are deemed on the formulary. Due to the numerous generic and branded drugs in category 13.2, Cough & Cold Therapy, the formulary only lists examples of medications in this group.

FORMULARY MEDICATION COVERAGE

All drugs included in the formulary are not necessarily covered by each patient's prescription drug benefit plan design. Patients should consult their policies or customer service representatives to determine specific coverage.

• Approved Medications

Only FDA-approved medications are eligible for coverage under the participant's or employer's policy.

• Experimental Indications

Medications used for experimental indications are not eligible for coverage.

• Over-the-counter (OTC) Medications

Most benefit plans do not cover over-the-counter (non-prescription) medications. When a drug is available in the identical strength and dosage form as both a prescription and non-prescription drug, the prescription drug is usually not covered by the plan. In these cases, providers should refer the patient to the equivalent OTC product. In some instances, OTC medications are listed in the Universal Formulary for reference purposes only.

• Prior Authorization

Prior Authorization is necessary for certain medications. Based on current medical information, the P&T Committee has established clinical criteria for specific drug therapies that require the physician to provide patient-specific information before the drug would be permitted to be covered. Prior Authorized drugs often include those with potential for significant toxicity, inappropriate use and exceptionally high cost.

APPENDIX A

GENERIC DRUG SUBSTITUTION

Generic drugs are increasingly available as less costly equivalents to brand name drugs. Drugs which are available generically are designated in the formulary by a plus (+) sign. Brand name drugs are listed for reference purposes only. Unless medically necessary, physicians are encouraged to allow generic substitution when possible. When generic equivalents are available, pharmacists are encouraged to dispense generic products unless otherwise prohibited.

Most plan participants will have a lower copayment for generic alternatives. Some participants' plan designs may require generic substitution when an equivalent generic drug is available. In these plans, drugs which are available generically are subject to specific reimbursement levels, such as Maximum Allowable Cost (MAC) or Federal Upper Limit (FUL) price reimbursements. Depending on the participant's plan design, if the patient or physician requests the brand name drug, the participant may be required to pay the cost difference between the brand name drug price and the MAC or FUL reimbursement price, in addition to the plan's copayment requisites. In all instances, the pharmacist is reminded to follow state regulations regarding generic substitution.

COPAYMENTS

The participant's prescription drug benefit policy determines the applicable copayment for the covered prescriptions.

KEY TO SYMBOLS

Symbols used throughout the document have these definitions:

- + Use generic, brand listed for reference only; MAC reimbursement applies to some or all dosage forms and strengths.
- ▲ Use in the elderly is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.
- ↓ Dosage reduction may be required in elderly patients.

RELATIVE COST INDICATORS

Within each category, drug names are followed by a series of one or more dollar signs (\$\$) and/or one or more exclamation points (!) that represent the approximate cost (including, where applicable, discounts or other cost containment factors) of that prescription to the health plan. Such cost indicators are generally based upon the estimated cost for a one-day supply of comparable dosage for each drug in the category, although other bases for comparison may be used when appropriate. Example:

\$	Less than \$1.00/day
\$\$	Less than \$2.00/day
\$\$\$	Less than \$3.00/day
\$\$\$\$	Less than \$4.00/day
\$\$\$\$\$	Less than \$5.00/day
\$\$\$\$\$!	Less than \$10.00/day
\$\$\$\$\$!!	Less than \$15.00/day
\$\$\$\$\$!!!	Less than \$20.00/day
\$\$\$\$\$!!!!	Less than \$25.00/day
\$\$\$\$\$!!!!!	More than \$25.00/day

APPENDIX A

1. ANTI-INFECTIVES

1.1 PENICILLINS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+amoxicillin	+Amoxil, Trimox, Polymox	\$
+ampicillin	+Polycillin, Omnipen, Totacillin	\$
+penicillin VK	+Pen-Vee K, Boepen-VK	\$
+dicloxacillin	+Dynapen	\$\$
penicillin G procaine (inj)	Wycillin	\$\$\$\$
amoxicillin/clavulanate	Augmentin	\$\$\$\$\$!
carbenicillin	Geocillin	\$\$\$\$\$!

1.2 TETRACYCLINES

GENERIC NAME	BRAND NAME	REL. COST VALUE
+doxycycline	+Vibramycin, Bio-Tab, Monodox	\$
+tetracycline	+Sumycin, Achromycin	\$
+minocycline	+Minocin, Dynacin	\$\$
demeclocycline	Declomycin	\$\$\$\$\$!!!

1.3 CEPHALOSPORINS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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1.3.1 FIRST GENERATION CEPHALOSPORINS

+cephalexin	+Keflex, Kefab	\$\$
+cephradine	+Anspor, Velosef	\$\$
+cefadroxil	+Duricef, Ultracel	\$\$\$\$\$!

1.3.2 SECOND GENERATION CEPHALOSPORINS

+cefaclor	+Ceclor	\$\$\$\$
cefepodoxime	Vantin	\$\$\$\$\$!
cefprozil	Cefzil	\$\$\$\$\$!
cefuroxime axetil	Ceftin	\$\$\$\$\$!

1.3.3 THIRD GENERATION CEPHALOSPORINS

cefixime	Suprax	\$\$\$\$\$!
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1.3.4 CARBACEPHEMS

loracarbef	Lorabid	\$\$\$\$\$!
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1.4 ERYTHROMYCINS & OTHER MACROLIDES

GENERIC NAME	BRAND NAME	REL. COST VALUE
+erythromycin base, film & enteric coated tabs	+E-Mycin, Ery-Tab	\$
+erythromycin ethylsuccinate	+EES, EryPED	\$
+erythromycin stearate	+Erythrocin	\$
+erythromycin estolate	+Elosone	\$\$
+EES w/sulf	+Pediazole	\$\$\$
+erythromycin base, delayed release	+ERYC	\$\$\$
erythromycin polymer coated	PCE	\$\$\$\$
azithromycin	Zithromax*	\$\$\$\$\$
dirithromycin	Dynabac	\$\$\$\$\$
clarithromycin	Biaxin	\$\$\$\$\$!

*adjusted for therapy length.

1.5 QUINOLONES

GENERIC NAME	BRAND NAME	REL. COST VALUE
norfloxacin	Noroxin	\$\$\$\$\$
ciprofloxacin	Cipro	\$\$\$\$\$!
enoxacin	Penetrex	\$\$\$\$\$!
lomefloxacin	Maxaquin	\$\$\$\$\$!
levofloxacin	Levaquin	\$\$\$\$\$!
ofloxacin	Floxin	\$\$\$\$\$!

1.6 SULFAS & RELATED AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+sulfamethoxazole/trimethoprim	+Bactrim, Bactrim DS, Septra, Septra DS	\$
+sulfasalazine	+Azulfidine	\$
+sulfisoxazole	+Gantrisin	\$
trisulfapyrimidine	Triple Sulta No. 2	\$
sulfacycline	Renoquid	\$\$
sulfanilamide	Sulfanilamide	\$\$
sulfamethoxazole	Gantanol	\$\$\$
+sulfadiazine	+Sulfadiazine	\$\$\$\$
+sulfisoxazole/erythromycin	+Pediazole	\$\$\$\$\$!

+ Use generic; brand name listed for reference only.
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 ‡ Dosage reduction may be required in the elderly.

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

156

Decision and Order

APPENDIX A

1.7 URINARY TRACT AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+methenamine mandelate	+Mandelamine	\$
+nitrofurantoin macrocrystals	+Macrodan	\$
+phenazopyridine	+Pyridium	\$
potassium citrate	Urocit-K	\$
+trimethoprim	+Proloprim	\$
methenamine hippurate	Hiprex, Urex	\$\$
nitrofurantoin monohydrate macrocrystals	Macrobid	\$\$\$
acetylsalicylic acid	Lithostat	\$\$\$\$\$
nalidixic acid	NegGram	\$\$\$\$\$!
nitrofurantoin	Furadantin	\$\$\$\$\$!!

1.8 ANTIVIRALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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1.8.1 MISCELLANEOUS ANTIVIRALS

+amantadine	+Symmetrel, Symadine	\$
rimantadine	Flumadine	\$\$\$
+acyclovir	+Zovirax	\$\$\$\$\$
valacyclovir	Valtrex	\$\$\$\$\$!
famciclovir	Famvir	\$\$\$\$\$!!
ganciclovir	Cytovene	\$\$\$\$\$!!!!

1.8.2 HIV/AIDS THERAPY

delavirdine	Rescriptor	\$\$\$\$\$!
didanosine (ddI)	Videx	\$\$\$\$\$!
lamivudine	Epivir	\$\$\$\$\$!
nevirapine	Viramune	\$\$\$\$\$!
stavudine	Zerit	\$\$\$\$\$!
zalcitabine (ddC)	HTVID	\$\$\$\$\$!
zidovudine (AZT)	Retrovir	\$\$\$\$\$!
indinavir	Crixivan	\$\$\$\$\$!!!
nefinavir	Viracept	\$\$\$\$\$!!!
ritonavir	Norvir	\$\$\$\$\$!!!
saquinavir	Invirase	\$\$\$\$\$!!!

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1.9 ANTIFUNGAL AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
griseofulvin, microcrystalline	Grifulvin V, Grisactin, Fulvicin U/F	\$
griseofulvin, ultramicrocrystalline	Grisactin Ultra, Gris-PEG, Fulvicin P/G	\$
+nystatin	+Mycostatin, Nilstat	\$
clotrimazole	Mycexlex troche	\$\$\$\$
ketconazole	Nizoral	\$\$\$\$
ampho B oral susp	Fungizone	\$\$\$\$\$!
fluconazole	Diffucan	\$\$\$\$\$!
terbinafine oral	Lamisil	\$\$\$\$\$!
itraconazole	Sporanox	\$\$\$\$\$!!
itraconazole soln	Sporanox	\$\$\$\$\$!!!
flucytosine	Ancobon	\$\$\$\$\$!!!!

1.10 VANCOMYCIN

GENERIC NAME	BRAND NAME	REL. COST VALUE
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vancomycin	Vancocin	\$\$\$\$\$!!!!
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1.11 MISCELLANEOUS ANTI-INFECTIVES

GENERIC NAME	BRAND NAME	REL. COST VALUE
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1.11.1 MISCELLANEOUS ANTI-INFECTIVES

dapsone	Dapsone	\$
+neomycin	+Neomycin	\$
chloramphenicol	Chloromycetin	\$\$\$
+clindamycin	+Cleocin HCl	\$\$\$

1.11.2 ANTIPARASITICS

+metronidazole	+Flagyl, Protostat	\$
piperazine	Piperazine	\$
+pyrantel	+Antiminth	\$
iodoquinol	Yodoxin	\$\$
+mebendazole	+Vermox	\$\$\$
thiabendazole	Mintezol	\$\$\$
furazolidone	Furoxone	\$\$\$\$\$!
paromomycin sulfate	Humatin	\$\$\$\$\$!!
ivermectin	Stromectol	\$\$\$\$\$!!!
oxamniquine	Vansil	\$\$\$\$\$!!!
praziquantel	Biltricide	\$\$\$\$\$!!!
pentamidine isethionate (inh)	NebuPent, Pentam	\$\$\$\$\$!!!!
atovaquone	Mepron	\$\$\$\$\$!!!!
diethylcarbamazine	Hetrazan	\$\$\$\$\$!!!!

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APPENDIX A

1.1.3. ANTIMALARIALS

primaquine	Primaquine	\$
pyrimethamine	Daraprim	\$
+quinine sulfate	+Quinam	\$
chloroquine	Aralen	\$\$
+hydroxychloroquine	+Plaquenil	\$\$
sulfadoxine/ pyrimethamine	Fansidar	\$\$
mefloquine	Lariam	\$\$
chloroquine/primaquine	Aralen/Primaquine	\$\$\$
quinacrine	Atabrine	\$\$\$\$\$!!!!

1.1.4. ANTIMYCOBACTERIALS

clofazimine	Lamprene	\$
INH/B6	Niazid B6	\$
+isoniazid	+INH	\$
pyrazinamide	Pyrazinamide	\$\$\$\$
+rifampin	+Rifadin	\$\$\$\$
ethambutol	Myambutol	\$\$\$\$\$
INH/rifampin	Rifamate	\$\$\$\$\$
aminosalicylic acid	Paser	\$\$\$\$\$!
cycloserine	Seromycin	\$\$\$\$\$!
ethionamide	Trecator-SC	\$\$\$\$\$!
INH/rifampin/PZA	Rifater	\$\$\$\$\$!
rifabutin	Mycobutin	\$\$\$\$\$!

1.1.5. AMINOGLYCOSIDES

+neomycin	+Mycifradin tabs	\$
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2. ANTINEOPLASTICS & IMMUNOSUPPRESSANT DRUGS

2.1 ANTINEOPLASTICS & IMMUNOSUPPRESSANT DRUGS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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All oral medications in this category are included in the formulary. The following are examples:

2.1.1. ALKYLATING AGENTS

busulfan	Myleran	\$\$\$
chlorambucil	Leukeran	\$\$\$\$
cyclophosphamide	Cytoxan, Neosar	\$\$\$\$\$!
melphalan	Alkeran	\$\$\$\$\$!
uracil mustard	Uracil Mustard	\$\$\$\$\$!!
lomustine	CoeNU	\$\$\$\$\$!!!!

2.1.2. ANTIMETABOLITES

+methotrexate	+Rheumatrex, Methotrexate	\$\$
+fluorouracil	+Aduvicol	\$\$\$
mercaptopurine	Purinethol	\$\$\$\$\$
+cytarabine	+Cytarabine, Cytosar-U	\$\$\$\$\$!
flouxuridine	FUDR	\$\$\$\$\$!
thioguanine	Thioguanine, 6-TG	\$\$\$\$\$!
fludarabine	Fludara	\$\$\$\$\$!!!!

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 † Dosage reduction may be required in the elderly.

2.1.3. ANDROGENS, ESTROGENS, HORMONES & RELATED DRUGS**2.1.3.1. ANDROGENS**

+fluoxymesterone	+Halotestin	\$\$
testolactone	Teslac	\$\$\$\$\$!!

2.1.3.2. ESTROGENS

chlorotrianisene	Tace	\$\$
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2.1.3.3. HORMONES

+megestrol	+Megace	\$\$
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2.1.3.4. ANTISTEROGENS

tamoxifen	Nolvadex	\$\$\$\$
anastrozole	Arimidex	\$\$\$\$\$!
letrozole	Femara	\$\$\$\$\$!

2.1.3.5. ANTIANDROGENS

flutamide	Eulexin	\$\$\$\$\$!
nilutamide	Nilandron	\$\$\$\$\$!
bicalutamide	Casodex	\$\$\$\$\$!!

2.1.5. IMMUNOSUPPRESSANT DRUGS

+azathioprine	+Imuran	\$\$\$
cyclosporine	Sandimmune	\$\$\$\$\$!!
cyclosporine	Neoral	\$\$\$\$\$!!
microemulsion		
mycophenolate mofetil	CellCept	\$\$\$\$\$!!
tacrolimus	Prograf	\$\$\$\$\$!!!!

2.1.6. MISCELLANEOUS ANTINEOPLASTIC DRUGS

+hydroxyurea	+Hydrea	\$\$\$
procarbazine	Matulane	\$\$\$
mitotane	Lysodren	\$\$\$\$\$!
estramustine	Emcyt	\$\$\$\$\$!!!!
all-trans retinoic acid,	Vesanoid	\$\$\$\$\$!!!!
tretinoin		
altretamine	Hexalen	\$\$\$\$\$!!!!
etoposide	VePesid, Toposide	\$\$\$\$\$!!!!

2.2. ADJUNCTIVE AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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2.2.1. ADJUNCTIVE AGENTS

medroxyprogesterone (inj)	Depo-Provera	\$\$
+folinic acid	+Leucovorin Cal	\$\$\$
levamisole	Ergamisol	\$\$\$\$\$!
leuprolide (inj)	Lupron	\$\$\$\$\$!!!!
erythropoietin (inj)	Epogen, Procrit	\$\$\$\$\$!!!!
filgrastim (G-CSF) (inj)	Neupogen	\$\$\$\$\$!!!!
octreotide (inj)	Sandostatin	\$\$\$\$\$!!!!
sargramostim (GM-CSF) (inj)	Leukine	\$\$\$\$\$!!!!

+ Use generic; brand name listed for reference only.
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 † Dosage reduction may be required in the elderly.

Decision and Order

APPENDIX A

3. AUTONOMIC & CNS DRUGS,
NEUROLOGY & PSYCH

3.1 NARCOTIC ANALGESICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
3.1.1 NARCOTICS		
+methadone	+Dolophine	\$
MS oral concentrate	OMS	\$
+hydromorphone	+Dilaudid	\$\$
levorphanol	Levo Dromoran	\$\$
+codeine	+Codeine	\$\$\$
+meperidine	+Demerol	\$\$\$
morphine sulfate, soluble tabs	Morphine Sulfate	\$\$\$
opium	B&O Suppettes	\$\$\$\$\$
fentanyl transdermal	Duragesic	\$\$\$\$\$!
hydrocodone	Banacap HC	\$\$\$\$\$!
levomethadyl	ORLAAM	\$\$\$\$\$!
morphine sulfate, controlled release	MS Contin	\$\$\$\$\$!
morphine sulfate supp	RMS Supp	\$\$\$\$\$!
oxycodone	OxyContin, Roxicodone	\$\$\$\$\$!
fentanyl lozenges	Fentanyl Oralet	\$\$\$\$\$!!!!

3.1.2 COMBINATION NARCOTIC/ANALGESICS

+apap/butalbital/caffeine	+Fioricet, Esgic, Triad	\$
+apap/codeine	+Tylenol/codeine, Margesic, Phenaphen	\$
+asa/codeine	+Empirin/codeine	\$
+asa w oxycodone	+Percodan	\$
+asa/butalbital/caffeine	+Fiorinal, Fiorigen PF	\$
+hydrocodone/apap	+Vicodin, Lortab	\$
+apap/butalbital	+Phrenilin Forte, Akotal, Phrenilin	\$\$
+apap/oxycodone capsule	+Tylox	\$\$
+apap/oxycodone tablet	+Percocet, Roxicet	\$\$\$
asa/butalbital/caffeine/codeine	Fiorinal w/Codeine	\$\$\$\$\$!
asa/dihydrocodeine	Synalgos-DC, DHC Plus	\$\$\$\$\$!!

1 apap = acetaminophen 2 asa = aspirin

3.2 PROPOXYPHENE A

GENERIC NAME	BRAND NAME	REL. COST VALUE
+propoxyphene	+Darvon	\$
+propoxyphene HCl/apap ¹	+Wygesic	\$
+propoxyphene napsylate/apap	+Darvocet N-100	\$
+propoxyphene/asa/caffeine	+Propoxyphene Compound, Darvon Cpd-65	\$\$

+ Use generic; brand name listed for reference only.
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 † Dosage reduction may be required in the elderly.

3.3 NON-NARCOTIC ANALGESICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
3.3.1 NSAIDs		
+fenoprofen	+Nalfon	\$
+ibuprofen	+Motrin, Rufen	\$
+indomethacin	+Indocin	\$
+meflofenamate	+Meclomen	\$
+naproxen	+Naprosyn	\$
+naproxen sod	+Anaprox, Anaprox DS, Naprelan	\$
+piroxicam	+Feldene	\$
+sulindac	+Clinoril	\$
+diclofenac	+Voltaren	\$\$
+flurbiprofen	+Ansaid	\$\$
+ibuprofen suspension	+Children's Advil, Children's Motrin	\$\$
+indomethacin SR	+Indocin SR	\$\$
+tolmetin	+Tolectin	\$\$
+etodolac	+Lodine	\$\$\$
+ketoprofen	+Orudis	\$\$\$
+ketoprofen SR	+Oruvail	\$\$\$
nabumetone	Relafen	\$\$\$
oxaprozin	Daypro	\$\$\$
diclofenac potassium	Cataflam	\$\$\$\$\$
+ketorolac	+Toradol	\$\$\$\$\$
ketorolac (inj)	Toradol	\$\$\$\$\$!!!!

3.3.2 SALICYLATES

salicylamide	Salet-D	\$
+salsalate	+Salflex	\$
+sodium salicylate	+Sodium Salicylate	\$
asa sustained release	Zorprin	\$\$
+choline magnesium salicylate	+Trilisate	\$\$
magnesium salicylate	Mobidin	\$\$
+diflunisal	+Dolobid	\$\$\$
salicylate salts	Arthropan	\$\$\$

3.3.3 MISCELLANEOUS ANALGESICS

tramadol	Ultram	\$\$\$
pentazocine/apap	Talacen	\$\$\$\$\$
+pentazocine/naloxone	+Talwin Nx	\$\$\$\$\$
pentazocine	Talwin	\$\$\$\$\$
buprenorphine (inj)	Buprenex	\$\$\$\$\$!!
butorphanol (inj)	Stadol	\$\$\$\$\$!!
butorphanol NS	Stadol NS	\$\$\$\$\$!!!!

3.3.4 NARCOTIC ANTAGONISTS

naltrexone	Trexan, ReVia	\$\$\$\$\$
+naloxone (inj)	+Narcan	\$\$\$\$\$!

