

## ORAL HYPOGLYCEMIC DRUGS

chlorpropamide  
glipizide, glipizide extended release  
glyburide/metformin  
glyburide, glyburide micronized  
metformin, metformin XR  
tolazamide

## THYROID SUPPLEMENTS

LEVOTHROID  
levothyroxine  
LEVOXYL  
SYNTHROID

## OTHER ENDOCRINE DRUGS

ACTONEL/ACTONEL w/CA, **ST**—  
trial & failure of 28 days of alendronate  
BONIVA, **PA**  
desmopressin tablets, **QLL 5 tabs /month**  
desmopressin nasal spray, **PA**  
etidronate  
FORTEO, **PA**  
STIMATE, **PA**  
MEGACE ES, **QLL 90 DAY**  
RECLAST, **PA**  
alendronate

## GASTROINTESTINAL MEDICATIONS

**ANTI-DIARRHEAL DRUGS**  
diphenoxylate w/atropine  
loperamide

## ANTISPASMODICS/GI MOTILITY

belladonna alkaloids  
w/phenobarbital  
dicyclomine  
glycopyrrrolate  
hyoscyamine  
metoclopramide

## ANTIULCER DRUGS

cimetidine, **legend and OTC**  
famotidine, **legend and OTC**  
ranitidine (tablets and liquid only),  
**legend and OTC**

## OTHER ANTIULCER DRUGS

misoprostol  
sucralfate

## PROTON PUMP INHIBITORS

**First-Line Agents**  
omeprazole 10mg, 20mg & 40mg,  
**legend and OTC**  
pantoprazole 20mg & 40mg  
simplified omeprazole suspension,  
**Age <1 year**  
PREVACID SOLUTABS, **Age**  
**<13 yr**  
PRILOSEC PACKET FOR ORAL  
SUSPENSION (2.5mg & 10mg),  
**AGE <1 year**

**Second-Line Agents—Requires 21**  
**days from first-line therapy in past**  
**60 days.**  
PREVACID-24 OTC, **ST**  
PREVACID SOLUTABS, **ST**,  
**AGE >13**  
ZEGERID-OTC, **ST**  
PROTONIX SUSPENSION, **ST (13**  
**years of age or younger)**

## OTHER GI DRUGS

AMITIZA  
ASACOL  
DIPENTUM  
MIRALAX  
NULYTELY  
pancreatic enzymes, all  
PENTASA  
sulfasalazine

## IMMUNOLOGICALS

COPAXONE, **PA**  
ENBREL, **PA**  
GENOTROPIN, **PA** (must be filled  
by approved specialty pharmacy)  
HUMIRA, **PA**  
NORDITROPIN, **PA** (must be filled  
by approved specialty pharmacy)  
ORENCIA, **PA**  
PEGASYS, **PA**  
PEG-INTRON, **PA**  
REBIF, **PA**  
REMICADE, **PA**  
SIMPONI, **PA**  
SOMAVERT, **PA**  
STELARA, **PA**  
SYNAGIS, **PA**

## MUSCULOSKELETAL MEDS

**DRUGS TO PREVENT/TREAT**  
**GOUT**  
allopurinol  
probenecid

## MUSCLE RELAXANTS

baclofen  
carisoprodol  
chlorzoxazone  
cyclobenzaprine  
methocarbamol  
tizanidine

## NON-STEROIDAL ANTIINFLAMMATORY AGENTS

**First-Line Agents**  
diclofenac potassium, **50 mg**  
diclofenac sodium, **50 & 75 mg**  
ibuprofen, **legend & OTC**  
indomethacin  
ketoprofen, **50 & 75mg**  
ketorolac  
naproxen, naproxen EC  
naproxen sodium, **legend and**  
**OTC (not sustained release)**  
oxaprozin  
piroxicam

