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## 2012 Title XIX and Title XXI Formulary

Effective January 1, 2012

### Introduction

Magellan is pleased to provide the 2012 Magellan Maricopa County Behavioral Health formulary for Title XIX and Title XXI members, created to help manage Maricopa County's behavioral health pharmacy benefit. The list contains drugs that are safe and effective. This is an informational tool for physicians, pharmacists, and members designed to assist in selecting clinically appropriate and cost-effective products.

### Notice

The information contained in this formulary is provided by Magellan, solely for the convenience of medical providers and members. Magellan does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill or judgment of the medical provider in their choice of prescription drugs. Magellan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

### Magellan Pharmacy and Therapeutics (P&T) Committee

Magellan holds a Pharmacy & Therapeutics Committee to review and recommend medications for formulary consideration. The Committee considers clinical information on drugs that are new to the market and drugs that are typically included in an outpatient behavioral health pharmacy benefit. This assures that the formulary remains responsive to patient and physician needs. The Committee is composed of physicians, pharmacists, community members, and other health care professionals.

### Product Selection Criteria

The primary goal of the Magellan Pharmacy & Therapeutics Committee is to maintain and update the formulary based upon an objective analysis of the safety, efficacy, U.S. Food and Drug (FDA) approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness of available drugs. When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs. Comments, questions, and requests for formulary additions, deletions or other issues are encouraged and can be mailed to Magellan health, **4801 E Washington Phoenix, AZ 85034**.

Physicians may obtain a copy of Magellan's Prior Authorization criteria by visiting [www.MagellanofAZ.com](http://www.MagellanofAZ.com) or by calling the Help Desk toll-free at 1-800-790-1631.

### Generic Substitution

Magellan mandates the use of generic drugs when available. Drugs listed in italics are FDA approved generic medications, and the generic product will be dispensed unless an exception has been granted by the Magellan Medical Director through Prior Authorization.

### Prior Authorization

Drugs indicated with a "PA" require prior authorization. A Behavioral Health Medical Practitioner may request Prior Authorization by completing the form that can be found on the Magellan Web site at [www.MagellanofAZ.com](http://www.MagellanofAZ.com). Please call the Help Desk toll-free at 1-800-790-1631 or fax a completed Prior Authorization form toll-free to 1-866-498-0628.



Specific medications have restrictions on the quantity of medications that will be dispensed within a 30-day supply unless otherwise notated. For additional information, please contact the Help Desk toll-free at 1-800-790-1631.

The formulary is a listing of drug products that are eligible for payment when prescribed by a contracted provider of the Maricopa County Behavioral Authority. Only applicable dosage forms and strengths of the drugs cited are included in the formulary. Product extensions, such as extended-release, orally-disintegrating tablets, liquid, or injectables are not covered unless specifically listed. Magellan will not cover drugs that are experimental or investigational. Medications for non-FDA approved uses must have sufficient peer-reviewed literature to support their use for the prescribed psychiatric indication.

<b>DOSING RESTRICTIONS</b>	
<b>Medication</b>	<b>Maximum dosing that does not require a prior authorization</b>
ABILIFY	30 mg/day
<i>bupropion</i>	450 mg/day
<i>bupropion sr</i>	400 mg/day
<i>citalopram</i>	60 mg/day
<i>clozapine</i>	900 mg/day
CYMBALTA	120 mg/day
<i>fluoxetine</i>	80 mg/day
<i>fluvoxamine</i>	300 mg/day
GEODON	160 mg/day
LEXAPRO	20 mg/day
<i>mirtazapine</i>	45 mg/day
<i>olanzapine</i>	20 mg/day
<i>paroxetine</i>	60 mg/day
<i>risperidone</i>	10 mg/day
SEROQUEL	800 mg/day
SEROQUEL XR	800 mg /day
<i>sertraline</i>	200 mg/day
<i>venlafaxine</i>	375 mg/day
VENLAFAXINE ER	375 mg/day
<b>Medication</b>	<b>Minimum dosing</b>
SEROQUEL	150 mg/day after 30 days

<b>Combination of SNRIs (venlafaxine/venlafaxine er tablets/Effexor®, duloxetine/Cymbalta®) and an NRI (atomoxetine /Strattera®) requires prior authorization**</b>	
<i>venlafaxine</i>	
<i>venlafaxine ER</i>	
CYMBALTA	
STRATTERA	

