

**DISTRICT OF
COLUMBIA
HEALTHCARE
SAFETY NET
ALLIANCE
FORMULARY**

October 1, 2013

Revision History

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USE OF FORMULARY

The District of Columbia Health Care Alliance formulary is divided into five sections.

The **first section** is a compilation of selected policies, guidelines, medical and pharmaceutical information designed to assist the practitioner in the care of patients.

The **second section** is a drug listing within therapeutic category and subcategory as classified by American Hospital Formulary Service. Medications are listed by generic name with a cross-reference to its common trade name. The inclusion of a trade name is for information and cross-referencing only and does not necessarily coincide with the product currently stocked.

The **third section** is a listing of all medication alphabetized generically with cross-referencing to brand names. *(This section is forthcoming in version 2.0)*

The **fourth section** is a listing of all medication alphabetized by brand name with cross-referencing to generic names. *(This section is forthcoming in version 2.0)*

The **fifth section**, the Appendix, is a compilation of tables, guidelines, and information, which can be very useful in consideration of patient care. **(Contains ADAP Formulary)**

PRESCRIPTION PLAN SUMMARY

| Description of Benefits | Coverage |
|-------------------------|--|
| Deductible | None |
| Co-Pay | None |
| Generic Mandate | Generic equivalents <u>may</u> be substituted for products considered identical with respect to active components, therapeutic effectiveness, and bioavailability. |
| Quantity Limits | Maximum thirty day supply |
| Refill Limits | No sooner than the date when at least <u>75%</u> of your prescription should have been used (If a 30 day supply was issued, a prescription may be refilled after day 23). Prescriptions are valid for a maximum of 12 months. |

Only **stock** formulary medication will be replenished.

The Alliance Formulary may not totally eliminate the need to participate in compassionate use programs or other public or privately funded medication access programs.

The program does not cover Antiretrovirals. Alliance patients are eligible to participate in the AIDS Drug Assistance Program (ADAP). ADAP currently carries every commercially available antiretroviral. (The ADAP Formulary is included for reference in the Appendix – Fifth Section).

Non-formulary psychotropic drugs should be available through the Department of Mental Health.

For information and assistance on how to obtain **non-formulary medications**, please call the Alliance Member's Health Plan:

- **AmeriHealthDC** (202) 408-4720 or 1-888-602-3741
- **MedStar Family Choice** (202) 243-5400 or 1-888-404-3549
- **Trusted Health Plan** (202) 821-1100 or 1-855-326-4831

Should you have a need to refer Alliance patients to the **AIDS Drug Assistance Program** (ADAP), please call (202) 671-4900.

PHARMACY AND THERAPEUTICS COMMITTEE

The primary purpose of the committee is to develop a system whereby medications are evaluated, appraised and selected such that drugs considered most useful for patient care are on the Alliance Drug Formulary. The committee:

- Reviews requests for formulary change and prevents unnecessary duplication of the same basic drug or its combination.
- Evaluates the formulary and provides for its constant revision to accommodate changing needs and advances in therapeutics.
- Studies problems involved in the prescribing, distribution, administration, monitoring and labeling of medication.
- Assesses the Health Care Alliance's entire medication use system for the purpose of assuring rational prescribing, appropriate use, safety, and cost effectiveness.

FORMULARY ADDITIONS AND DELETIONS

The Pharmacy and Therapeutics Committee (P&T) makes recommendations for formulary changes. Final approval authority rests with the Department of Health. The P&T Committee utilizes a class review process to evaluate the formulary. Formulary reviews take into consideration the following criteria: the patient population, drug effectiveness, risk and cost.

In addition to the class review process, any Alliance prescriber may petition the committee in writing to review a drug for formulary inclusion. The request should address the advantages of the new agent or the unmet need. Individual requests should be made utilizing the **Request for Formulary Change Form** (a copy of the form is located in the appendix section of this manual). It may be photo copied and utilized as an official request form.

In addition to the above processes, formulary deletion requests will be initiated by the DOH pharmaceutical service department based on trends in product use.

GENERIC SUBSTITUTIONS

The Pharmacy and Therapeutics Committee has approved the dispensing of generic equivalents. Generic equivalents are drug products considered identical with respect to active component, therapeutic effectiveness, and bioavailability.

FORMULARY STATUS

Formulary Drug: A drug approved by the committee for inclusion on the Alliance formulary. Formulary drugs are generally available for routine use.

Restricted Drug: A drug approved by the committee for inclusion on the Alliance formulary, however, prescribing of this drug will be limited in scope (i.e., to a particular physician, medical service or protocol).

Non-formulary Drug: Any drug that has not been reviewed by the committee or has been reviewed and denied inclusion on the formulary. Non-formulary drugs requests must be submitted to the Alliance Member's Managed Care Plan for authorization consideration.

PHARMACEUTICAL SERVICES

Alliance Members **must** utilize one of the District of Columbia Pharmacy Provider Network (DCPPN) Pharmacies in order to access Alliance formulary medications.

Pharmacies not enrolled in the DCPPN will not be able to submit pharmacy claims for Alliance members.

A listing of the current participating DCPPN pharmacies may be found at the following link:

[DCPPN Pharmacies](http://doh.dc.gov/node/236872)
<http://doh.dc.gov/node/236872>

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DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Category: ANTIHISTAMINE DRUGS

| | |
|--------------------------------|---------------------------|
| LORATADINE 10MG TAB | CLARITIN 10MG TAB |
| LORATADINE 5MG/5ML SYRUP | CLARITIN 5MG/5ML SYRUP |
| DIPHENHYDRAMINE 12.5MG/5ML ELX | BENADRYL 12.5MG/5ML ELXIR |
| DIPHENHYDRAMINE 25MG CAPS | BENADRYL 25MG CAP |
| PROMETHAZINE HCL 25MG SUPP | PHENERGAN 25MG SUPP |
| PROMETHAZINE HCL 50MG SUPP | PHENERGAN 50MG SUPP |

Category: ANTI-INFECTIVE AGENTS

Subcategory: Anthelmintics

| | |
|--------------------------------|---------------------------|
| MEBENDAZOLE 100MG CHEWABLE TAB | VERMOX 100MG CHEWABLE TAB |
|--------------------------------|---------------------------|

Subcategory: Antibiotics

Subcategory: Antifungal Antibiotics

| | |
|-----------------------------|----------------------------|
| FLUCONAZOLE 150MG TAB | DIFLUCAN 150MG TAB |
| GRISEOFULVIN 125MG/5ML SUSP | GRIFULVIN V 125MG/5ML SUSP |
| GRISEOFULVIN 250MG TAB | GRIFULVIN V 250MG TAB |
| NYSTATIN 100000U/ML SUSP | NILSTAT 100000U/ML SUSP |

Subcategory: Cephalosporins

| | |
|--------------------------------|----------------------------|
| CEPHALEXIN 125MG/5ML ORAL SUSP | KEFLEX 125MG/5ML ORAL SUSP |
| CEPHALEXIN 250MG CAP | KEFLEX 250MG CAP |
| CEPHALEXIN 500MG CAP | KEFLEX 500MG CAP |

Subcategory: Macrolide Antibiotics

| | |
|--------------------------------|--------------------------------|
| AZITHROMYCIN 250MG CAP (Z-PAK) | ZITHROMAX 250MG CAP (Z-PAK) |
| AZITHROMYCIN 600MG/15ML SUSP | ZITHROMAX 600MG/15ML ORAL SUSP |
| AZITHROMYCIN 900MG/22.5ML SUSP | ZITHROMAX 900MG/22.5ML SUSP |
| CLARITHROMYCIN 250MG TAB | BIAXIN 250MG TAB |
| CLARITHROMYCIN 500MG TAB | BIAXIN 500MG TAB |
| ERYTHROMYCIN 200MG/5ML SUSP | E.E.S. 200MG/5ML SUSP |
| ERYTHROMYCIN 250MG FILMTAB | E.E.S 250MG FILMTAB |

Subcategory: Penicillins

| | |
|--------------------------------|---------------------|
| AMOXICILLIN 125/CLAV 31.25/5ML | AUGMENTIN 125 SUSP |
| AMOXICILLIN 125MG/5ML SUSP | TRIMOX 125/5ML SUSP |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

| | |
|-------------------------------|-------------------------------|
| AMOXICILLIN 250/CLAV 125 TAB | AUGMENTIN 250MG TAB |
| AMOXICILLIN 250/CLAV 62.5/5ML | AUGMENTIN 250 SUSP |
| AMOXICILLIN 250MG CAP | AMOXICILLIN 250MG CAP |
| AMOXICILLIN 250MG/5ML SUSP | TRIMOX 250MG/5ML SUSP |
| AMOXICILLIN 500/CLAV 125 TAB | AUGMENTIN 500MG TAB |
| AMOXICILLIN 500MG CAP | AMOXICILLIN 500MG CAP |
| AMOXICILLIN 875/CLAV 125 TAB | AUGMENTIN 875MG TAB |
| DICLOXACILLIN 250MG CAP | PATHOCIL 250MG CAP |
| PENICILLIN VK 250MG TAB | PENICILLIN VK 250MG TAB |
| PENICILLIN VK 250MG/5ML SUSP | LEDERCILLIN VK 250MG/5ML SUSP |

Subcategory: Tetracyclines

| | |
|------------------------|----------------------|
| DOXYCYCLINE 100MG CAP | VIBRAMYCIN 100MG CAP |
| TETRACYCLINE 250MG CAP | SUMYCIN 250MG CAP |

Subcategory: Misc Antibiotics

| | |
|-----------------------|-------------------|
| CLINDAMYCIN 150MG CAP | CLEOCIN 150MG CAP |
|-----------------------|-------------------|

Subcategory: Antituberculosis Agents

| | |
|--------------------------|--------------------------|
| ETHAMBUTOL 100MG TAB | MYAMBUTOL 100MG TAB |
| ETHAMBUTOL 400MG TAB | MYAMBUTOL 400MG TAB |
| ISONIAZID 100MG TAB | ISONIAZID 100MG TAB |
| ISONIAZID 300MG TAB | ISONIAZID 300MG TAB |
| ISONIAZID 50MG/5ML SYRUP | ISONIAZID 50MG/5ML SYRUP |
| PYRAZINAMIDE 500MG TAB | PYRAZINAMIDE 500MG TAB |
| RIFAMPIN 300MG CAP | RIMACTANE 300MG CAP |

Subcategory: Antivirals

| | |
|---------------------|-------------------|
| ACYCLOVIR 200MG CAP | ZOVIRAX 200MG CAP |
|---------------------|-------------------|

Subcategory: Antimalarial Agents

| | |
|------------------------------|-----------------------|
| HYDROXYCHLOROQUINE 200MG TAB | PLAQUENIL 200MG TAB |
| PRIMAQUINE 26.3MG TAB | PRIMAQUINE 26.3MG TAB |
| PYRIMETHAMINE 25MG TAB | DARAPRIM 25MG TAB |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Quinolones

| | |
|-----------------------------|--------------------|
| CIPROFLOXACIN HCL 250MG TAB | CIPRO 250MG TAB |
| CIPROFLOXACIN HCL 500MG TAB | CIPRO 500MG TAB |
| CIPROFLOXACIN HCL 750MG TAB | CIPRO 750MG TAB |
| LEVOFLOXACIN 250MG TAB | LEVAQUIN 250MG TAB |
| LEVOFLOXACIN 500MG TAB | LEVAQUIN 500MG TAB |
| LEVOFLOXACIN 750MG TAB | LEVAQUIN 750MG TAB |

Subcategory: Sulfonamides

| | |
|--------------------------------|------------------------|
| ERYTHROMYCIN/SULFISOX ORL SUSP | PEDIAZOLE ORAL SUSP |
| SULFADIAZINE 500MG TAB | SULFADIAZINE 500MG TAB |
| SULFASALAZINE 500MG TAB | AZULFIDINE 500MG TAB |