**Second-Line Agents—Requires use**  
**of 2 different first-line agents in**  
**180 days**  
CELEBREX, **ST**

## SALICYLATES, RELATED DRUGS

choline mag trisalicylate  
salsalate

## NUTRITION, BLOOD ANTIPLATELET DRUGS

AGGRENOX  
AGRYLIN  
cilostazol  
dipyridamole  
PLAVIX  
ticlopidine

## CHELATORS

EXJADE, **PA**

## HEMATOPOIETIC AGENTS

ARANESP, **PA**  
EPOGEN, **PA**  
NEULASTA, **PA**/ NEUPOGEN, **PA**

## HEPARIN AND HEPARIN ANTAGONISTS

heparin  
LOVENOX, **QLL 10 day supply**

## ORAL ANTICOAGULANTS, VITAMIN K

COUMADIN  
MEPHYTON  
warfarin

## THERAPEUTIC VITAMINS & MINERALS

calcium acetate  
CARNITOR  
potassium chloride  
prenatal vitamins, **OTC, PA (for**  
**pregnancy only)**

## OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

**CONTRACEPTIVES**  
Most generics  
MIRENA  
NUVARING  
ORTHO EVRA  
PLAN B

## ESTROGEN DRUGS

ESTRACE Vaginal Cream  
estradiol patch, **QLL =**  
**5 patches/Rx estradiol**  
ibuprofen, **legend & OTC**  
indomethacin  
ketoprofen, **50 & 75mg**  
ketorolac  
naproxen, naproxen EC  
naproxen sodium, **legend and**  
**OTC (not sustained release)**  
oxaprozin  
piroxicam

## ESTROGEN/PROGESTIN COMBINATIONS

PREMPHASE  
PREMPRO

## PROGESTIN DRUGS

medroxyprogesterone  
norethindrone

## SPECIALIZED OB/GYN DRUGS

LUPRON DEPOT, **PA**  
METHERGINE  
SYNAREL

## OPHTHALMIC MEDICATIONS

**ANTIGLAUCOMA DRUGS**  
betaxolol  
brimonidine 0.15%  
carteolol  
dorzolamide  
iopidine  
latanaprost  
levobunolol  
pilocarpine  
timolol

## OPHTHALMIC ANTIHISTAMINES

**First-Line Agents**  
ALAWAY, **OTC**  
ketotifen ophthalmic solution,  
**0.025% OTC**  
ketorolac ophthalmic solution  
pheniramine/naphazoline, **OTC**  
ZADITOR, **OTC**

**Second-Line Agents—Requires 1 Rx**  
**in last 60 days for ZADITOR,**  
**ALAWAY or ketotifen OTC.**  
PATADAY, **ST**

## OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

neomycin/bacitracin/poly/hc  
neomycin/polymyxin/hc  
tobramycin/dexamethasone

## OPHTHALMIC CORTICOSTEROID DRUGS

LOTEMAX  
prednisolone acetate  
VEXOL

## OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

bacitracin  
bacitracin/polymyxin ophthalmic  
ointment  
ciprofloxacin  
erythromycin  
gentamicin  
neomycin/polymyxin/bacitracin  
neomycin/polymyxin/gramicidin  
ofloxacin  
sulfacetamide sodium  
trimethoprim/sulfa & polymyxin B  
tobramycin  
VIGAMOX, **PA**

## OTHER OPHTHALMIC DRUGS

atropine  
cyclopentolate  
flurbiprofen  
homatropine  
ketorolac  
naphazoline  
ocular irrigation, bss  
phenylephrine  
trifluridine  
tropicamide

## RESPIRATORY MEDICATIONS

**ANTIHISTAMINES - SEDATING**  
carbinoxamine  
chlorpheniramine,  
diphenhydramine  
promethazine

## ANTIHISTAMINES - NONSEDATING

**First-Line Agents**  
cetirizine tablets liquid and  
chewable, **OTC**  
loratadine tablets and syrup, **OTC**  
(also covered for Pkg C members)

**Second-Line Agents—Requires 2 week**  
**trials in last 13 mo of both**  
**cetirizine and loratadine**  
fexofenadine tablets and suspension,  
**ST**