<b>Combinations of two long-acting stimulants with the same active ingredient (e.g., <i>methyphenidate tablet, extended release</i> + METADATE CD) or combinations of two different types of stimulant medications (e.g., <i>methyphenidate tablet, extended release</i> + dextroamphetamine tablet) other than for tapering or cross-over purposes requires prior authorization**</b>	
<i>amphetamine-dextroamphetamine capsule, sustained release</i>	
<i>amphetamine-dextroamphetamine tablet</i>	
<i>dextroamphetamine capsule, sustained release</i>	
<i>dextroamphetamine tablet</i>	
<i>methyphenidate tablet, extended release</i>	
<i>methyphenidate tablet or solution</i>	
METADATE CD	
RITALIN LA	
<b>**Prior Authorization required for use of any stimulant in children less than 4 years of age</b>	

<b>Treatment with more than one antipsychotic listed below other than for tapering or cross-over purposes requires prior authorization**</b>	
ABILIFY	
<i>clozapine</i>	
GEODON	
<i>olanzapine</i>	
<i>risperidone</i>	
RISPERDAL CONSTA	
SEROQUEL	
SEROQUEL XR	
<b>**Prior authorization required for use of any antipsychotic in children less than 6 years of age.</b>	

QL: Monthly Quantity Limitation, unless otherwise notated; PA: Prior Authorization Required; OTC: Over-the-Counter; Brand Name: UPPERCASE; Generic Name: lowercase italics; Branded Generic Name: UPPERCASE italics

## **ANTIDEPRESSANTS**

*amitriptyline hcl tab 10 mg*  
*amitriptyline hcl tab 25 mg*  
*amitriptyline hcl tab 50 mg*  
*amitriptyline hcl tab 75 mg*  
*amitriptyline hcl tab 100 mg*  
*amitriptyline hcl tab 150 mg*  
*amoxapine tab 25 mg*  
*amoxapine tab 50 mg*  
*amoxapine tab 100 mg*  
*amoxapine tab 150 mg*  
*bupropion hcl tab 75 mg QL -120*  
*bupropion hcl tab 100 mg QL -120*  
*bupropion hcl tab sr 12 hr 100 mg QL -60*  
*bupropion hcl tab sr 12 hr 150 mg QL -60*  
*bupropion hcl tab sr 12 hr 200 mg QL -60*  
*citalopram hydrobromide oral soln 10 mg/5ml QL -900 ml*  
*citalopram hydrobromide tab 10 mg (base equiv) QL -45*  
*citalopram hydrobromide tab 20 mg (base equiv) QL -45*  
*citalopram hydrobromide tab 40 mg (base equiv) QL -45*  
*clomipramine hcl cap 25 mg*  
*clomipramine hcl cap 50 mg*  
*clomipramine hcl cap 75 mg*  
*CYMBALTA CAP 20 MG QL -60*  
*CYMBALTA CAP 30 MG QL -60*  
*CYMBALTA CAP 60 MG QL -60*  
*desipramine hcl tab 10 mg*  
*desipramine hcl tab 25 mg*  
*desipramine hcl tab 50 mg*  
*desipramine hcl tab 75 mg*  
*desipramine hcl tab 100 mg*  
*desipramine hcl tab 150 mg*  
*doxepin hcl cap 10 mg*  
*doxepin hcl cap 25 mg*  
*doxepin hcl cap 50 mg*  
*doxepin hcl cap 75 mg*  
*doxepin hcl cap 100 mg*  
*doxepin hcl cap 150 mg*  
*fluoxetine hcl tab 10 mg QL -30*  
*fluoxetine hcl cap 10 mg QL -30*  
*fluoxetine hcl cap 20 mg QL -120*  
*fluoxetine hcl soln 20 mg/5 ml QL -600 ml*  
*fluvoxamine maleate tab 25 mg QL -30*  
*fluvoxamine maleate tab 50 mg QL -45*  
*fluvoxamine maleate tab 100 mg QL-90*