Subcategory: Sulfones

| | |
|-------------------|-------------------|
| DAPSONE 100MG TAB | DAPSONE 100MG TAB |
| DAPSONE 25MG TAB | DAPSONE 25MG TAB |

Subcategory: Urinary Anti-Infectives

| | |
|--------------------------|-----------------------|
| NITROFURANTOIN 100MG CAP | MACRODANTIN 100MG CAP |
| NITROFURANTOIN 50MG CAP | MACRODANTIN 50MG CAP |
| TRIMETHOPRIM 100MG TAB | TRIMPEX 100MG TAB |

Subcategory: Misc Anti-Infectives

| | |
|--------------------------------|-----------------------------|
| METRONIDAZOLE 250MG TAB | FLAGYL 250MG TAB |
| SULFAMETH 200/TRIMETH 40MG/5ML | BACTRIM PEDIATRIC ORAL SUSP |
| SULFAMETH 800/TRIMET 160MG TAB | BACTRIM DS TAB |

Category: ANTINEOPLASTIC AGENTS

| | |
|-----------------------------|--------------------------|
| BUSULFAN 2MG TAB | MYLERAN 2MG TAB |
| CHLORAMBUCIL 2MG TAB | LEUKERAN 2MG TAB |
| HYDROXYUREA 500MG CAP | HYDREA 500MG CAP |
| MEGESTROL 40MG TAB | MEGACE 40MG TAB |
| MEGESTROL 40MG/ML ORAL SUSP | MEGACE 40MG/ML ORAL SUSP |
| MELPHALAN 2MG TAB | ALKERAN 2MG TAB |
| METHOTREXATE 2.5MG TAB | METHOTREXATE 2.5MG TAB |
| TAMOXIFEN 10MG TAB | NOLVADEX 10MG TAB |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Category: AUTONOMIC DRUGS

Subcategory: Parasympathomimetic (Cholinergic Agents)

| | |
|-------------------------|---------------------|
| BETHANECHOL 25MG TAB | URECHOLINE 25MG TAB |
| BETHANECHOL 5MG TAB | URECHOLINE 5MG TAB |
| BETHANECOL 10MG TAB | URECHOLINE 10MG TAB |
| PYRIDOSTIGMINE 60MG TAB | MESTINON 60MG TAB |

Subcategory: Anticholinergic Agents

Subcategory: Antiparkinsonian Agents

| | |
|---------------------|------------------|
| BENZTROPINE 1MG TAB | COGENTIN 1MG TAB |
| BENZTROPINE 2MG TAB | COGENTIN 2MG TAB |

Subcategory: Antimuscarinics/Antispasmodics

| | |
|------------------------|----------------------|
| DICYCLOMINE 10MG CAP | BENTYL 10MG CAP |
| IPRATROPIUM BR INHALER | ATROVENT INHALER |
| PROPANTHELINE 15MG TAB | PROBANTHINE 15MG TAB |

Subcategory: Sympathomimetic (Adrenergic) Agents

| | |
|----------------------------------|-----------------------------|
| ALBUTEROL 2MG TAB | PROVENTIL 2MG TAB |
| ALBUTEROL 2MG/5ML SYRUP | PROVENTIL 2MG/5ML SYRUP |
| ALBUTEROL 4MG REPETAB | PROVENTIL 4MG REPETAB |
| ALBUTEROL 4MG TAB | PROVENTIL 4MG TAB |
| ALBUTEROL METERED INHALER | PROVENTIL METERED INHALER |
| ALBUTEROL 0.083% NEB UD SOL | PROVENTIL 0.083% NEB UD SOL |
| ALBUTEROL/IPRATROPIUM INHALER | COMBIVENT INHALER |
| METAPROTERENOL 10MG TAB | ALUPENT 10MG TAB |
| METAPROTERENOL 5% INH SOLUTION | ALUPENT 5% INH SOLUTION |
| METAPROTERENOL METERED INHALER | ALUPENT METERED INHALER |
| SALMETROL-FLUTICASON 100/50 DISK | ADVAIR 100/50MCG DISK INH |
| SALMETROL-FLUTICASON 250/50 DISK | ADVAIR 250/50MCG DISKUS INH |
| SALMETROL-FLUTICASON 500/50 DISK | ADVAIR 500/50MCG DISKUS INH |
| SALMETEROL XINAFOATE DISKUS INH | SEREVENT DISKUS 50MCG INH |
| TERBUTALINE 2.5MG TAB | BRETHINE 2.5MG TAB |
| TERBUTALINE 5MG TAB | BRETHINE 5MG TAB |

Subcategory: Sympatholytic (Adrenergic Blocking) Agents

| | |
|-------------------------------|-----------------|
| ERGOTAMINE 1MG/CAFF 100MG TAB | CAFERGOT TABLET |
|-------------------------------|-----------------|

Subcategory: Skeletal Muscle Relaxants

BACLOFEN 10MG TAB
CYCLOBENZAPRINE 10MG TAB

LIORESAL 10MG TAB
FLEXERIL 10MG TAB

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Category: BLOOD FORMATION AND COAGULATION

Subcategory: Antianemia Drugs

Subcategory: Iron Preparations

FERROUS SULF 325MG TAB UD
FERROUS SULF 220MG/5ML ELIXIR

FERROUS SULF 325MG TAB UD
FERROUS SULF 220/5ML ELIXIR

Subcategory: Coagulants and Anticoagulants

Subcategory: Anticoagulants

ENOXAPARIN 30MG INJ
ENOXAPARIN 40MG INJ
ENOXAPARIN 60MG INJ
ENOXAPARIN 80MG INJ
ENOXAPARIN 100MG INJ
ENOXAPARIN 120MG INJ
WARFARIN SODIUM 1MG TAB
WARFARIN SODIUM 2.5MG TAB
WARFARIN SODIUM 3MG TAB
WARFARIN SODIUM 4MG TAB
WARFARIN SODIUM 5MG TAB

LOVENOX 30MG INJ
LOVENOX 40MG INJ
LOVENOX 60MG INJ
LOVENOX 80MG INJ
LOVENOX 100MG INJ
LOVENOX 120MG INJ
COUMADIN 1MG TAB
COUMADIN 2.5MG TAB
COUMADIN 3MG TAB
COUMADIN 4MG TAB
COUMADIN 5MG TAB

Subcategory: Hemorrhologic Agents

PENTOXIFYLLINE 400MG TAB SA

TRENTAL 400MG TAB SA

Category: CAROIOVASCULAR DRUGS

Subcategory: Cardiac Drugs

AMIODARONE 200MG TAB
AMLODIPINE BESYLATE 10MG TAB
AMLODIPINE BESYLATE 5MG TAB
ATENOLOL 50MG TAB
CAPTOPRIL 12.5MG TAB
CAPTOPRIL 25MG TAB
DIGOXIN 0.05MG/ML ELIXIR
DIGOXIN 0.125MG TAB
DIGOXIN 0.25MG TAB
DILTIAZEM 180MG CR CAP
DILTIAZEM 30MG TAB
DILTIAZEM 60MG TAB
DILTIAZEM HCL 240MG CR CAP

CORDARONE 200MG TAB
NORVASC 10MG TAB
NORVASC 5MG TAB
TENORMIN 50MG TAB
CAPOTEN 12.5MG TAB
CAPOTEN 25MG TAB
LANOXIN 0.05MG/ML ELIXIR
LANOXIN 0.125MG TAB
LANOXIN 0.25MG TAB
TIAZAC 180MG CR CAP
CARDIZEM 30MG TAB
CARDIZEM 60MG TAB
TIAZAC 240MG CR CAP

DILTIAZEM HCL 300MG CR CAP
FOSINOPRIL SODIUM 10MG TAB
FOSINOPRIL SODIUM 20MG TAB

TIAZAC 300MG CR CAP
MONOPRIL 10MG TAB
MONOPRIL 20MG TAB

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

| Generic Name | Trade Name |
|-------------------------------|----------------------|
| FOSINOPRIL SODIUM 40MG TAB | MONOPRIL 40MG TAB |
| LISINOPRIL 10MG TAB | ZESTRIL 10MG TAB |
| LISINOPRIL 20MG TAB | ZESTRIL 20MG TAB |
| LISINOPRIL 5MG TAB | ZESTRIL 5MG TAB |
| METOPROLOL 50MG TAB | LOPRESSOR 50MG TAB |
| NIFEDIPINE 10MG CAP | PROCARDIA 10MG CAP |
| NIFEDIPINE CC 30MG TAB | ADALAT CC 30MG TAB |
| NIFEDIPINE CC 60MG TAB | ADALAT CC 60MG TAB |
| NIFEDIPINE CC 90MG TAB | ADALAT CC 90MG TAB |
| PROCAINAMIDE 250MG CAP | PROCAN 250MG CAP |
| PROCAINAMIDE SR 500MG TAB | PROCAN SR 500MG TAB |
| PROPRANOLOL 10MG TAB | INDERAL 10MG TAB |
| PROPRANOLOL 40MG TAB | INDERAL 40MG TAB |
| PROPRANOLOL LA 120MG CAP | INDERAL LA 120MG CAP |
| PROPRANOLOL LA 160MG CAP | INDERAL LA 160MG CAP |
| PROPRANOLOL LA 80MG CAP | INDERAL LA 80MG CAP |
| QUINIDINE GLUCONATE 324MG TAB | QUINAGLUTE 324MG TAB |
| QUINIDINE SULFATE 200MG TAB | QUINORA 200MG TAB |
| VERAPAMIL 120MG TAB | CALAN 120MG TAB |
| VERAPAMIL 240MG CAP SA | VERELAN 240MG CAP SA |
| VERAPAMIL 80MG TAB | CALAN 80MG TAB |

Subcategory: Antilipemic Agents

| | |
|--------------------------|--------------------|
| ATORVASTATIN 80MG TAB | LIPITOR 80MG TAB |
| CHOLESTYRAMINE LIGHT PKT | QUESTRAN LIGHT PKT |
| SIMVASTATIN 5MG TAB | ZOCOR 5MG TAB |
| SIMVASTATIN 10MG TAB | ZOCOR 10MG TAB |
| SIMVASTATIN 20MG TAB | ZOCOR 20MG TAB |
| SIMVASTATIN 40MG TAB | ZOCOR 40MG TAB |
| SIMVASTATIN 80MG TAB | ZOCOR 80MG TAB |

Subcategory: Hypotensive Agents

| | |
|----------------------------|----------------------|
| CLONIDINE HCL 0.1MG TAB | CATAPRES 0.1MG TAB |
| CLONIDINE HCL 0.2MG TAB | CATAPRES 0.2MG TAB |
| CLONIDINE HCL 0.3MG TAB | CATAPRES 0.3MG TAB |
| CLONIDINE-TTS 1 PATCH | CATAPRES-TTS 1 PATCH |
| CLONIDINE-TTS 2 PATCH | CATAPRES-TTS 2 PATCH |
| CLONIDINE-TTS 3 PATCH | CATAPRES-TTS 3 PATCH |
| DOXAZOSIN MESYLATE 1MG TAB | CARDURA 1MG TAB |
| DOXAZOSIN MESYLATE 2MG TAB | CARDURA 2MG TAB |
| DOXAZOSIN MESYLATE 4MG TAB | CARDURA 4MG TAB |
| HYDRALAZINE 25MG TAB | APRESOLINE 25MG TAB |
| HYDRALAZINE 50MG TAB | APRESOLINE 50MG TAB |
| LABETALOL 100MG TAB | NORMODYNE 100MG TAB |
| LABETALOL 200MG TAB | NORMODYNE 200MG TAB |
| METHYLDOPA 250MG TAB | ALDOMET 250MG TAB |