## ANTIHISTAMINE/ DECONGESTANT

DALLERGY

## ANTITUSSIVE AND EXPECTORANT DRUGS

guaifenesin w/codeine  
promethazine w/dm  
promethazine w/codeine

## BETA-2 ADRENERGIC DRUGS

Albuterol Solutions for Inhalation,  
**(2.5mg/3ml, 5mg/ml)**  
Albuterol Solution for Inhalation,  
**0.63mg/3ml, Age < 6 years**  
EPIPEN, EPIPEN JR  
terbutaline  
VENTOLIN HFA

**Concurrent Therapy for Serevent**  
**requires 1 Rx in last 45 days for an**  
**inhaled corticosteroid**  
SEREVENT DISKUS, **CT**

## INHALED CORTICOSTEROIDS & COMB.

ADVAIR, DISKUS & HFA  
ASMANEX  
DULERA  
FLOVENT HFA  
PULMICORT RESPULES, **QLL =**  
**0.25mg 1/day; 0.5mg and 1mg**  
**= 2/day; Age < 4 years**  
QVAR  
SYMBICORT

## LEUKOTRIENE MODIFIERS

**Concurrent Therapy Age >11**  
**requires 1 Rx in last 45 days with**  
**ADVAIR, DULERA SYMBICORT, or an**  
**inhaled steroid + SEREVENT; Age <**  
**12 requires inhaled steroid only**  
SINGULAIR, **CT**

## OTHER RESPIRATORY DRUGS

COMBIVENT  
cromolyn sodium  
ipratropium  
PULMOZYME  
saline for nebs  
sodium chloride  
SPIRIVA  
theophylline  
TOBI, **PA**  
XOLAIR, **PA**  
zafirlukast

## UROLOGICAL MEDICATIONS

AVODART  
bethanechol  
ELMIRON  
finasteride  
oxybutynin  
phenazopyridine  
tamsulosin

## MEDICAL (MISCELLANEOUS) SUPPLIES

### ASTHMA SUPPLIES

All peak flow meters, spacer and  
masks are covered.

### DIABETIC SUPPLIES

#### ASCENSIA Meters and

#### testing supplies:

AUTODISC, BREEZE,  
CONTOUR

#### ACCU-CHEK Meters and

#### testing supplies:

ACTIVE, ADVANTAGE,  
AVIVA, COMPACT

## SMOKING CESSATION PRODUCTS

bupropion, bupropion SR  
CHANTIX, **QLL** up to 24 weeks of  
therapy/year  
nicotine gum  
nicotine lozenge  
nicotine patches

## MISC. SAFETY PROGRAMS:

lindane is not covered

## ACETAMINOPHEN containing products:

> 4 gm /day of acetaminophen is not  
covered for <11 days of therapy;  
if > 10 days of therapy > 3gm /day of  
acetaminophen is NOT covered

## IBUPROFEN containing products:

> 3.2gm/day of ibuprofen is NOT  
covered

## PLAVIX/OMEPRAZOLE:

> Denial of either claim if therapies  
are prescribed together



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# Preferred Drug List

**Disclaimers:** This PDL is subject to change at any time by the MDwise Medical Advisory Committee. Preferred branded drugs are listed on the PDL but only representative generic medications are listed. The most current version is always posted at MDwise.org.

**Generics Policy:** Generic medications are included as part of the pharmacy benefit. Generics are mandatory when an AB-rated generic equivalent product is available and approved by the Food and Drug Administration.

## KEY

**ST (Step Therapy):** Step Therapy uses a patient's prior MDwise pharmacy claims history at any participating pharmacy to allow adjudication when there is a prior claim for a first-line agent within the specified timeframe. If there has been no prior claim for a first-line agent, then authorization is required (PDL authorization forms found at MDwise.org).

**CT (Concurrent Therapy):** Concurrent Therapy uses a patient's prior MDwise pharmacy claims history to allow adjudication if there is a prior claim for the required concurrent agent. For example: If there has been no recent claim for the required concurrent agent, authorization is required.