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*imipramine hcl tab 10 mg*  
*imipramine hcl tab 25 mg*  
*imipramine hcl tab 50 mg*  
*LEXAPRO TAB 5 MG QL -30*  
*LEXAPRO TAB 10 MG QL -30*  
*LEXAPRO TAB 20 MG QL -30*  
*maprotiline hcl tab 25 mg*  
*maprotiline hcl tab 50 mg*  
*maprotiline hcl tab 75 mg*  
*mirtazapine tab 15 mg QL -30*  
*mirtazapine tab 30 mg QL -30*  
*mirtazapine tab 45 mg QL -30*  
*nortriptyline hcl cap 10 mg*  
*nortriptyline hcl cap 25 mg*  
*nortriptyline hcl cap 50 mg*  
*nortriptyline hcl cap 75 mg*  
*paroxetine hcl oral susp 10 mg/5 ml (base equiv) QL -900 ml*  
*paroxetine hcl tab 10 mg QL -30*  
*paroxetine hcl tab 20 mg QL -30*  
*paroxetine hcl tab 30 mg QL -30*  
*paroxetine hcl tab 40 mg QL -45*  
*phenelzine 15 mg tab*  
*protriptyline hcl tab 5 mg*  
*protriptyline hcl tab 10 mg*  
*sertraline hcl oral conc 20 mg/ml QL -300 ml*  
*sertraline hcl tab 25 mg QL -60*  
*sertraline hcl tab 50 mg QL -45*  
*sertraline hcl tab 100 mg QL -60*  
*tranylcypromine sulfate tab 10 mg*  
*trazodone hcl tab 50 mg*  
*trazodone hcl tab 100 mg*  
*trazodone hcl tab 150 mg*  
*venlafaxine hcl cap er 37.5 mg QL -30*  
*venlafaxine hcl cap er 75 mg QL -30*  
*venlafaxine hcl cap er 150 mg QL -60*  
*venlafaxine hcl tab 25 mg QL -90*  
*venlafaxine hcl tab 37.5 mg QL -90*  
*venlafaxine hcl tab 50 mg QL -90*  
*venlafaxine hcl tab 75 mg QL -90*  
*venlafaxine hcl tab 100 mg QL -90*

## **ANTIPSYCHOTICS**

*ABILIFY DISCMELT TAB 10 MG QL -30*  
*ABILIFY DISCMELT TAB 15 MG QL -30*  
*ABILIFY SOLN 1 MG/ML QL -480 ml*  
*ABILIFY TAB 2 MG QL -30*



ABILIFY TAB 5 MG **QL -30**  
ABILIFY TAB 10 MG **QL -30**  
ABILIFY TAB 15 MG **QL -30**  
ABILIFY TAB 20 MG **QL -30**  
ABILIFY TAB 30 MG **QL -30**  
*chlorpromazine hcl tab 10 mg*  
*chlorpromazine hcl tab 25 mg*  
*chlorpromazine hcl tab 50 mg*  
*chlorpromazine hcl tab 100 mg*  
*chlorpromazine hcl tab 200 mg*  
*clozapine tab 25 mg* **QL -270**  
*clozapine tab 100 mg* **QL -270**  
*fluphenazine decanoate 25 mg/ml*  
*fluphenazine hcl tab 1 mg*  
*fluphenazine hcl tab 2.5 mg*  
*fluphenazine hcl tab 5 mg*  
*fluphenazine hcl tab 10 mg*  
GEODON CAP 20 MG **QL -60**  
GEODON CAP 40 MG **QL -60**  
GEODON CAP 60 MG **QL -60**  
GEODON CAP 80 MG **QL -60**  
*haloperidol decanoate 50 mg/ml*  
*haloperidol decanoate 100 mg/ml*  
*haloperidol tab 0.5 mg*  
*haloperidol tab 1 mg*  
*haloperidol tab 2 mg*  
*haloperidol tab 5 mg*  
*haloperidol tab 10 mg*  
*loxapine succinate cap 5 mg*  
*loxapine succinate cap 10 mg*  
*loxapine succinate cap 25 mg*  
*loxapine succinate cap 50 mg*  
*olanzapine tab 2.5 mg* **QL 30**  
*olanzapine tab 5 mg* **QL 30**  
*olanzapine tab 7.5 mg* **QL 30**  
*olanzapine tab 10 mg* **QL 30**  
*olanzapine tab 15 mg* **QL 30**  
*olanzapine tab 20 mg* **QL 30**  
*olanzapine odt tab 5 mg* **QL 30**  
*olanzapine odt tab 10 mg* **QL 30**  
*olanzapine odt tab 15 mg* **QL 30**  
*olanzapine odt tab 20 mg* **QL 30**  
*perphenazine tab 2 mg*  
*perphenazine tab 4 mg*  
*perphenazine tab 8 mg*  
*perphenazine tab 16 mg*  
RISPERDAL CONSTA INJ 12.5 MG **QL -2, PA**