MINOXIDIL 2.5MG TAB
TELMISARTAN 40MG TAB
TELMISARTAN 80MG TAB

LONITEN 2.5MG TAB
MICARDIS 40MG TAB
MICARDIS 80MG TAB

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

| Generic Name | Trade Name |
|----------------------|-------------------|
| MINOXIDIL 2.5MG TAB | LONITEN 2.5MG TAB |
| TELMISARTAN 40MG TAB | MICARDIS 40MG TAB |
| TELMISARTAN 80MG TAB | MICARDIS 80MG TAB |

Subcategory: Vasodilating Agents

| | |
|--------------------------------|--------------------------------|
| DIPYRIDAMOLE 25MG TAB | PERSANTINE 25MG TAB |
| ISOSORBIDE MONONIT 120MG TB CR | IMDUR 120MG TAB CR |
| ISOSORBIDE MONONIT 30MG TAB CR | IMDUR 30MG TAB CR |
| ISOSORBIDE MONONIT 60MG TAB CR | IMDUR 60MG TAB CR |
| NITROGLYCERIN 0.2MG/HR PATCH | TRANSDERM-NITRO 0.2MG/HR PATCH |
| NITROGLYCERIN 0.4MG TAB SL | NITROSTAT 0.4MG TAB SL |
| NITROGLYCERIN 0.4MG/HR PATCH | NITRO-DUR 0.4MG/HR PATCH |
| NITROGLYCERIN 0.6MG TAB SL | NITROSTAT 0.6MG TAB SL |
| NITROGLYCERIN 2% OINT | NITROL 2% OINT |

Subcategory: Beta Adrenergic Blocking Agents

| | |
|------------------------|-------------------|
| CARVEDILOL 3.125MG TAB | COREG 3.125MG TAB |
| CARVEDILOL 6.25MG TAB | COREG 6.25MG TAB |
| CARVEDILOL 12.5MG TAB | COREG 12.5MG TAB |
| CARVEDILOL 25MG TAB | COREG 25MG TAB |

Category: CENTRAL NERVOUS SYSTEM DRUGS

Subcategory: Analgesics and Antipyretics

Subcategory: Nonsteroidal Anti-inflammatory Agents

| | |
|-------------------------------|-----------------------|
| BUTALB 50/CAFF 40/ASA 325 TAB | FIORINAL TAB |
| IBUPROFEN 400MG TAB | MOTRIN 400MG TAB |
| IBUPROFEN 600MG TAB | MOTRIN 600MG TAB |
| INDOMETHACIN 25MG CAP | INDOCIN 25MG CAP |
| KETOPROFEN 50MG CAP | ORUDIS 50MG CAP |
| NAPROXEN 250MG TAB | NAPROSYN 250MG TAB |
| NAPROXEN 375MG TAB | NAPROSYN 375MG TAB |
| PIROXICAM 10MG CAP | FELDENE 10MG CAP |
| PIROXICAM 20MG CAP | FELDENE 20MG CAP |
| SULINDAC 150MG TAB | CLINORIL 150MG TAB |
| SULINDAC 200MG TAB | CLINORIL 200MG TAB |
| TOLMETIN 400MG DS CAP | TOLECTIN DS 400MG CAP |

Subcategory: Salicylates

| | |
|-----------------------------|-----------------------------|
| ASPIRIN 81MG ENT COATED TAB | ASPIRIN 81MG ENT COATED TAB |
|-----------------------------|-----------------------------|

Subcategory: Opiate Agonists

| | |
|--------------------------------|-----------------------------|
| ACETAMINO 120/COD 12MG/5ML ELX | TYLENOL W/CODEINE ELIXIR |
| ACETAMINO 300/CODEINE 30MG TAB | TYLENOL W/ CODEINE NO.3 TAB |
| CODEINE SULFATE 30MG TAB | CODEINE 30MG TAB |
| HYDROMORPHONE 2MG TAB | DILAUDID 2MG TAB |
| MEPERIDINE 50MG TAB | DEMEROL 50MG TAB |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

| Generic Name | Trade Name |
|--------------------------------|---------------------------|
| MORPHINE SUL 20MG/ML-120ML SOL | ROXANOL 20MG/ML-12-ML SOL |
| MORPHINE SULFATE 20MG/ML SOLN | ROXANOL 20MG/ML SOLN |
| MORPHINE SULFATE 30MG SA TAB | MS CONTIN 30MG SA TAB |
| OXYCODONE 5/ACETAMIN 325MG TAB | PERCOCET 5/325MG TAB |

Subcategory: Misc Analgesics and Antipyretics

| | |
|-----------------------------|-----------------------|
| ACETAMINOPHEN 100MG/ML DROP | TYLENOL 100MG/ML DROP |
| ACETAMINOPHEN 160MG/5ML LIQ | TYLENOL 160MG/5ML ELX |

Subcategory: Anticonvulsants

Subcategory: Barbiturates

| | |
|---------------------|--------------------|
| PRIMIDONE 250MG TAB | MYSOLINE 250MG TAB |
|---------------------|--------------------|

Subcategory: Benzodiazepines

| | |
|----------------------|--------------------|
| CLONAZEPAM 0.5MG TAB | KLONOPIN 0.5MG TAB |
| CLONAZEPAM 1MG TAB | KLONOPIN 1MG TAB |
| CLONAZEPAM 2MG TAB | KLONOPIN 2MG TAB |

Subcategory: Hydantoins

| | |
|---------------------------|-------------------------|
| PHENYTOIN 100MG CAP | DILANTIN 100MG CAP |
| PHENYTOIN 125MG/SML SUSP | DILANTIN 125MG/SML SUSP |
| PHENYTOIN 50MG TAB | DILANTIN 50MG TAB |
| PHENYTOIN SOD 30MG SR CAP | DILANTIN 30MG SR CAP |

Subcategory: Misc Anticonvulsants

| | |
|------------------------------|-------------------------|
| CARBAMAZEPINE 100MG TAB | TEGRETOL 100MG TAB |
| CARBAMAZEPINE 100MG/SML SUSP | TEGRETOL 100MG/SML SUSP |
| CARBAMAZEPINE 200MG TAB | TEGRETOL 200MG TAB |
| GABAPENTIN 300MG CAP | NEURONTIN 300MG CAP |
| GABAPENTIN 400MG CAP | NEURONTIN 400MG CAP |
| LAMOTRIGINE 100MG TAB | LAMICTAL 100MG TAB |
| LAMOTRIGINE 25MG TAB | LAMICTAL 25MG TAB |
| VALPROIC ACID 250MG CAP | DEPAKENE 250MG CAP |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Psychotherapeutic Agents
Subcategory: Antidepressants

| | |
|----------------------------|---------------------|
| AMITRIPTYLINE 10MG TAB | ELAVIL 10MG TAB |
| AMITRIPTYLINE 25MG TAB | ELAVIL 25MG TAB |
| AMITRIPTYLINE HCL 50MG TAB | ELAVIL 50MG TAB |
| DESIPRAMINE 10MG TAB | NORPRAMIN 10MG TAB |
| DESIPRAMINE 25MG TAB | NORPRAMINE 25MG TAB |
| DESIPRAMINE 50MG TAB | NORPRAMIN 50MG TAB |
| IMIPRAMINE 25MG TAB | TOFRANIL 25MG TAB |
| IMIPRAMINE HCL 10MG TAB | TOFRANIL 10MG TAB |
| NORTRIPTYLINE HCL 10MG CAP | PAMELOR 10MG CAP |
| NORTRIPTYLINE HCL 25MG CAP | PAMELOR 25MG CAP |
| SERTRALINE 50MG TAB | ZOLOFT 50MG TAB |
| SERTRALINE HCL 100MG TAB | ZOLOFT 100MG TAB |

Subcategory: Antipsychotic Agents

| | |
|--------------------------|--------------------|
| CHLORPROMAZINE 25MG TAB | THORAZINE 25MG TAB |
| CHLORPROMAZINE 50MG TAB | THORAZINE 50MG TAB |
| FLUPHENAZINE 5MG TAB | PROLIXIN 5MG TAB |
| FLUPHENAZINE HCL 1MG TAB | PROLIXIN 1MG TAB |
| HALOPERIDOL 1MG TAB | HALDOL 1MG TAB |
| HALOPERIDOL 5MG TAB | HALDOL 5MG TAB |
| THIORIDAZINE 100MG TAB | MELLARIL 100MG TAB |
| THIORIDAZINE 25MG TAB | MELLARIL 25MG TAB |
| TRIFLUOPERAZINE 5MG TAB | STELAZINE 5MG TAB |

Subcategory: Respiratory and Cerebral Stimulants

| | |
|--------------------------|------------------|
| METHYLPHENIDATE 10MG TAB | RITALIN 10MG TAB |
|--------------------------|------------------|

Subcategory: Anxiolytics, Sedatives and Hypnotics

Subcategory: Barbiturates

| | |
|-------------------------------|-------------------------------|
| PHENOBARBITAL 20MG/5ML EXIXIR | PHENOBARBITAL 20MG/5ML ELIXIR |
| PHENOBARBITAL 30MG TAB | PHENOBARBITAL 30MG TAB |

Subcategory: Benzodiazepines

| | |
|-----------------------|------------------|
| ALPRAZOLAM 0.25MG TAB | XANAX 0.25MG TAB |
| ALPRAZOLAM 0.5MG TAB | XANAX 0.5MG TAB |
| ALPRAZOLAM 1MG TAB | XANAX 1MG TAB |

CHLORDIAZEPOXIDE 10MG CAP
CHLORDIAZEPOXIDE 25MG CAP
CHLORDIAZEPOXIDE 5MG CAP

LIBRIUM 10MG CAP
LIBRIUM 25MG CAP
LIBRIUM 5MG CAP

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

DIAZEPAM 5MG TAB
FLURAZEPAM 15MG CAP
LORAZEPAM 0.5MG TAB
LORAZEPAM 1MG TAB
LORAZEPAM 2MG TAB

VALIUM 5MG TAB
DALMANE 15MG CAP
ATIVAN 0.5MG TAB
ATIVAN 1MG TAB
ATIVAN 2MG TAB

Subcategory: Misc Anxiolytics, Sedatives and Hypnotics

HYDROXYZINE 10MG/5ML SYRUP
HYDROXYZINE HCL 10MG TAB
HYDROXYZINE HCL 25MG TAB

ATARAX 10MG/5ML SYRUP
ATARAX 10MG TAB
ATARAX 25MG TAB

Subcategory: Antimanic Agents

LITHIUM CARBONATE 300MG CAP

ESKALITH 300MG CAP

Subcategory: Misc Central Nervous System Agents

CARBIDOPA/LEVODOPA-10/100 TAB
CARBIDOPA/LEVADOPA-25/100 TAB
CARBIDOPA/LEVADOPA-25/250 TAB
SUMATRIPTAN 25MG TAB
SUMATRIPTAN 50MG TAB
SUMATRIPTAN 100MG TAB

SINEMET-10/100 TABLET
SINEMET-25/100 TABLET
SINEMET-25/250 TABLET
IMITREX 25MG TAB
IMITREX 50MG TAB
IMITREX 100MG TAB

Category: CONTRACEPTIVES (e.g., Foams, Devices)

CONDOMS LUBRICATED/SPERMICIDAL
DELFEN FOAM 12.5% VAGINAL
DIAPHRAGM ARC-SPRING 65MM
DIAPHRAGM ARC-SPRING 70MM
DIAPHRAGM ARC-SPRING 75MM
DIAPHRAGM ARC-SPRING 80MM
DIAPHRAGM ARC-SPRING 85MM

CONDOMS LUBRICATED/SPERMICIDAL
DELFEN FOAM 12.5% VAGINAL
ORTHO-DIAPHRAGM ALLFLX 65MM
ORTHO-DIAPHRAGM ALLFLX 70MM
ORTHO-DIAPHRAGM ALLFLX 75MM
ORTHO-DIAPHRAGM ALLFLX 80MM
ORTHO-DIAPHRAGM ALLFLX 85MM

Category: DIAGNOSTIC AGENTS

Subcategory: Roentgenography

GASTROGRAFFIN SOLUTION

GASTROGRAFFIN SOLUTION

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Category: ELECTROLYTIC CALORIC AND WATER BALANCE