**PA (Prior Authorization):** A drug with a designation of "PA" will require prior authorization by the Pharmacy Prior Authorization Department. Please submit a MDwise "PA" form before presenting the prescription to the pharmacy. The MDwise "PA" form can be downloaded from MDwise.org. For questions regarding the prior authorization process, contact 800-558-1655.

**Age Limit:** An age edit allows claims for members within a defined age range to adjudicate without authorization.

**QLL (Quantity Level Limits):** Quantity Level Limits are limits on the specific quantity, days supply or prescriptions that can be dispensed within a given time frame. A normal 30 day supply is available under the pharmacy benefit unless listed otherwise. In the case of oral contraceptives, a 90 day supply is available without authorization.

**OTC (Over the Counter):** A limited number of OTC drug products are covered in the MDwise Healthy Indiana Program. Covered OTC drug products are listed in the MDwise PDL and require a written prescription from a licensed provider.

MDwise Healthy Indiana Plan Buy-In • PO Box 44236

Indianapolis, IN 46244-0236

p: 1.800.356.1204 • f: 1.877.822.7192

MDwise.org

## ANTIINFECTIVES

*Recommended Initial Therapy*

**Acute Otitis Media (S.pneumo, H.flu, M.cat)**

- Age <6 mo – antibiotic Rx
- Age 6 mo to 2 yrs – antibiotic Rx if diagnosis certain or severe illness; or observation if diagnosis uncertain and illness not severe
- Age 2 yrs and older – antibiotic Rx if severe illness; or observation if illness not severe or diagnosis uncertain
  - Amox (hi dose) OR amox/clav (hi dose), cefuroxime, cefdinir, IM ceftriaxone

**Pharyngitis/Tonsillitis (S.pyogenes)**

- PCN, amox, IM PCN benzathine, erthromycin, cephalixin (amox/clav OR clindamycin for failures)

**Acute Sinusitis (S.pneumo, H.flu, M.cat)**

- Amox, amox/clav, cefuroxime

**Cervicitis/Urethritis (N.gonorrhoea, Chlamydia)**

- Ceftriaxone PLUS doxycycline OR azithromycin (1 gm dose)

**Acute Exacerbation of Chronic Bronchitis (Viruses 20-50%, C pneumo, M. pneumo)**

- Role of antibiotics questionable. If used – amox, TMP-SMX, doxycycline

**Community Acquired Pneumonia 4mo-5y (viral, S.pneumo, M.pneumo, C. pneumo)**

- Amox (hi dose), clarithromycin OR erythromycin

**Community Acquired Pneumonia 5-18y (S.pneumo, M.pneumo, C. pneumo)**

- Amox (hi dose), clarithromycin, erythromycin, doxycycline if over age 8

**Community Acquired Pneumonia >18y (S.pneumo, M.pneumo, C.pneumo)**

- Doxycycline OR erythromycin, clarithromycin

## ANTIRETROVIRAL AND PROTEASE INHIBITORS

All agents covered

## ANTITUBERCULOSIS DRUGS

All generic agents covered

## ORAL ANTIBIOTICS (EXCEPT QUINOLONES)

azithromycin 1 GM, **QLL 1 Rx/30** days for chlamydia  
**MYCOBUTIN, PA**  
**VANCOICIN, PA**

*First-Line Agents*

amoxicillin  
amoxicillin/clavulanate, **all tablets; 200mg/5ml, 400mg/5ml, 600mg/5ml suspensions only**

ampicillin  
cefaclor  
cefixime (SUPRAX), **QLL**  
(1 tablet/30 days for the treatment of uncomplicated urogenital or rectal gonorrhoea)

cefuroxime, CEFTIN suspension  
cephalexin  
clarithromycin  
clindamycin, CLEOCIN soln.

dicloxacillin  
doxycycline, VIBRAMYCIN susp.  
erythromycin  
erythromycin w/sulfasoxizole

minocycline  
monohydrate  
nitrofurantoin, nitrofurantoin  
penicillin v potassium  
sulfamethoxazole/trimethoprim  
tetracycline