+ Use generic; brand name listed for reference only.
 A Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

3.4 MIGRAINE & CLUSTER
HEADACHE THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
3.4.1 HEADACHE THERAPY		
+asap/butalbital/ caffeine	+Floricet, Esigic, Triad	\$
+butalbital/apap	+Phrenilin Forte, Phrenilin	\$
ergoloid mesylates	Hydergine LC	\$
+asa/butalbital/caffeine	+Florinal, Fiorigen PF	\$\$
ergotamine	Ergostat, Ergomar	\$\$
+isometheptene/ dichloralphenazone/ apap	+Midrin	\$\$
+ergotamine/caffeine	+Cafergot	\$\$\$\$
methysergide	Sansert	\$\$\$\$\$!
sumatriptan (nasal)	Imitrex	\$\$\$\$\$!
dihydroergotamine (inj)	D.H.E.45	\$\$\$\$\$!
sumatriptan (tabs)	Imitrex	\$\$\$\$\$!
sumatriptan (inj)	Imitrex	\$\$\$\$\$!!!!

3.4.2 ANTIVERTIGO & ANTIEMETIC DRUGS

+meclizine	+Antivert, Medivert, Vortin	\$
+promethazine	+Phenergan	\$
bucizine	Bucladin-S	\$\$
scopolamine	Transderm-Scop	\$\$
thiethylperazine	Torecan	\$\$
+trimethobenzamide	+Tigan	\$\$
+prochlorperazine	+Compazine	\$\$\$\$
promazine	Sparine	\$\$\$\$
+trimethobenzamide (supp)	+Tigan	\$\$\$\$
+trimethobenzamide (inj)	+Tigan	\$\$\$\$\$!
+prochlorperazine (supp)	+Compazine	\$\$\$\$\$!
+promethazine (supp)	+Phenergan	\$\$\$\$\$!
dronabinol	Marinol	\$\$\$\$\$!!!!
granisetron	Kytril	\$\$\$\$\$!!!!
ondansetron	Zofran	\$\$\$\$\$!!!!

3.5 ANTIPARKINSONISM AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+amantadine	+Symmetrel	\$
+benztropine	+Cogentin	\$
biperiden	Akineton	\$
+diphenhydramine	+Benadryl	\$
procyclidine	Kemadrin	\$
+trihexyphenidyl	+Artane	\$
+carbidopa-levodopa	+Sinemet	\$\$
+bromocriptine mesylate	+Parlodel	\$\$\$\$
carbidopa-levodopa CR	Sinemet CR	\$\$\$\$
+selegiline	+Eldepryl	\$\$\$\$
pramipexole	Mirapex	\$\$\$\$\$
levodopa	Dopar, Larodopa	\$\$\$\$\$!
pergolide mesylate	Permax	\$\$\$\$\$!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

3.6 ANTICONVULSANTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+carbamazepine	+Tegretol	\$
mephenytoin	Mesantoin	\$
mephobarbital	Mebaryl	\$
+phenobarbital	+Phenobarbital, Solfoton	\$
phenytoin	Dilantin	\$
+primidone	+Mysoline	\$
+valproic acid	+Depakene	\$
+clonazepam	+Klonopin	\$\$
magnesium sulfate (inj)	Magnesium Sulfate	\$\$
phenacetamide	Phenurone	\$\$
trimethadione	Tridione	\$\$
divalproex sodium	Depakote	\$\$\$
+ethosuximide	+Zarontin	\$\$\$
methsuximide	Celontin	\$\$\$
paramethadione	Paradione	\$\$\$
phenoximide	Milontin	\$\$\$
ethotoin	Peganone	\$\$\$\$
gabapentin	Neurontin	\$\$\$\$
felbamate	Felbatol	\$\$\$\$\$!
lamotrigine	Lamictal	\$\$\$\$\$!
topiramate	Topamax	\$\$\$\$\$!
diazepam gel	Diastat	\$\$\$\$\$!!!!

3.7 MISCELLANEOUS
NEUROLOGICAL THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
donepezil	Aricept	\$\$\$\$\$
tacrine	Cognex	\$\$\$\$\$
midodrine	ProAmatine	\$\$\$\$\$!
glatiramer (inj)	Copaxone	\$\$\$\$\$!!!!
riluzole	Rilutek	\$\$\$\$\$!!!!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

3.8 MUSCLE RELAXANTS &
ANTISPASMODIC THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
-----------------	---------------	--------------------

3.8.1 MUSCLE RELAXANTS &
ANTISPASMODIC THERAPY

Δ+carisoprodol	+Soma	\$
Δ+chlorzoxazone	+Paraflex, Parafon Forte DSC	\$
Δ+cyclobenzaprine	+Flexeril	\$
Δ+diazepam	+Valium	\$
+meprobamate	+Miltown, Equanil	\$
Δ+methocarbamol	+Robaxin	\$
+oxybutynin	+Ditropan	\$
+baclofen	+Lioresal	\$\$
Δ+metaxalone	Skelaxin	\$\$\$
+asa/orphenadrine	+Norgesic	\$\$\$\$
dantrolene	Dantrium	\$\$\$\$
+orphenadrine	+Norflex	\$\$\$\$
asa/carisoprodol/ codeine	Soma Comp/Codeine	\$\$\$\$\$!

1 Refer also to Anxiolytics (3.9.5)

3.8.2 MYASTHENIA GRAVIS

neostigmine (inj)	Prostigmin	\$\$
pyridostigmine (inj)	Mestinon	\$\$
ambenonium	Mytelase	\$\$\$\$\$

3.9 PSYCHOTHERAPEUTIC DRUGS

GENERIC NAME	BRAND NAME	REL. COST VALUE
-----------------	---------------	--------------------

3.9.1 HYPNOTIC AGENTS

+chloral hydrate	+Aquachloral	\$
+estazolam	+ProSom	\$
Δ+flurazepam	+Dalmane	\$
Δ+temazepam	+Restoril	\$
Δ+triazolam	+Halcion	\$
Δ+zolpidem	Ambien	\$\$
quazepam	Doral	\$\$\$

3.9.2 ANTIDEPRESSANT AGENTS

3.9.2.1 TRICYCLICS

Δ+amitriptyline	+Elavil, Endep	\$
Δ+desipramine	+Norpramin, Pertofrane	\$
Δ+doxepin	+Sinequan, Adapin	\$
Δ+imipramine	+Tofranil	\$
Δ+nortriptyline	+Pamelor, Aventyl	\$
Δ+amoxapine	+Asendin	\$\$
Δ+protriptyline	+Vivactil	\$\$
Δ+clomipramine	+Anafranil	\$\$\$

3.9.2.2 MISCELLANEOUS ANTIDEPRESSANTS

Δ+maprotiline	+Ludiomil	\$
Δ+trazodone	+Desyrel	\$
+bupropion	Wellbutrin	\$\$\$
mirtazapine	Remeron	\$\$\$
Δ+nefazodone	Serzone	\$\$\$
Δ+venlafaxine	Effexor	\$\$\$

+ Use generic; brand name listed for reference only.

Δ Use in the elderly is associated with increased risk.

Δ Dosage reduction may be required in the elderly.

3.9.2.3 MAO INHIBITORS

phenelzine	Nardil	\$\$
tranylcypromine	Parnate	\$\$\$

3.9.2.4 SELECTIVE SEROTONIN REUPTAKE
INHIBITORS

Δ+paroxetine	Paxil	\$\$\$
Δ+sertraline	Zoloft	\$\$\$
Δ+fluoxetine	Prozac	\$\$\$\$
Δ+fluvoxamine	Luvox	\$\$\$\$

3.9.3 ANTIPSYCHOTICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
-----------------	---------------	--------------------

3.9.3.1 PHENOTHIAZINES

+chlorpromazine	+Thorazine	\$
+fluphenazine	+Prolixin, Permitil	\$
+perphenazine	+Trilafon	\$
+thioridazine	+Mellaril, Mellaril S	\$
acetophenazine	Tindal	\$\$
mesoridazine	Serenal	\$\$
+trifluoperazine	+Stelazine	\$\$

3.9.3.2 BUTYROPHENONES

+haloperidol	+Haldol	\$
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3.9.3.3 MISCELLANEOUS ANTIPSYCHOTICS

+thiothixene	+Navane	\$
pimozide	Orap	\$\$
+loxapine	+Loxitane, Loxitane C	\$\$\$
molindone	Moban	\$\$\$
risperidone	Risperdal	\$\$\$\$\$
clozapine	Clozaril	\$\$\$\$\$!
olanzapine	Zyprexa	\$\$\$\$\$!

3.9.4 MISCELLANEOUS

PSYCHOTHERAPEUTIC AGENTS

+diethylpropion	+Tenuate	\$
+lithium carb (capsule)	+Eskalith, Lithonate	\$
+lithium carb (tablet)	+Eskalith, Lithotabs	\$
+lithium citrate	+Lithium Citrate	\$
+phentermine	+Ionamin, Fastin	\$
benzphetamine	Didrex	\$\$
+methylphenidate	+Ritalin	\$\$
+perphenazine/ amitriptyline	+Triavil	\$\$
amphetamines ¹	Dexedrine, Desoxyn	\$\$\$
+chlordiazepoxide/ amitriptyline	+Limbitrol	\$\$\$
methamphetamine	Desoxyn	\$\$\$
pemoline	Cylert	\$\$\$
+phenimetrazine	+Phenazine, Adipost	\$\$\$
mazindol	Mazanor	\$\$\$\$
meprobamate/ bencytine	Deprol	\$\$\$\$

1 For narcolepsy and attention deficit disorder only.

+ Use generic; brand name listed for reference only.

Δ Use in the elderly is associated with increased risk.

Δ Dosage reduction may be required in the elderly.

APPENDIX A

3.9.5 ANXIOLYTICS

+alprazolam	+Xanax	\$
+chloridiazepoxide	+Librium	\$
+clorazepate	+Tranxene, Gen-Xene	\$
+diazepam	+Valium	\$
+lorazepam	+Ativan	\$
+meprobamate	+Meprospan	\$
+oxazepam	+Serax	\$
bupirone	BuSpar	SSSS
paraldehyde	Paral	SSSS

3.9.6 BARBITURATES

amobarbital/	Tuinal	\$
secobarbital		
mephobarbital	Mebaral	\$

**4. CARDIOVASCULAR,
HYPERTENSION & LIPIDS****4.1 ANTIARRHYTHMIC AGENTS**

GENERIC NAME	BRAND NAME	REL. COST VALUE
+disopyramide	+Norpace	\$
+procainamide	+Pronestyl	\$
+quinidine 200 sulfate	+Quinidine Sulfate	\$
+quinidine gluconate	+Quinaglute	\$
+procainamide SR	+Procan SR, Procanbid, Pronestyl SR	\$
+disopyramide CR	+Norpace CR	SS
+quinidine 300 sulfate	+Quinora	SS
+quinidine ER	+Quinidex	SS
flecainide	Tambacor	SSS
+mexiletine	+Mexilit	SSS
morizine	Ehmorine	SSS
tocainide	Tonocard	SSS
propafenone	Rythmol	SSSS
quinidine	Cardioquin	SSSS
polygalacturonate		
amiodarone	Cordarone	SSSSS
sotalol	Betapace	SSSSS

4.2 CARDIAC GLYCOSIDES

GENERIC NAME	BRAND NAME	REL. COST VALUE
+digoxin	Lanoxicaps, +Lanoxin	\$

4.3 NITRATES

GENERIC NAME	BRAND NAME	REL. COST VALUE
-----------------	---------------	--------------------

4.3.1 RAPID ACTING NITRATES

nitroglycerin SL	Nitrostat	\$
nitroglycerin spray	Nitrolingual Spray	SS

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

4.3.2 LONG ACTING NITRATES

+isosorbide dinitrate	+Isordil	\$
nitroglycerin	Nitrogard	\$
nitroglycerin ointment	Nitrol, Nitro-Bid	\$
nitroglycerin (oral)	Nitrobid	\$
+isosorbide dinitrate SR	+Dilatrate-SR, Isordil Tembids	SS
isosorbide mononitrate	Imdur	SS
isosorbide mononitrate	Ismo	SS
isosorbide mononitrate	Monoket	SS
+transdermal	Nitro-Dur,	SS
nitroglycerin patch	Transderm-Nitro, Deponit, Minitran, Nitrodisc	

4.4 COAGULATION THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
-----------------	---------------	--------------------

4.4.1 ANTICOAGULANTS

anisindione	Miradon	\$
dicumarol	Dicumarol	\$
+warfarin	+Coumadin	\$

4.4.2 ANTIPLATELET DRUGS

+dipyridamole	+Persantine	\$
ticlopidine	Ticlid	SSSS

4.4.3 HEPARIN

+heparin (inj)	+Heparin	SSS
enoxaparin (inj)	Lovenox	SSSSS!!!!

4.4.4 VITAMIN K

phytonadione	Mephyton	\$
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4.4.5 HEMOSTATICS

aminocaproic acid	Amicar	SS
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4.4.6 MISCELLANEOUS COAGULATION AGENTS

+pentoxifylline	+Trental	SS
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+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

APPENDIX A

4.5 ANTIHYPERTENSIVE THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
4.5.1 THIAZIDE & RELATED DIURETICS		
amiloride	Midamor	\$
↓ +amiloride/HCTZ	+Moduretic	\$
bendroflumethiazide	Naturetin-S	\$
benzthiazide	Exna	\$
+bumetanide	+Bumex	\$
↓ +chlorthalidone	+Hygroton	\$
deserpidine/HCTZ	Oreticyl	\$
deserpidine/ methyclothiazide	Enduronyl	\$
ethacrynic acid	Edocrin	\$
+furosemide	+Lasix	\$
↓ +hydrochlorothiazide	+HydroDIURIL, Oretic, Esidrix	\$
+indapamide	+Lozol	\$
↓ +methyclothiazide	+Enduron, Aquatensen	\$
metolazone	Zaroxolyn, Mykrox	\$
+spironolactone	+Aldactone	\$
↓ +spironolactone/ HCTZ	+Aldactazide	\$
torsemide	Demadex	\$
triamterene	Dyrenium	\$
↓ +triamterene/HCTZ	+Maxzide, Dyazide	\$
polythiazide	Renese	\$\$
4.5.2 BETA BLOCKERS		
+atenolol	+Tenormin	\$
betaxolol	Kerlone	\$
bisoprolol	Zebeta	\$
+metoprolol	+Lopressor	\$
metoprolol LA	Toprol XL	\$
+nadolol	+Corgard	\$
+pindolol	+Visken	\$
+propranolol	+Inderal	\$
+propranolol LA	+Inderal LA	\$
+timolol	+Blocadren	\$
+acebutolol	+Sectral	\$\$
carteolol	Cartrol	\$\$
labetalol	Normodyne, Trandate	\$\$\$
carvedilol	Coreg	\$\$\$\$

↓ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

4.5.3 CALCIUM CHANNEL BLOCKERS

+diltiazem	+Cardizem, Plendil	\$
felodipine	+Tiazac	\$
+nifedipine	+Procardia, Adalat	\$
nisoldipine	Sular	\$
+verapamil	+Calan, Isoptin	\$
+verapamil SR	+Calan SR, Isoptin SR	\$
amlodipine	Norvasc	\$\$
diltiazem CD	Cardizem CD	\$\$
+diltiazem SR	+Cardizem SR, +Dilacor XR	\$\$
isradipine	DynaCirc	\$\$
isradipine controlled release	DynaCirc CR	\$\$
mibefradil	Posicor	\$\$
nicardipine	Cardene	\$\$
nicardipine SR	Cardene SR	\$\$
nifedipine XL	Adalat CC, Procardia XL	\$\$
verapamil	Covera-HS	\$\$
verapamil, long acting	Verelan	\$\$
bepidil	Vascor	\$\$\$\$
nimodipine	Nimotop	\$\$\$\$\$!!!!

4.5.4 ACE INHIBITORS

benazepril	Lotensin	\$
fosinopril	Monopril	\$
moexipril	Univasc	\$
trandolapril	Mavik	\$
+captopril	+Capoten	\$\$
enalapril	Vasotec	\$\$
lisinopril	Prinivil, Zestril	\$\$
quinapril	Accupril	\$\$
ramipril	Altace	\$\$

4.5.5 ADRENERGIC ANTAGONISTS & RELATED DRUGS

+clonidine	+Catapres	\$
+guanabenz	+Wytensin	\$
▲ +methyldopa	+Aldomet	\$
+prazosin	+Minipress	\$
▲ +reserpine	+Serpasil	\$
doxazosin	Cardura	\$\$
guanadrel	Hylorol	\$\$
guanethedine	Ismelin	\$\$
+guanfacine	+Tenex	\$\$
tamsulosin	Flomax	\$\$
terazosin	Hytrin	\$\$
clonidine transdermal	Catapres-TTS	\$\$\$

4.5.6 AGENTS FOR PHEOCHROMOCYTOMA

phenoxybenzamine	Dibenzylamine	\$\$\$\$\$
metyrosine	Demser	\$\$\$\$\$!
phentolamine	Regitine	\$\$\$\$\$!!!!

4.5.7 VASODILATORS

+hydralazine	+Aprelone	\$
+minoxidil	+Loniten	\$
+papaverine	+Pavabid	\$

↓ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

4.5.8 OTHER ANTIHYPERTENSIVE COMBINATIONS

↓ benazepril/HCTZ	Lotensin HCT	\$
↓ +clonidine/ chlorothalidone	+Combipres	\$
↓ +hydralazine/HCTZ	+Aprezide	\$
hydralazine/ reserpine/HCTZ	SER-AP-ES, Unipres	\$
↓ +methyldopa/HCTZ	+Aldoril	\$
prazosin/polythiazide	Minizide	\$
↓ +propranolol/HCTZ	+Inderide	\$
reserpine/chlorothiazide	Diupres	\$
↓ +reserpine/HCTZ	+Hydropres	\$
↓ timolol/HCTZ	Timolide	\$
benazepril/amlodipine	Lotrel	\$
↓ bisoprolol/HCTZ	Ziac	\$
↓ +captopril/HCTZ	+Capozide	\$
enalapril/diltiazem	Toczem	\$
enalapril/felodipine extended release	Lexxel	\$
↓ enalapril/HCTZ	Vaseretic	\$
↓ lisinopril/HCTZ	Prinzide	\$
	Zestoretic	\$
↓ metoprolol/HCTZ	Lopressor HCT	\$
↓ nadolol/ bendroflumethiazide	Corzide	\$
reserpine/ hydroflumethiazide	Salutensin	\$
trandolapril/ verapamil extended release	Tarka	\$

4.5.9 ANGIOTENSIN II RECEPTOR BLOCKERS

losartan	Cozaar	\$
losartan/HCTZ	Hyzaar	\$
valsartan	Diovan	\$

4.6 LIPID/CHOLESTEROL
LOWERING AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+gemfibrozil	+Lopid	\$
+nicotinic acid	+Niacin	\$
colestipol	Colestid	\$
dextrothyroxine	Choloxin	\$
fluvastatin	Lescol	\$
atorvastatin	Lipitor	\$
cholestyramine	Questran, Questran Light	\$
pravastatin	Pravachol	\$
simvastatin	Zocor	\$
lovastatin	Mevacor	\$

+ Use generic; brand name listed for reference only.
 ↓ Use in the elderly is associated with increased risk.
 ↓ Dosage reduction may be required in the elderly.

5. DERMATOLOGICALS/
TOPICAL THERAPY

5.1 TOPICAL CORTICOSTEROIDS

GENERIC NAME	BRAND NAME	REL. COST VALUE
5.1.1. TOPICAL CORTICOSTEROIDS — GROUP I (Very High Potency)		
betamethasone dipropionate .05% (augmented) gel, ointment, cream	Diprolene	\$\$\$\$
+clobetasol .05% cream, lotion, ointment	+Temovate	\$\$\$\$
halobetasol .05% cream, ointment	Ultravate	\$\$\$\$
diflorasone .05% cream	Psorcon, Florone	\$\$\$\$\$
diflorasone .05% ointment	Psorcon, Florone	\$\$\$\$\$

5.1.2. TOPICAL CORTICOSTEROIDS — GROUP II
(High Potency)

+betamethasone dipropionate .05% ointment	+Diprosone, Maxivate	\$
+desoximetasone 0.25% cream, ointment	+Topicort	\$
amcinonide .1% cream, lotion, ointment	Cyclocort	\$
+desoximetasone 0.05% gel	+Topicort	\$
+fluocinonide .05% gel, ointment, soln	+Lidex	\$
mometasone furoate 0.1% ointment	Elocon ointment	\$
halcinonide .025% cream	Halog	\$\$\$\$
halcinonide 0.1% cream, soln	Halog	\$\$\$\$
betamethasone dipropionate 0.5% (augmented) cream	Diprolene AF	\$\$\$\$\$

+ Use generic; brand name listed for reference only.
 ↓ Use in the elderly is associated with increased risk.
 ↓ Dosage reduction may be required in the elderly.