Subcategory: Alkalinizing Agents

BICITRA SUGAR FREE SOLUTION

BICITRA SUGAR FREE SOLUTION

Subcategory: Ammonia Detoxicants

LACTULOSE 10GM/15ML SYRUP

CEPHULAC 10GM/15ML SYRUP

Subcategory: Replacement Solutions

CALCIUM CARBONATE 650MG TAB

CALCIUM CARBONATE 650MG TAB

POTASSIUM CHLORIDE 10% SOL

POTASSIUM CHLORIDE 10% SOL

POTASSIUM CHLORIDE 20MEQ PKT

KLOR 20MEQ PKT

POTASSIUM CHLORIDE 20MEQ TAB

KLORVRESS 20MEQ TAB

POTASSIUM CL 10MEQ SA TAB

TEN-K 10MEQ SA TAB

Subcategory: Potassium-Removing Resins

SOD POLYSTYRENE SULF 15GM/60ML

SOD POLYSTYRENE SULF 15GM/60ML

Subcategory: Diuretics

BUMETANIDE 1MG TAB

BUMEX 1MG TAB

FUROSEMIDE 20MG TAB

LASIX 20MG TAB

FUROSEMIDE 40MG TAB

LASIX 40MG TAB

HYDROCHLOROTHIAZIDE 12.5MG CAP

MICROZIDE 12.5MG CAP

HYDROCHLOROTHIAZIDE 25MG TAB

ESIDREX 25MG TAB

HYDROCHLOROTHIAZIDE 50MG TAB

ESIDREX 50MG TAB

METOLAZONE 5MG TAB

DIULO 5MG TAB

TRIAMTERENE 37.5/HCTZ 25 TAB

MAXZIDE 37.5MG/25MG TAB

Subcategory: Potassium-sparing Diuretics

SPIRONOLACTONE 25MG TAB

ALDACTONE 25MG TAB

SPIRONOLACTONE/HCTZ 25/25 TAB

ALDACTAZIDE 25/25 TAB

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Uricosuric Agents

PROBENECID 500MG TAB

BENEMID 500MG TAB

Category: ENZYMES

GRANULEX SPRAY

GRANULEX SPRAY

Category: ANTITUSSIVES, EXPECTORANTS AND MUCYOLYTIC AGENTS

Subcategory: Antitussives

GUAIFENSIN/CODEINE SYRUP

ROBITUSSIN AC SYRUP

PSEUDOEPHED/CARBINOX DM DROP

RONDEC DM DROP

PSEUDOEPHED/CARBINOX DM SYRUP

RONDEC DM SYRUP

Subcategory: Expectorants

LUGOLS SOLUTION

LUGOLS SOLUTION

Category: EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

Subcategory: Anti-infectives

Subcategory: Antibiotics

BACITRACIN 500U/GM EYE OINT

BACITRACIN 500U/GM EYE OINT

CIPROFLOXACIN 0.3% EYE OINT

CILOXAN 0.3% EYE OINT

CIPROFLOXACIN 0.3% OPTH DROP

CILOXAN 0.3% OPTH DROP

COLY-MYCIN S OTIC DROP

COLY-MYCIN S OTIC DROP

ERYTHROMYCIN EYE OINT

ILOTYCIN EYE OINT

GENTAMICIN 3MG/ML OPTH DROP

GARAMYCIN 3MG/ML OPTH DROP

GENTAMICIN SULF EYE OINT

GARAMYCIN EYE OINT

MAXITROL OPHTHALMIC DROP

MAXITROL OPHTHALMIC DROP

NEOMYC/POLYM B/HC OTIC SUSP

CORTISPORIN OTIC SUSP

OFLOXACIN OTIC 0.3% DROP

FLOXIN OTIC 0.3% DROP

TOBRAMYCIN 0.3% EYE OINT

TOBREX 0.3% EYE OINT

TOBRAMYCIN 0.3% OPTH DROP

TOBREX 0.3% OPTH DROP

TOBRAMYCIN/DEXAMETHA OPTH DROP

TOBRADEX OPTH DROP

TOBRAMYCIN/DEXMETHA EYE OINT

TOBRADEX EYE OINT

TRIMETHOPRIM/POLYMIX OPTH DROP

POLYTRIM OPHTHALMIC DROP

Subcategory: Antivirals

TRIFLURIDINE 1% OPTH DROP

VIROPTIC 1% OPTH DROP

Subcategory: Sulfonamides

SULFACETAMIDE 10% OPTH DROP

SULAMYD 10% OPTH DROP

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Misc Anti-Infectives

| | |
|-------------------------------|-------------------|
| ACETIC ACID 2% OTIC SOL | VOSOL 2% OTIC SOL |
| ACETIC ACID 2%/HC 1% OTIC SOL | VOSOL HC OTIC SOL |

Subcategory: Anti-Inflammatory Agents

| | |
|--------------------------------|---------------------------|
| FLUNISOLIDE 0.025% NASAL INH | NASALIDE 0.025% NASAL INH |
| FLUOROMETHOLONE EYE OINT | FML EYE OINT |
| KETOROLAC TROM 0.5% OPTH DROP | ACULAR 0.5% OPTH DROP |
| PREDNISOLONE ACET 1% OPTH DROP | PRED FORTE 1% OPTH DROP |

Subcategory: Carbonic Anhydrase Inhibitors

| | |
|------------------------------|----------------------|
| ACETAZOLAMIDE 250MG TAB | DIAMOX 250MG TAB |
| ACETAZOLAMIDE 500MG CAP SA | DIAMOX SEQUELS 500MG |
| DORZOLAMIDE HCL 2% OPTH DROP | TRUSOPT 2% OPTH DROP |
| METHAZOLAMIDE 50MG TAB | NEPTAZANE 50MG TAB |

Subcategory: Local Anesthetics

| | |
|-------------------------------|-------------------------------|
| AURALGAN EAR DROP | AURALGAN EAR DROP |
| LIDOCAINE 2% VISCOUS SOLUTION | LIDOCAINE 2% VISCOUS SOLUTION |
| LIDOCAINE HCL 2% JELLY | XYLOCAINE 2% JELLY |
| PROPACARCAINE 0.5% OPTH DROP | OPHTHETIC 0.5% OPTH DROP |

Subcategory: Miotics

| | |
|--------------------------|------------------------|
| PILOCARPINE 2% OPTH DROP | PILOCAR 2% OPTH DROP |
| PILOCARPINE 4% EYE GEL | PILOPINE HS 4% EYE GEL |
| PILOCARPINE 4% OPTH DROP | PILOCAR 4% OPTH DROP |

Subcategory: Mydriatics

| | |
|--------------------------------|--------------------------------|
| ATROPINE 1% OPTH DROP | ATROPINE 1% OPTH DROP |
| CYCLOPENTOL/PHENYLEPH OPTH SOL | CYCLOMYDRIL OPTH SOLUTION |
| CYCLOPENTOLATE 1% OPTH DROP | CYCLOGYL 1% OPTH DROP |
| DIPIVEFRIN 0.1% OPTH DROP | PROPINE 0.1% OPTH DROP |
| HOMATROPINE 2% OPTH DROP | ISOPTO HOMATROPIN 2% OPTH DROP |
| HOMATROPINE 5% OPTH DROP | ISOPTO HOMATROPIN 5% OPTH DROP |
| SCOPOLAMINE 0.25% OPTH DROP | ISOPTO HYOSCIN 0.25% OPTH DROP |
| TROPICAMIDE 1% OPTH DROP | MYDRIACYL 1% OPTH DROP |

Subcategory: Mouthwashes and Gargles

| | |
|---------------------|---------------------|
| MAGIC MOUTHWASH SOL | MAGIC MOUTHWASH SOL |
|---------------------|---------------------|

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Vasoconstrictors

PHENYLEPHRINE 2.5% OPTH DROP
NAPHAZOLINE 0.1% OPHTH DROP

NEOSYNEPHRINE 2.5% OPTH DROP
AK CON OPHTHALMIC DROP

Subcategory: Misc EENT Drugs

BETAXOLOL HCL 0.25% OPTH DROP
BRIMONIDINE 0.2% OPHTH DROP
CERUMENEX 10% EAR DROP
HYDROXYPROPYLMETH 2.5% OPT SOL
HYPOTEARNS OPTH DROP
LACRILUBE EYE OINT
LATANOPROST 0.005% OPHTH DROP
SODIUM CHLORIDE 5% OPTH DROP
TIMOLOL 0.5% OPTH DROP

BETOPTIC S 0.25% OPTH DROP
ALPHAGAN 0.2% OPHTH DROP
CERUMENEX 10% EAR DROP
GONIOSOL 2.5% OPTH SOLUTION
HYPOTEARNS OPTH DROP
LACRILUBE S.O.P. EYE OINT
XALATAN 0.005% OPHTH DROP
ADSORBONAC 5% OPTH DROP
TIMOPTIC 0.5% OPTH DROP

Category: GASTROINTESTINAL DRUGS

Subcategory: Antacids and Adsorbents

MAALOX EXTRA STRENGTH LIQUID
SODIUM BICARBONATE 650MG TAB

MAALOX EXTRA STRENGTH LIQUID
SODIUM BICARBONATE 650MG TAB

Subcategory: Antidiarrhea Agents

DIPHENOXYLATE/ATROPINE TAB
LOPERAMIDE 2MG CAP
PAREGORIC LIQ

LOMOTIL TAB
IMODIUM 2MG CAP
PAREGORIC LIQ

Subcategory: Cathartics and Laxatives

BISACODYL 10MG SUPP
COLYTE SOLUTION

DULCAGEN 10MG SUPP
COLYTE SOLUTION

Subcategory: Digestants

PANCRELIPASE CAP

COTAZYM CAP

Subcategory: Antiemetics

MECLIZINE HCL 12.5MG TAB
MECLIZINE HCL 25MG TAB

BONINE 12.5MG TAB
BONINE 25MG TAB

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

| Generic Name | Trade Name |
|------------------------------|---------------------|
| PROCHLORPERAZINE 25MG SUPP | COMPAZINE 25MG SUPP |
| PROCHLORPERAZINE 5MG TAB | COMPAZINE 5MG TAB |
| TRIMETHOBENZAMIDE 100MG SUPP | TIGAN 100MG SUPP |
| TRIMETHOBENZAMIDE 200MG SUPP | TIGAN 200MG SUPP |

Subcategory: Misc GI Drugs

| | |
|------------------------------|----------------------------|
| METOCLOPRAMIDE 10MG TAB | METOCLOPRAMIDE 10MG TAB |
| METOCLOPRAMIDE 5MG/5ML SYRUP | REGLAN 5MG/5ML SYRUP |
| OMEPRAZOLE 20MG OTC TAB 14's | PRILOSEC 20MG OTC TAB 14's |
| OMEPRAZOLE 20MG OTC TAB 28's | PRILOSEC 20MG OTC TAB 28's |
| RANITIDINE 150MG TAB | ZANTAC 150MG TAB |
| SUCRALFATE 1GM TAB | CARAFATE 1GM TAB |

Category: GOLD COMPOUNDS

| | |
|-------------------|-----------------|
| AURANOFIN 3MG CAP | RIDAURA 3MG CAP |
|-------------------|-----------------|

Category: HEAVY METAL ANTAGONISTS

| | |
|-------------------------|---------------------|
| PENICILLAMINE 250MG CAP | CUPRIMINE 250MG CAP |
| SUCCIMER 100MG CAP | CHEMET 100MG CAP |