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Updated 01/01/2012



RISPERDAL CONSTA INJ 25 MG *QL -2, PA*  
RISPERDAL CONSTA INJ 37.5 MG *QL -2, PA*  
RISPERDAL CONSTA INJ 50 MG *QL -2, PA*  
*risperidone ODT tab 0.5 mg QL -60*  
*risperidone ODT tab 1 mg QL -60*  
*risperidone ODT tab 2 mg QL -60*  
*risperidone ODT tab 3 mg QL -60*  
*risperidone ODT tab 4 mg QL -60*  
*risperidone soln 1 mg/ml QL -60 ml*  
*risperidone tab 0.25 mg QL -90*  
*risperidone tab 0.5 mg QL -90*  
*risperidone tab 1 mg QL -90*  
*risperidone tab 2 mg QL -90*  
*risperidone tab 3 mg QL -90*  
*risperidone tab 4 mg QL -75*  
SEROQUEL TAB 25 MG *QL -60*  
SEROQUEL TAB 50 MG *QL -60*  
SEROQUEL TAB 100 MG *QL -60*  
SEROQUEL TAB 200 MG *QL -60*  
SEROQUEL TAB 300 MG *QL -60*  
SEROQUEL TAB 400 MG *QL -60*  
SEROQUEL TAB 50 MG XR *QL -15/year*  
SEROQUEL TAB 150 MG XR *QL -15/year*  
SEROQUEL TAB 200 MG XR *QL -30*  
SEROQUEL TAB 300 MG XR *QL -60*  
SEROQUEL TAB 400 MG XR *QL -60*  
*thioridazine hcl tab 10 mg*  
*thioridazine hcl tab 25 mg*  
*thioridazine hcl tab 50 mg*  
*thioridazine hcl tab 100 mg*  
*thiothixene cap 1 mg*  
*thiothixene cap 2 mg*  
*thiothixene cap 5 mg*  
*thiothixene cap 10 mg*  
*trifluoperazine hcl tab 1 mg*  
*trifluoperazine hcl tab 2 mg*  
*trifluoperazine hcl tab 5 mg*  
*trifluoperazine hcl tab 10 mg*

## **ANTICONVULSANTS**

*carbamazepine chew tab 100 mg*  
*carbamazepine susp 100 mg/5ml*  
*carbamazepine tab 200 mg*  
*carbamazepine tab sr 200 mg*  
*carbamazepine tab sr 400 mg*  
*carbamazepine er cap 100 mg*



*carbamazepine er cap 200 mg*  
*carbamazepine er cap 300 mg*  
*divalproex er tab 250 mg*  
*divalproex er tab 500 mg*  
*divalproex spr cap 125 mg dr*  
*divalproex tab 125 mg dr*  
*divalproex tab 250 mg dr*  
*divalproex tab 500 mg dr*  
*gabapentin cap 100 mg*  
*gabapentin cap 300 mg*  
*gabapentin cap 400 mg*  
*gabapentin tab 600 mg*  
*gabapentin tab 800 mg*  
*lamotrigine tab disp 25 mg QL -60*  
*lamotrigine tab 25 mg QL -60*  
*lamotrigine tab 100 mg QL -30*  
*lamotrigine tab 150 mg QL -30*  
*lamotrigine tab 200 mg QL -30*  
*oxcarbazepine susp 60mg/ml*  
*oxcarbazepine tab 150 mg*  
*oxcarbazepine tab 300 mg*  
*oxcarbazepine tab 600 mg*  
*TEGRETOL TAB XR 100mg*  
*valproic acid cap 250 mg*  
*valproic acid soln 250 mg/5ml*