APPENDIX A

5.1.3. TOPICAL CORTICOSTEROIDS — GROUP III

+betamethasone dipropionate .1% aerosol	+Diprosone Aerosol	\$
+betamethasone .dipropionate 0.05% cream, lotion	+Diprosone, Maxivate	\$
+betamethasone .valerate 0.1% ointment	+Valisone	\$
+fluocinonide 0.05% cream	+Lidex, Lidex E	\$
+triamcinolone acetate 0.5% cream, ointment	+Aristocort	\$
fluticasone propionate 0.005% ointment	Cutivate	\$\$\$
betamethasone dipropionate 0.05% lotion	Diprolene	\$\$\$\$
halcinonide 0.1% ointment	Halog	\$\$\$\$\$

5.1.4. TOPICAL CORTICOSTEROIDS — GROUP IV (Medium Potency)

+desoximetasone 0.05% cream	+Topicort LP	\$
+fluocinonide acetate 0.025% ointment	+Synalar	\$
+triamcinolone acetate 0.1% ointment	+Aristocort	\$
clacortolone pivalate 0.1% cream	Cloderm	\$\$
flurandrenolide .05% lotion, ointment	Cordran, Cordran SP	\$\$\$
flurandrenolide tape	Cordran Tape Patch	\$\$\$
hydrocortisone valerate 0.2% ointment	Westcort	\$\$\$
mometasone furoate 0.1% cream, lotion	Elocon	\$\$\$

5.1.5. TOPICAL CORTICOSTEROIDS — GROUP V

+betamethasone valerate +Valisone 0.1% cream		\$
+betamethasone valerate +Valisone 0.01% cream		\$
+fluocinonide acetate +Synalar 0.025% cream		\$
hydrocortisone butyrate 0.1% Dermatop Emollient	Pandel	\$
+triamcinolone acetate 0.1% lotion	+Kenalog	\$
triamcinolone spray	Kenalog	\$
flurandrenolide 0.05% cream	Cordran SP	\$\$
fluticasone propionate 0.05% cream	Cutivate	\$\$\$
hydrocortisone butyrate 0.1% cream, ointment, soln	Locoid	\$\$\$
hydrocortisone valerate 0.2% cream	Westcort	\$\$\$
betamethasone	Ulicort	\$\$\$\$\$!!!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ↓ Dosage reduction may be required in the elderly.

5.1.6. TOPICAL CORTICOSTEROIDS — GROUP VI (Low Potency)

+betamethasone valerate +Valisone 0.1% lotion		\$
+fluocinonide acetate +Synalar 0.01% cream, soln		\$
+triamcinolone acetate 0.025% cream, ointment	+Aristocort	\$
+triamcinolone acetate 0.025% lotion	+Kenalog	\$
+triamcinolone acetate 0.1% cream	+Aristocort	\$
alclometasone dipropionate 0.05% cream, ointment	Aclovate	\$\$
+desonide 0.05% cream, ointment, lotion	+DesOwen, Desonide cream	\$\$

5.1.7. TOPICAL CORTICOSTEROIDS — GROUP VII

+hydrocortisone 2.5% cream, ointment	+Dermacort, Hytone	\$
+hydrocortisone suppos, cream	+Anusol HC	\$
dexamethasone 0.04 % aerosol	Decaspray	\$\$
+hydrocortisone 2.5% lotion	+Hytone	\$\$\$

Also see 8.3.3. for other steroid containing topicals.

5.2. TOPICAL ANESTHETICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
doxepin	Zonalon	\$
+lidocaine	+Xylocaine, Viscous Xylocaine spray	\$
prilocaine/lidocaine	EMLA	\$\$\$\$\$
dyclonine	Dyclone	\$\$\$\$\$!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ↓ Dosage reduction may be required in the elderly.

APPENDIX A

5.3 THERAPY FOR ACNE

GENERIC NAME	BRAND NAME	REL. COST VALUE
+benzoyl peroxide	+Benzoyl peroxide, Desquam-X, Benzac	\$
benzoyl peroxide	Triaz	\$
+benzoyl peroxide gel	+Persa-Gel, Persa-Gel W	\$
benzoyl peroxide/sulfa	BPO/Sulfur, Sulfoxyl Strong	\$
+erythromycin gel	+Emgel, Erygel	\$
erythromycin plegettes	Erycette, T-STAT	\$
+erythromycin T soln	+A/T/S, EryDerm, T-STAT	\$
+clindamycin topical	+Cleocin T	\$\$\$
sodium sulfacetamide lotion	Klaron	\$\$\$
tetracycline	Topicycline	\$\$\$
adapalene	Differin	\$\$\$
azelaic acid	Azelex	\$\$\$
benzoyl peroxide/erythromycin	Benzamycin 23	\$\$\$
metronidazole	MetroGel	\$\$\$
sulfacetamide/sulfur	Sulfacet R, Novacet	\$\$\$
tretinoin	Retin A	\$\$\$
tretinoin	Retin A micro	\$\$\$
benzoyl peroxide/erythromycin	Benzamycin 46	\$\$\$
meclocycline	Meclan	\$\$\$\$\$
isotretinoin	Accutane	\$\$\$\$\$

5.4 TOPICAL ANTIBACTERIALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
bacitracin	Baciguent	\$
+gentamicin cream, oint	+Garamycin	\$
chloramphenicol	Chloromycetin	\$
mupirocin	Bactroban	\$\$\$
neomycin/fluocinolone	Neosynalar	\$\$\$

5.5 TOPICAL ANTIFUNGALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+nystatin topical	+Mycostatin	\$
+nystatin/triamcinolone	+Mycolog II	\$
sodium thiosulfate	Tinver	\$
amphotericin B	Fungizone	\$\$\$
clioquinol	Iodochlorhydroxyquin	\$\$\$
clotrimazole	Mycelex	\$\$\$
ketoconazole shampoo	Nizoral	\$\$\$
ciclopirox	Loprox	\$\$\$
econazole	Spectazole	\$\$\$
ketoconazole cream	Nizoral	\$\$\$
naftifine	Naftin	\$\$\$
oxiconazole	Oxistat	\$\$\$
clotrimazole/betamethasone	Lotrisone	\$\$\$\$\$
terbinafine cream	Lamisil	\$\$\$\$\$

5.6 TOPICAL ANTIVIRALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
penciclovir	Denavir	\$\$\$\$
acyclovir ointment	Zovirax	\$\$\$\$\$

5.7 BURN THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
+silver sulfadiazine	+Silvadene, SSD	\$

5.8 TOPICAL ENZYMES

GENERIC NAME	BRAND NAME	REL. COST VALUE
trypsin	Granulex	\$

5.9 KERATOLYTICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
salicylic acid gel	Keralyt	\$

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

+ Use generic; brand name listed for reference only.
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 ‡ Dosage reduction may be required in the elderly.

APPENDIX A

5.10 ANTIPSORIATIC/
ANTISEBORRHEIC

GENERIC NAME	BRAND NAME	REL. COST VALUE
+selenium sulfide 2.5%, 1%	+Selsun Rx	\$
cloroxine	Capitrol	\$S
sulfacetamide lotion	Sebizon	\$S
anthralin	Dritho-scalp, Drithocreme	\$SS
calcipotriene	Dovonex	\$SSSS!
tazarotene gel	Tazorac	\$SSSS!

5.11 TOPICAL SCABICIDES/
PEDICULICIDES

GENERIC NAME	BRAND NAME	REL. COST VALUE
benzyl benzoate lotion	Benzyl Benzoate	\$
+lindane	+Lindane, Kwell	\$
crotamiton	Eurax	\$S
permethrin	Elimite	\$SSS

5.12 MISCELLANEOUS
DERMATOLOGICALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
aluminum chloride	Drysol	\$
collagenase	Collagenase Santyl	\$
dihydroxyacetone	Vitadyne	\$
doxepin	Zonalon	\$
iodine	Iodine	\$
malenide	Sulfamylon	\$
nitrofurazone	Furacin	\$
fibrinolysin	Elastase	\$S
lactic acid	Lac-Hydrin	\$S
monobenzone	Benoquin	\$S
dextranomer	Debrisan	\$SS
hydroquinone	Eldopaquin Forte, Eldopaquin Forte	\$SS
hydroquinone/sunscreen	Solaquin Forte	\$SS
sulfur	Travase	\$SS
fluorouracil	Effudex, Fluoroplex	\$SSS
hexachlorophene	Septisol Foam	\$SSS
imiquimod	Aldara	\$SSSS
podofilox	Condylox	\$SSSS
trioxsalen	Trisoralen	\$SSSS
masaprocol	Actinex	\$SSSS!
methoxsalen	Oxisoralen	\$SSSS!
iodoquinol	Sebaquin	\$SSSS!!!!
podophyllum	Podofin	\$SSSS!!!!
sulfapyridine	Sulfapyridine	\$SSSS!!!!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

6. EAR, NOSE & THROAT
MEDICATIONS

6.1 INTRANASAL STEROIDS

GENERIC NAME	BRAND NAME	REL. COST VALUE
beclomethasone	Vancenase	\$S
pockethaler	pockethaler	
beclomethasone	Vancenase AQ, Vancenase DS, Beconase AQ	\$S
budesonide	Rhinocort	\$S
flunisolide	Nasalide	\$S
fluticasone	Flonase	\$S
dexamethasone	Dexacort Turbinaire	\$SS
triamcinolone	Nasacort	\$SS
triamcinolone acetonide	Nasacort AQ	\$SS

6.2 MISCELLANEOUS OTIC
PREPARATIONS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+acetic acid	+V8SoL, Acetasol	\$
acetic acid/al acetate	Domeboro Otic	\$
+acetic acid w/HCl	+V8SoL HC, Acetasol HC	\$
+antipyrine/benzocaine	+Auralgan	\$
chloramphenicol	Chloromycetin Otic	\$SS
triethanolamine oleate	Cerumenex	\$SS

6.3 OTIC STEROID/ANTIBIOTIC

GENERIC NAME	BRAND NAME	REL. COST VALUE
+neomycin/polymyxin/HC	+Cortisporin	\$S

1 For patients allergic to neomycin, Tobrex ophthalmic or gentamicin are useful alternatives.

6.4 MISCELLANEOUS AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+chlorhexidine	+Peridex	\$
+hydrocortisone	+HCA in Orabase	\$
+triamcinolone in orabase	+Kenalog in Orabase	\$
cromolyn nasal	Nasalacrom	\$S
ipratropium	Atrovent Nasal Spray	\$S
+lidocaine viscous	+Viscous Xylocaine	\$S

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

APPENDIX A

7. ENDOCRINE/DIABETES

7.1 ANTITHYROID AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
methimazole	Tapazole	\$
+propylthiouracil	+Propylthiouracil	\$

7.2 THYROID HORMONES

GENERIC NAME	BRAND NAME	REL. COST VALUE
desiccated thyroid	Thyroid, Thyroid SPT	\$
levothyroxine	Synthroid, Levoxine	\$
liothyronine	Cytomel	\$
liotrix	Thyrolar	\$

7.3 ADRENAL HORMONES

GENERIC NAME	BRAND NAME	REL. COST VALUE
flucnionide	Flucnionide	\$
fludrocortisone	Florinef	\$
+hydrocortisone	+Cortef, Hydrocortone	\$
+prednisone liquid	+Liquid Pred	\$
+prednisone tablet	+Deltasone, Orasone, Meticorten	\$
+triamcinolone	+Aristocort, T-Cort	\$
+dexamethasone	+Decadron	\$
+methylprednisolone	+Medrol	\$
prednisolone syrup	Prelone	\$
betamethasone	Celestone	\$\$\$
paramethasone	Haldrone	\$\$\$

7.4 MISCELLANEOUS HORMONES

GENERIC NAME	BRAND NAME	REL. COST VALUE
7.4.1 ANDROGENS		
testosterone	Testopel	\$
testosterone propionate (inj)	Testex	\$
nandrolone decanoate	Deca-Durabolin	\$
fluoxymesterone	Halotestin	\$\$\$
methyltestosterone	Android	\$\$\$
methyltestosterone	Methyltestosterone, Testred	\$\$\$
testosterone, transdermal	Testoderm	\$\$\$
testosterone, transdermal	Androderm	\$\$\$
+danazol	+Danocrine	\$\$\$\$\$
oxandrolone	Oxandrin	\$\$\$\$\$

Refer to 11.3 for Estrogens & Progestins

+ Use generic; brand name listed for reference only.

Δ Use in the elderly is associated with increased risk.

‡ Dosage reduction may be required in the elderly.

7.4.2 OVULATORY STIMULANTS

+clomiphene	+Clomid, Serophene	\$\$\$\$\$
menotropin (inj)	Humegon, Pergonal	\$\$\$\$\$!!!!
urofolitropin (inj)	Fertinex, Metrodin	\$\$\$\$\$!!!!

7.4.3 MISCELLANEOUS HORMONES

lypressin	Diapid	\$
calcifediol	Calderol	\$
calcitriol	Rocaltol	\$
calcitonin-salmon nasal spray	Miacalcin	\$\$\$
corticotropin	Acthar	\$\$\$
finasteride	Proscar	\$\$\$
aminoglutethimide	Cytadren	\$\$\$\$
cabergoline	Dostinex	\$\$\$\$
+calcitonin-salmon (inj)	+Miacalcin	\$\$\$\$\$
desmopressin soln/spray	DDAVP Soln/Spray	\$\$\$\$\$
desmopressin tabs	DDAVP	\$\$\$\$\$
dihydroxycholesterol	Hytakerol, DHT	\$\$\$\$\$
etidronate	Didronel	\$\$\$\$\$
pergolide	Permax	\$\$\$\$\$
tiludronate	Skelid	\$\$\$\$\$
vasopressin (inj)	Pitressin	\$\$\$\$\$
nafarelin acetate	Synarel	\$\$\$\$\$!!!!
alglucerase (inj)	Ceredase	\$\$\$\$\$!!!!
octreotide (inj)	Sandostatin	\$\$\$\$\$!!!!

7.4.4 GONADOTROPIN & RELATED AGENTS

chorionic gonadotropin (inj)	Profasi HP	\$\$\$\$\$
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7.5 DIABETES THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
7.5.1 INSULIN THERAPY		
insulin (beef/pork) (inj)	Lilly Iletin	\$
insulin (human) (inj)	Humulin, Novolin	\$
insulin (beef/pork) (inj)	Novo-Nordisk	\$
insulin lispro (inj)	Humalog	\$

7.5.2 ORAL HYPOGLYCEMIC AGENTS
FIRST GENERATION

+acetohexamide	+Dymelor	\$
Δ+chlorpropamide	+Diabinese	\$
+tolbutamide	+Tolinase	\$
+tolazamide	+Orinase	\$

SECOND GENERATION

+glipizide	+Glucotrol	\$
glipizide ER	Glucotrol XL	\$
+glyburide	+Micronase, Glynase, DiaBeta	\$

OTHER

glimepiride	Amaryl	\$
acarbose	Precose	\$
metformin	Glucophage	\$
troglitazone	Rezulin	\$\$\$\$\$

7.5.3 GLUCOSE ELEVATING AGENTS

Glucagon (inj)	Glucagon Emergency Kit, Glucagon for Inj	\$\$\$\$\$!!!!
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+ Use generic; brand name listed for reference only.

Δ Use in the elderly is associated with increased risk.

‡ Dosage reduction may be required in the elderly.

APPENDIX A

7.5.4 INSULIN SYRINGES

insulin syringes	BD Ass't Syrin	\$
insulin syringes	BD Syringes 28	\$
insulin syringes	BD Syringes 29	\$
insulin syringes	BD Ins Syr 30G	\$
insulin syringes	Lancets BD Ult	\$
insulin syringes	Lancets Monole	\$
insulin syringes	Monoject Ass't	\$
insulin syringes	Monoject Syr 2	\$
insulin syringes	Needles and Sy	\$
insulin syringes	Sure-Dose 28GI	\$
insulin syringes	Sure-Dose 29GI	\$
insulin syringes	Terumo Ins Syr	\$
insulin syringes	NovoFine Ins N	\$\$

7.5.5 BLOOD GLUCOSE MONITORING STRIPS

blood glucose	Chemstrip K	\$
test strips	(test strip)	
blood glucose	Lancets	\$
test strips		
blood glucose	Soft Touch	\$
test strips		
blood glucose	Accu-Chek B1101	\$\$\$
test strips		
blood glucose	Chemstrip BG	\$\$\$
test strips	(test strip)	
blood glucose	Exactech	\$\$\$
test strips		
blood glucose	Glucofilm	\$\$\$
test strips		
blood glucose	Glucometer ELI	\$\$\$
test strips		
blood glucose	Glucometer ENC	\$\$\$
test strips		
blood glucose	Glucostrix	\$\$\$
test strips		
blood glucose	One Touch	\$\$\$
test strips		
blood glucose	Prestige Test	\$\$\$
test strips		
blood glucose	Surestep	\$\$\$
test strips		
blood glucose	Tracer BG	\$\$\$
test strips		
blood glucose	Glucoscan	\$\$\$\$
test strips		
blood glucose	Medisense 2	\$\$\$\$
test strips		
blood glucose	Precision QID	\$\$\$\$
test strips		

7.5.5 BLOOD GLUCOSE MONITORING METERS

blood glucose	Accu-Chek Meter	\$
monitoring meters		
blood glucose	Exactech Meter	\$
monitoring meters		
blood glucose	Glucometer II	\$
monitoring meters		
blood glucose	One Touch II	\$
monitoring meters		
blood glucose	One Touch Prof	\$
monitoring meters		
blood glucose	Precision Meter	\$
monitoring meters		

+ Use generic; brand name listed for reference only.

▲ Use in the elderly is associated with increased risk.

‡ Dosage reduction may be required in the elderly.

8. GASTROENTEROLOGY**8.1 ULCER THERAPY**

GENERIC NAME	BRAND NAME	REL. COST VALUE
8.1.1 H. ANTAGONISTS		
‡ cimetidine	+Tagamet	\$
‡ nizatidine	Axid	\$\$\$
‡ ranitidine	+Zantac	\$\$\$
‡ famotidine	Pepcid	\$\$\$\$

8.1.2 PROSTAGLANDINS

misoprostol	Cytotec	\$\$
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8.1.3 OTHER ULCER THERAPY

+sucralfate	+Carafate	\$\$\$
bismuth/metronidazole/ tetracycline	Trioc	\$\$\$\$
ranitidine bismuth citrate	Helidac	\$\$\$\$

8.1.4 PROTON PUMP INHIBITORS

lansoprazole	Prevacid	\$\$\$\$
omeprazole	Prilosec	\$\$\$\$\$

8.2 ANTIDIARRHEALS & ANTISPASMODICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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8.2.1 ANTIDIARRHEALS

+paregoric	+Paregoric USP, Kaodene w/Paregoric	\$
+diphenoxylate/atropine	+Lomotil, Logen	\$\$
opium preparations	Opium Tincture	\$\$\$\$\$

8.2.2 ANTISPASMODICS

▲+dicyclomine	+Bentyl	\$
+glycopyrrolate	+Robinul	\$
▲hyoscyamine caps	Levsinex	\$
▲hyoscyamine oral	Levbid, Gastrosed	\$
▲hyoscyamine SL	Levin	\$
methscopolamine	Pamine	\$
▲+propantheline	+Pro-Banthine	\$
clidinium	Quarzan	\$\$

8.2.3 COMBINATION ANTICHOLINERGICS

▲+atropine	+Donnatal,	\$
w/phenobarbital/ scopolamine/ hyoscyamine	Barbidonna, Chardonna	
+chlordiazepoxide/ clidinium	+Librax	\$

+ Use generic; brand name listed for reference only.

▲ Use in the elderly is associated with increased risk.

‡ Dosage reduction may be required in the elderly.

APPENDIX A

8.3 MISCELLANEOUS
GASTROINTESTINAL AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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8.3.1 BILE ACIDS

chenodiol	Chenix	\$\$\$\$
ursodiol	Actigall	\$\$\$\$\$!

8.3.2 DIGESTIVE ENZYMES

pancrelipase	Pancrease	\$\$\$
pancrelipase	Ultrase	\$\$\$
pancreatin	Creon	\$\$\$\$\$
pancrelipase	Pancrease MT	\$\$\$\$\$!
pancrelipase	Ultrase MT	\$\$\$\$\$!!!

8.3.3 MISCELLANEOUS GASTROINTESTINAL AGENTS

hydrocortisone 1%	Proctocort	\$
+metoclopramide	+Reglan	\$
+sulfasalazine	+Azulfidine	\$
hydrocortisone acetate	Hemorrhoidal HC	\$\$
+lactulose	+Constulose, +Enulose	\$\$
cisapride	Propulsid	\$\$\$
hydrocortisone foam	Cortifoam	\$\$\$
olsalazine	Dipentum	\$\$\$
pramoxine/HCl	ProctoFoam-HC	\$\$\$
chromolya oral	Gastrocrom	\$\$\$\$\$
hydrocortisone enema	Cortenema	\$\$\$\$\$!
mesalamine	Asacol, Pentasa, Rowasa	\$\$\$\$\$!

8.3.4 ANTIEMETICS

+metclizine	+Antivert	\$
+promethazine	+Phenergan	\$
scopolamine	Transderm-Scop	\$\$
+trimethoprim	+Tigan	\$\$
+prochlorperazine	+Compazine	\$\$\$\$
+trimethoprim (supp)	+Tigan	\$\$\$\$
+trimethoprim (inj)	+Tigan	\$\$\$\$\$!
+prochlorperazine (supp)	+Compazine	\$\$\$\$\$!!
+promethazine (supp)	+Phenergan	\$\$\$\$\$!!
granisetron	Kytril	\$\$\$\$\$!!!!
ondansetron	Zofran	\$\$\$\$\$!!!!

8.3.5 BOWEL EVACUANTS

electrolyte solution	Colyte, GoLYTELY	\$\$\$\$\$!
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9. BIOTECHNOLOGY DRUGS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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9.1.1 ERYTHROID STIMULANTS

erythropoietin (inj)	Procrit, Epogen	\$\$\$\$\$!!!!
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9.1.2 MYELOID STIMULANTS

filgrastim (inj)	Neupogen	\$\$\$\$\$!!!!
sargramostim (inj)	Leukine	\$\$\$\$\$!!!!

