



**TO: Pharmacy Providers, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Long Term Care Providers, Clinics, and Hospitals**

**RE:** 1) July 1, 2012 Changes to the Connecticut Medicaid Preferred Drug List (PDL)  
 2) Reminder About the 5 day Emergency Supply  
 3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)  
 4) New MAC Pricing Inquiry Worksheet

**1) July 1, 2012 Changes to the Medicaid Preferred Drug List (PDL)**

The Pharmaceutical & Therapeutics (P&T) Committee has modified the list of preferred prescription products. The Committee has determined these preferred products as efficacious, safe and cost effective choices when prescribing for HUSKY A, HUSKY C, HUSKY D, Tuberculosis (TB), and Family Planning (FAMPL) members.

**Effective July 1, 2012**, changes (additions or removals) have been made to the following drug classes (please note: the additions and removals listed refer to all strengths and dosage forms unless otherwise stated):

Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
<b>ACNE AGENTS, TOPICAL</b>		BENZAC AC; BENZAC W WASH; BENZOYL PEROXIDE MEDICATED PADS, MICROSPHERES CLEANSER, CREAM, and TOWELETTE; BENZOYL PEROXIDE/UREA CLEANSER; BPO KIT; CLEOCIN T GEL and MEDICATED SWAB; CLINDAMYCIN PHOSPHATE FOAM; DIFFERIN GEL; EPIDUO; ERYTHROMYCIN MEDICATED SWAB; RETIN-A MICRO PUMP; SE BPO 7-5.5% WASH KIT; SULFACETAMIDE; TRETINOIN
<b>ANALGESICS, NARCOTIC SHORT</b>	BUTORPHANOL TARTRATE	CO CET; CO CET PLUS; HYDROMORPHONE SUPPOSITORIES; OXYCODONE/ASA BRAND; OXYCODONE CONC; TREZIX; ZYDONE
<b>ANDROGENIC AGENTS</b>	TESTIM	
<b>ANGIOTENSIN MODULATORS</b>		AVALIDE, AVAPRO, FOSINOPRIL HCTZ
<b>ANGIOTENSIN MODULATOR COMB.</b>		VALTURNA
<b>ANTIBIOTICS, GI</b>		METRONIDAZOLE CAPSULE
<b>ANTIBIOTICS, TOPICAL</b>	NEOMYCIN/POLYMYXIN/PRAMOXINE	
<b>ANTICOAGULANTS</b>	XARELTO	ARIXTRA
<b>ANTIFUNGAL, ORAL</b>		NYSTATIN POWDER
<b>ANTIMIGRAINE AGENTS</b>	SUMATRIPTAN PEN INJECTOR	
<b>ANTIPARASITICS, TOPICAL</b>		EURAX LOTION
<b>ANTIVIRALS</b>	VALACYCLOVIR	VALTREX
<b>BETA-BLOCKERS</b>	BYSTOLIC	INNOPRAN XL, LEVATOL
<b>BLADDER RELAXANT PREPARATIONS</b>	OXYBUTYNIN ER	
<b>BPH TREATMENTS</b>	ALFUZOSIN	UROXATRAL
<b>CALCIUM CHANNEL BLOCKERS</b>		VERAPAMIL 360 MG CAPSULE

Questions? Need assistance? Call the HP Provider Assistance Center Mon.–Fri. 8:00 a.m. – 5:00 p.m.  
 Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104  
 Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com)