*Second-Line Agents—Covered if First Line filled in last 35 days*

amoxicillin/clavulanate ext release, **ST**  
azithromycin, (1 GM dose for chlamydia is first-line) **QLL 1Rx/30D**  
cefdinir, **ST**  
cefpodoxime, **ST**  
clarithromycin ext. release, **ST**

*Note: Second Line Agents available first line if prior Rx for HIV, CF, TB or immunosuppressive drug*

**ORAL ANTIFUNGAL DRUGS**  
fluconazole, **QLL 50mg, 100mg = 1/day; 200mg = 2/day; 150mg = 2/30 days; 10mg/ml and 40 mg/ml suspensions = 35ml/30 days**

GRIFULVIN V  
griseofulvin 125/5  
itraconazole, **PA**  
ketoconazole  
SPORANOX, oral solution, **PA**  
terbinafine tablets

*Second-Line Agent—Covered if topical antifungal used first*  
fluconazole liq, **ST**

## QUINOLONES

AVELOX, **PA**  
ciprofloxacin  
levofloxacin

## TOPICAL ANTIBACTERIAL DRUGS

chlorhexidine  
gentamicin  
mupirocin ointment, **QLL 22gm/30 days**  
SSD (silver sulfadiazine)

## VAGINAL ANTIBIOTICS

CLEOCIN

metronidazole 0.75% topical vaginal gel

## OTHER ANTIINFECTIVE DRUGS

ALBENZA  
ALINIA, **PA**  
DAPSONE  
hydroxychloroquine  
mebendazole  
metronidazole

*Only available upon establishment of medical necessity to treat certain types of malarial infections without complications*  
**QUALAQUIN, PA**

## OTHER ANTIVIRAL DRUGS

acyclovir  
amantadine  
famciclovir  
HEPSERA, **PA**  
ISENTRESS, **PA**  
RELENZA, **QLL 1 Rx/6 months**  
TAMIFLU  
ribavirin tablets, **PA**  
VALCYTE

## OTHER TOPICAL ANTIFUNGALS & COMBINATIONS

clotrimazole/betamethasone  
ketoconazole

## ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

azathioprine  
cyclosporine  
flutamide  
leflunomide  
mercaptopurine  
methotrexate  
mycophenolate mofetil  
MYFORTIC  
tacrolimus  
tamoxifen

## CARDIOVASCULAR MEDICATIONS ACE INHIBITORS, ARBS & RENIN INHIBITORS

*First-Line Therapy*

captopril  
benazepril  
enalapril maleate  
lisinopril  
losartan, losartan HCT

*CT Requires prior Rx for type II diabetes mellitus drug*

*Second-Line Therapy Covered if ACEI filled in last 60 days*  
DIOVAN, DIOVAN HCT, **ST, CT**  
EXFORGE, **ST**  
EXFORGE HCT, **ST**  
TEKTURNA, TEKTURNA HCT, **ST**  
VALTURNA, **ST**  
TEKAMLO, **ST**

## ANTIARRHYTHMICS

All generic agents covered

## BETA-ADRENERGIC ANTAGONISTS

atenolol  
bisoprolol  
carvedilol  
metoprolol tab  
metoprolol extendend release, **PA**  
nadolol  
propranolol tabs, soln, SR

## CALCIUM ANTAGONISTS

amlodipine  
diltiazem er, xr, hcl  
nicardipine hcl  
nifedipine (immediate-release only)  
nimodipine, **PA**  
verapamil ER

## CARDIAC GLYCOSIDES

digoxin

## CENTRALLY ACTING ANTIHYPERTENSIVES

clonidine—TTS 1/2/3  
clonidine  
guanfacine  
methyl dopa

## DIURETICS

acetazolamide  
bumetanide  
eplerenone, **PA**  
furosemide  
hydrochlorothiazide  
metolazone  
spironolactone

## HMG-COA REDUCTASE INHIBITORS

*First-Line Agents*  
pravastatin  
simvastatin

*Second-Line Agents—Covered if First Line filled in last 35 days*  
LIPITOR 80 mg ONLY, **ST**