9.1.3 INTERFERONS

alpha 2a (inj)	Roferon A	\$\$\$\$\$!!!!
alpha 2b (inj)	Intron A	\$\$\$\$\$!!!!
alpha n3 (inj)	Alferon N	\$\$\$\$\$!!!!
beta 1a (inj)	Avonex	\$\$\$\$\$!!!!
beta 1b (inj)	Betaseron	\$\$\$\$\$!!!!
gamma 1b (inj)	Actimmune	\$\$\$\$\$!!!!

9.1.4 GROWTH HORMONES

somatropin (inj)	Genotropin, Humatrope, Nutropin, Nutropin AQ, Protropin	\$\$\$\$\$!!!!
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10. MUSCULOSKELETAL &
RHEUMATOLOGY

GENERIC NAME	BRAND NAME	REL. COST VALUE
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10.1 NSAIDs

+fenoprofen	+Nalfon	\$
+ibuprofen	+Motrin, Rufen	\$
+indomethacin	+Indocin	\$
+mefenamic acid	+Meflomen	\$
+naproxen	+Naprosyn	\$
+naproxen sod	+Anaprox, Anaprox DS, Naprelan	\$
phenylbutazone	Butazolidin	\$
+piroxicam	+Feldene	\$
+sulindac	+Clinoril	\$
+diclofenac	+Voltaren	\$\$
+flurbiprofen	+Ansaid	\$\$
+ibuprofen suspension	+Children's Advil, Children's Motrin	\$\$
+indomethacin SR	+Indocin SR	\$\$
+tolmetin	+Tolmetin	\$\$
+etodolac	+Lodine	\$\$\$
+ketoprofen	+Orudis	\$\$\$
+ketoprofen SR	+Oruvail	\$\$\$
nabumetone	Relafen	\$\$\$
oxaprozin	Daypro	\$\$\$
diclofenac potassium	Cataflam	\$\$\$\$\$
+ketorolac	+Toradol	\$\$\$\$\$
ketorolac (inj)	Toradol	\$\$\$\$\$!!!!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

10.1.2 SALICYLATES

salicylamide	Saleto-D	\$
+salsalate	+Salflex	\$
asa sustained release	Zorprin	\$S
+choline magnesium salicylate	+Trilisate	\$S
+diflunisal	+Dolobid	\$SS
salicylate salts	Arthropan	\$SS

10.2 GOUT THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
+allopurinol	+Zyloprim	\$
+colchicine	+Colchicine	\$
+probenecid	+Benemid	\$
+probenecid w/colchicine	+Col Benemid	\$

10.3 OTHER RHEUMATOLOGICALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
10.3.1 CORTICOSTEROIDS		
+hydrocortisone	+Cortef, Hydrocortone	\$
+prednisone	+Orasone, Deltasone	\$
+triamcinolone	+Aristocort	\$
+dexamethasone	+Decadron	\$S
+methylprednisolone	+Medrol	\$S
+prednisone liquid	+Liquid Pred	\$S
prednisolone syrup	Prelone	\$SS
betamethasone	Celestone	\$SSS
paramethasone	Haldrone	\$SSS

10.3.2 MISCELLANEOUS RHEUMATOLOGICAL AGENTS

+sulfasalazine	+Azulfidine	\$
+methotrexate	+Rheumatrex, Methotrexate	\$S
auranofin	Ridaura	\$SS
+azathioprine	+Imuran	\$SS
penicillamine	Cuprimine	\$SS
aurioglucose	Solganal	\$SSS

10.3.3 MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

+carisoprodol	+Soma	\$
+chlorzoxazone	+Paraflex, Parafon Forte DSC	\$
+cyclobenzaprine	+Flexeril	\$
+diazepam	+Valium	\$
+methocarbamol	+Robaxin	\$
+oxybutynin	+Ditropan	\$
+baclofen	+Lioresal	\$S
+metaxalone	+Skelaxin	\$S
chlorphenesin	Maolate	\$SSS
dantrolene	Dantrium	\$SSS
+orphenadrine/asa/caffeine	+Norflex	\$SSS

+ Use generic; brand name listed for reference only.
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10.4 OSTEOPOROSIS THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
alendronate	Fosamax	\$S
+calcitonin-salmon nasal spray	+Miacalcin	\$SS

11. OBSTETRIC & GYNECOLOGY**11.1 ORAL CONTRACEPTIVES & RELATED AGENTS**

GENERIC NAME	BRAND NAME	REL. COST VALUE
1st GENERATION, Mono-phasic		
ethinyl estradiol/ethynodiol	Demulen	\$
ethinyl estradiol/norethindrone	Estrostep FE	\$
ethinyl estradiol, norethindrone	Genora 1/35	\$
ethinyl estradiol, norethindrone	Loestrin	\$
+levonorgestrel/ethinyl estradiol	Alesse, Levlen, Levora, Nordette	\$
+norethindrone/ethinyl estradiol	Brevicon, Modicon, Ovcon	\$
+norethindrone/ethinyl estradiol	N.E.E., Nelova, Ortho-Novum	\$
+norethindrone/mestranol	Norinyl	\$
norgestrel/ethinyl estradiol	Lo/Ovral	\$S
norgestrel/ethinyl estradiol	Ovral	\$S

1st GENERATION, Bi-phasic		
+norethindrone/ethinyl estradiol	Jenest, Nelova, Ortho-Novum 10/11	\$

1st GENERATION, Tri-phasic		
levonorgestrel/ethinyl estradiol	Tri-Levlen, Triphasil	\$
norethindrone/ethinyl estradiol	Tri-Norinyl, Ortho-Novum 777	\$

2nd GENERATION, Mono-phasic		
desogestrel/ethinyl estradiol	Desogen, Ortho-Cept	\$
norgestimate/ethinyl estradiol	Ortho-Cyclen	\$

2nd GENERATION, Tri-phasic		
norgestimate/ethinyl estradiol	Ortho Tri-Cyclen	\$

+ Use generic; brand name listed for reference only.
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APPENDIX A

11.1.2 PROGESTIN ONLY

Norethindrone	Micronor, Nor QD	\$
Norgestrel	Ovrette	\$\$

11.2 OXYTOCICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
methylegonovine	Methergine	\$\$\$
oxytocin spray	Syntocinon	\$\$\$\$\$!

11.3 ESTROGENS & PROGESTINS

GENERIC NAME	BRAND NAME	REL. COST VALUE
11.3.1 PROGESTINS		
hydroxyprogesterone	Duralutin	\$
+medroxyprogesterone	+Provera	\$
norethindrone	Micronor, Nor QD	\$
norethindrone acetate	Norlutate	\$
medroxyprogesterone acetate	Dopo-Provera	\$\$
norethindrone acetate	Aygestin, Norlutin	\$\$
norgestrel	Ovrette	\$\$
+progesterone inj.	+Gesterol 50	\$\$\$
progesterone vaginal suppos	Progesterone supp	\$\$\$\$\$!
progesterone gel	Crinone	\$\$\$\$\$!!
11.3.2 ESTROGENS		
conjugated estrogens	Premarin	\$
esterified estrogens	Menest, Estratab	\$
esterified estrogens/ methyltestosterone	Estratest	\$
+estradiol	+Estrace	\$
estradiol transdermal	Climara, Vivelle, Estraderm, Alora, FemPatch	\$
+estropipate	+Ogen, Ortho-Est	\$
ethinyl estradiol	Estinyl	\$
chlorotrianisene	Tace	\$\$
conj estrogen vaginal cream	Premarin	\$\$
dieneol cream	Ortho Dieneol	\$\$
estradiol vaginal ring	Estring	\$\$
quinesisol	Estrovis	\$\$\$\$
11.3.3 ESTROGEN COMBINATIONS		
conjugated estrogens/ medroxyprogesterone	Premphase, Prempro	\$

11.4 MISCELLANEOUS OB/GYN

GENERIC NAME	BRAND NAME	REL. COST VALUE
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11.4.1 DRUGS TO TREAT INFERTILITY/ IVE AGENTS

chorionic gonadotropin (inj)	Profasi HP, APL	\$\$\$\$\$!
+clomiphene	+Clomid, Serophene	\$\$\$\$\$!
leuprolide (inj)	Lupron	\$\$\$\$\$!!!!
menotropin (inj)	Humegon, Pergonal	\$\$\$\$\$!!!!
urofollitropin (inj)	Fertinex, Metrodin Amp 2	\$\$\$\$\$!!!!

11.4.2 VAGINAL CLEANSER/ANTI-INFECTIVES

+triple sulfa	+Sultrin, Trysol	\$
acetic acid/oxyquinoline	Acid-Jel	\$\$\$
ricinoleic/glycerin		
+sulfanilamide vaginal	+AVC	\$\$\$
metronidazole vaginal gel	Metrogel-Vag	\$\$\$\$
clindamycin	Cleocin Vag	\$\$\$\$\$

11.4.3 VAGINAL ANTIFUNGALS

butaconazole	Femstat	\$
+nystatin vaginal	+Nystatin, Mycostatin	\$
tioconazole	Vagistat-1	\$
tioconazole ointment	Vagistat	\$
clotrimazole	Mycex-G	\$\$
terconazole	Terazol	\$\$\$\$\$
fluconazole oral	Diflucan	\$\$\$\$\$!
miconazole	Monistat 3, Monistat Dual Pak	\$\$\$\$\$!

11.4.4 SPECIALIZED OB/GYN DRUGS

+isoxsuprine	+Vasodilan	\$
terbutaline	Brethine, Bricanyl	\$\$
nafarelin acetate	Synarel	\$\$\$\$\$!!!!

12. OPHTHALMOLOGY**12.1 BETA-BLOCKERS**

GENERIC NAME	BRAND NAME	REL. COST VALUE
metipranolol	OptiPranolol	\$
betaxolol	Betoptic, Betoptic S	\$\$
+levobunolol	+Betagan	\$\$
timolol hemihydrate	Betimol	\$\$
timolol maleate	Timoptic XE	\$\$
+timolol ophth	+Timoptic	\$\$

12.2 CHOLINESTERASE INHIBITOR MIOTICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
echothiophate	Phospholine Iodide	\$

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 ‡ Dosage reduction may be required in the elderly.

+ Use generic; brand name listed for reference only.
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APPENDIX A

12.3 DIRECT ACTING MIOTICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
echothiophate	Phospholine Iodide	\$
physostigmine	Ispto Eserine	\$
+pilocarpine	+Pilocar, Ocusept Pilo-20, Pilagan	\$
pilocarpine gel	Pilopine HS	\$\$\$
acetylcholine	Miochol	\$\$\$\$\$!!
carbachol	MioStar	\$\$\$\$\$!!!!

12.4 OTHER GLAUCOMA DRUGS

GENERIC NAME	BRAND NAME	REL. COST VALUE
carbachol	Ispto Carbachol	\$
demecarium	Humorsol	\$
dorzolamide	Trusopt	\$
epinephrine/ pilocarpine	P1E1, P2E1, P3E1 P4E1, P6E1	\$
latanoprost	Xalatan	\$\$\$

12.5 ORAL DRUGS
FOR GLAUCOMA

GENERIC NAME	BRAND NAME	REL. COST VALUE
+acetazolamide	+Diamox	\$
+methazolamide	+Neptazane	\$
dichlorphenamide	Daranide	\$

12.6 CYCLOPLEGIC MYDRIATICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+atropine sulfate	+Ispto Atropine, Atropine Sulfate S.O.P.	\$
+cyclopentolate	+Cyclogyl	\$
+dipivefrin	+Propine	\$
homatropine	Ispto Homatropine	\$
phenylephrine	AK-Nefrin	\$
scopolamine	Ispto Hyoscine	\$
+tropicamide	+Mydracyl	\$
epinephrine	Epinephrine	\$\$\$

12.7 NON-STEROIDAL
ANTI-INFLAMMATORY AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
ketorolac	Acular	\$
+flurbiprofen	+Ocufen	\$
suprofen	Profenal	\$
diclofenac	Voltaren	\$\$\$

+ Use generic; brand name listed for reference only.
 a Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

12.8 VASOCONSTRICTOR
DECONGESTANTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+naphazoline/antazoline	+Albalon	\$
phenylephrine	Neo-Synephrine	\$

12.9 ANTIBIOTICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+bacitracin	+Bacitracin	\$
bacitracin/neosporin/ polymyxin B/HC	AK-Spor HC	\$
+erythromycin	+Ilotycin	\$
+gentamicin	+Garamycin, Gentacidin	\$
+neomycin/polymyxin/ bacitracin ointment	+Neosporin	\$
+tobramycin	+Tobrex	\$
zinc sulfate	Eye-Sol	\$
polymyxin B/ trimethoprim	Polycrim	\$\$\$
ciprofloxacin	Ciloxan	\$\$\$
norfloxacin	Chibroxin	\$\$\$
ofloxacin	Ocuflox	\$\$\$
+chloramphenicol	+Chloroptic S.O.P.	\$\$\$\$
nactamycin	Natacyn	\$\$\$\$
polymyxin B	Polymyxin B	\$\$\$\$\$!
chlortetracycline	Autemycin	\$\$\$\$\$!!
polymyxin B	Aerosporin	\$\$\$\$\$!!

12.10 SULFONAMIDES

GENERIC NAME	BRAND NAME	REL. COST VALUE
+sodium sulfacetamide	+Bleph-10, Sulamyd, AK-Sulf	\$
sulfacetamide/ phenylephrine	Vasosulf	\$
sulfisoxazole	Gantrisin	\$\$\$

12.11 STEROIDS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+dexamethasone	+Decadron, Maxidex	\$
+prednisolone sodium phosphate	+Inflamase, Inflamase Forte	\$
+fluorometholone	+FML, FML Forte, FML SOP	\$\$\$
medrysone	HMS	\$\$\$
+prednisolone	+Pred-Mild, Pred-Forte	\$\$\$
rimexolone	Vexol	\$\$\$

+ Use generic; brand name listed for reference only.
 a Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

12.12 STEROID-ANTIBIOTIC
COMBINATIONS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+neomycin/polymyxin/ dexamethasone	+Maxitrol, Dexacidin	\$
+neomycin/bacitracin/ polymyxin/Hc	+Cortisporin	\$\$
+neomycin/ dexamethasone	+Neo-Decadron	\$\$
neomycin/polymyxin/ prednisolone	Poly-Pred	\$\$\$
tobramycin/ dexamethasone	TobraDex	\$\$\$

12.13 STEROID-SULFONAMIDE
COMBINATIONS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+sulfacetamide/ prednisolone	+Vasocidin	\$\$
sulfacetamide/ prednisolone	Blephamide	\$\$\$
sulfacetamide/ prednisolone	Metimyd	\$\$\$\$\$!

12.14 SYMPATHOMIMETICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+dipivefrin	+Propine	\$
brimonidine	Alphagan	\$\$
apraclonidine	Iopidine	\$\$\$
epinephrine borate	Eppy/N	\$\$\$
epinephrine HCl	Epifrin	\$\$\$

12.15 MISCELLANEOUS
OPHTHALMOLOGICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
proparacaine	AK-Taine	\$
tetracaine	Pontocaine	\$
silver nitrate	Silver Nitrate	\$\$
artificial tear insert	Lacrisert	\$\$\$
cromolyn	Crolom	\$\$\$
levocabastine	Livostin	\$\$\$
loxamide	Alomide	\$\$\$
olopatadine	Patanol	\$\$\$\$\$!
chymotrypsin	Catarase	\$\$\$\$\$!!!!

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

12.16 ANTIVIRALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
idoxuridine	Herplex	\$
vidarabine	Vira-A	\$\$\$\$
+trifluridine	+Viroptic	\$\$\$\$\$

13. RESPIRATORY, ALLERGY,
COUGH & COLD13.1 ANTIHISTAMINE &
ANTIALLERGENIC AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
13.1.1 ANTIHISTAMINES		
carbinoxamine	Clistin	\$
▲clemastine 2.68	Tavist 2.68	\$
▲+cyproheptadine	+Periactin	\$
▲+diphenhydramine	+Benadryl	\$
▲+hydroxyzine HCl	+Atarax	\$
▲+hydroxyzine pamoate	+Vistaril	\$
▲+promethazine	+Phenergan	\$
▲+tripelenamine	+PBZ, PBZ SR	\$
▲azatadine	Optimig	\$\$
azelastine	Astelin	\$\$
cetirizine	Zyrtec, Zyrtec Syrup	\$\$
▲clemastine syrup	Tavist suspension	\$\$
▲dexchlorpheniramine	Polaramine	\$\$
fexofenadine	Allegra	\$\$
loratadine	Claritin	\$\$
	Claritin Reditabs	

13.1.2 ADRENERGICS

+epinephrine (inj)	+Epinephrine	\$\$\$
+epinephrine (inj)	+EpiPen, +EpiPen Jr.	\$\$\$\$\$!!

13.1.3 CORTICOSTEROIDS

+hydrocortisone	+Cortef, Hydrocortone	\$
+prednisone	+Deltasone, Orasone	\$
+prednisone liquid	+Liquid Pred	\$
+triamcinolone	+Aristocort	\$
+dexamethasone	+Decadron	\$\$
+methylprednisolone	+Medrol	\$\$
prednisolone syrup	Prelone	\$\$\$
betamethasone	Celestone	\$\$\$\$

13.2 COUGH & COLD THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
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13.2.1 ANTITUSSIVE COMBINATIONS

brompheniramine/ pseudoephedrine/ dextromethorphan	Myphetane DX	\$
--	--------------	----

+ Use generic; brand name listed for reference only.
 ▲ Use in the elderly is associated with increased risk.
 † Dosage reduction may be required in the elderly.

APPENDIX A

+codeine/guaifenesin	+Mytussin AC, Robitussin AC	\$
+codeine/ phenylephrine/ promethazine	+Promethazine VC/Cod	\$
+promethazine/codeine	+Phenergan/Co	\$
+pseudoephedrine/ codeine/guaifenesin	+Nuco-Tuss Exp Robitussin DAC	\$
+brompheniramine/ codeine/ phenylpropanolamine	+Bromanate DC, Poly-Histine CS	\$\$
+brompheniramine/ dextromethorphan/ phenylpropanolamine	+Delhistine DM Poly-Histine DM	\$\$
+chlorpheniramine/ phenylephrine/ hydrocodone	+Histinex HC, Histussin HC	\$\$
codeine	Codeine Phosphate Soln	\$\$
+dextromethorphan/ guaifenesin	+Guaifenesin DM,	\$\$
+homatropine/ hydrocodone	+Hydromet, Hycodan	\$\$
+hydrocodone/ chlorpheniramine	Tussionex	\$\$
hydrocodone/ pseudoephedrine/ guaifenesin	Deconamine CX	\$\$
+benzonate	+Tessalon Perle	\$\$\$
+dextromethorphan/ guaifenesin	Humibid DM	\$\$\$
+hydrocodone/ phenylpropanolamine	+Codamine, Hycamine	\$\$\$
+pseudoephedrine/ carbinoxamine/ dextromethorphan	+Hycamine Pediatric +Rondec DM	\$\$\$
pseudoephedrine/ hydrocodone	Histussin D	\$\$\$

13.2.2 EXPECTORANT COMBINATIONS

+guaifenesin/ phenylpropanolamine	+Phenylfenesin LA	\$
potassium iodide	SSKI	\$
+guaifenesin	+Humibid LA	\$\$
+guaifenesin/ phenylpropanolamine	+Exgest LA	\$\$
+phenylpropanolamine/ guaifenesin/ phenylephrine	+Entex LA	\$\$
+pseudoephedrine/ guaifenesin	+Duratuss	\$\$
+pseudoephedrine/ guaifenesin SR	+Guaifed	\$\$
pseudoephedrine/ guaifenesin	Syn Rx	\$\$\$

13.2.3 DECONGESTANT/ANTIHISTAMINES

chlorpheniramine/ phenylpropanolamine/ methscopolamine	+Extendryl SR	\$
+chlorpheniramine/ phenyltoloxamine/ phenylephrine/ phenylpropanolamine	+Naldeate	\$

+ Use generic; brand name listed for reference only.
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+promethazine/ phenylephrine	+Phenergan VC	\$
acrivastine/ pseudoephedrine	Semprex D	\$\$
+brompheniramine/ pseudoephedrine	+Bromfed Caps	\$\$
phenylpropanolamine/ chlorpheniramine/apap	Duaducin	\$\$
+phenylpropanolamine/ chlorpheniramine/ phenylephrine	Nolamine	\$\$
+phenylpropanolamine/ phenyltoloxamine/ pyrilamine/ pheniramine	+Poly-Histine-D, Poly-Histine-D Ped	\$\$
pseudoephedrine	Novafed	\$\$
+pseudoephedrine/ carbinoxamine	+Rondec	\$\$
+pseudoephedrine/ chlorpheniramine	+Deconamine SR	\$\$
+azatadine/ pseudoephedrine	Trinalin	\$\$\$
lorazadine/ pseudoephedrine	Claritin D	\$\$\$

13.3 PULMONARY AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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13.3.1 XANTHINES

+aminophylline	+Aminophylline	\$
oxtriphylline	Cholestyl	\$
theophylline anhydrous	Bronkodyl, Elixophyllin, Theoclear, Aerolate, Theolair	\$
theophylline immediate release	Slo-Phyllin, Theolair, Quibron T	\$
+theophylline timed release	+Aerolate, Slo-Phyllin Gyrocaps, Quibron T, Slo-bid Gyrocaps, Theo-Dur, Theochron, Theolair SR, T-Phyl, Uniphyll	\$

13.3.2 BETA AGONISTS ORAL

+albuterol tabs	+Proventil, Ventolin	\$
albuterol	Proventil Repetabs, Volmax ER	\$\$
+albuterol syrup	+Proventil, Ventolin	\$\$
+metaproterenol	+Metaprel, Alupent	\$\$
terbutaline	Brethine, Bricanyl	\$\$
+ephedrine	+Ephedrine	\$\$\$\$

13.3.3 BETA AGONISTS INHALERS

+albuterol for inhalation	+Proventil, Ventolin	\$
epinephrine	Epinephrine Mist	\$
+metaproterenol 5% soln for inhalation	+Metaprel, Alupent	\$
+metaproterenol soln 0.4%, 0.6% for inhalation	+Metaprel	\$

+ Use generic; brand name listed for reference only.
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APPENDIX A

albuterol	Ventolin Rotacaps	\$S
+albuterol soln	+Proventil, Ventolin	\$S
bitolterol	Tornalate	\$S
isoproterenol	Isuprel Mistometer	\$S
isoproterenol/ - phenylephrine	Duo-Medihaler	\$S
metaproterenol aerosol	Alupent	\$S
pirbuterol	Maxair	\$S
+isotharine	+Bronkosol	\$S\$
	Astm-a-med	
salmeterol	Serevent	\$S\$

13.3.4 INHALED CORTICOSTEROIDS

beclomethasone	Beclovent, Vancril	\$S
budesonide	Pulmicort	\$S
beclomethasone	Vaocril DS	\$S\$
fluticasone	Flovent	\$S\$
triamcinolone	Azmacort	\$S\$
dexamethasone	Dexacort Respiraler	\$S\$S
flunisolide	Aerobid, AeroBid M	\$S\$S\$

13.3.5 INTRANASAL STEROIDS

beclomethasone	Beconase AQ	\$S
	Vancenase AQ	
	Vancenase AQ DS	
beclomethasone pockethaler	Vancenase	\$S
budesonide	Rhinocort	\$S
flunisolide	Nasalide	\$S
fluticasone	Flonase	\$S
dexamethasone	Dexacort Turbinaire	\$S\$
triamcinolone	Nasacort	\$S\$
triamcinolone acetonide	Nasacort AQ	\$S\$

13.3.6 MISCELLANEOUS PULMONARY AGENTS

ipratropium/albuterol	Combivent	\$S
nedocromil	Tilade	\$S
zafirlukast	Accolate	\$S
atropine (inj)	Atropine Auto	\$S\$
cromolyn for inhalation	Intal, Nasalcrom	\$S\$
zileuton	Zyflo	\$S\$
ipratropium	Atrovent inhal	\$S\$S\$
+acetylcysteine	+Mucomyst	\$S\$S\$!!!!
dornase alpha	Pulmozyme	\$S\$S\$!!!!