## **ANTIMANIC AGENTS**

*lithium carbonate cap 150 mg*  
*lithium carbonate cap 300 mg*  
*lithium carbonate tab cr 300 mg*  
*lithium carbonate tab cr 450 mg*  
*lithium citrate oral soln 8 mEq/5ml*

## **ADHD DRUGS**

### **Amphetamines**

*amphetamine-dextroamphetamine cap sr 5 mg QL -30*  
*amphetamine-dextroamphetamine cap sr 10 mg QL -30*  
*amphetamine-dextroamphetamine cap sr 15 mg QL -30*  
*amphetamine-dextroamphetamine cap sr 20 mg QL -30*  
*amphetamine-dextroamphetamine cap sr 25 mg QL -30*  
*amphetamine-dextroamphetamine cap sr 30 mg QL -30*  
*amphetamine-dextroamphetamine tab 5 mg QL -90*  
*amphetamine-dextroamphetamine tab 7.5 mg QL -90*  
*amphetamine-dextroamphetamine tab 10 mg QL -90*  
*amphetamine-dextroamphetamine tab 12.5 mg QL -90*  
*amphetamine-dextroamphetamine tab 15 mg QL -90*

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Updated01/01/2012



*amphetamine-dextroamphetamine tab 20 mg QL -90*  
*amphetamine-dextroamphetamine tab 30 mg QL -60*  
*dextroamphetamine sulfate cap sr 24 hr 5 mg QL -60*  
*dextroamphetamine sulfate cap sr 24 hr 10 mg QL -60*  
*dextroamphetamine sulfate cap sr 24 hr 15 mg QL -60*  
*dextroamphetamine sulfate tab 5 mg QL -90*  
*dextroamphetamine sulfate tab 10 mg QL -90*

### **Stimulants**

*METADATE CD CAP 10 MG QL -30*  
*METADATE CD CAP 20 MG QL -30*  
*METADATE CD CAP 30 MG QL -30*  
*METADATE CD CAP 40 MG QL -30*  
*METADATE CD CAP 50 MG QL -30*  
*METADATE CD CAP 60 MG QL -30*  
*methylphenidate chew tab 2.5 mg QL -90*  
*methylphenidate chew tab 5 mg QL -90*  
*methylphenidate chew tab 10 mg QL -90*  
*methylphenidate hcl tab 5 mg QL -90*  
*methylphenidate hcl tab 10 mg QL -90*  
*methylphenidate hcl tab 20 mg QL -90*  
*methylphenidate hcl tab cr 10 mg QL -60*  
*methylphenidate hcl tab cr 20 mg QL -90*  
*methylphenidate hcl tab er 10 mg QL -30*  
*methylphenidate hcl tab er 18 mg QL -30*  
*methylphenidate hcl tab er 27 mg QL -30*  
*methylphenidate hcl tab er 36 mg QL -60*  
*methylphenidate hcl tab er 54 mg QL -30*  
*methylphenidate solution 5mg/5ml QL - 900 ml*  
*methylphenidate solution 10mg/5ml QL - 900 ml*  
*RITALIN LA CAP 10 MG QL -30*  
*RITALIN LA CAP 20 MG QL -30*  
*RITALIN LA CAP 30 MG QL -30*  
*RITALIN LA CAP 40 MG QL -30*

### **Miscellaneous**

*STRATTERA CAP 10 MG QL -30*  
*STRATTERA CAP 18 MG QL -30*  
*STRATTERA CAP 25 MG QL -30*  
*STRATTERA CAP 40 MG QL -30*  
*STRATTERA CAP 60 MG QL -30*  
*STRATTERA CAP 80 MG QL -30*  
*STRATTERA CAP 100 MG QL -30*

### **Central Alpha-Agonists**

*clonidine hcl tab 0.1 mg*  
*clonidine hcl tab 0.2 mg*



clonidine hcl tab 0.3 mg  
clonidine hcl td patch weekly 0.1 mg/24 hr QL -4  
clonidine hcl td patch weekly 0.2 mg/24 hr QL -4  
clonidine hcl td patch weekly 0.3 mg/24 hr QL -4  
guanfacine hcl tab 1 mg  
guanfacine hcl tab 2 mg