Category: HORMONES AND SYNTHETIC SUBSTITUTES

Subcategory: Adrenals

| | |
|--|----------------------------------|
| BECLOMETHASONE INHALER | VANCERIL INHALER |
| BUDESONIDE INH SUSP 0.25MG | PULMICORT RESPULES 0.25 INH SUSP |
| ** Restriction: Patient less than 4 years old ** | |
| BUDESONIDE INH SUSP 0.5MG | PULMICORT RESPULES 0.5 INH SUSP |
| ** Restriction: Patient less than 4 years old ** | |
| DEXAMETHASONE 0.5MG TAB | DECADRON 0.5MG TAB |
| DEXAMETHASONE 4MG TAB | DECADRON 4MG TAB |
| FLUDROCORTISONE 0.1MG TAB | FLORINEF 0.1MG TAB |
| FLUTICASONE PROPIO 110 INHALER | FLOVENT 110MCG INHALER |
| FLUTICASONE PROPION 44 INHALER | FLOVENT 44MCG INHALER |
| METHYLPREDNISOLONE 4MG DOSEPAK | MEDROL 4MG DOSEPAK |
| METHYLPREDNISOLONE 4MG TAB | MEDROL 4MG TAB |
| PREDNISONONE 20MG TAB | DELTASONE 20MG TAB |
| PREDNISONONE 5MG TAB | DELTASONE 5MG TAB |
| PREDNISONONE 5MG/5ML ORAL SOL | PREDNISONONE 5MG/5ML ORAL SOL |

Subcategory: Contraceptives

| | |
|------------------------------|------------------------------|
| LEVONORGESTREL 0.75MG TAB | PLAN B 0.75MG TAB |
| LO/OVRAL-28 TAB | LO/OVRAL-28 TAB |
| NORDETTE-28 TAB | NORDETTE-28 TAB |
| NORETHINDRONE 0.35MG TAB | MICRONOR 0.35MG TAB |
| ORTHO EVRA PATCH | ORTHO EVRA PATCH |
| ORTHO NOVUM-1/35 28 DAYS TAB | ORTHO NOVUM-1/35 28 DAYS TAB |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

| Generic Name | Trade Name |
|-----------------------------|-----------------------------|
| ORTHO NOVUM-777 28 DAYS TAB | ORTHO NOVUM-777 28 DAYS TAB |
| ORTHO-NOVUM 1/50 TAB | ORTHO-NOVUM 1/50 TAB |
| TRIPHASIL-28 TAB | TRIPHASIL-28 TAB |

Subcategory: Estrogens

| | |
|-------------------------------|-----------------------|
| ESTROGENS, CONJ 0.625MG TAB | PREMARIN 0.625MG TAB |
| ESTROGENS, CONJ 1.25MG TAB | PREMARIN 1.25MG TAB |
| ESTROGENS, CONJ VAG CR W/APP | PREMARIN VAG CR W/APP |
| CONJ ESTROG/MEDROXYPROG 2.5MG | PREMPRO 2.5MG TAB |

Subcategory: Antidiabetic Agents

Subcategory: Biguanides

| | |
|-------------------------|-------------------------|
| METFORMIN HCL 500MG TAB | GLUCOPHAGE 500MG TAB |
| METFORMIN HCL 850MG TAB | GLUCOPHAGE 850MG TAB |
| METFORMIN XR 500MG TAB | GLUCOPHAGE XR 500MG TAB |

Subcategory: Insulins

| | |
|--------------------------------|------------------------------|
| INSULIN ASPART 100U/ML INJ. VL | NOVOLOG INJ. 100U/ML VIAL |
| INSULIN ASPART FLEX PEN 3x5 | NOVOLOG INJ. FLEX PEN 3x5 |
| INSULIN GLARGINE 100U/ML VIAL | LANTUS 100U/ML VIAL |
| INSULIN HUMAN SEMI NPH 100U/ML | NOVOLIN NPH 100U/ML VIAL |
| INSULIN HUMAN SEMISY L 100U/ML | NOVOLIN LENTE 100U/ML VIAL |
| INSULIN HUMAN SEMISY R 100U/ML | NOVOLIN REGULAR 100U/ML VIAL |
| INSULIN HUMAN SEMISYNTH 70/30 | NOVOLIN 70/30 100U/ML VIAL |

Subcategory: Sulfonylureas

| | |
|--------------------------------|-------------------------|
| GLIMEPERIDE 1MG TAB | AMARYL 1MG TAB |
| GLIMEPERIDE 2MG TAB | AMARYL 2MG TAB |
| GLIMEPERIDE 4MG TAB | AMARYL 4MG TAB |
| GLIPIZIDE 5MG TAB | GLUCOTROL 5MG TAB |
| GLYBURIDE 5MG TAB | MICRONASE 5MG TAB |
| GLYBURID/METFORMN 1.25/250 TAB | GLUCOVANCE 1.25/250 TAB |
| GLYBURIDE/METFORMN 2.5/500 TAB | GLUCOVANCE 2.5/500 TAB |
| GLYBURIDE/METFORMN 5/500 TAB | GLUCOVANCE 5/500 TAB |

Subcategory: Thiazolinediones

| | |
|-----------------------|-----------------|
| PIOGLITAZONE 15MG TAB | ACTOS 15MG TAB |
| PIOGLITAZONE 30MG TAB | ACTOS 30MG TAB |
| PIOGLITAZONE 45MG TAB | ACTOS 45MG TABS |

Subcategory: Progestins

| | |
|------------------------------|------------------|
| MEDROXYPROGESTERONE 10MG TAB | PROVERA 10MG TAB |
|------------------------------|------------------|

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Thyroid and Antithyroid Agents

Subcategory: Thyroid Agents

| | |
|---------------------------|------------------------|
| LEVOTHYROXINE 0.025MG TAB | LEVOTHROID 0.025MG TAB |
| LEVOTHYROXINE 0.05MG TAB | SYNTHROID 0.05MG TAB |
| LEVOTHYROXINE 0.075MG TAB | SYNTHROID 0.075MG TAB |
| LEVOTHYROXINE 0.125MG TAB | SYNTHROID 0.125MG TAB |
| LEVOTHYROXINE 0.15MG TAB | SYNTHROID 0.15MG TAB |
| LEVOTHYROXINE 0.1MG TAB | SYNTHROID 0.1MG TAB |
| LIOTHYRONINE 25MCG TAB | CYTOMEL 25MCG TAB |

Subcategory: Antithyroid Agents

| | |
|---------------------------|---------------------------|
| PROPYLTHIOURACIL 50MG TAB | PROPYLTHIOURACIL 50MG TAB |
|---------------------------|---------------------------|

Category: OXYTOCICS

| | |
|----------------------------|----------------------|
| METHYLERGONOVINE 0.2MG TAB | METHERGINE 0.2MG TAB |
|----------------------------|----------------------|

Category: SKIN AND MUCCOUS MEMBRANE AGENTS

Subcategory: Anti-infectives

Subcategory: Antibiotics

| | |
|--------------------------------|------------------------------|
| CLINDAMYCIN T 1% SOLUTION | CLEOCIN T 1% SOLUTION |
| GENTAMICIN 0.1% TOPICAL CREAM | GARAMYCIN 0.1% TOPICAL CREAM |
| MUPIROCI 2% OINT | BACTROBAN 2% OINT |
| NEOMYCI/BACITRACI/POLYMIX OINT | MYCITRACIN OINT |

Subcategory: Antivirals

| | |
|-------------------|-----------------|
| ACYCLOVIR 5% OINT | ZOVIRAX 5% OINT |
|-------------------|-----------------|

Subcategory: Antifungals

| | |
|----------------------------|-----------------------------|
| CLOTRIMAZOLE 10MG TROCHE | MYCELEX 10MG TROCHE |
| ECONAZOLE 1% TOPICAL CREAM | SPECTAZOLE 1% TOPICAL CREAM |
| KETOCONAZOLE 2% CREAM | NIZORAL 2% CREAM |
| NYSTATIN 100000U/GM CREAM | NILSTAT 100000U/GM CREAM |
| NYSTATIN 100000U/GM OINT | NILSTAT 100000U/GM OINT |
| TERCONAZOLE VAG 0.4% CREAM | TERAZOL-7 VAG CREAM |
| TERCONAZOLE VAG 0.8% CREAM | TERAZOL-3 VAG CREAM |

Subcategory: Scabicides and Pediculicides

| | |
|-------------------------------|---------------------------|
| PERMETHRIN 1% CREME RINSE LIQ | NIX 1% CREME RINSE LIQUID |
| PERMETHRIN 5% CREAM | ELIMITE 5% CREAM |
| PIPERONYL/PYRETHRIN LIQUID | RID LIQUID |

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name

Trade Name

Subcategory: Misc. Local Anti-infectives

| | |
|------------------------------|----------------------------|
| SELENIUM 2.5% LOTION SHAMPOO | SELSUN 2.5% LOTION SHAMPOO |
| SILVER SULFADIAZINE 1% CREAM | SSD 1% CREAM |

Subcategory: Anti-inflammatory Agents

| | |
|--------------------------------|-------------------------------|
| DIFLORASONE 0.05% CREAM | MAXIFLOR 0.05% CREAM |
| DIFLORASONE 0.05% OINT | MAXIFLOR 0.05% OINT |
| FLUOCINOLONE ACETONI 0.025% CR | SYNEMOL 0.025% CREAM |
| HYDROCORTISONE 1% CREAM | HYDROCORTISONE 1% CR |
| HYDROCORTISONE 1% OINT | HYDROCORTISONE 1% OINT |
| HYDROCORTISONE 100MG ENEMA | CORTENEMA 100MG ENEMA |
| HYDROCORTISONE 25MG SUPP | ANUSOL HC 25MG SUPP |
| HYDROCORTISONE ACET 2.5% CREAM | ANUSOL-HC 2.5% CREAM |
| TRIAMCINOLONE 0.1% PASTE | KENALOG IN ORABASE 0.1% PASTE |

Subcategory: Antipruritics and Local Anesthetics

| | |
|---------------------------|----------------------|
| CETACAINE 56GM SPRAY | CETACAINE 56GM SPRAY |
| LIDOCAINE HCL 5% OINT | XYLOCAINE 5% OINT |
| PHENAZOPYRIDINE 100MG TAB | PYRIDIUM 100MG TAB |

Subcategory: Keratolytic Agents

| | |
|-------------------------------|-------------------------------|
| SALICYLIC ACID 5% IN AQUAPHOR | SALICYLIC ACID 5% IN AQUAPHOR |
|-------------------------------|-------------------------------|

Subcategory: Keratoplastic Agents

| | |
|--------------------|--------------------|
| LCD 5% IN AQUAPHOR | LCD 5% IN AQUAPHOR |
|--------------------|--------------------|

Subcategory: Misc. Skin and Mucous Membrane Agents

| | |
|--------------------------------|--------------------------|
| MENTHOL 1/4% IN AQUAPHOR | MENTHOL 1/4% IN AQUAPHOR |
| PAPAIN-UREA 1.1MU-100MG/GM OIN | ACCUZYME TOPICAL OINT |

Category: SMOOTH MUSCLE RELAXANTS

Subcategory: Genitourinary Smooth Muscle Relaxants

| | |
|--------------------|------------------|
| OXYBUTYNIN 5MG TAB | DITROPAN 5MG TAB |
|--------------------|------------------|

DRUG LISTING BY GENERIC NAME
WITHIN CATEGORY AND SUBCATEGORY

Generic Name Trade Name

Subcategory: Respiratory Smooth Muscle Relaxants

| | |
|-----------------------------|-----------------------------|
| AMINOPHYLLINE 200MG TAB | AMINOPHYLLINE 200MG TAB |
| THEOPHYLLINE 200MG TAB SR | THEODUR 200MG TAB SR |
| THEOPHYLLINE 300MG TAB SR | THEODUR 300MG TAB SR |
| THEOPHYLLINE 80MG/15ML ELIX | ELIXOPHYLLIN 80MG/15ML ELIX |

Category: VITAMINS

Subcategory: Vitamin B Complex

| | |
|---------------------|----------------------|
| FOLIC ACID 1MG TAB | FOLIC ACID 1MG TAB |
| PYRIDOXINE 50MG TAB | VITAMIN B-6 50MG TAB |
| THIAMINE 100MG TAB | THIAMINE 100MG TAB |