## HYPOLIPOPROTEINEMICS

All generic agents covered  
fenofibrate  
gemfibrozil  
SLO-NIACIN

## NITRATES

All generic agents covered

## VASODILATOR ANTIHYPERTENSIVES

All generic agents covered

## OTHER CARDIOVASCULAR DRUGS

pentoxifylline

## CNS MEDICATIONS

**ANALGESICS** non-scheduled  
tramadol

## ANTICONVULSANTS

BANZEL, **PA**  
carbamazepine  
carbamazepine XR  
clonazepam  
DIASTAT, DIASTAT ACUDIAL, **PA**  
divalproex sod, divalproex ER  
ethosuximide  
gabapentin  
LAMICTAL, lamotrigine  
LYRICA, **PA**  
phenobarbital  
phenytoin  
phenytoin sodium extended  
TOPAMAX, topiramate  
TRILEPTAL, oxcarbazepine  
valproic acid

## ANTIDEPRESSANTS

amitriptyline  
citalopram  
clomipramine  
desipramine  
doxepin  
fluoxetine (**capsules only**)  
fluvoxamine  
imipramine  
nortriptyline  
paroxetine, paroxetine CR  
sertraline

*Trial and failure of two generic SSRIs in the past 180 days*

CYMBALTA, **ST**  
venlafaxine, XR, **ST**

## OTHER ANTIDEPRESSANTS

bupropion, bupropion sr  
mirtazapine  
mirtazapine ODT  
trazodone  
venlafaxine  
WELLBUTRIN XL

## ANTIMANIA DRUGS

lithium carbonate, SA  
lithium citrate

## ANTIPSYCHOTIC DRUGS

ABILIFY, ABILIFY DISCMELT  
clozapine  
fluphenazine  
GEODON  
haloperidol  
INVEGA  
LATUDA  
loxapine  
MOBAN  
perphenazine  
risperidone  
SAPHRIS  
SEROQUEL, XR  
thioridazine  
ZYPREXA, ZYPREXA ZYDIS

## ANTIVERTIGO AND ANTIEMETIC DRUGS

EMEND  
meclizine  
granisetron 1mg tablet **QLL 8 tabs /30 days**  
ondansetron (tablets and ODT only) **QLL 8 tablets/30 days, 4mg, 8mg, 16 mg**  
prochlorperazine  
promethazine

## ANXIOLYTICS:

**BZDs**  
alprazolam  
buspirone  
clorazepate  
diazepam  
lorazepam

## CNS STIMULANT/ADHD DRUGS

ADDERALL XR  
amphetamine salt combo  
FOCALIN XR  
METHYLIN  
methylphenidate,  
methylphenidate ER  
PROVIGIL, **PA**  
STRATTERA, **PA**  
NUVIGIL, **PA**

## DRUGS TO TREAT HEADACHES

butalbital/apap/caffeine  
butalbital/asa/caffeine  
butalbital compound  
butalbital compound w/codeine  
ergotamine-caffeine  
isometh/d-chloralphenaz/apap  
MIGRANAL  
sumatriptan, **QLL 9 tablets, or 1 kit, or 1-6ml nasal sprays/30days.**

*Second-Line Agent—Requires trial and failure with sumatriptan products*

RELPAK, **QLL 9 tablets/month, ST**  
ZOMIG, ZOMIG-ZMT, **QLL 9, ST tablets or nasal sprays/month**

## OPIOID AGONIST/ANTAGONISTS

SUBOXONE, **PA**  
SUBUTEX, **PA**

## OPIOID ANTAGONISTS

naltrexone, **PA**

**CLASS II OPIOIDS**  
fentanyl transdermal, **QLL 10/30 days**

hydromorphone  
meperidine  
methadone  
morphine ir, sr  
oxycodone w/acetaminophen, **5/325 only**  
oxycodone  
OXYCONTIN, **PA**

**CLASS III OPIOIDS**  
acetaminophen w/codeine  
hydrocodone w/acetaminophen, **tablets: 5/325, 7.5/325, 10/325, 10/650; capsule: 5/500**