## SUBSTANCE ABUSE

### Opiate Agonists/Partial Agonists

buprenorphine hcl 0.3 mg/ml\*  
buprenorphine hcl sl tab 2 mg  
buprenorphine hcl sl tab 8 mg  
methadone\*

SUBOXONE SUB TAB 2-0.5 MG

SUBOXONE SUB TAB 8-2 MG

\*Not available through the Magellan pharmacy benefit; must be obtained from a Magellan Opioid Treatment Program (OTP) provider

### Opiate Antagonists

naltrexone hcl tab 50 mg QL -30

### Miscellaneous Therapeutic Agents

ANTABUSE TAB 250 MG

ANTABUSE TAB 500 MG

CAMPRAL TAB 333 MG QL -180

## ANXIOLYTICS AND HYPNOTICS

### Benzodiazepines

alprazolam tab 0.25 mg QL  
alprazolam tab 0.5 mg QL  
alprazolam tab 1 mg QL  
alprazolam tab 2 mg QL  
chlordiazepoxide hcl cap 5 mg QL  
chlordiazepoxide hcl cap 10 mg QL  
chlordiazepoxide hcl cap 25 mg QL  
clonazepam tab 0.5 mg QL  
clonazepam tab 1 mg QL  
clonazepam tab 2 mg QL  
clorazepate dipotassium tab 3.75 mg QL  
clorazepate dipotassium tab 7.5 mg QL  
clorazepate dipotassium tab 15 mg QL  
diazepam tab 2 mg QL  
diazepam tab 5 mg QL  
diazepam tab 10 mg QL  
lorazepam tab 0.5 mg QL  
lorazepam tab 1 mg QL  
lorazepam tab 2 mg QL

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oxazepam cap 10 mg **QL**  
oxazepam cap 15 mg **QL**  
oxazepam cap 30 mg **QL**  
temazepam cap 7.5 mg **QL**  
temazepam cap 15 mg **QL**  
temazepam cap 22.5 mg **QL**  
temazepam cap 30 mg **QL**

### **Anxiolytics, Sedatives, & Hypnotics Miscellaneous**

bupirone hcl tab 5 mg  
bupirone hcl tab 7.5 mg  
bupirone hcl tab 10 mg  
bupirone hcl tab 15 mg  
chloral hydrate syrup 500 mg /5 ml  
hydroxyzine hcl syrup 10 mg /5 ml  
hydroxyzine hcl tab 10 mg  
hydroxyzine hcl tab 25 mg  
hydroxyzine hcl tab 50 mg  
hydroxyzine pamoate cap 25 mg  
hydroxyzine pamoate cap 50 mg  
hydroxyzine pamoate cap 100 mg  
zolpidem tartrate tab 5 mg **QL -30**  
zolpidem tartrate tab 10 mg **QL -30**

### **ANTIHISTAMINES**

cyproheptadine hcl tab 4 mg  
diphenhydramine hcl cap 25 mg  
diphenhydramine hcl cap 25 mg **OTC**  
diphenhydramine hcl cap 50 mg  
diphenhydramine hcl cap 50 mg **OTC**  
diphenhydramine hcl tab 25 mg **OTC**  
diphenhydramine hcl tab 50 mg  
diphenhydramine hcl tab 50 mg **OTC**

### **DOPAMINE AGONISTS**

amantadine hcl cap 100 mg  
amantadine hcl tab 100 mg

### **AUTONOMIC AGONISTS**

#### **Parasympathomimetic (Cholinergic) Agents**

bethanechol chloride tab 5 mg  
bethanechol chloride tab 10 mg  
bethanechol chloride tab 25 mg  
bethanechol chloride tab 50 mg



### **Anticholinergic Agents**

*benztropine mesylate tab 0.5 mg*  
*benztropine mesylate tab 1 mg*  
*benztropine mesylate tab 2 mg*  
*trihexyphenidyl hcl 2 mg*  
*trihexyphenidyl hcl 5 mg*