Subcategory: Vitamin D

| | |
|-------------------------|-------------------------|
| CALCITRIOL 0.25MCG CAP | ROCALTROL 0.25MCG CAP |
| VITAMIN D 1000 UNIT TAB | VITAMIN D 1000 UNIT TAB |

Subcategory: Vitamin K Activity

| | |
|----------------------|------------------|
| PHYTONADIONE 5MG TAB | MEPHYTON 5MG TAB |
|----------------------|------------------|

Subcategory: Multivitamin Preparations

| | |
|--------------------------------|---------------------------|
| STUARTNATAL 1+1 TABLET | STUARTNATAL 1+1 TABLET |
| VIT B COMPLX/VIT C/PLUS FE TAB | NEPHRO-VITE PLUS IRON TAB |

Category: MISCELLANEOUS THERAPEUTIC AGENTS

| | |
|-----------------------------|--------------------------|
| ALENDRONATE 35MG TABS | FOSAMAX 35MG TAB |
| ALENDRONATE 70MG TAB | FOSAMAX 70MG TAB |
| ALLOPURINOL 100MG TAB | ZYLOPRIM 100MG TAB |
| ALLOPURINOL 300MG TAB | ZYLOPRIM 300MG TAB |
| AZATHIOPRINE 50MG TAB | IMURAN 50MG TAB |
| BROMOCRIPTINE 2.5MG TAB | PARLODEL 2.5MG TAB |
| CLOPIDOGREL 75MG TAB | PLAVIX 75MG TAB |
| COLCHICINE 0.6MG TAB | COLCHICINE 0.6MG TAB |
| CYCLOSPORINE 100MG/ML SOLN | SANDIMMUNE 100MG/ML SOLN |
| ETIDRONATE 200MG TAB | DIDRONEL 200MG TAB |
| LEUCOVORIN CALCIUM 25MG TAB | WELLCOVORIN 25MG TAB |
| LEUCOVORIN CALCIUM 5MG TAB | WELLCOVORIN 5MG TAB |
| MONTELUKAST 10MG TAB | SINGULAIR 10MG TAB |
| MONTELUKAST 5MG CHEW TAB | SINGULAIR 5MG CHEW TAB |

Category: DEVICES

| | |
|-----------------------------------|---------------------------|
| INSULIN 1ML U-100 SYRINGE | INSULIN 1ML U-100 SYRINGE |
| INSULIN (NOVOFINE) 30G DSP NEEDLE | NOVOFINE DSP 30G NEEDLE |

APPENDIX

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ADAP FORMULARY

*The following drugs are available through the District of Columbia AIDS Drug Assistance Program**

**If a drug is on both Alliance and ADAP formulary, the Alliance program supersedes for claims processing*

Drugs Available through DC ADAP (Formulary)

HIV/AIDS DRUGS: ANTI-RETROVIRALS FUSION INHIBITORS

Enfuvirtide (Fuzeon)
Maraviroc (Selzentry)

INTEGRASE INHIBITOR

Raltegravir (Isentress)

NUCLEOSIDE & NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

Abacavir (Ziagen)
Abacavir/lamivudine (Epzicom)
Abacavir/lamivudine/zidovudine (Trizivir)
Didanosine (Videx)
Emtricitabine (Emtriva)
Emtricitabine/rilpivirine/tenofovir disoproxil fumarate (Complera)
Lamivudine (EpiVir)
Lamivudine/zidovudine (Combivir)
Stavudine (Zerit)
Tenofovir (Viread)
Tenofovir/emtricitabine (Truvada)
Zidovudine (Retrovir, AZT)

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

Delavirdine (Rescriptor)
Rilpivirine HCl (Edurant)
Efavirenz (Sustiva)
Etravirine (Intelence)
Nevirapine (Viramune, Viramune XR)

HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR

Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir DF (Stribild)

NNRTI/NRTI COMBINATION

Efavirenz/Emtricitabine/Tenofovir (Atripla)

PROTEASE INHIBITORS (PI)

Atazanavir (Reyataz)
Darunavir (Prezista)
Fosamprenavir (Lexiva)
Indinavir (Crixivan)
Lopinavir/ritonavir (Kaletra)
Nelfinavir (Viracept)
Ritonavir (Norvir)
Saquinavir (Invirase)
Tipranavir (Aptivus)

ADDITIONAL DRUGS

ANALGESICS

Acetaminophen with Codeine (Tylenol w/Codeine) CIII **
Fentanyl Patch (Duragesic Patch) CII**

Ibuprofen (600 - 800mg Motrin)
Morphine Sulfate (MS Contin) CII**

ANTIBIOTICS

Amoxicillin Clavulanate (Augmentin)
Azithromycin (Zithromax)
Ciprofloxacin (Cipro – Oral products only)
Clarithromycin (Biaxin, Biaxin XL)
Clindamycin HCL (Cleocin)
Doxycycline (Vibramycin)
Ethambutol (Myambutol)
Isoniazid (INH)
Levofloxacin (Levaquin)
Linezolid (Zyvox)
Pyrazinamide (Pyrazinamide)
Pyrimethamine (Daraprim)
Rifabutin (Mycobutin)
Rifampin (Rifadin, Rimactane)
Sulfadiazine

ANTI-DEPRESSANTS

Amitriptyline HCL (Elavil)
Bupropion (Wellbutrin SR)
Duloxetine (Cymbalta)
Fluoxetine(Prozac)
Sertraline (Zoloft)

ANTI-DIARRHEAL

Diphenoxylate/Atropine (Lonox, Lomotil)

ANTI-FUNGALS

Clotrimazole (Mycelex, Lotrimin - Rx only)
Fluconazole (Diflucan)
Itraconazole (Sporanox)
Ketoconazole (Nizoral – Rx only)
Voriconazole (Vfend)

ANTI-PARKINSON'S AGENT

Benzotropine (Cogentin)

ANTI-PSYCHOTICS

Aripiprazole (Abilify)
Haloperidol (Haldol)
Olanzapine (Zyprexa)
Quetiapine (Seroquel)
Risperidone (Risperdal)
Ziprasidone (Geodon)

ANTI-VIRALS

Acyclovir (Zovirax) [oral and topical]
Cidofovir (Vistide)
Valacyclovir (Valtrex)
Valganciclovir (Valcyte)
TamiFlu
Ganciclovir (Zirgan) [ophthalmic]

HEPATITIS TREATMENT

Adefovir (Hepsera)
Entecavir (Baraclude)
Peginterferon alfa-2a (Pegasys)
Peginterferon alfa-2b (Peg-Intron)
Ribavirin (Rebetol, Copegus)
Incivek (Teleprevir)
Victrelis (Boceprevir)

HYPOGLYCEMICS

Glipizide (Glucotrol, Glucotrol XL)
Metformin (Glucophage, Glucophage XL)
Metformin and Pioglitazone (ActoPlus Met)
Metformin and Glipizide (Metaglip)

KAPOSI'S SARCOMA TREATMENTS

Alpha Interferon (Intron A)
Doxorubicin (Doxil)
Generic Doxorubicin (Lipodox)

#####

**** DENOTES CONTROLLED SUBSTANCE**

**CONTROLLED SUBSTANCES ARE NON-REPLENISHABLE FROM THE PHARMACEUTICAL
WARHEHOUSE BUT ARE AVAILABLE AT ANY DCPN NETWORK PHARMACY**

Delivery Available – inquire with individual pharmacy

UPDATED September 2013

POUNDS -KILOGRAMS CONVERSION TABLE

1 POUND = 0.45359 kilogram

1 KILOGRAM = 2.2 pounds

| Pounds | = | Kilograms | Pounds | = | Kilograms |
|--------|---|-----------|--------|---|-----------|
| 1 | = | 0.45 | 100 | = | 45.36 |
| 5 | = | 2.27 | 105 | = | 47.63 |
| 10 | = | 4.54 | 110 | = | 49.90 |
| 15 | = | 6.80 | 115 | = | 52.16 |
| 20 | = | 9.07 | 120 | = | 54.43 |
| 25 | = | 11.34 | 125 | = | 56.70 |
| 30 | = | 13.61 | 130 | = | 58.91 |
| 35 | = | 15.88 | 135 | = | 61.24 |
| 40 | = | 18.14 | 140 | = | 63.50 |
| 45 | = | 20.41 | 145 | = | 65.77 |
| 50 | = | 22.68 | 150 | = | 68.04 |
| 55 | = | 24.95 | 155 | = | 70.31 |
| 60 | = | 27.22 | 160 | = | 72.58 |
| 65 | = | 29.48 | 165 | = | 74.84 |
| 70 | = | 31.75 | 170 | = | 77.11 |
| 75 | = | 34.02 | 175 | = | 79.38 |
| 80 | = | 36.29 | 180 | = | 81.65 |
| 85 | = | 38.56 | 185 | = | 83.92 |
| 90 | = | 40.82 | 190 | = | 86.18 |
| 95 | = | 43.09 | 195 | = | 88.45 |
| | | | 200 | = | 90.72 |

PHARMACOKINETIC FORMULAS

A. Ideal Body Weight

For dosing purposes, ideal body weight (IBW) can be estimated using the following equations:

Adults

$$\text{IBW}_{\text{male}} = 50 + (2.3 \text{ kg per inch} > 5 \text{ feet})$$

$$\text{IBW}_{\text{female}} = 45.5 + (2.3 \text{ kg per inch} > 5 \text{ feet})$$

Children

$$\text{IBW} = (\text{Height}^2 \times 1.65) / 1000$$

where IBW is expressed in kilograms, height in centimeters

B. Creatinine Clearance

A patient's renal function can be estimated by using the following equations:

For patients > 18 years old (Cockcroft-Gault Equation)

$$\text{Clcr} = \frac{(140 - \text{age}) \times \text{IBW} \times \text{G}}{72 \times \text{Scr}}$$

For patients 1-18 years of age

$$\text{Clcr} = \frac{0.48 \times \text{height} \times \text{BSA}}{1.73 \times \text{Scr}}$$

Where age is in years, IBW is ideal body weight in kilograms, Scr is the patient's serum creatinine in milligrams per deciliter, G is the gender factor (1.0 if male and 0.85 if female), height is in centimeters, and BSA is body surface area in square meters. The use of the patient's ideal body weight (IBW) is recommended for the Cockcroft-Gault equation. If the patient's actual body weight is less than ideal, actual weight should be used in the calculation. Daily creatinine production is approximately 15% less in females than males; therefore creatinine clearance estimates should be adjusted for gender. The normal creatinine clearance for females is 100mL/min and 125 mL/min for males. Calculated creatinine clearance provides an acceptable estimate of the patient's renal function except when the patient:

- is younger than 25 years of age or older than 90 years of age
- is undergoing dialysis
- is uremic (Scr > 8 mg/dL)
- is markedly emaciated or morbidly obese
- has a rapidly changing (either up or down) serum creatinine

Elderly patients generally have less muscle mass resulting in decreased endogenous creatinine production. Utilizing the serum creatinine in these patients to estimate creatinine clearance may overestimate renal function. In emaciated patients, although their actual creatinine clearance is less than calculated (because of decreased creatinine production), it is not possible to predict

easily how much less. In patients with rapidly rising serum creatinines (i.e., >0.5-0.7mg/dL/d) it is best to assume that the patient's creatinine clearance is <10mL/min.

The estimated creatinine clearance is used clinically to guide dosage adjustments for renally eliminated drugs.