14. UROLOGICALS**14.1 CHOLINERGIC STIMULANTS**

GENERIC NAME	BRAND NAME	REL. COST VALUE
+bethanechol	+Urecholine	\$

14.2 ANTICHOLINERGICS & ANTISPASMODICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+dicyclomine	+Bentyl	\$

+ Use generic; brand name listed for reference only.
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ahyoscyamine	Levsin, Levsinex,	\$
	Cystospaz	
+oxybutynin	+Ditropan	\$
+propantheline	+Pro-Banthine	\$
flavoxate	Urispas	\$S\$S\$

14.3 URINARY ANESTHETICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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+phenazopyridine	+Pyridium	\$
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14.4 MISCELLANEOUS UROLOGICALS

GENERIC NAME	BRAND NAME	REL. COST VALUE
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doxazosin	Cardura	\$S
methenamine/phenyl- salicylate/stropine/ hyoscyamine/benzoic acid/methylene blue	Urised	\$S
terazosin	Hytrin	\$S
finasteride	Proscar	\$S\$
citric acid/ d-gluconic acid	Renacidin	\$S\$S
pentosan polysulfate/ sodium	Elmiron	\$S\$S\$
alprostadil injection	Caverject	\$S\$S\$S!
alprostadil (supp)	Muse, Edex	\$S\$S\$S!!!

15. VITAMINS, HEMATINICS & ELECTROLYTES**15.1 VITAMINS & HEMATINICS**

GENERIC NAME	BRAND NAME	REL. COST VALUE
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+ADC vit w/fl	+Vitamins A, D, C with fluoride	\$
+ergocalciferol	+Deltalin, Calciferol	\$
ferrous fumarate	Feostat	\$
ferrous gluconate	Simron	\$
ferrous sulfate	Fer-in-Sol	\$
fluorides	Pediaflor Drops	\$
+folic acid	+Folvite	\$
+MVI w/fl	+Tri-Vi-Flor, +Poly-Vi-Flor	\$
MVL prenatal	Prenate Ultra, Materna	\$
nicotinic acid	Niacin	\$
polysaccharide iron complex	Hytinic	\$
+sod fluoride	+Luride	\$
+vitamin A	+Aquasol-A	\$
+vitamin B12	+Cyanocobalamin	\$
beta-carotene	Solatene	\$S
calcifediol	Calderol	\$S

+ Use generic; brand name listed for reference only.
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APPENDIX A

calcitriol	Rocaltol	\$S
cyanocobalamin	Nascobal	\$S
dihydroxycholesterol	Hytakerol	\$SSSS!
iron dextran	InFeD	\$SSSS!

15.2 COAGULATION THERAPY

GENERIC NAME	BRAND NAME	REL. COST VALUE
15.2.1 ANTICOAGULANTS		
anisindione	Miradon	\$
dicumarol	Dicumarol	\$
+warfarin	+Coumadin	\$

15.2.2 ANTIPLATELET DRUGS

+dipyridamole	+Persantine	\$
ticlopidine	Ticlid	\$SSS

15.2.3 HEPARIN

+heparin (inj)	+Heparin	\$SS
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15.2.4 VITAMIN K

phytonadione	Mephyton	\$SS
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15.2.5 HEMOSTATICS

aminocaproic acid	Amicar	\$S
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15.2.6 MISCELLANEOUS COAGULATION AGENTS

+pentoxifylline	+Trental	\$S
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15.3 ELECTROLYTES

GENERIC NAME	BRAND NAME	REL. COST VALUE
+effervescent potassium	+Klor-Con/EF	\$
+KCl 8 mEq. SR cap	+Micro-K 8 mEq	\$
+KCl 8 mEq. SR tab	+Slow K	\$
+KCl 10 mEq. SR cap	+Micro-K 10 mEq	\$
+KCl 10 mEq. SR tab	+Kaon Cl-10. K-Tab.	\$
	+K-Dur	
+KCl 10%, liquid	+Kacyel Elixir	\$
potassium citrate	Urocit-K	\$
+potassium gluconate	+Kaon	\$
liquid		
+powdered potassium	+K-Lor, Klor-Con	\$

15.4 MISCELLANEOUS VITAMINS, HEMATINICS & ELECTROLYTES

GENERIC NAME	BRAND NAME	REL. COST VALUE
ammonium chloride		\$
penicillamine	Cuprimine	\$SS
citrate salts	Polycitra-K	\$SSS
cellulose	Calcibind	\$SSSS!
+sodium polystyrene sulfonate	+Kayexalate	\$SSSS!
deferoxamine	Desferal	\$SSSS!!
succimer	Chemet	\$SSSS!!
dimercaprol	BAL in Oil	\$SSSS!!!!

* Use generic; brand name listed for reference only.

▲ Use in the elderly is associated with increased risk.

↓ Dosage reduction may be required in the elderly.

16. DIAGNOSTICS & MISCELLANEOUS

16.1 MISCELLANEOUS AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
+disulfiram	+Antabuse	\$
levocarnitine	Camitor	\$SSS
pilocarpine, oral	Salagen	\$SSS
midodrine	ProAmatine	\$SSSS!

16.2 SMOKING DETERRENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
bupropion	Zyban	\$SS
nicotine nasal spray	Nicotrol NS	\$SSSS
nicotine polacrilex	Nicorette gum, Nicorette DS	\$SSSS!

16.4 MISCELLANEOUS AGENTS

GENERIC NAME	BRAND NAME	REL. COST VALUE
alpha 1-proteinase inhibitor (human)	Prolastin	\$SSSS!!!!

16.6 IRRIGATION SOLUTIONS

GENERIC NAME	BRAND NAME	REL. COST VALUE
acetic acid	Acetic Acid Irrigation	\$SSSS!!!!

16.7 ENZYMES

GENERIC NAME	BRAND NAME	REL. COST VALUE
hyaluronidase (inj)	Wydase	\$SSSS!

16.9 LOCAL ANESTHETICS

GENERIC NAME	BRAND NAME	REL. COST VALUE
lidocaine (top)	Lidocaine	\$

* Use generic; brand name listed for reference only.

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↓ Dosage reduction may be required in the elderly.

APPENDIX A

INDEX

- A**
- acarbose, 17
- Accolate, 25
- Accu-Chek B1101, 18
- Accu-Chek Meter, 18
- Accupril, 12
- Accutane, 15
- ACE Inhibitors, 12
- acebutolol, 12
- Acetasol, 16
- Acetasol HC, 16
- acetazolamide, 22
- acetic acid, 16, 26
- Acetic Acid Irrigation, 26
- acetic acid w/HCl, 16
- acetic acid/al acetate, 16
- acetic acid/oxyquinoline
ricinoleic/glycerin, 21
- acetohexamide, 17
- acetoxyhydroxamic acid, 6
- acetophenazine, 10
- acetylcholine, 22
- acetylcysteine, 25
- Achromycin, 5
- Acti-Jel, 21
- Aclovate, 14
- acrivastine/
pseudoephedrine, 24
- Acthar, 17
- Actigall, 19
- Actimmune, 19
- Actinex, 16
- Acular, 22
- acyclovir, 6
- acyclovir ointment, 15
- Adalat, 12
- Adalat CC, 12
- adapalene, 15
- Adapin, 10
- ADC vit w/fl, 25
- Adioplast, 10
- Adjuvantive Agents, 7
- Adrenal Hormones, 17
- Adrenergic Antagonists &
Related Drugs, 12
- Adrenergics, 23
- Adrucil, 7
- Aerobid, 25
- AeroBid M, 25
- Aerolate, 24
- Aerosporin, 22
- Agents for
Pheochromocytoma, 12
- AK-Spor HC, 22
- AK-Taine, 23
- Akineton, 9
- AK-Nefrin, 22
- AK-Sulf, 22
- Albalon, 22
- albuterol, 24, 25
- albuterol for inhalation, 24
- albuterol soln, 25
- albuterol syrup, 24
- albuterol tabs, 24
- alclometasone
dipropionate 0.05%
cream, ointment, 14
- Aldactazide, 12
- Aldactone, 12
- Aldara, 16
- Aldomet, 12
- Aldoril, 13
- alendronate, 20
- Alesse, 20
- Alferon N, 19
- alglucerase (inj), 17
- Alkeran, 7
- Alkylating Agents, 7
- Allegra, 23
- allopurinol, 20
- all-trans retinoic acid,
tretinoin, 7
- Alomide, 23
- Alora, 21
- alpha 2a (inj), 19
- alpha 2b (inj), 19
- alpha 1-proteinase inhibitor
(human), 26
- alpha n3 (inj), 19
- Alphagan, 23
- alprazolam, 11
- alprostadil (supp), 25
- alprostadil injection, 25
- Altace, 12
- altretamine, 7
- aluminum chloride, 16
- Alupent, 24, 25
- amantadine, 6, 9
- Amaryl, 17
- ambenonium, 10
- Ambien, 10
- amcinonide .1% cream,
lotion, ointment, 13
- Amicar, 11, 26
- amilofide, 12
- amilofide/HCTZ, 12
- aminocaproic acid, 11, 26
- aminoglutethimide, 17
- Aminoglycosides, 7
- aminophylline, 24
- aminosalicylic acid, 7
- amiodarone, 11
- amitriptyline, 10
- amlodipine, 12
- ammonium chloride, 26
- amobarbital/
secobarbital, 11
- amoxapine, 10
- amoxicillin, 5
- amoxicillin/clavulanate, 5
- Amoxil, 5
- Amp 2, 21
- amphetamines, 10
- ampho B oral susp, 6
- amphotericin B, 15
- ampicillin, 5
- Anafranil, 10
- Anaprox, 8, 19
- Anaprox DS, 8, 19
- anastrozole, 7
- Ancobon, 6
- Androderm, 17
- Androgens, 7, 17
- Androgens, Estrogens,
Hormones & Related
Drugs, 7
- Android, 17
- Angiotensin II Receptor
Blockers, 13
- anisindione, 11, 26
- Ansaid, 8, 19
- Anspor, 5
- Antabuse, 26
- anthralin, 16
- Antiandrogens, 7
- Antiarrhythmic Agents, 11
- Antibiotics, 22
- Anticholinergics &
Antispasmodics, 25
- Anticoagulants, 11, 26
- Anticonvulsants, 9
- Antidepressant Agents, 10
- Antidiarrheals, 18
- Antidiarrheals &
Antispasmodics, 18
- Antiemetics, 19
- Antiestrogens, 7
- Antifungal Agents, 6
- Antihistamine & Anti-
allergic Agents, 23
- Antihistamines, 23
- Antihypertensive
Therapy, 12
- Anti-Infectives, 5
- Antimalarials, 7
- Antimetabolites, 7
- Antimith, 6
- Antimycobacterials, 7
- Antineoplastics &
Immunosuppressant
Drugs, 7
- Antiparasitics, 6
- Antiparkinsonism
Agents, 9
- Antiplatelet Drugs, 11, 26
- Antipsoriatic/
Antiseborrheic, 16
- Antipsychotics, 10
- antipyrine/benzocaine, 16
- Antispasmodics, 18
- Antithyroid Agents, 17
- Antitussive
combinations, 23
- Antivert, 9, 19
- Antivertigo & Antiemetic
Drugs, 9
- Antivirals, 6, 23
- Anusol HC, 14
- Anxiolytics, 11
- apap/butalbital, 8
- apap/butalbital/
caffeine, 8, 9
- apap/codeine, 8
- apap/oxydione capsule, 8
- apap/oxydione tablet, 8
- APL, 21
- apraclonidine, 23
- Apresazide, 13
- Apresoline, 12
- Aquachloral, 10
- Aquasol-A, 25
- Aquatensin, 12
- Aralen, 7
- Aralen/Primaquine, 7
- Aricept, 9
- Arimidex, 7
- Aristocort, 14, 17, 20, 23
- Arm-a-med, 25
- Artane, 9
- Arthropan, 8, 20
- artificial tear insert, 23
- asa/butalbital/caffeine, 8, 9
- asa/butalbital/caffeine/
codeine, 8
- asa/carisoprodol/
codeine, 10
- asa/codeine, 8
- asa/dihydrocodeine, 8
- asa/orphenadrine, 10
- asa sustained release, 8, 20
- asa w oxycodeine, 8
- Asacol, 19
- Asendin, 10
- Astelin, 23
- Atabrine, 7
- Atarax, 23
- atenolol, 12
- Ativan, 11
- atorvastatin, 13
- atovaquone, 6
- Atropine Auto, 25
- atropine (inj), 25
- atropine sulfate, 22
- Atropine Sulfate
S.O.P., 22
- atropine w/phenobarbital/
scopolamine/
hyoscyamine, 18
- Atrovent inhal, 25
- Atrovent Nasal Spray, 16
- AT/S, 15
- Augmentin, 5
- Auralgan, 16
- auranofin, 20
- Aureomycin, 22
- aurothioglucose, 20
- Autonomic & CNS Drugs,
Neurology & Psych, 8
- AVC, 21
- Aventyl, 10
- Avonex, 19
- Axid, 18
- Axotal, 8
- Aygestin, 21
- azatadine, 23
- azatadine/
pseudoephedrine, 24
- azathioprine, 7, 20
- azelaic acid, 15
- azelastine, 23
- Azelex, 15
- azithromycin, 5
- Azmecort, 25
- AZT, 6
- Azulfidine, 5, 19, 20

APPENDIX A

B

B&O Supperties, 8
 Baciguent, 15
 bacitracin, 15, 22
 Bacitracin, 22
 bacitracin/neosporin/
 polymyxin B/HC, 22
 baclofen, 10, 20
 Bactrim, 5
 Bactrim DS, 5
 Bactroban, 15
 BAL in Oil, 26
 Banacap HC, 8
 Barbitidonna, 18
 Barbiturates, 11
 BD Ass't Syrin, 18
 BD Ins Syr 30G, 18
 BD Syringes 28, 18
 BD Syringes 29, 18
 beclomethasone, 16, 25
 beclomethasone
 pockethaler, 16, 25
 Beclivent, 25
 Beconase AQ, 16, 25
 Beepen-VK, 5
 Benadryl, 9, 23
 benzapril, 12
 benazepril/amlodipine, 13
 benazepril/HCTZ, 13
 bendroflumethiazide, 12
 Benemid, 20
 Benoquin, 16
 Benty, 18, 25
 Benzac, 15
 Benzamycin 23, 15
 Benzamycin 46, 15
 benzonatate, 24
 benzoyl peroxide, 15
 benzoyl peroxide, 15
 benzoyl peroxide gel, 15
 benzoyl peroxide/
 erythromycin, 15
 benzoyl peroxide/sulfa, 15
 benzphetamine, 10
 benzthiazide, 12
 benztropine, 9
 Benzyl Benzoate, 16
 benzyl benzoate lotion, 16
 bepidil, 12
 beta 1a (inj), 19
 beta 1b (inj), 19
 Beta Agonists Inhalers, 24
 Beta Agonists Oral, 24
 Beta Blockers, 12, 21
 beta-carotene, 25
 Betagan, 21
 betamethasone, 14, 17, 20,
 23
 betamethasone dipropio-
 nate .05% (augmented)
 gel, ointment, cream, 13
 betamethasone dipropio-
 nate .05% ointment, 13
 betamethasone dipropio-
 nate .1% aerosol, 14
 betamethasone dipropio-
 nate 0.05% cream,
 lotion, 14

betamethasone dipropio-
 nate 0.05% lotion, 14
 betamethasone dipropio-
 nate 0.5% (augmented)
 cream, 13
 betamethasone valerate
 0.01% cream, 14
 betamethasone valerate
 0.1% cream, 14
 betamethasone valerate
 0.1% lotion, 14
 betamethasone valerate
 0.1% ointment, 14
 Betapace, 11
 Betaseron, 19
 betaxolol, 12, 21
 bethanechol, 25
 Betimol, 21
 Betoptic, 21
 Betoptic S, 21
 Biaxin, 5
 bicalutamide, 7
 Bile Acids, 19
 Biltricide, 6
 Bio-Tab, 5
 Biotechnology Drugs, 19
 biperiden, 9
 bismuth/metronidazole/
 tetracycline, 18
 bisoprolol, 12
 bisoprolol/HCTZ, 13
 bitolterol, 25
 Bleph-10, 22
 Blephamide, 23
 Blocadren, 12
 Blood Glucose Monitoring
 Meters, 18
 Blood Glucose Monitoring
 Strips, 18
 blood glucose test
 strips, 18
 Bowel Evacuants, 19
 BPO/Sulfur, 15
 Brethine, 21, 24
 Breviceon, 20
 Bricanyl, 21, 24
 bromidone, 23
 Brominate DC, 24
 Bromfed Caps, 24
 bromocriptine mesylate, 9
 brompheniramine/
 codeine/phenyl-
 propanolamine, 24
 brompheniramine/dextro-
 methorphan/phenyl-
 propanolamine, 24
 brompheniramine/
 pseudoephedrine, 24
 brompheniramine/pseudo-
 ephedrine/dextro-
 methorphan, 23
 Bronkodyl, 24
 Bronkosol, 25
 Bucladin-S, 9
 buclizine, 9
 budesonide, 16, 25
 bumetanide, 12
 Bumex, 12

Buprenex, 8
 buprenorphine (inj), 8
 bupropion, 10, 26
 Burn Therapy, 15
 BuSpar, 11
 buspirone, 11
 busulfan, 7
 butacozazole, 21
 butalbital/apap, 9
 Butazolidin, 19
 butorphanol (inj), 8
 butorphanol NS, 8
 Butyrophonones, 10