## **CARDIOVASCULAR DRUGS**

### **Alpha-1 Adrenergic Blocking Agents**

*prazosin hcl cap 1 mg*  
*prazosin hcl cap 2 mg*  
*prazosin hcl cap 5 mg*

### **Beta-Adrenergic Blocking Agents**

*nadolol tab 20 mg*  
*nadolol tab 40 mg*  
*nadolol tab 80 mg*  
*nadolol tab 120 mg*  
*nadolol tab 160 mg*  
*propranolol hcl tab 10 mg*  
*propranolol hcl tab 20 mg*  
*propranolol hcl tab 40 mg*  
*propranolol hcl tab 60 mg*  
*propranolol hcl tab 80 mg*

## **THYROID AGENTS**

*levothyroxine sodium tab 25 mcg*  
*levothyroxine sodium tab 50 mcg*  
*levothyroxine sodium tab 75 mcg*  
*levothyroxine sodium tab 88 mcg*  
*levothyroxine sodium tab 100 mcg*  
*levothyroxine sodium tab 112 mcg*  
*levothyroxine sodium tab 125 mcg*  
*levothyroxine sodium tab 137 mcg*  
*levothyroxine sodium tab 150 mcg*  
*levothyroxine sodium tab 175 mcg*  
*levothyroxine sodium tab 200 mcg*  
*levothyroxine sodium tab 300 mcg*  
**LEVOXYL TAB 25 MCG**  
**LEVOXYL TAB 50 MCG**  
**LEVOXYL TAB 75 MCG**  
**LEVOXYL TAB 88 MCG**  
**LEVOXYL TAB 100 MCG**  
**LEVOXYL TAB 112 MCG**

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LEVOXYL TAB 125 MCG  
LEVOXYL TAB 137 MCG  
LEVOXYL TAB 150 MCG  
LEVOXYL TAB 175 MCG  
LEVOXYL TAB 200 MCG  
*liothyronine tab 5 mg*  
*liothyronine tab 25 mg*  
*liothyronine tab 50 mg*  
SYNTHROID TAB 25 MCG  
SYNTHROID TAB 50 MCG  
SYNTHROID TAB 75 MCG  
SYNTHROID TAB 88 MCG  
SYNTHROID TAB 100 MCG  
SYNTHROID TAB 112 MCG  
SYNTHROID TAB 125 MCG  
SYNTHROID TAB 137 MCG  
SYNTHROID TAB 150 MCG  
SYNTHROID TAB 175 MCG  
SYNTHROID TAB 200 MCG  
SYNTHROID TAB 300 MCG

## VITAMINS AND OTCs

### Vitamin B Complex

*cyanocobalamin tab 50 mcg OTC*  
*cyanocobalamin tab 100 mcg OTC*  
*cyanocobalamin tab 250 mcg OTC*  
*cyanocobalamin tab 500 mcg OTC*  
*cyanocobalamin tab 1000 mcg OTC*  
*folic acid tab 1 mg OTC*  
*folic acid tab 400 mcg OTC*  
*pyridoxine hcl tab 25 mg OTC*  
*pyridoxine hcl tab 50 mg OTC*  
*pyridoxine hcl tab 100 mg OTC*  
*pyridoxine hcl tab er 200 mg OTC*  
*pyridoxine hcl tab 250 mg OTC*  
*pyridoxine hcl tab 500 mg OTC*  
*thiamine hcl tab 50 mg OTC*  
*thiamine hcl tab 100 mg OTC*  
*thiamine hcl tab 250 mg OTC*

### Vitamin E

*vitamin E cap 100 unit OTC*  
*vitamin E cap 200 unit OTC*  
*vitamin E cap 400 unit OTC*  
*vitamin E cap 600 unit OTC*  
*vitamin E cap 800 unit OTC*



*vitamin E cap 1000 unit OTC*

### **Multivamin Preparations**

multiple vitamin tab **OTC**

multiple vitamine with minerals tab **OTC**

### **Ear, Nose, and Throat Drugs, Miscellaneous**

saliva substitute

### **Cathartics and Laxatives**

*docusate sodium cap 50 mg OTC*

*docusate sodium cap 100 mg OTC*

*docusate sodium cap 250 mg OTC*

psyllium powder 28% **OTC**

psyllium powder 30% **OTC**

psyllium powder 30.9% **OTC**

psyllium powder 48.57% **OTC**

psyllium powder 50% **OTC**

psyllium powder 58.6% **OTC**