<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS</b>		AUGMENTIN 125 AND 250 SUSP.; CEDAX CAPSULE AND SUSP.; CEFTIN SUSP.
<b>CONTRACEPTIVES</b>	ALTAVERA; BEYAZ; BRIELLYN; EMOQUETTE; ENPRESSE; ESTROSTEP FE; FEMCON FE; HEATHER; LEVONORGESTREL; MICRONOR; NATAZIA; NORGESTIMATE-ETHINYL ESTRADIOL; NORINYL 1+50; SAFYRAL	ARANELLE; BALZIVA; INTROVALE; JOLESSA; JOLIVETTE; LOESTRIN 24 FE; LO-OVRAL-28; LYBREL; OVCON-35; TRI-LEGEST FE; TRINESSA; TRI-PREVIFEM
<b>FLOUROQUINOLONES</b>		LEVAQUIN SOLUTION
<b>GROWTH FACTORS *</b>	EGRIFTA; INCRELEX	
<b>H. PYLORI TREATMENTS</b>		HELIDAC
<b>HEPATITIS C AGENTS</b>		RIBASPHERE 400 AND 600 MG
<b>HYPOGLYCEMICS, INCRETIN MIMETICS / ENHANCERS</b>	JENTADUETO; TRADJENTA	BYETTA PENS, SYMLIN PENS
<b>HYPOGLYCEMICS, MEGLITINIDES</b>	NATEGLINIDE	STARLIX
<b>HYPOGLYCEMICS, TZD</b>	ACTOPLUS MET; DUETACT	
<b>IMMUNOSUPPRESSIVES, ORAL</b>	TACROLIMUS	PROGRAF
<b>LIPOTROPICS, OTHER</b>		COLESTIPOL GRANULES AND TABLET
<b>LIPOTROPICS, STATINS</b>	ATORVASTATIN	CADUET, CRESTOR, LIPITOR
<b>MACROLIDES / KETOLIDES</b>		CLARITHROMYCIN ER; CLARITHROMYCIN SUSP.; E.E.S. 200 SUSP.; ERYPED 200 AND 400 SUSP.; ERYTHROMYCIN; ERYTHROMYCIN BASE CAPSULE DR
<b>MULTIPLE SCLEROSIS AGENTS</b>	REBIF	
<b>OPIATE DEPENDENCE TREATMENTS</b>		VIVITROL
<b>PAH AGENTS, ORAL AND INHALED</b>	LETAIRIS	REVATIO
<b>PHOSPHATE BINDERS</b>	ELIPHOS	CALCIUM ACETATE CAPSULE; PHOSLO
<b>PRENATAL VITAMINS</b>	CAVAN-ALPHA KIT; CAVAN-EC SOD DHA; CITRANATAL RX; CONCEPT OB; DAILY PRENATAL; EDGE OB; ELITE-OB; EZFE FORTE; FOLCAL DHA; FOLCAPS OMEGA-3; FOLIVANE-PRX DHA NF; LACTOCAL-F; LEVOMEFOLATE PNV; L-METHYLFOLATE PNV DHA; MAXINATE; NESTABS; NESTABS DHA; NEXA SELECT; OB COMPLETE ONE; OB COMPLETE PREMIER; OB COMPLETE TABLET; OB COMPLETE TABLET WITH DHA; PAIRE OB PLUS DHA;	CA CARBONATE/VIT B12/FA/VIT B6; CITRANATAL HARMONY; DUET DHA BALANCED



<p><b>PRENATAL VITAMINS</b> (cont.)</p>	<p>PN VIT.W-O CA NO.7, IRON,FA,DHA; PNV OB+DHA; PNV W-CA NO.37/IRON/FA/OMEGA-3; PNV WITH CA8/IRON/FA/LMEFOLATE; PNV66/IRON FUMARATE/FA/DSS/DHA; PNV80/IRON FUMARATE/FA/DSS/DHA; PNV81/SOD IRON EDTA&amp; PS/FA/OM3; PR NATAL 400 EC; PR NATAL 430; PR NATAL 430 EC; PREFERA OB; PREFERA-OB ONE; PREFERA-OB PLUS DHA; PRENAFIRST; PRENATA; PRENATAL 19 CHEW TAB; PRENATAL 19 TABLET; PRENATAL VIT NO.78/IRON/FA; PRENEXA; PUREFE OB PLUS; PUREFE PLUS; PV W-O VIT A/FE FUMARATE/FA; ROVIN-A DHA; SELECT-OB; SELECT-OB + DHA; SE-TAN DHA; SETONET; TL-ASSURE + DHA; TRICARE; TRINATAL GT; TRIVEEN-PRX RNF; TRIVEEN-U; TRUST NATAL DHA; ULTIMATE OB DHA; ULTIMATECARE ONE NF; VINATE AZ; VINATE PN CARE; VITAFOL-OB; VITAFOL-OB + DHA; VITAFOL-ONE; VITAFOL-PN; VOL-NATE; VOL-TAB RX</p>	
<p><b>PROTON PUMP INHIBITORS</b></p>	<p>OMEPRAZOLE, PANTOPRAZOLE, PROTONIX SUSP.</p>	<p>DEXILANT; NEXIUM; PRILOSEC SUSP.</p>
<p><b>TETRACYCLINES</b></p>		<p>DOXYCYCLINE HYCLATE TABLET DR; DOXYCYCLINE MONOHYDRATE 50 AND 100 MG CAPSULE BRAND; DOXYCYCLINE MONOHYDRATE 75 AND 150 MG CAPSULE; DOXYCYCLINE MONOHYDRATE TABLET</p>
<p><b>ULCERATIVE COLITIS AGENTS</b></p>		<p>MESALAMINE, MESALAMINE KIT</p>

\* New therapeutic class added to PDL effective 7/1/2012

**Please Note:** A new brand or generic entry into an existing PDL class will only appear if it is preferred. Preferred brand name products with a non-preferred generic equivalent will be designated in **bold** print.

Effective July 1, 2012, the dispensing of products that do not appear on the PDL and are now considered “non-preferred” will require Prior Authorization (PA).

**Please note:** PA is required when any new or refill prescription is filled for a non-preferred product for the first time.