C

cabergoline, 17
 Cafergot, 9
 Calan, 12
 Calan SR, 12
 Calcibind, 26
 calcifediol, 17, 25
 Calciferol, 25
 calcipotriene, 16
 calcitonin-salmon (inj), 17
 calcitonin-salmon nasal
 spray, 17, 20
 calcitriol, 17, 26
 Calcium Channel
 Blockers, 12
 Calderol, 17, 25
 Capitol, 16
 Capoten, 12
 Capozide, 13
 captopril, 12
 captopril/HCTZ, 13
 Carafate, 18
 Carbacephems, 5
 carbachol, 22
 carbamazepine, 9
 carbenicillin, 5
 carbidopa-levodopa, 9
 carbidopa-levodopa CR, 9
 carbinoxamine, 23
 Cardene, 12
 Cardene SR, 12
 Cardiac Glycosides, 11
 Cardioquin, 11
 Cardiovascular, Hyper-
 tension & Lipids, 11
 Cardizem, 12
 Cardizem CD, 12
 Cardizem SR, 12
 Cardura, 12, 25
 carisoprodol, 10, 20
 Carnitor, 26
 carteolol, 12
 Cartrol, 12
 carvedilol, 12
 Casodex, 7
 Cataflam, 8, 19
 Catapres, 12
 Catapres-TTS, 12
 Catarase, 23
 Caverject, 25
 Ceclor, 5
 CeeNU, 7
 cefaclor, 5
 cefadroxil, 5
 cefixime, 5
 cefpodoxime, 5
 cefprozil, 5
 Cefzin, 5
 cefuroxime axetil, 5
 Cefzil, 5
 Celestone, 17, 20, 23
 CellCept, 7
 cellulose, 26
 Celonin, 9
 cephalixin, 5
 Cephalosporins, 5
 cephradine, 5
 Ceredase, 17
 Cerumenex, 16
 cetirizine, 23
 Chardonna, 18
 Chemet, 26
 Chemstrip BG
 (test strip), 18
 Chemstrip K
 (test strip), 18
 Chenix, 19
 chenodiol, 19
 Chibroxin, 22
 Children's Advil, 8, 19
 Children's Motrin, 8, 19
 chloral hydrate, 10
 chlorambucil, 7
 chloramphenicol, 6, 15,
 16, 22
 chlordiazepoxide, 11
 chlordiazepoxide/
 amitriptyline, 10
 chlordiazepoxide/
 clidinium, 18
 chlorhexidine, 16
 Chloromycetin, 6, 15
 Chloromycetin Otic, 16
 Chloroptic S.O.P., 22
 chloroquine, 7
 chloroquine/primaquine, 7
 chloroquinisene, 7, 21
 chlorphenesin, 20
 chlorpheniramine/
 phenylephrine/
 hydrocodone, 24
 chlorpheniramine/phenyl-
 propanolamine/
 methscopolamine, 24
 chlorpheniramine/
 phenyltoloxamine/
 phenylephrine/phenyl-
 propanolamine, 24
 chlorpromazine, 10
 chlorpromamide, 17
 chlortetracycline, 22
 chlorthalidone, 12
 chlorzoxazone, 10, 20
 Cholelodyl, 24
 cholestyramine, 13
 choline magnesium
 salicylate, 8, 20
 Cholinergic Stimulants, 25
 Cholinesterase Inhibitor
 Miotics, 21
 Choloxin, 13

APPENDIX A

chorionic gonadotropin
(inj), 17, 21

chymotrypsin, 23

ciclopriox, 15

Ciloxan, 22

cimetidine, 18

Cipro, 5

ciprofloxacin, 5, 22

cisapride, 19

citrate salts, 26

citric acid/

d-gluconic acid, 25

clarithromycin, 5

Claritin, 23

Claritin D, 24

Claritin Reditabs, 23

clomastine 2.68, 23

clomastine syrup, 23

Cleocin HCl, 6

Cleocin T, 15

Cleocin Vag, 21

clidinium, 18

Climara, 21

clindamycin, 6, 21

clindamycin topical, 15

Clinoril, 8, 19

clioquinol, 15

Clistin, 23

clobetasol .05% cream,

lotion, ointment, 13

clotocortolone pivalate 0.1%

cream, 14

Cloderm, 14

clofazimine, 7

Clomid, 17, 21

clomiphene, 17, 21

clomipramine, 10

clonazepam, 9

clonidine, 12

clonidine transdermal, 12

clonidine/

chlorthalidone, 13

clorazepate, 11

cloroxine, 16

clotrimazole, 6, 15, 21

clotrimazole/

betamethasone, 15

clozapine, 10

Clozaril, 10

Coagulation

Therapy, 11, 26

Codamine, 24

codeine, 8, 24

Codeine, 8

Codeine Phosphate

Soln, 24

codeine/guaifenesin, 24

codeine/phenylephrine/

promethazine, 24

Cogentin, 9

Cognex, 9

Col Benemid, 20

colchicine, 20

Colestid, 13

colestipol, 13

collagenase, 16

Collagenase Santyl, 16

Colyte, 19

Combination

Anticholinergics, 18

Combination Narcotic/

Analgesics, 8

Combipres, 13

Combivent, 25

Compazine, 9, 19

Condylox, 16

conj estrogen vaginal

cream, 21

conjugated estrogens, 21

conjugated estrogens/

medroxyprogesterone, 21

Constulose, 19

Copaxone, 9

Cordarone, 11

Cordran, 14

Cordran SP, 14

Cordran Tape Patch, 14

Coreg, 12

Corgard, 12

Cortef, 17, 20, 23

Corteneria, 19

Corticosteroids, 20, 23

corticotropin, 17

Cortifoam, 19

Cortisporin, 16, 23

Corzide, 13

Cough & Cold

Therapy, 23

Coumadin, 11, 26

Covera-HS, 12

Cozaar, 13

Creon, 19

Crinone, 21

Crixivan, 6

Crochol, 23

cromolyn, 23

cromolyn for

inhalation, 25

cromolyn nasal, 16

cromolyn oral, 19

crotamiton, 16

Cuprimine, 20, 26

Cutivate, 14

cyanocobalamin, 26

Cyanocobalamin, 25

cyclobenzaprine, 10, 20

Cyclocort, 13

Cyclogyl, 22

cyclopentolate, 22

cyclophosphamide, 7

Cycloplegic

Mydriatics, 22

cycloserine, 7

cyclosporine, 7

cyclosporine

microemulsion, 7

Cylert, 10

cyproheptadine, 23

cytarabine, 7

Cytomel, 17

Cytosar-U, 7

Cytospar, 25

Cytotec, 18

Cytovene, 6

Cytosar, 7

Cytadren, 17

D

Dalmane, 10

danazol, 17

Danocrine, 17

Dantrium, 10, 20

dantrolene, 10, 20

dapsone, 6

Dapsone, 6

Daramide, 22

Daraprim, 7

Darvocet N-100, 8

Darvon, 8

Darvon Cpd-65, 8

Daypro, 8, 19

DDAVP, 17

DDAVP Soln/Spray, 17

ddC, 6

ddl, 6

Debrisan, 16

Deca-Durabolin, 17

Decadron, 17, 20, 22, 23

Decaspray, 14

Declomycin, 5

Deconamine CX, 24

Deconamine SR, 24

Decongestant/

Antihistamines, 24

deferoxamine, 26

delavirdine, 6

Delhistine DM, 24

Deltalin, 25

Deltasone, 17, 20, 23

Demadex, 12

demecarium, 22

demeclocycline, 5

Demerol, 8

Demser, 12

Demulen, 20

Denavir, 15

Depakene, 9

Depakote, 9

Deponit, 11

Depo-Provera, 7, 21

Deprol, 10

Dermacort, 14

Dermatologicals/

Topical Therapy, 13

Dermatop Emollient, 14

deserpidine/HCTZ, 12

deserpidine/

methyclothiazide, 12

Desferal, 26

desiccated thyroid, 17

desipramine, 10

desmopressin soln/

spray, 17

desmopressin tabs, 17

Desogen, 20

desogestrel/

ethinyl estradiol, 20

desonide 0.05% cream,

ointment, lotion, 14

Desonide cream, 14

DesOwen, 14

desoximetasone 0.05%

cream, 14

desoximetasone 0.05%

gel, 13

desoximetasone 0.25%

cream, ointment, 13

Desoxyn, 10

Desquam-X, 15

Desyrel, 10

Dexacidin, 23

Dexacort Respighaler, 25

Dexacort

Turbinaire, 16, 25

dexamethasone, 16, 17,

20, 22, 23, 25

dexamethasone 0.04 %

acrosol, 14

dexchlorpheniramine, 23

Dexedrine, 10

dextranomer, 16

dextromethorphan/

guaifenesin, 23

dextrothyroxine, 14

DHC Plus, 8

D.H.E.45, 9

DHT, 17

DiaBeta, 17

Diabetes Therapy, 17

Diabinese, 17

Diagnostics &

Miscellaneous, 26

Diamox, 22

Diapid, 17

Diastat, 9

diazepam, 10, 11, 20

diazepam gel, 9

Dibenzylamine, 12

dichlorophenamide, 22

diclofenac, 8, 19, 22

diclofenac

potassium, 8, 19

dicloxacillin, 5

dicumarol, 11, 26

Dicumarol, 11, 26

dicyclomine, 18, 25

didanosine (ddl), 6

Didrex, 10

Didronel, 17

dienestrol cream, 21

diethylcarbamazine, 6

diethylpropion, 10

Differin, 15

diflorasone .05%

cream, 13

diflorasone .05%

ointment, 13

Diflucan, 6, 21

diflunisal, 8, 20

Digestive Enzymes, 19

digoxin, 11

dihydroergotamine (inj), 9

dihydrotyrosol, 17, 26

dihydroxyacetone, 16

Dilacor XR, 12

Dilantin, 9

Dilatrate-SR, 11

Dilaudid, 8

diltiazem, 12

diltiazem CD, 12

diltiazem SR, 12

dimercaprol, 26

Diovan, 13

APPENDIX A

Dipentum, 19
 diphenhydramine, 9, 23
 diphenoxylate/atropine, 18
 dipivefrin, 22, 23
 Diprolene, 13, 14
 Diprolene AF, 13
 Diprosone, 13, 14
 Diprosone Aerosol, 14
 dipyrindamole, 11, 26
 Direct Acting Mitotics, 22
 dirithromycin, 5
 disopyramide, 11
 disopyramide CR, 11
 disulfiram, 26
 Ditropan, 10, 20, 25
 Diupres, 13
 divalproex sodium, 9
 Dolobid, 8, 20
 Dolophine, 8
 Domeboro Otic, 16
 donepezil, 9
 Donnatal, 18
 Dopar, 9
 Doral, 10
 dornase alpha, 25
 dorzolamide, 22
 Dostinex, 17
 Dovonex, 16
 doxazosin, 12, 25
 doxepin, 10, 14, 16
 doxycycline, 5
 Dritho-scalp, 16
 Dritho-cream, 16
 dronabinol, 9
 Drugs to Treat Infertility/
 IVF Agents, 21
 Drysol, 16
 Duaducin, 24
 Duo-Medihaler, 25
 Duragesic, 8
 Duralutin, 21
 Duratuss, 24
 Duricef, 5
 Dyazide, 12
 Dyclone, 14
 dyclonine, 14
 Dymelor, 17
 Dynabac, 5
 Dynacin, 5
 DynaCirc, 12
 DynaCirc CR, 12
 Dynapen, 5
 Dyreium, 12

E
 Ear, Nose & Throat
 Medications, 16
 echothiophate, 21, 22
 econazole, 15
 Edocrin, 12
 Edex, 25
 EES, 5
 EES w/sulf, 5
 effervescent potassium, 26
 Effexor, 10
 Efudex, 16
 Elase, 16
 Elavil, 10

Eldepryl, 9
 Eldopaque Forte, 16
 Eldoquin Forte, 16
 electrolyte solution, 19
 Electrolytes, 26
 Elimite, 16
 Elixophyllin, 24
 Elmiron, 25
 Elocon, 14
 Elocon ointment, 13
 Emcyt, 7
 Emgel, 15
 EMLA, 14
 Empirin/codeine, 8
 E-Mycin, 5
 enalapril, 12
 enalapril/diltiazem, 13
 enalapril/felodipine
 extended release, 13
 enalapril/HCTZ, 13
 Endep, 10
 Endocrine/Diabetes, 17
 Enduron, 12
 Enduronyl, 12
 enoxacin, 5
 enoxaparin (inj), 11
 Entex, 24
 Entex LA, 24
 Enulose, 19
 enzymes, 26
 ephedrine, 24
 Ephedrine, 24
 EpiPen, 23
 epinephrine, 23
 epinephrine (inj), 23
 epinephrine borate, 23
 epinephrine HCl, 23
 Epinephrine Mist, 24
 epinephrine/
 pilocarpine, 22
 EpiPen, 23
 EpiPen Jr., 23
 Epivir, 6
 Epogen, 7, 19
 Eppy/N, 23
 Equanil, 10
 Ergamisol, 7
 ergocalciferol, 25
 ergoloid mesylates, 9
 Ergomar, 9
 Ergostat, 9
 ergotamine, 9
 ergotamine/cafeine, 9
 ERYC, 5
 Erycette, 15
 EryDerm, 15
 Erygel, 15
 EryPED, 5
 Ery-Tab, 5
 Erythrocin, 5
 Erythroid Stimulants, 19
 erythromycin, 22
 erythromycin base,
 delayed release, 5
 erythromycin base, film &
 enteric coated tabs, 5
 erythromycin estolate, 5

erythromycin
 ethylsuccinate, 5
 erythromycin gel, 15
 erythromycin plectetes, 15
 erythromycin polymer
 coated, 5
 erythromycin stearate, 5
 erythromycin T soln, 15
 Erythromycin & Other
 Macrolides, 5
 erythropoietin (inj), 7, 19
 Esigic, 8, 9
 Esidrix, 12
 Eskalith, 10
 estazolam, 10
 esterified estrogens, 21
 esterified estrogens/
 methyltestosterone, 21
 Estinyl, 21
 Estrace, 21
 Estraderm, 21
 estradiol, 21
 estradiol transdermal, 21
 estradiol vaginal ring, 21
 estramustine, 7
 Estratab, 21
 Estratest, 21
 Estring, 21
 Estrogen
 Combinations, 21
 Estrogens, 7, 21
 Estrogens &
 Progestins, 21
 estropipate, 21
 Estrostep FE, 20
 Estrovis, 21
 ethacrynic acid, 12
 ethambutol, 7
 ethinyl estradiol, 21
 ethinyl estradiol/
 norethindrone, 20
 ethinyl estradiol/
 ethynodiol, 20
 ethinyl estradiol/
 norethindrone, 20
 ethionamide, 7
 Ethmozine, 11
 ethosuximide, 9
 ethotoin, 9
 etidronate, 17
 etodolac, 8, 19
 etoposide, 7
 Eulexin, 7
 Eurax, 16
 Exactech, 18
 Exacitec Meter, 18
 Exgest LA, 24
 Exna, 12
 Expectorant
 Combinations, 24
 Extendryl SR, 24
 Eye-Sed, 22

F
 fanciclovir, 6
 famotidine, 18
 Famvir, 6
 Fansidar, 7

Fastin, 10
 felbamate, 9
 Felbatol, 9
 Feldene, 8, 19
 felodipine, 12
 Femara, 7
 FemPatch, 21
 Femstat, 21
 fenoprofen, 8, 19
 fentanyl lozenges, 8
 Fentanyl Oralet, 8
 fentanyl transdermal, 8
 Feostat, 25
 Fer-in-Sol, 25
 ferrous fumarate, 25
 ferrous gluconate, 25
 ferrous sulfate, 25
 Fertinex, 17, 21
 fexofenadine, 23
 fibrinolysin, 16
 filgrastim (G-CSF) (inj), 7
 filgrastim (inj), 19
 finasteride, 17, 25
 Fioricet, 8, 9
 Fiorigen PF, 8, 9
 Fiorinal, 8, 9
 Fiorinal w/Codeine, 8
 Flagyl, 6
 flavoxate, 25
 flecainide, 11
 Flexeril, 10, 20
 Flomax, 12
 Flonase, 16, 25
 Florinef, 17
 Florone, 13
 Flovent, 25
 Floxin, 5
 floxuridine, 7
 flucinonide, 17
 Flucinonide, 17
 fluconazole, 6
 fluconazole oral, 21
 flucytosine, 6
 Fludara, 7
 fludarabine, 7
 fludrocortisone, 17
 Flumadine, 6
 flunisolide, 16, 25
 fluocinolone acetonide
 0.01% cream, soln, 14
 fluocinolone acetonide
 0.025% cream, 14
 fluocinolone acetonide
 0.025% ointment, 14
 fluocinonide .05% gel,
 ointment soln, 13
 fluocinonide 0.05%
 cream, 14
 fluorides, 25
 fluorometholone, 22
 Fluoroplex, 16
 fluorouracil, 7, 16
 fluoxetine, 10
 fluoxymesterone, 7, 17
 fluphenazine, 10
 flurandrenolide .05%
 lotion, ointment, 14

APPENDIX A

- flurandrenolide 0.05% cream, 14
flurandrenolide tape, 14
flurazepam, 10
flurbiprofen, 8, 19, 22
flutamide, 7
fluticasone, 16, 25
fluticasone propionate 0.005% ointment, 14
fluticasone propionate 0.05% cream, 14
fluvastatin, 13
fluvoxamine, 10
FML, 22
FML Forte, 22
FML SOP, 22
folic acid, 25
folinic acid, 7
Folvite, 25
Fosamax, 20
fosinopril, 12
FUDR, 7
Fulvicin P/G, 6
Fulvicin U/F, 6
Fungizone, 6, 15
Furacin, 16
Furadantin, 6
furazolidone, 6
furosemide, 12
Furozone, 6
- G**
gabapentin, 9
gamma 1b (inj), 19
ganciclovir, 6
Gantanol, 5
Gantrisin, 5, 22
Garamycin, 15, 22
Gastrocrom, 19
Gastroenterology, 18
Gastroed, 18
G-CSF, 7
gemfibrozil, 13
Genora 1/35, 20
Genotropin, 19
Gentacidin, 22
gentamicin, 22
gentamicin cream, oint, 15
Gen-Xene, 11
Geocillin, 5
Gesterol 50, 21
glatiramer (inj), 9
glimepiride, 17
glipizide, 17
glipizide ER, 17
Glucagon (inj), 17
Glucagon Emergency Kit, 17
Glucagon for Inj, 17
Glucofilm, 18
Glucometer ELI, 18
Glucometer ENC, 18
Glucometer II, 18
Glucophage, 17
Glucoscan, 18
Glucose Elevating Agents, 17
Glucostix, 18
- Glucotrol, 17
Glucotrol XL, 17
glyburide, 17
glycopyrrolate, 18
Glynase, 17
GM-CSF, 7
GoLYTELY, 19
Gonadotropin & Related Agents, 17
Gout Therapy, 20
granisetron, 9, 19
Granulex, 15
Grifulvin V, 6
Grisactin, 6
Grisactin Ultra, 6
griseofulvin, 6
Gris-PEG, 6
Growth Hormones, 19
Guaifed, 24
guaifenesin, 24
guaifenesin/phenylpropanolamine, 24
Guaifenesin DM, 24
guanabenz, 12
guanadrel, 12
guanethidine, 12
guanfacine, 12
Gyrocaps, 24
- H**
H, Antagonists, 18
halcinonide 0.025% cream, 13
halcinonide 0.1% cream, soln, 13
halcinonide 0.1% ointment, 14
Halcion, 10
Haldol, 10
Haldrone, 17, 20
halobetasol 0.05% cream, ointment, 13
Halog, 13, 14
haloperidol, 10
Halotestin, 7, 17
HCA in Orabase, 16
Headache Therapy, 9
Helidac, 18
Hemorrhoidal HC, 19
Hemostatics, 11, 26
Heparin, 11, 26
heparin (inj), 11, 26
Herplex, 23
Heurazan, 6
hexachlorophene, 16
Hexalen, 7
Hiprex, 6
Histinex HC, 24
Histussin D, 24
Histussin HC, 24
HIV/AIDS Therapy, 6
HIVID, 6
HMS, 22
homatropine, 22
homatropine/hydrocodone, 24
Hormones, 7
Humalog, 17
- Humatin, 6
Humatrope, 19
Humegon, 17, 21
Humibid DM, 24
Humibid LA, 24
Humorsol, 22
Humulin, 17
hyaluronidase (inj), 26
Hycodan, 24
Hycomine, 24
Hycomine Pediatric, 24
Hydergine LC, 9
hydralazine, 12
hydralazine/HCTZ, 13
hydralazine/reserpine/HCTZ, 13
Hydrea, 7
hydrochlorothiazide, 12
hydrocodone, 8
hydrocodone/apap, 8
hydrocodone/chlorpheniramine, 24
hydrocodone/phenylpropanolamine, 24
hydrocodone/pseudoephedrine/guaifenesin, 24
hydrocortisone, 16, 17, 20, 23
hydrocortisone 1%, 19
hydrocortisone 2.5% cream, ointment, 14
hydrocortisone 2.5% lotion, 14
hydrocortisone acetate, 19
hydrocortisone buteprate 0.1%, 14
hydrocortisone butyrate 0.1% cream, ointment, soln, 14
hydrocortisone enema, 19
hydrocortisone foam, 19
hydrocortisone suppos, cream, 14
hydrocortisone valerate 0.2% cream, 14
hydrocortisone valerate 0.2% ointment, 14
Hydrocortone, 17, 20, 23
HydroDIURIL, 12
Hydromet, 24
hydromorphone, 8
Hydropres, 13
hydroquinone, 16
hydroquinone/sunscreens, 16
hydroxychloroquine sulfadoxine/pyrimethamine, 7
hydroxyprogesterone, 21
hydroxyurea, 7
hydroxyzine HCl, 23
hydroxyzine pamoate, 23
Hygroton, 12
Hylarel, 12
hyoscyamine, 25
hyoscyamine caps, 18
hyoscyamine oral, 18
- hyoscyamine SL, 18
Hypnotic Agents, 10
Hytakerol, 17, 26
Hytinic, 25
Hytone, 14
Hyturin, 12, 25
Hyzaar, 13
- I**
ibuprofen, 8, 19
ibuprofen suspension, 8, 19
idoxuridine, 23
Ilosone, 5
Ilotycin, 22
Imdur, 11
imipramine, 10
imiquimod, 16
Imitrex, 9
Immunosuppressant Drugs, 7
Imuran, 7, 20
indapamide, 12
Inderal, 12
Inderal LA, 12
Inderide, 13
indinavir, 6
Indocin, 8, 19
Indocin SR, 8, 19
indomethacin, 8, 19
indomethacin SR, 8, 19
InFeD, 26
Inflamase, 22
Inflamase Forte, 22
INH, 7
INH/B6, 7
INH/rifampin, 7
INH/rifampin/PZA, 7
Inhaled Corticosteroids, 25
insulin (beef/pork) (inj), 17
insulin (human) (inj), 17
insulin Lispro (inj), 17
Insulin Syringes, 18
Insulin Therapy, 17
Intal, 25
Interferons, 19
Intranasal Steroids, 16, 25
Intron A, 19
Invirase, 6
iodine, 16
Iodine, 16
iodochlorhydroxyquin, 15
iodoquinol, 16
iodoquinol, 6
Ionamin, 10
Iopidine, 23
ipratropium, 16, 25
ipratropium/albuterol, 25
iron dextran, 26
Irrigation Solutions, 26
Ismelin, 12
Ismo, 11
isoetharine, 25
isometheptene/dichloralphenazone/apap, 9