C. Creatinine Clearance Values in Renal Dysfunction

| <u>Renal Function</u> | <u>Clcr (ML/min)</u> |
|-----------------------|--------------------------|
| Normal | >80 |
| Mild impairment | 50-80 |
| Moderate impairment | 30-50 |
| Severe impairment | 10-30 |
| Marked impairment | <10 |

D. BODY SURFACE AREA (square meters)

$$BSA = 0.007184 \times (\text{height in cm})^{0.725} \times (\text{weight in kg})^{0.425}$$

TEMPERATURE CONVERSION:

Centigrade to Fahrenheit: $F = 32 + 9/5 \times C$

Fahrenheit to Centigrade: $C = 5/9 \times (F - 32)$

| Glucocorticoid Equivalencies, Potencies, and Half-Life | | | | |
|---|---|--|---------------------------------|-------------------------------|
| Glucocorticoid | Equivalent potency dose (mg)¹ | Anti-inflammatory potency¹ | Sodium-retaining potency | Half-life plasma (min) |
| Short-acting | | | | |
| Cortisone | 25 | 0.8 | 2 | 30 |
| Hydrocortisone | 20 | 1 | 2 | 80-118 |
| Intermediate-acting | | | | |
| Prednisone | 5 | 4 | 1 | 60 |
| Prednisolone | 5 | 4 | 1 | 115-212 |
| Triamcinolone | 4 | 5 | 0 | 200+ |
| Methylprednisolone | 4 | 5 | 0 | 78-188 |
| Long-acting | | | | |
| Dexamethasone | 0.75 | 20-30 | 0 | 110-210 |
| Betamethasone | 0.6-0.75 | 20-30 | 0 | 300+ |

¹ When converting doses, use only equivalent potency column, not anti-inflammatory potency column.

Reference:

“Adrenocortical Steroids”, Facts and Comparison, 2010, pg 321.

| Approximate Dosage Equivalents of Thyroid Products¹ | | | |
|---|-------------------|----------------|--|
| Preparation | Composition Ratio | | Dosage Equivalents |
| | T ₄ | T ₃ | |
| Thyroid desiccated | 4 | 1 | ≈ 60 to 65 mg (1 grain) |
| Levothyroxine | 1 | 0 | ≈ 50 to 60 mcg (range, 50 to 100 mcg) |
| Liothyronine | 0 | 1 | ≈ 25 mcg (range, 15 to 37.5 mcg) |
| Liotrix | 4 | 1 | ≈ 1 grain (12.5 mcg T ₃ /50 mcg T ₄) |

¹ References may vary in dosage equivalent recommendations.

References: “Thyroid Drugs,” Facts and Comparisons, 2010, pg 334

NARCOTIC AGONISTS

Comparative Pharmacokinetics

| Drug | Onset (min) | Peak (h) | Duration (h) | Half-Life (h) | Average Dosing Interval (h) | | Equianalgesic Doses ¹ (mg) | |
|---------------|------------------------------------|--------------------------------------|------------------------------|---------------|-----------------------------|---------|---------------------------------------|------------------------------------|
| | | | | | | | I.M. | Oral |
| Alfentanil | Immediate | ND | ND | 1-2 | — | — | ND | NA |
| Buprenorphine | 15 | 1 | 4-8 | 2-3 | | | 0.4 | — |
| Butorphanol | I.M.: 30-60; I.V.: 4-5 | 0.5-1 | 3-5 | 2.5-3.5 | 3 | (3-6) | 2 | — |
| Codeine | P.O.: 30-60; I.M.: 10-30 | 0.5-1 | 4-6 | 3-4 | 3 | (3-6) | 120 | 200 |
| Fentanyl | I.M.: 7-15 I.V.: Immediate | ND | 1-2 | 1.5-6 | 1 | (0.5-2) | 0.1 | NA |
| Hydrocodone | ND | ND | 4-8 | 3.3-4.4 | 6 | (4-8) | ND | ND |
| Hydromorphone | P.O.: 15-30 | 0.5-1 | 4-6 | 2-4 | 4 | (3-6) | 1.5 | 7.5 |
| Levorphanol | P.O.: 10-60 | 0.5-1 | 4-8 | 12-16 | 6 | (6-24) | 2 (A) 1 (C) | 4 (A) 1 (C) |
| Meperidine | P.O./I.M./Sub-Q: 10-15 I.V.: ≤5 | 0.5-1 | 2-4 | 3-4 | 3 | (2-4) | 75 | 300 |
| Methadone | P.O.: 30-60; I.V.: 10-20 | 0.5-1 | 4-6 (acute); >8 (chronic) | 15-30 | 8 | (6-12) | 10 (A) 2-4 (C) | 20 (A) 2-4 (C) |
| Morphine | P.O.: 15-60 I.V.: ≤5 | P.O./I.M./Sub-Q: 0.5-1; I.V.: 0.3 | 3-6 | 2-4 | 4 | (3-6) | 10 | 60 ² (A) 30 (C) |
| Nalbuphine | I.M.: 30; I.V.: 1-3 | 1 | 3-6 | 5 | | — | 10 | — |
| Oxycodone | P.O.: 10-15 | 0.5-1 | 4-6 | 3-4 | 4 | (3-6) | NA | 20 |
| Oxymorphone | 5-15 | 0.5-1 | 3-6 | | | | 1 | 10 ³ |
| Pentazocine | 15-20 | 0.25-1 | 3-4 | 2-3 | 3 | (3-6) | | |
| Propoxyphene | P.O.: 30-60 | 2-2.5 | 4-6 | 3.5-15 | 6 | (4-8) | ND | 130 ⁴ -200 ⁵ |
| Remifentanyl | 1-3 | <0.3 | 0.1-0.2 | 0.15-0.3 | — | — | ND | ND |
| Sufentanil | 1.3-3 | ND | ND | 2.5-3 | — | — | 0.02 | NA |

ND = no data available. NA = not applicable. (A) = acute, (C) = chronic.

¹ Based on acute, short-term use. Chronic administration may alter pharmacokinetics and decrease the oral parenteral dose ratio. The morphine oral-parenteral ratio decreases to ~1.5-2.5:1 upon chronic dosing.

² Extensive survey data suggest that the relative potency of I.M.:P.O. morphine of 1:6 changes to 1:2-3 with chronic dosing.

³ Rectal

⁴ HCl salt

⁵ Napsylate salt

**GUIDELINES FOR DRUG LEVELS
COMMONLY MONITORED**

| Drug | When to Sample | Therapeutic Levels |
|--|--|---|
| Antibiotics Gentamicin | 30 min after infusion Trough <0.5 h before next dose | Peak 4-10 mcg/mL Trough <2.0 mcg/mL |
| Tobramycin | | |
| Amikacin | | Peak 20-35 mcg/mL Trough <8mcg/mL |
| Vancomycin | Peak 1 h after 1 h infusion Trough <0.5 h before next dose | Peak 25-40 mcg/mL Trough 5-10 mcg/mL |
| Anticonvulsants Carbamazepine | Trough just before next oral dose | 4-12 mcg/mL |
| Ethosuximide | Trough just before next oral dose | 40-100mcg/mL |
| Phenobarbital | Trough just before next dose | 15-40 mcg/mL |
| Phenytoin (free) | Trough just before next dose | 1-2 mcg/mL |
| Phenytoin (total) | Trough just before next dose | 10-20 mcg/mL |
| Primidone | Trough Just before next dose (Note: Primidone is metabolized to phenobarb. Order levels separately) | 5-12 mcg/mL |
| Valproic acid | Trough just before next dose | 50-100 mcg/mL |
| Bronchodilators Aminophylline (I.V.) | 18-24h after starting or changing a maintenance dose given as a constant infusion | 10-20 mcg/mL |
| Theophylline (P.O) | Peak levels: Not recommended trough level. Just before next dose | 10-20 mcg/mL |
| Cardiovascular Agents Digoxin | Trough just before next dose 8-24 hours after dose administered | 0.5-2ng/mL |
| Lidocaine | Stead-state levels are usually achieved after 6-12h | 15-5.0 mcg/mL |
| Procainamide | Trough just before next oral dose I.V. 6-12h after infusion started | 4-10 mcg/mL NAPA 6-20 mcg/mL |
| Quinidine | Trough just before next oral dose | 2-5 mcg/mL |
| Other Agents Amitriptyline Plus nortriptyline | Trough: just before next dose | 80-250 ng/mL |
| Nortriptyline | Trough: just before next dose | 50-150 ng/mL |
| Lithium | Trough just before next dose | 0.6-1.5 mEq/mL |
| imipramine plus desipramine | Trough: just before next dose | 150-250 ng/mL |
| desipramine | Trough: just before next dose | 125-300 ng/mL |

Adjustment of Serum concentration in Patients With Low Serum Albumin

| Measured Total Phenytoin Concentration (mcg/mL) | Patient's Serum Albumin (g/dL) | | | |
|---|--|----|-----|----|
| | 3.5 | 3 | 2.5 | 2 |
| | Adjusted Total Phenytoin Concentration (mcg/mL)* | | | |
| 5 | 6 | 7 | 8 | 10 |
| 10 | 13 | 14 | 17 | 20 |
| 15 | 19 | 21 | 25 | 30 |

*Adjusted concentration = measured total concentration ÷ [(0.2 x albumin) + 0.1]

STANDARD LABORATORY VALUES

The following laboratory values should be used as a reference only. Values may differ between laboratories. Please note that a “normal” laboratory value does not always indicate an optimal value. Healthcare professionals should refer to current literature and clinical practice guidelines for target values.

| Component | Reference Range |
|---|--------------------------------|
| Alanine aminotransferase (ALT; previously SGPT) | <35 U/L |
| Albumin | 3.2-5.5 g/dL |
| Alkaline Phosphatase | 30-120 U/L |
| Ammonia | 10-80 ug/dL |
| Aspartate Aminotransferase (AST; previously SGOT) | <35 U/L |
| Bicarbonate | 20-30 mEq/L |
| Bilirubin | |
| Total | 0.1-1.2 mg/dL |
| Direct | 0.0-0.3 mg/dL |
| Indirect | 0.2-0.7 mg/dL |
| <i>Complete Blood Count (CBC)</i> | |
| Hemoglobin | |
| Male | 13.5-17.5 g/dL |
| Female | 12-16 g/dL |
| Hematocrit | |
| Male | 41-53% |
| Female | 36-46% |
| Red Blood Cell (RBC) count | |
| Male | 4.5-5.5 x 10 ⁶ / uL |
| Female | 4.0-4.9 x 10 ⁶ / uL |
| Mean corpuscular volume (MCV) | 80-100 fl |
| Mean corpuscular hemoglobin (MCH) | 26-34 pg |
| Mean corpuscular hemoglobin concentration (MCHC) | 31-37 g/dL |
| <i>Coagulation</i> | |
| Activated partial thromboplastin time (APTT) | 25-.35 sec |
| Bleeding time | 2.0-9.5 min |
| Prothrombin time (PT) | 11-13.5 sec |
| Platelet count | 150-450 x 10 ³ /uL |
| Creatinine serum | <1.5 mg/dL |
| Creatinine kinase (CK) | |
| Male | 60-400 U/L |
| Female | 40-150 U/L |
| <i>Electrolytes</i> | |
| Calcium | 8.6-10.5 mg/dL |
| Calcium Ionized | 4.4-5.6 mg/dL |
| Chloride | 95-108 mEq/L |
| Magnesium | 1.6-30.0 mEq/L |
| Phosphorous, inorganic | 2.5-4.5 mg/dL |
| Potassium | 3.5-5.2 mEq/L |
| Sodium | 135-149 mEq/L |
| Erythrocyte sedimentation rate | |
| Male | |
| <50 yo | <15 mm/hr |
| >50 yo | <20 mm/hr |
| Female | |
| <50 yo | <20 mm/hr |
| >50 yo | <30 mm/hr |
| Ferritin | |
| Male | 15-300 ng/mL |

| | |
|--|----------------------------------|
| Female | 10-200 ng/mL |
| Folate | 3.1-20 ng/mL |
| Glucose | |
| Fasting | 75-115 mg/dL |
| 2-hr postprandial | <120 mg/dL |
| Hemoglobin A1C | 3.8%-6.4% |
| Iron | 65-150 ug/dL |
| Iron binding capacity | 250-420 ug/dL |
| <i>Lipoproteins and Triglycerides</i> | |
| Cholesterol total | |
| Desirable | <200 mg /dL |
| Borderline high | 200-239 mg/dL |
| High | >240 mg/dL |
| High-density lipoprotein (HDL) cholesterol | 30-70 mg/dL |
| Low-density lipoprotein (LDL) cholesterol | |
| Optimal | <100 mg' dL |
| Near or above normal | 100-129 mg/dL |
| Borderline high | 130-159 mg/dL |
| High | 160-189 mg/dL |
| Very high | >190 mg/dL |
| Triglycerides | <160 mg/dL |
| Osmolality | 285-308 mOsn/kg H ₂ O |
| <i>Thyroid function tests</i> | |
| Triiodothyronine, total (T3) | 60-200 ng/dL |
| Triiodothyronine, total (FT3) | 140-440 pg/dL |
| Thyroxine, total (T4) | 4.0-12.0 ug/dL |
| Thyroxine, free (FT4) | 0.8-2.7 ng/dL |
| Thyroid stimulating hormone (TSH) | 0.25-4.30 uIU/mL |
| Transferrin | 230-390 mg/dL |
| Urea Nitrogen (BUN) | 7-20 mg/dL |
| Uric acid | |
| Male | 2.0-8.0 mg/dL |
| Female | 1.5-7.5 mg/dL |
| <i>WBC +differential (number fraction)</i> | |
| White blood cell (WBC) count | 4-11 x 10 ³ /uL |
| Neutrophils | 40%-70% |
| Band forms | 0%-10% |
| Basophils | 0%-3% |
| Eosinophils | 0%-8% |
| Lymphocytes | 24%-44% |
| Monocytes | 4%-11% |