## CLASS IV OPIOIDS

pentazocine and naloxone  
propoxyphene hcl  
propoxyphene napsylate w/apap

## SEDATIVE/HYPNOTIC DRUGS

chloral hydrate  
flurazepam  
temazepam  
triazolam  
zolpidem

## OTHER ANTIPARKINSON DRUGS

benztropine  
bromocriptine  
selegeline  
trihexyphenidyl

## OTHER CNS/AUTONOMIC DRUGS

ARICEPT ODT  
CAFCIT  
donepezil  
MIRAPEX ER  
NAMENDA  
pramipexole  
rivastigmine  
ropinirole  
XYREM

## DERMATOLOGICAL MEDICATIONS

### ANTIACNE DRUGS

clindamycin phosphate  
erythromycin-benzoyl peroxide gel, **Age < 22 years**  
erythromycin base  
isotretinoin, **PA**  
metronidazole 0.75% topical gel  
sod.sulfacetamide/sulfur  
tretinoin, **Age < 22 years**

### ANTIPRURITIC DRUGS

diphenhydramine  
hydroxyzine hcl, pamoate

### ANTIPSORIASIS AND ANTIECZEMADRUGS

DOVONEX, **QLL 60gm/30 days cream, 60ml/30days solution**  
selenium sulfide

### KERATOLYTIC DRUGS

CONDYLOX

### SCABICIDES & PEDICULOCIDES

permethrin, **legend and OTC**  
RID (generic), **OTC**

*Second-Line Agent—Requires three week therapy of permethrin or pyrethrin/piperonyl butoxide in past 45 days*

OVIDE 60ml, **ST**  
lindane shampoo 1% 60ml, **ST**  
ULESFIA (benzyl alcohol) 48oz, **ST**

### TOPICAL ANESTHETICS

lidocaine

### TOPICAL CORTICOSTEROID DRUGS

*Very High Potency*  
clobetasol propionate  
diflorasone diacetate

*High Potency*

amcinonide  
betamethasone dipropionate  
desoximetasone  
fluocinonide 0.05%

*Medium Potency*

betamethasone valerate  
hydrocortisone valerate  
triamcinolone acetonide

*Low Potency*

desonide  
fluocinolone acetonide 0.01%  
hydrocortisone

## TOPICAL DERMATOLOGICAL DRUGS

aluminum chloride  
ammonium lactate  
fluorouracil  
imiquimod  
nystatin  
nystatin w/ triamcinolone

*Second-Line Agents - requires 2 Rx Topical Corticosteroid in last 60 days*

ELIDEL, **PA**  
PROTOPIC, **PA**

## TOPICAL ORAL PREPARATIONS

*First-Line Agent*

ABREVA

## EAR-NOSE-THROAT MEDICATIONS

### DRUGS AFFECTING THE EAR

acetic acid  
acetic acid/aluminum acetate  
ofloxacin  
neomycin/polymyxin/hc

### DRUGS AFFECTING THE NOSE

fluticasone  
NASONEX (mometasone)

### DRUGS AFFECTING THE THROAT AND MOUTH

chlorhexidine gluconate  
triamcinolone acetonide

## ENDOCRINE MEDICATIONS ANTIDIABETIC AGENTS

*Requires 2 Rx of insulin or metformin agents in last 75 days*

JANUMET, **ST**  
JANUVIA, **ST**  
KOMBIGLYZE XR, **ST**  
ONGLYZA, **ST**  
STARLIX, **ST**

### ANTITHYROID DRUGS

methimazole  
propylthiouracil

### GLUCOCORTICOID DRUGS

dexamethasone  
hydrocortisone  
methylprednisolone  
prednisolone or prednisone,  
flavoring covered

### GLUCOSE ELEVATING DRUGS

GLUCAGON KIT, QLL 2 per Rx

### INSULIN

APIDRA  
HUMALOG, **ST**  
HUMALOG MIX 75/25  
HUMULIN 70/30  
HUMULIN R,N  
LANTUS  
LEVEMIR

### MINERALCORTICOID DRUGS

fludrocortisone