APPENDIX A

isoniazid, 7
isoproterenol, 25
isoproterenol/
phenylephrine, 25
Isoptin, 12
Isoptin SR, 12
Isopto Atropine, 22
Isopto Carbachol, 22
Isopto Eserine, 22
Isopto Homatropine, 22
Isopto Hyoscine, 22
Isordil, 11
Isordil Tembids, 11
isosorbide dinitrate, 11
isosorbide dinitrate SR, 11
isosorbide mononitrate, 11
isotretinoin, 15
isoxsuprine, 21
isradipine, 12
isradipine controlled
release, 12
Isuprel Mistometer, 25
itraconazole, 6
itraconazole soln, 6
ivermectin, 6

J

Jenest, 20

K

Kaodene w/Paregoric, 18
Kaon, 26
Kaon CI-10, 26
Kayciel Elixir, 26
Kayexalate, 26
KCl 10 mEq, SR cap, 26
KCl 10 mEq, SR tab, 26
KCl 10%, liquid, 26
KCl 8 mEq, SR cap, 26
KCl 8 mEq, SR tab, 26
K-Dur, 26
Keflex, 5
Kefab, 5
Kemadrin, 9
Kenalog, 14
Kenalog in Orabase, 16
Keralyt, 15
Keratolytics, 15
Kerlone, 12
ketoconazole cream, 15
ketoconazole shampoo, 15
ketoprofen, 8, 19
ketoprofen SR, 8, 19
ketorolac, 8, 19, 22
ketorolac (inj), 8, 19
Klaron, 15
Klonopin, 9
K-Lor, 26
Klor-Con, 26
Klor-Con/EF, 26
K-Tab, 26
Kwell, 16
Kynril, 9, 19

L

labetalol, 12
Lac-Hydrin, 16

Lacrisert, 23
lactic acid, 16
lactulose, 19
Lamictal, 9
Lamisil, 6, 15
lamivudine, 6
lamotrigine, 9
Lamprene, 7
Lancets, 18
Lancets BD Ult, 18
Lancets Monolo, 18
Lanoxicaps, 11
Lanoxin, 11
lansoprazole, 18
Lariam, 7
Larodopa, 9
Lasix, 12
latanoprost, 22
Lescol, 13
letrozole, 7
Leucovorin Cal, 7
Leukeran, 7
Leukine, 7, 19
leuprolide (inj), 7, 21
levamisole, 7
Levaquin, 5
Levbid, 18
Levlea, 20
Levo Dromoran, 8
levobunolol, 21
levocabastine, 23
levocarnitine, 26
levodopa, 9
levofloxacin, 5
levomethadyl, 8
levonorgestrel/ethinyl
estradiol, 20
Levora, 20
levorphanol, 8
levthyroxine, 17
Levoxine, 17
Levsin, 18, 25
Levsinex, 18, 25
Lexxel, 13
Librax, 18
Librium, 11
Lidex, 13, 14
Lidex E, 14
lidocaine, 14, 26
lidocaine (top), 26
lidocaine viscous, 16
Lilly Iletin, 17
Limbitrol, 10
lindane, 16
Lioresal, 10, 20
liothyronine, 17
liorix, 17
Lipid/Cholesterol
Lowering Agents, 13
Lipitor, 13
Liquid Pred, 17, 20, 23
lisinopril, 12
lisinopril/HCTZ, 13
lithium carb (capsule), 10
lithium carb (tablet), 10
lithium citrate, 10
Lithonate, 10
Lithostat, 6

Lithotabs, 10
Livostin, 23
Local Anesthetics, 26
Locoid, 14
Lodine, 8, 19
Iodoxamide, 23
Loestrin, 20
Logen, 18
lomefloxacin, 5
Lomotil, 18
lomustine, 7
Long Acting Nitrates, 11
Loniten, 12
Lo/Oval, 20
Lopid, 13
Lopressor, 12
Lopressor HCT, 13
Loprox, 15
Lorabid, 5
loracarbef, 5
lorazepam, 23
lorazepam/
pseudophedrine, 24
lorazepam, 11
Lortab, 8
losartan, 13
losartan/HCTZ, 13
Lotensin, 12
Lotensin HCT, 13
Lotrel, 13
Lotrisone, 15
lovastatin, 13
Lovenox, 11
loxapine, 10
Loxitane, 10
Loxitane C, 10
Lozol, 12
Ludomil, 10
Lupron, 7, 21
Luride, 25
Luvox, 10
lypressin, 17
Lysodren, 7

M

Macrobid, 6
Macrodantin, 6
mafenide, 16
magnesium salicylate, 8
Magnesium Sulfate, 9
magnesium sulfate (inj), 9
Mandelamine, 6
MAO Inhibitors, 10
Maolac, 20
maprotiline, 10
Margesic, 8
Marinol, 9
masaprocol, 16
Materna, 25
Matulane, 7
Mavik, 12
Maxair, 25
Maxaquin, 5
Maxidex, 22
Maxitrol, 23
Maxivate, 13, 14
Maxzide, 12
Mazanor, 10
mazindol, 10
Mebaral, 9, 11
mebendazole, 6
Meclan, 15
meclizine, 9, 19
meclocycline, 15
meclofenamate, 8, 19
Meclomen, 8, 19
Medisense, 18
Medivert, 9
Medrol, 17, 20, 23
medroxyprogesterone, 21
medroxyprogesterone
(inj), 7
medroxyprogesterone
acetate, 21
medrysone, 22
mefloquine, 7
Megace, 7
megestrol, 7
Mellaril, 10
Mellaril S, 10
melphalan, 7
Menest, 21
menotropin (inj), 17, 21
mepredine, 8
mephentoin, 9
mephobarbital, 9, 11
Mephyton, 11, 26
meprobamate, 10, 11
meprobamate/
benzocaine, 10
Mepro, 6
Meprospan, 11
mercaptopurine, 7
mesalamine, 19
Mesantoin, 9
mesoridazine, 10
Mestron, 10
Metaprel, 24
metaproterenol, 24
metaproterenol 5% soln
for inhalation, 24
metaproterenol aerosol, 25
metaproterenol soln 0.4%,
0.6% for inhalation, 24
metaxalone, 10, 20
merformin, 17
methadone, 8
methamphetamine, 10
methazolamide, 22
methenamine hippurate, 6
methenamine mandelate, 6
methenamine/phenyl-
salicylate/atropine/
hyoscyamine/benzoic
acid/methylene blue, 25
Methergine, 21
methimazole, 17
methocarbamol, 10, 20
methotrexate, 7, 20
Methotrexate, 7
methoxsalen, 16
methscopolamine, 18
methsuximide, 9
methyclothiazide, 12
methylidopa, 12
methylidopa/HCTZ, 13

APPENDIX A

- methylergonovine, 21
 methylphenidate, 10
 methylprednisolone, 17, 20, 23
 methyltestosterone, 17
 Methyltestosterone, 17
 methysergide, 9
 Meticorten, 17
 Metimyd, 23
 metipranolol, 21
 metoclopramide, 19
 metolazone, 12
 metoprolol, 12
 metoprolol LA, 12
 metoprolol/HCTZ, 13
 Metrodin, 17, 21
 MetroGel, 15
 MetroGel-Vag, 21
 metronidazole, 6, 15
 metronidazole vaginal gel, 21
 metyrosine, 12
 Mevacor, 13
 mexiletine, 11
 Mexitil, 11
 Miscalcin, 17, 20
 mibefradil, 12
 miconazole, 21
 Micro-K 10 mEq, 26
 Micro-K 8 mEq, 26
 microcrystalline, 6
 Micronase, 17
 Micronor, 21
 Midamor, 12
 midodrine, 9, 26
 Midrin, 9
 Migraine & Cluster Headache Therapy, 9
 Milontin, 9
 Milton, 10
 Minipress, 12
 Minitran, 11
 Minizide, 13
 Minocin, 5
 minocycline, 5
 minoxidil, 12
 Mintezol, 6
 Miochol, 22
 Miochol, 22
 Miradol, 11, 26
 Mirapex, 9
 mirtazapine, 10
 Miscellaneous
 Psychotherapeutic Agents, 10
 Miscellaneous
 Agents, 16, 26
 Miscellaneous
 Analgesics, 8
 Miscellaneous
 Anti-Infectives, 6
 Miscellaneous
 Antidepressants, 10
 Miscellaneous
 Antineoplastic Drugs, 7
 Miscellaneous
 Antipsychotics, 10
 Miscellaneous
 Antivirals, 6
 Miscellaneous
 Coagulation Agents, 11, 26
 Miscellaneous
 Dermatologicals, 16
 Miscellaneous
 Gastrointestinal Agents, 19
 Miscellaneous
 Hormones, 17
 Miscellaneous
 Neurological Therapy, 9
 Miscellaneous
 OB/GYN, 21
 Miscellaneous
 Ophthalmologicals, 23
 Miscellaneous
 Otic Preparations, 16
 Miscellaneous
 Pulmonary Agents, 25
 Miscellaneous
 Rheumatological Agents, 20
 Miscellaneous
 Urologicals, 25
 Miscellaneous
 Vitamins, Hematinics & Electrolytes, 26
 misoprostol, 18
 mitotane, 7
 Moban, 10
 Mobidin, 8
 Modicon, 20
 Moduretic, 12
 moexipril, 12
 molindone, 10
 mometasone furoate 0.1% cream, lotion, 14
 mometasone furoate 0.1% ointment, 13
 Monistat 3, 21
 Monistat Dual Pak, 21
 monobenzene, 16
 Monodox, 5
 Monoject Ass't, 18
 Monoject Syr 2, 18
 Monoket, 11
 Monopril, 12
 moricizine, 11
 Morphine Sulfate, 8
 morphine sulfate supp., 8
 morphine sulfate, controlled release, 8
 morphine sulfate, soluble tabs, 8
 Motrin, 8, 19
 MS Contin, 8
 MS oral concentrate, 8
 Mucormyst, 25
 mupirocin, 15
 Muscle Relaxants & Antispasmodic Therapy, 10, 20
 Musculoskeletal & Rheumatology, 19
 Muse, 25
 MVI w/fl, 25
 MVI, prenatal, 25
 Myambutol, 7
 Myasthenia Gravis, 10
 Mycellex, 15
 Mycellex troche, 6
 Mycellex-G, 21
 Mycifradin tabs, 7
 Mycobutin, 7
 Mycolog II, 15
 mycophenolate mofetil, 7
 Mycostatin, 6, 15, 21
 Mydracil, 22
 Myeloid Stimulants, 19
 Mykrox, 12
 Myleran, 7
 Myphetane DX, 23
 Mysoline, 9
 Mytelase, 10
 Mytussin AC, 24
 N
 nabumetone, 8, 19
 nactamycin, 22
 nadolol, 12
 nadolol/
 bendroflumethiazide, 13
 nafarelin acetate, 17, 21
 nafufine, 15
 Naftin, 15
 Naldelate, 24
 Nalfon, 8, 19
 nalidixic acid, 6
 naloxone (inj), 8
 naltrexone, 8
 nandrolone decanoate, 17
 naphazoline/antazoline, 22
 Naprelan, 8, 19
 Naprosyn, 8, 19
 naproxen, 8, 19
 naproxen sod, 8, 19
 Narcan, 8
 Narcotic Analgesics, 8
 Narcotic Antagonists, 8
 Narcotics, 8
 Nardil, 10
 Nasacort, 16, 25
 Nasacort AQ, 16, 25
 Nasalcrom, 16, 25
 Nasalide, 16, 25
 Nascobal, 26
 Natacyn, 22
 Naturetin-5, 12
 Navane, 10
 Nebupent, 6
 nedocromil, 25
 N.E.E., 20
 Needles and Sy, 18
 nefazodone, 10
 NegGram, 6
 neflavinir, 6
 Nelova, 20
 Neo-Decadron, 23
 neomycin, 6, 7
 Neomycin, 6
 neomycin/bacitracin/
 polymyxin/HC, 23
 neomycin/
 dexamethasone, 23
 neomycin/fluocinolone, 15
 neomycin/polymyxin/
 bacitracin ointment, 22
 neomycin/polymyxin/
 dexamethasone, 23
 neomycin/polymyxin/
 HC, 16—
 neomycin/polymyxin/
 prednisolone, 23
 Neoral, 7
 Neosar, 7
 Neosporin, 22
 neostigmine (inj), 10
 Neosynalar, 15
 Neo-Synephrine, 22
 Neptazane, 22
 Neupogen, 7, 19
 Neurontin, 9
 nevirapine, 6
 Niacin, 13, 25
 Niazid B6, 7
 nicardipine, 12
 nicardipine SR, 12
 Nicorette DS, 26
 Nicorette gum, 26
 nicotine nasal spray, 26
 nicotine polacrilex, 26
 nicotinic acid, 13, 25
 Nicotrol NS, 26
 nifedipine, 12
 nifedipine XL, 12
 Nilandron, 7
 Nilstat, 6
 nilutamide, 7
 nimodipine, 12
 Nimotop, 12
 nisoldipine, 12
 Nitrates, 11
 Nitrobid, 11
 Nitro-Bid, 11
 Nitrodisc, 11
 Nitro-Dur, 11
 nitrofurantoin, 6
 nitrofurantoin
 macrocrystals, 6
 nitrofurantoin monohydrate
 macrocrystals, 6
 nitrofurazone, 16
 Nitrogard, 11
 nitroglycerin, 11
 nitroglycerin (oral), 11
 nitroglycerin ointment, 11
 nitroglycerin SL, 11
 nitroglycerin spray, 11
 Nitrol, 11
 Nitrolingual Spray, 11
 Nitrostat, 11
 nizatidine, 18
 Nizoral, 6, 15
 Nalamine, 24
 Nolvadex, 7
 Non-Narcotic
 Analgesics, 8
 Non-Steroidal Anti-
 Inflammatory Agents, 22

APPENDIX A

Nor QD, 21
 Nordette, 20
 norethindrone, 21
 Norethindrone, 21
 norethindrone acetate, 21
 norethindrone/ethinyl
 estradiol, 20
 norethindrone/
 mestranol, 20
 Norflex, 10, 20
 norfloxacin, 5, 22
 Norgescic, 10
 norgestimate/
 ethinyl estradiol, 20
 norgestrel, 21
 Norgestrel, 21
 norgestrel/
 ethinyl estradiol, 20
 Norinyl, 20
 Norlutate, 21
 Norlutin, 21
 Normodyne, 12
 Noroxin, 5
 Norpace, 11
 Norpace CR, 11
 Norpramin, 10
 norriptyline, 10
 Norvasc, 12
 Norvir, 6
 Novacec, 15
 Novafed, 24
 NovoFine Ins N, 18
 Novolin, 17
 Novo-Nordisk, 17
 NSAIDs, 8, 19
 Nuco-Tuss Exp, 24
 NuLYTELY, 19
 Nutropin, 19
 Nutropin AQ, 19
 nystatin, 6
 Nystatin, 21
 nystatin topical, 15
 nystatin vaginal, 21
 nystatin/triamcinolone, 15

O

Obstetric &
 Gynecology, 20
 octreotide (inj), 7, 17
 Ocufen, 22
 Ocuflox, 22
 Ocusert Pilo-20, 22
 ofloxacin, 5, 22
 Ogen, 21
 olanzapine, 10
 olopatadine, 23
 olsalazine, 19
 omeprazole, 18
 Omnipen, 5
 OMS, 8
 ondansetron, 9, 19
 One Touch, 18
 One Touch II, 18
 One Touch Prof, 18
 Ophthalmology, 21
 opium, 8
 opium preparations, 18
 Opium Tincture, 18

Optimine, 23
 OptiPranolol, 21
 Oral Contraceptives &
 Related Agents, 20
 Oral Drugs for
 Glaucoma, 22
 Oral Hypoglycemic
 Agents, 17
 Orap, 10
 Orasone, 17, 20, 23
 Oretic, 12
 Oreticyl, 12
 Orinase, 17
 ORLAAM, 8
 orphenadrine, 10
 orphenadrine/asa/
 caffeine, 20
 Ortho-Cept, 20
 Ortho-Cyclen, 20
 Ortho Dienestrol, 21
 Ortho-Est, 21
 Ortho-Novum, 20
 Ortho-Novum 777, 20
 Ortho-Novum 10/11, 20
 Ortho Tri-Cyclen, 20
 Orudis, 8, 19
 Oruvail, 8, 19
 Osteoporosis Therapy, 20
 Other Antihypertensive
 Combinations, 13
 Other Glaucoma Drugs, 22
 Other Rheumatologicals, 20
 Other Ulcer Therapy, 18
 Otic Steroid/Antibiotic, 16
 Ovcon, 20
 Ovral, 20
 Ovrette, 21
 Ovulatory Stimulants, 17
 oxamniquine, 6
 Oxandrin, 17
 oxandrolone, 17
 oxaprozin, 8, 19
 oxazepam, 11
 oxiconazole, 15
 Oxistat, 15
 Oxoralen, 16
 oxtriphylline, 24
 oxybutynin, 10, 20, 25
 oxydnone, 8
 OxyContin, 8
 Oxytocics, 21
 oxytocin spray, 21

P

P1E1, 22
 P2E1, 22
 P3E1, 22
 P4E1, 22
 P6E1, 22
 Pamelor, 10
 Pamine, 18
 Pancrease, 19
 Pancrease MT, 19
 pancreatin, 19
 pancrelipase, 19
 Pandel, 14
 papaverine, 12
 Paradione, 9

Paraflex, 10, 20
 Parafor Forte DSC, 10, 20
 Paral, 11
 paraldehyde, 11
 paramethadione, 9
 paramethasone, 17, 20
 paregoric, 18
 Paregoric USP, 18
 Parylodel, 9
 Parnate, 10
 paromomycin sulfate, 6
 paroxetine, 10
 Paser, 7
 Patanol, 23
 Pavabid, 12
 Paxil, 10
 PBZ, 23
 PBZ SR, 23
 PCE, 5
 Pedialfor Drops, 25
 Pediazole, 5
 Peganone, 9
 pemoline, 10
 Pen-Voc K, 5
 penciclovir, 15
 Penetrex, 5
 penicillamine, 20, 26
 penicillin G, 5
 penicillin VK, 5
 Penicillins, 5
 Pentam, 6
 pentamidine isethionate
 (inh), 6
 Pentasa, 19
 pentazocine, 8
 pentazocine/apap, 8
 pentazocine/naloxone, 8
 pentosan polysulfate/
 sodium, 25
 pentoxifylline, 11, 26
 Pepcid, 18
 Percocet, 8
 Percodan, 8
 pergolide, 17
 pergolide mesylate, 9
 Pergonal, 17, 21
 Periacin, 23
 Peridex, 16
 Permax, 9, 17
 permethrin, 16
 Permiöl, 10
 perphenazine, 10
 perphenazine/
 amitriptyline, 10
 Persa-Gel, 15
 Persa-Gel W, 15
 Persantine, 11, 26
 Pertofrane, 10
 phenacetamide, 9
 Phenaphen, 8
 Phenazine, 10
 phenazopyridine, 6, 25
 pheneldimethazine, 10
 phenelzine, 10
 Phenergan, 9, 19, 23
 Phenergan VC, 24
 Phenergan/Co, 24
 phenobarbital, 9

Phenothiazines, 10
 phenoxybenzamine, 12
 phensuximide, 9
 phentermine, 10
 phenolamine, 12
 Phenurone, 9
 phenylbutazone, 19
 phenylephrine, 22
 Phenylphenesin LA, 24
 phenylpropanolamine/
 chlorpheniramine/
 apap, 24
 phenylpropanolamine/
 chlorpheniramine/
 phenylephrine, 24
 phenylpropanolamine/
 guaifenesin/
 phenylephrine, 24
 phenylpropanolamine/
 phenyltoloxamine/
 pyrilamine/
 pheniramine, 24
 phenytoin, 9
 Phospholine Iodide, 21, 22
 Phrenilin, 8, 9
 Phrenilin Forte, 8, 9
 physostigmine, 22
 phytonadione, 11, 26
 Pilagan, 22
 Pilocar, 22
 pilocarpine, 22
 pilocarpine gel, 22
 pilocarpine, oral, 26
 Pilopine HS, 22
 pimozide, 10
 pindolol, 12
 piperazine, 6
 Piperazine, 6
 pibutrol, 25
 piroxicam, 8, 19
 Piuressin, 17
 Plaquenil, 7
 Plendil, 12
 podofilox, 16
 Podofin, 16
 podophyllum, 16
 Polaramine, 23
 Poly-Histone CS, 24
 Polycillin, 5
 Polycitra-K, 26
 Poly-Histone-D, 24
 Poly-Histone DM, 24
 Poly-Histone-D Ped, 24
 Polymox, 5
 polymyxin B, 22
 Polymyxin B, 22
 polymyxin B/
 trimethoprim, 22
 Poly-Prod, 23
 polysaccharide iron
 complex, 25
 polythiazide, 12
 Polytin, 22
 Poly-Vi-Flor, 25
 Pontocaine, 23
 Posicor, 12
 potassium citrate, 6, 26