Sources: Adapted from: Kratz A, Ferraro M, Sluss PM, Levandrowski, KB, Laboratory Reference Values. *N Eng J Med.* 2004;351:1548-63. MedlinePlus Medical Encyclopedia. Semla TP, Beizer JL, Higbee MD. *Geriatric Dosage Handbook*, 11th Ed., Hudson, OH: Lexi-Comp 2005.

DRUGS WHICH MAY CAUSE DISCOLORATION OF THE FECES:

| Therapeutic Category | Color Imparted To the Feces | Drug(s) Responsible |
|-----------------------------|--|--|
| Analgesics (CNS) | Pink to red to black (Resulting from internal Bleeding) | salicylates |
| Analgesics (urinary) | Orange-red | Phenazopyridine (Pyridium) |
| Antacids | Whitish discoloration or speckling of feces | e.g., aluminum hydroxide preparations |
| Anthelminthics | Blue | dithiazinine (Delvex) |
| | Red | pyrvinium pamoate (Povan) |
| Antibacterial agents | Black | bismuth sodium triglycollamate (Bistrimate) |
| Anticoagulants | Pink to red to black (Resulting from internal bleeding) | All anti- coagulants |
| Antiprotozoal agents | Black | bismuth glycolyl- larsanilate (Milibis) |
| Hermatinic agents | Black | iron preparations (e.g. ferrous sulfate) |
| Laxatives, cathartics | Can lead to a brownish staining of the rectal mucosa | 1, 8-dihydroxyanthraquinone (Dorbane; Doxan) |

DRUGS WHICH MAY CAUSE DISCOLORATION OF THE URINE:

| Therapeutic Category | Color Imparted To the Urine | Drug(s) Responsible |
|-------------------------------|--|---|
| Analgesics (urinary) | Orange to orange-red | ethoxazene (Serenium) phenazopyridine (Pyridium) |
| Antibacterial agents | Orange-yellow (in alkaline urine) | salicylazosulfapyridine (Azulfidine) |
| | Discoloration (No specific effect) | p-aminosalicylic acid and derivatives |
| | Rust yellow or brownish | sulfonamides nitrofurantoin and derivatives, e.g. furazolidone (Furoxone) |
| Anticoagulants | Orange (in alkaline urine), pink or red to red-brown | indanedione derivatives (e.g. anisindione (Hedulin)) |
| Anticonvulsants | Pink or red to red-brown | diphenylhydantoin (Dilantin) phensuximide (Milontin) |
| Antidepressants | Blue-green | amitriptyline (Elavil) |
| Antidote to cyanide poisoning | Blue or green | methylene blue |
| Antiprotozoal agents | Brown to black | quinine and derivatives |
| | Rust yellow or brown | pamaquine naphthoate (Plasmochin) primaquine chloroquine (Aralen) |
| | Yellow | quinacrine (Atabrine) metronidazole (Flagyl) |
| | Dark | |
| Diuretics | Pale blue Fluorescence | triamterene (Dyrenium) |
| Hemostatic agents | Blue-green | tolonium (Blutene) |
| Hematinic agents | Black | iron-sorbitolcitric acid complex (Jectofer) |
| Laxatives, cathartics | Brown to black | casacara; rhubarb |
| | Pink to red or red-brown | 1,8- dihydroxyanthraquinone emodin (in alkaline urine) phenolphthalein |
| Skeletal muscle relaxants | Orange or purplish-red | chlorzaxazone (Paraflex) |
| | Dark, brown to black or green on standing | methocarbamol (Robaxin) |
| Tranquilizers | Pink to red or red-brown | Phenothiazines |

| | | |
|----------|--------|------------|
| Vitamins | Yellow | riboflavin |
|----------|--------|------------|

DRUGS WHICH AFFECT LABORATORY VALUES

Drugs can and do influence laboratory diagnostic tests. Those involved in patient care must be aware of these effects and the misleading results they cause.

The following chart lists some of the drugs and procedures which are known to affect laboratory determinations. The chart is not intended to represent a complete listing of such effects, but to serve as a guide.

| <u>TEST</u> | <u>DRUG</u> | <u>EFFECT</u> |
|--------------------------|---|---|
| Urine: Acetone | Sulfobromophthalein (BROMSULPHALEIN), Phenolsulfonphthalein | Increase value |
| Kidney Function | Sulfobromophthalein- (BROMSULPHALEIN) | Interferes with reading of phenolsulfonphthalein test (24 hours required between drugs) |
| Urine: Diacetic acid | Phenothiazines & Salicylates | Increases values |
| Urine: Albumin | Penicillin (massive doses), Salicylates, Tolbutamide, X- Ray contrast media | Increases albumin excretion causing false positive |
| Urine: Amino Acids | Cortropin (Acth), Cortisone, Sulfonamides | Increase excretion of Amino acids |
| | Epinephrine, Insulin | Decrease excretion of amino acids |
| Urine: Catecholamines | Erythromycin, Methyldopa (ALDOMET), Quinidine, Tetracyclines, Hypertensive agents, B-complex vitamins Epinephrine-like agents used in asthma | Increase catecholamine content |
| Blood: Enzymes | | |
| Acid Phosphatase | Androgens, Prostate Massage | Increase blood level |
| Alkaline Phosphatase | Methyldopa (ALDOMET) | Variable effect |
| Serum Amylase | Morphine, Codeine, Meperidine (DEMEROL) | Increase level up to 24 hours |
| | Alcohol | Increase level |
| SGOT | Opiates, Salicylates Methicillin, Ampicillin | Increase level |
| | Methyldopa | Variable effect |

| | | |
|---|--|--|
| Liver Function | Anabolic steroids, Barbiturates Estrogens, Morphine, Probenecid, Phenazopyridine (PYRIDUM) Iopanoic Acid (TELAPAQUE) | Increase retention of Sulfobromophthalein |
| Serum Bilirubin | Caffeine Methyldopa | Decrease level Variable effect |
| Blood Ammonia | Sodium salts | may cause increase |
| | Ion exchange (e.g. KAYEXALATE) | may cause increase |
| Prothrombin | Barbiturates | Increase prothrombin activity |
| | Antibiotics, Globulin, Salicylates, sulfonamides, Hydroxyzine (VISTARIL) | Decrease prothrombin activity |
| | Methyldopa | Variable effect |
| Serum Albumin | Penicillin (massive doses), Salicylates, Tolbutamide, X- ray contrast media | Increase values |
| Blood Urea Nitrogen | Chloral Hydrate, Triamterene (DYRINIUM) Methyldopa | Increase BUN |
| | Glucose infusion | Decrease BUN |
| Serum Proteins | Sulfobromophthalein | Elevated value |
| | Ammonium salts | Decrease value |
| Serum Calcium | Heparin, Insulin | May decrease levels |
| Serum Sodium | Calcium salts, Potassium salts, Seroids | May increase levels |
| | Diuretics, paracentesis | May decrease levels |
| Serum Potassium | Hyperventilation, Cortropin (ACTH), steroids, Sulfates and Phosphates | Decrease levels |
| Serum Phosphorous | Epinephrine, Insulin, general anesthetics | Decrease levels |
| Serum Chloride | Acetazolamide (DIAMOX), Bromides, Ion exchange resins, steroids | Increase values |
| | Cortropin (ACTH), diuretics | Decrease levels |
| Serum Copper | Iron and Cobalt preparations | Increase values |
| Serum Iron and Iron Binding Capacity | Cortropin (ACTH) and steroids | Decrease values |
| | Iron-Dextran Complex (IMFERON) | Increase values |
| Blood Cholesterol | Cortropin (ACTH), Cortisone, Vitamin A, Bromides | Usually raise level |

| | | |
|---------------------------------------|---|--|
| | Androgens, Thyroid, Heparin, Clofibrate (ATROMID-S) | Decrease level |
| Blood Glucose | Oral Contraceptives | Decrease glucose Tolerance curve |
| | Cortropin (ACTH) | Increase level |
| Protein-Bound Iodine | X-ray contrast media | Increases values for as long as 10 years |
| | Barium Sulfate, Oral Contraceptives, Estrogens, Amebacides (e.g. FLORAQUIN, VIOFORM), Suntan Oil, Mouthwashes, Vitamin preparations, Iodized salt | Increase values |
| | Liothyronine (CYTOMEL), Testosterone, Cortropin (ACTH), Chlorates, Cortisone, Mercurial Diuretics, Salicylates, Sulfonamides | Decrease values |
| | Sulfobromophthalein | Variable effect |
| Uric Acid | Dicumarol, Piperazine (ANTEPAR), Cortropin (ACTH) | Decrease values |
| | Nitrogen Mustard (MUSTARGEN), Chlorothiazide (DIURIL), Pyrazinamide | Increase values |
| | Methyldopa | Variable effects |
| Creatinine | Ascorbic Acid, Sulfobromophthalein, Phenolsulfonphthalein | Increase level |
| Blood Cross Match: Direct Coombs Test | Methyldopa (ALDOMET) Cephalothin (KEFLIN) Penicillin | False positive (up to one year) |

**District of Columbia Health Care Alliance
Request for Formulary Change**

PHYSICIAN: _____ DATE: _____

ADDRESS: _____ PHONE#: _____

_____ FAX#: _____

INSTRUCTIONS: Requesting physician must complete "A" thru "H" in full.

The completed form should be forwarded to: **Department of Health Warehouse, #4
D.C. Village Lane S.W., Washington D.C. 20032 Fax: 202 645-5909**

A. Name of Drug: _____ B. Manufacturer: _____

C. Dosage Form Desired: Tablet () Capsule () Ointment ()
Ampule () Liquid () Powder ()
Other (Specify) _____

D. Dosage Strength(s) Desired: _____

E. Technical Information:

1. Indication(s) _____

2. Action(s) _____

3. Uses: _____

4. Contraindications: _____

5. Adverse Reactions – Frequency and Intensity: _____

F. Is there a Similar-Acting Drug now carried on formulary? Yes____ No____

G. Formulary Drug it may replace: _____

H. What are the advantages of the drug requested over the one now stocked? _____

Action of the Pharmacy and Therapeutics Committee:

Accepted (); Rejected (); Other () – Explain _____

Remarks: _____

Date: _____

Chairman