APPENDIX A

- potassium gluconate liquid, 26
 potassium iodide, 24
 powdered potassium, 26
 pramipexole, 9
 pramoxine/HCl, 19
 Pravachol, 13
 pravastatin, 13
 praziquantel, 6
 prazosin, 12
 prazosin/polythiazide, 13
 Precision Meter, 18
 Precision QID, 18
 Precose, 17
 Pred-Forte, 22
 Pred-Mild, 22
 prednicarbate, 14
 prednisolone, 22
 prednisolone sodium phosphate, 22
 prednisolone syrup, 17, 20, 23
 prednisone, 20, 23
 prednisone liquid, 17, 20, 23
 prednisone tablet, 17
 Prelone, 17, 20, 23
 Premarin, 21
 Premphase, 21
 Prenpro, 21
 Prenate Ultra, 25
 Prestige Test, 18
 Prevacid, 18
 prilocaine/lidocaine, 14
 PriLOSEC, 18
 primaquine, 7
 Primaquine, 7
 primidone, 9
 Prinivil, 12
 Prinzide, 13
 Pro-Banthine, 18, 25
 ProAmatine, 9, 26
 probenecid, 20
 probenecid w/colchicine, 20
 procainamide, 11
 procainamide SR, 11
 procaine (inj), 5
 Procan SR, 11
 Procanbid, 11
 procarbazine, 7
 Procardia, 12
 Procardia XL, 12
 prochlorperazine, 9, 19
 prochlorperazine (supp), 9, 19
 Procrit, 7, 19
 ProctoCort, 19
 ProctoFoam-HC, 19
 procyclidine, 9
 Profasi HP, 17, 21
 Profenal, 22
 progesterone gel, 21
 progesterone inj., 21
 Progesterone supp, 21
 progesterone vaginal suppos, 21
 Progestin Only, 21
 Progestins, 21
 Prograf, 7
 Prolastin, 26
 Prolixin, 10
 Proloprim, 6
 promazine, 9
 promethazine, 9, 19, 23
 promethazine (supp), 9, 19
 Promethazine VC/Cod, 24
 promethazine/codeine, 24
 promethazine/phenylephrine, 24
 Pronestyl, 11
 Pronestyl SR, 11
 propafenone, 11
 propantheline, 18, 25
 propacaine, 23
 Propine, 22, 23
 Propoxyphene, 8
 Propoxyphene Compound, 8
 propoxyphene HCl/apap, 8
 propoxyphene napsylate/apap, 8
 propoxyphene/asa/caffeine, 8
 propranolol, 12
 propranolol LA, 12
 propranolol/HCTZ, 13
 Propulsid, 19
 propylthiouracil, 17
 Propylthiouracil, 17
 Proscar, 17, 25
 Prostigmin, 10
 Prostaglandins, 18
 Prostigmin, 10
 Proton Pump Inhibitors, 18
 Protostat, 6
 protriptyline, 10
 Protropin, 19
 Proventil, 24, 25
 Proventil Repetabs, 24
 Provera, 21
 Prozac, 10
 pseudoephedrine, 24
 pseudoephedrine/carbinoxamine, 24
 pseudoephedrine/carbinoxamine/dextromethorphan, 24
 pseudoephedrine/chlorpheniramine, 24
 pseudoephedrine/codeine/guaifenesin, 24
 pseudoephedrine/guaifenesin, 24
 pseudoephedrine/guaifenesin, 24
 pseudoephedrine/guaifenesin, 24
 pseudoephedrine/guaifenesin SR, 24
 pseudoephedrine/hydrocodone, 24
 Psorcon, 13
 Psychotherapeutic Drugs, 10
 Pulmicort, 25
 Pulmonary Agents, 24
 Pulmozyme, 25
 Purinethol, 7
 pyrantel, 6
 pyrazinamide, 7
 Pyrazinamide, 7
 Pyridium, 6, 25
 pyridostigmine (inj), 10
 pyrimethamine, 7
Q
 Quazran, 18
 quazepam, 10
 Questran, 13
 Questran Light, 13
 Quibron T, 24
 quinacrine, 7
 Quinaglate, 11
 Quinbron T, 24
 quinesol, 21
 Quinidine, 11
 quinidine 200 sulfate, 11
 quinidine 300 sulfate, 11
 quinidine ER, 11
 quinidine gluconate, 11
 quinidine polygalacturonate, 11
 Quinidine Sulfate, 11
 quinine sulfate, 7
 Quinnam, 7
 Quinolones, 5
 Quinora, 11
R
 ramipril, 12
 ranitidine, 18
 ranitidine bismuth citrate, 18
 Rapid Acting Nitrates, 11
 Regiline, 12
 Reglan, 19
 Relafen, 8, 19
 Remeron, 10
 Renacidin, 25
 Renese, 12
 Renoquid, 5
 Rescriptor, 6
 reserpine, 12
 reserpine/chlorothiazide, 13
 reserpine/HCTZ, 13
 reserpine/hydroflumethiazide, 13
 Respiratory, Allergy, Cough & Cold, 23
 Restoril, 10
 Retin A, 15
 Retin A micro, 15
 Retrovir, 6
 ReVia, 8
 Rezulin, 17
 Rheumatrex, 7, 20
 Rhinocort, 16, 25
 Ridaura, 20
 rifabutin, 7
 Rifadin, 7
 Rifamate, 7
 rifampin, 7
 Rifater, 7
 Riletek, 9
 riluzole, 9
 rimantadine, 6
 rimexolone, 22
 Risperdal, 10
 risperidone, 10
 Ritalin, 10
 ritonavir, 6
 RMS Supp, 8
 Robaxin, 10, 20
 Robinul, 18
 Robitussin AC, 24
 Robitussin DAC, 24
 Rocaltrol, 17, 26
 Roferon A, 19
 Rondex, 24
 Rondex DM, 24
 Rowasa, 19
 Roxicet, 8
 Roxicodone, 8
 Rufen, 8, 19
 Rythmol, 11
S
 Salagen, 26
 Saleto-D, 8, 20
 Salflex, 8, 20
 salicylamide, 8, 20
 salicylate salts, 8, 20
 Salicylates, 8, 20
 salicylic acid gel, 15
 salmeterol, 25
 salsalate, 8, 20
 Salutensin, 13
 Sandimmune, 7
 Sandostatin, 7, 17
 Sansert, 9
 saquinavir, 6
 sargramostim (GM-CSF) (inj), 7
 sargramostim (inj), 19
 scopolamine, 9, 19, 22
 Sebaquin, 16
 Sebizon, 16
 Sectral, 12
 Selective Serotonin Reuptake Inhibitors, 10
 selegiline, 9
 selenium sulfide 2.5%, 1%, 16
 Selsun Rx, 16
 Semprex D, 24
 Sepisol Foam, 16
 Septra, 5
 Septra DS, 5
 SER-AP-ES, 13
 Serax, 11
 Serenid, 10
 Serevent, 25
 Seromycin, 7
 Serophene, 17, 21
 Serpasil, 12
 sertraline, 10
 Sertzone, 10
 Silvadene, 15
 silver nitrate, 23
 Silver Nitrate, 23
 silver sulfadiazine, 15

APPENDIX A

- Simron, 25
 simvastatin, 13
 Sinemet, 9
 Sinemet CR, 9
 Sinequan, 10
 Skelaxin, 10, 20
 Skelid, 17
 Slo-bid Gyrocaps, 24
 Slo-Phyllin, 24
 Slow K, 26
 Smoking Deterrents, 26
 sod fluoride, 25
 sodium polystyrene sulfonate, 26
 sodium salicylate, 8
 Sodium Salicylate, 8
 sodium sulfacetamide, 22
 sodium sulfacetamide lotion, 15
 sodium thiosulfate, 15
 Soft Touch, 18
 Solaquin Forte, 16
 Solatene, 25
 Solfoton, 9
 Solganal, 20
 Soma, 10, 20
 Soma Comp/Codeine, 10
 somatropin (inj), 19
 sotalol, 11
 Sparine, 9
 Specialized OB/GYN Drugs, 21
 Spectazole, 15
 spironolactone, 12
 spironolactone/HCTZ, 12
 Sporanox, 6
 SSD, 15
 SSKI, 24
 Stadol, 8
 Stadol NS, 8
 stavudine, 6
 Stelazine, 10
 Steroid-Antibiotic Combinations, 23
 Steroid-Sulfonamide Combinations, 23
 Steroids, 22
 Stromectol, 6
 succimer, 26
 sucralfate, 18
 Sulamyd, 22
 Sular, 12
 Sulfacet R, 15
 sulfacetamide lotion, 16
 sulfacetamide/phenylephrine, 22
 sulfacetamide/prednisolone, 23
 sulfacetamide/sulfur, 15
 sulfacytine, 5
 sulfadiazine, 5
 Sulfadiazine, 5
 sulfamethoxazole, 5
 sulfamethoxazole/trimethoprim, 5
 Sulfamylon, 16
 sulfanilamide, 5
 Sulfanilamide, 5
 sulfanilamide vaginal, 21
 sulfapyridine, 16
 Sulfapyridine, 16
 Sulfas & Related Agents, 5
 sulfasalazine, 5, 19, 20
 sulfisoxazole, 5, 22
 sulfisoxazole/erythromycin, 5
 Sulfonamides, 22
 Sulfoxyl Strong, 15
 sulindac, 8, 19
 Sultrin, 21
 sumatriptan (inj), 9
 sumatriptan (nasal), 9
 sumatriptan (tabs), 9
 Sumycin, 5
 Suprax, 5
 suprofen, 22
 Sure-Dose 28G1, 18
 Sure-Dose 29G1, 18
 Surestep, 18
 Sutilains, 16
 Symadine, 6
 Symmetrel, 6, 9
 Sympathomimetics, 23
 Syn Rx, 24
 Synalar, 14
 Synalges-DC, 8
 Synarel, 17, 21
 Synthroid, 17
 Synocinon, 21
 T
 Tace, 7, 21
 tacrine, 9
 tacrolimus, 7
 Tagamet, 18
 Talacen, 8
 Talwin, 8
 Talwin Nx, 8
 Tambocon, 11
 tamoxifen, 7
 tamsulosin, 12
 Tapazole, 17
 Tarka, 13
 Tavist, 2, 68, 23
 Tavist suspension, 23
 tazarotene gel, 16
 Tazorac, 16
 T-Cort, 17
 Teczem, 13
 Tegretol, 9
 temazepam, 10
 Temovate, 13
 Tenex, 12
 Tenormin, 12
 Tenuate, 10
 Terazol, 21
 terazosin, 12, 25
 terbinafine cream, 15
 terbinafine oral, 6
 terbutaline, 21, 24
 terconazole, 21
 Terumo Ins.Syr, 18
 Teslac, 7
 Tessalon Perle, 24
 Testex, 17
 Testoderm, 17
 testolactone, 7
 Testopel, 17
 testosterone, 17
 testosterone propionate (inj), 17
 testosterone, transdermal, 17
 Testred, 17
 tetracaine, 23
 tetracycline, 5, 15
 Tetracyclines, 5
 Theo-Dur, 24
 Theochron, 24
 Theoclear, 24
 Theolair, 24
 Theolair SR, 24
 theophylline anhydrous, 24
 theophylline immediate release, 24
 theophylline timed release, 24
 Therapy for Acne, 15
 thiabendazole, 6
 Thiazide & Related Diuretics, 12
 thietilperazine, 9
 thioguanine, 7
 Thioguanine, 6-TG, 7
 thioridazine, 10
 thiothixene, 10
 Thorazine, 10
 Thyroid, 17
 Thyroid Hormones, 17
 Thyroid SPT, 17
 Thyrolar, 17
 Tiazac, 12
 Ticlid, 11, 26
 ticlopidine, 11, 26
 Tigan, 9, 19
 Tilade, 25
 tiludronate, 17
 Timolide, 13
 timolol, 12
 timolol hemihydrate, 21
 timolol maleate, 21
 timolol ophth, 21
 timolol/HCTZ, 13
 Timoptic, 21
 Timoptic XE, 21
 Tindal, 10
 Tinver, 15
 tioconazole, 21
 tioconazole ointment, 21
 Tobradex, 23
 tobramycin, 22
 tobramycin/dexamethasone, 23
 Tobrex, 22
 tocanide, 11
 Tofranil, 10
 tolazamide, 17
 tolbutamide, 17
 Tolectin, 8, 19
 Tolinase, 17
 tolmetin, 8, 19
 Tonocard, 11
 Topamax, 9
 Topical Anesthetics, 14
 Topical Antibacterials, 15
 Topical Antifungals, 15
 Topical Antivirals, 15
 Topical
 Corticosteroids, 13, 14
 Topical Enzymes, 15
 Topical Scabicides/Pediculicides, 16
 Topicort, 13
 Topicort LP, 14
 Topicycline, 15
 topiramate, 9
 Toposide, 7
 Toprol XL, 12
 Toradol, 8, 19
 Torecan, 9
 Toralate, 25
 torsemide, 12
 Totacilin, 5
 T-Phyl, 24
 Tracer BG, 18
 tramadol, 8
 Transdate, 12
 trandolapril, 12
 trandolapril/verapamil extended release, 13
 Transderm-Nitro, 11
 Transderm-Scop, 9, 19
 transdermal nitroglycerin patch, 11
 Tranxene, 11
 tranlycypromine, 10
 Travase, 16
 trazodone, 10
 Trecator-SC, 7
 Trental, 11, 26
 tretinoin, 15
 Trexan, 8
 Triad, 8, 9
 triamcinolone, 16, 17, 20, 23, 25
 triamcinolone acetate, 16, 25
 triamcinolone acetate 0.025% cream, ointment, 14
 triamcinolone acetate 0.025% lotion, 14
 triamcinolone acetate 0.1% cream, 14
 triamcinolone acetate 0.1% lotion, 14
 triamcinolone acetate 0.1% ointment, 14
 triamcinolone acetate 0.5% cream, ointment, 14
 triamcinolone in orabase, 16
 triamcinolone spray, 14
 triamterene, 12
 triamterene/HCTZ, 12
 Triavil, 10
 Triax, 15
 triazolam, 10
 Tricyclics, 10
 Triidone, 9

APPENDIX A

triethanolamine oleate. 16
 trifluoperazine. 10
 trifluoridine. 23
 trihexyphenidyl. 9
 Trilafon. 10
 Tri-Leven. 20
 Trilisate. 8, 20
 trimethadione. 9
 trimethobenzamide. 9, 19
 trimethobenzamide
 (inj.). 9, 19
 trimethobenzamide
 (supp.). 9, 19
 trimethoprim. 6
 Trimox. 5
 Trinalin. 24
 Tri-Norinyl. 20
 trioxsalen. 16
 tripelenamine. 23
 Triphasit. 20
 triple sulfa. 21
 Triple Sulfa No. 2. 5
 Trisoralen. 16
 trisulfapyrimidine. 5
 Tritec. 18
 Tri-Vi-Flor. 25
 troglitazone. 17
 tropicamide. 22
 Trusopt. 22
 trypsin. 15
 Trysol. 21
 T-STAT. 15
 Tuinal. 11
 Tussonex. 24
 Tyleno/Codeine. 8
 Tylox. 8

U

Ulcer Therapy. 18
 Ultracel. 5
 Ultram. 8
 ultramicroncrystalline. 6
 Ultrase. 19
 Ultrase MT. 19
 Ultravate. 13
 Uniphyt. 24
 Unipres. 13
 Univasc. 12
 uracil mustard. 7
 Uracil Mustard. 7
 Urecholine. 25
 Urex. 6
 Urinary Anesthetics. 25
 Urinary Tract Agents. 6
 Urised. 25
 Urispas. 25
 Urocin-K. 6, 26
 urofollitropin (inj.). 17, 21
 Urologicals. 25
 ursodiol. 19
 Uticort. 14

V

Vaginal Antifungals. 21
 Vaginal Cleanser/
 Anti-Infectives. 21
 Vagistat. 21
 Vagistat-1. 21

valacyclovir. 6
 Vallone. 14
 Valium. 10, 11, 20
 valproic acid. 9
 valsartan. 13
 Valtrex. 6
 Vancenase. 25
 Vancenase AQ. 16, 25
 Vancenase AQ DS. 25
 Vancenase DS. 16
 Vancenase pockethaler. 16
 Vancetil. 25
 Vanceril DS. 25
 Vancocin. 6
 Vancomycin. 6
 Vansil. 6
 Vantin. 5
 Vascor. 12
 Vaseretic. 13
 Vasocidin. 23
 Vasoconstrictor
 Decongestants. 22
 Vasodilan. 21
 Vasodilators. 12
 vasopressin (inj.). 17
 Vasosulf. 22
 Vasotec. 12
 Velosef. 5
 ventafaxine. 10
 Ventolin. 24, 25
 Ventolin Rotacaps. 25
 VePesid. 7
 verapamil. 12
 verapamil SR. 12
 verapamil, long acting. 12
 Verelan. 12
 Vermox. 6
 Vertin. 9
 Vesanoide. 7
 Vexol. 22
 Vibramycin. 5
 Vicodin. 8
 vidarabine. 23
 Videx. 6
 Vira-A. 23
 Vitecept. 6
 Viramune. 6
 Viroptic. 23
 Viscous Xylocaine. 16
 Viskin. 12
 Vistaril. 23
 Vitadyn. 16
 vitamin A. 25
 vitamin B12. 25
 Vitamin K. 11, 26
 Vitamins &
 Hematinics. 25
 Vitamins A, D, C with
 fluoride. 25
 Vitamins, Hematinics &
 Electrolytes. 25
 Vivacil. 10
 Vivel. 21
 Volmax ER. 24
 Voltaren. 8, 19, 22
 V&SOL. 16
 V&SOL HC. 16

W

warfarin. 11, 26
 Wellbutrin. 10
 Westcort. 14
 Wycillin. 5
 Wydase. 26
 Wygeric. 8
 Wytensin. 12

X

Xalatan. 22
 Xanax. 11
 Xanthines. 24
 Xylocaine spray. 14
 Xylocaine, Viscous. 14

Y

Yodoxin. 6

Z

zafirlukast. 25
 zalcitabine (ddC). 6
 Zantac. 18
 Zarontin. 9
 Zaroxolyn. 12
 Zebeta. 12
 Zerit. 6
 Zestoretic. 13
 Zestril. 12
 Ziac. 13
 zidovudine (AZT). 6
 zileuton. 25
 zinc sulfate. 22
 Zithromax. 5
 Zocor. 13
 Zofran. 9, 19
 Zolof. 10
 zolpidem. 10
 Zonalon. 14, 16
 Zorprin. 8, 20
 Zovirax. 6, 15
 Zyban. 26
 Zylflo. 25
 Zylprim. 20
 Zyprexa. 10
 Zyrtec. 23
 Zyrtec Syrup. 12, 23

APPENDIX A



**Merck-Medco
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IN THE MATTER OF
SUMMIT TECHNOLOGY, INC.

CONSENT ORDER, ETC., IN REGARD TO ALLEGED VIOLATION OF
SEC. 5 OF THE FEDERAL TRADE COMMISSION ACT

Docket 9286. Complaint, March 24, 1998--Decision, Feb. 23, 1999

This consent order, among other things, prohibits the Massachusetts-based marketer of laser equipment for eye surgery from entering into, enforcing or maintaining any contract, agreement, joint venture or other combination with VISX, Inc., to fix, maintain or control any price or the terms or conditions associated with the purchase, license or use of any product, device or technology that uses a laser to perform any medical procedure, including ophthalmic surgery.

Participants

For the Commission: *Michael McNeely, Veronica Kayne, Chul Pak, Dana Abrahamsen, Jeremy Cubert, Joshua Newberg, Jacqueline Berman, Beverly Dodson, David von Nirschl, Daniel Ducore, William Baer, Louis Silvia and Curtis Wagner.*

For the respondent: *Michael Sohn and Mark Merley, Arnold & Porter, Washington, D.C.*

COMPLAINT

Pursuant to the provisions of the Federal Trade Commission Act, and by virtue of the authority vested in it by said Act, the Federal Trade Commission, having reason to believe that Summit Technology Inc. ("Summit"), a corporation, and VISX, Inc. ("VISX"), a corporation, hereinafter sometimes referred to as respondents, have violated the provisions of said Act, and it appearing to the Commission that a proceeding by it in respect thereof would be in the public interest, hereby issues its complaint, stating its charges as follows:

BACKGROUND

1. Respondent Summit is a corporation organized, existing, and doing business under and by virtue of the laws of Massachusetts with its office and principal place of business located at 21 Hickory Drive, Waltham, Massachusetts.

2. Respondent VISX is a corporation organized, existing, and doing business under and by virtue of the laws of Delaware with its office and principal place of business located at 3400 Central Expressway, Santa Clara, California.