Providers are urged to be proactive in switching members to a preferred medication when appropriate or in obtaining PA. If a claim for a non-preferred medication is submitted and no PA is on file, the pharmacy will receive a message that they should contact the physician or the state’s PA contractor, HP, for a PA.

**The pharmacist should consult with the prescriber to see if a preferred drug can be prescribed as an alternative, or explain that the prescriber must obtain and receive PA from HP before a non-preferred medication can be dispensed.**



PA forms can be found on the <http://www.ctdssmap.com> Web site. From the Home page, go to Information → Publications → PA forms → [Pharmacy PA Form](#); or to Pharmacy Information → Pharmacy Program Publications → [Pharmacy Prior Authorization Form](#). The form is also available by calling HP at 1-866-409-8386. The PA call center is available 24 hours a day, 7 days a week.

Pharmacists will have the opportunity to dispense a **one time 14 day supply** of medication by entering in all 9's in the Prior Authorization Number Submitted field, NCPDP 462-EV, and a numeric value of "1" in the Prior Authorization Type field, NCPDP 461-EU.

**Please note: To access the PDL, go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → [Current Medicaid Preferred Drug List](#).**

**In addition to the PDL, an alphabetical listing of all preferred medications is also available on the Pharmacy page of the Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → [PDL Alphabetized Medication List](#).**

**PDL formulary can also be downloaded and accessed for those providers who use e-Prescribing. For more information, visit [www.surescripts.com](http://www.surescripts.com) or contact Surescripts directly at 1-866-797-3239.**

## 2) Reminder about the 5 day Emergency Supply

In addition to the one-time 14 day temporary supply, the Department also allows for a **5 day emergency supply** of a medication that requires PA for non-PDL or Brand Medically Necessary (BMN). If the pharmacist or prescriber is unable to obtain a PA and the member requires the medication after the one time 14 day override has been used, the pharmacist may call the HP Pharmacy Prior Authorization Call Center at 1-866-409-8386 to request a one time 5 day emergency supply of the medication.

## 3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)

This serves to provide clarification on billing requirements for a pharmacy when a brand name medication, which is identified as a preferred product on the Connecticut Medicaid Preferred Drug List (PDL), is dispensed.

If the brand name medication for a multi-source product, (a medication that is available as both the brand name and the generic) is identified as the preferred drug on the PDL, and the brand medication is dispensed, the claim does **not** need to be submitted with a Dispense As Written (DAW) code of '1' for the pharmacy to receive brand reimbursement. If the prescriber has not indicated the brand product is medically necessary, the pharmacy may submit the claim with a DAW code of '5' to signify that the pharmacy dispensed the brand as the generic, or '9' to signify that although substitution is allowed by the prescriber, the Connecticut Medical Assistance Program requests the brand, and will receive brand reimbursement as long as the brand name product remains preferred on the PDL.

Any pharmacy claim submitted with a DAW of '1' to signify the prescriber specified the brand product is medically necessary is subject to audit. The pharmacy **must** have a prescription with the words 'Brand Medically Necessary' written in the prescriber's handwriting on file; failure to provide written documentation in the event of an audit will result in the recoupment of the claim. A verbal or electronic prescription would need to be followed up by a hard copy prescription sent to the pharmacy with the appropriate documentation.

Should the pharmacy choose to dispense the generic equivalent when the brand is the preferred product, a non-preferred Prior Authorization (PA) would be required for the claim to process. PA forms can be found at <http://www.ctdssmap.com>. From the Home page, go to Information → Publications → PA forms → [Pharmacy PA Form](#); or to Pharmacy Information → Pharmacy Program Publications → [Pharmacy Prior Authorization Form](#). The form is also available by calling HP at 1-866-409-8386. The PA call center is available 24 hours a day, 7 days a week.



#### 4) New MAC Pricing Inquiry Worksheet

As of April 1, 2012 the State Maximum Allowable Cost (MAC) worksheet has been updated to provide more explicit directions to Connecticut pharmacies who submit a State MAC Inquiry. Prior versions will no longer be accepted. The updated instructions and worksheet are intended to address State MAC and Federal Upper Limit (FUL) differences, provide links to resources for both types of reimbursement, and provide direction for submitting a valid and complete MAC Inquiry.

**The State MAC Inquiry Process is in place for State MAC drugs only and cannot accept inquiries for or modify reimbursement for FUL drugs. FUL pricing is not under the state's jurisdiction.**

The State of CT Maximum Allowable Cost (MAC) is established and published by the Department of Social Services for certain multiple sourced drugs that are not on the FUL reimbursement list. The reimbursement rate to providers for drugs on the MAC list is the average of the available Average Wholesale Prices (AWP) minus 72% based on two or more widely available generic drugs. The MAC Pricing Inquiry Worksheet provides the opportunity to indicate any difficulty a pharmacy has in obtaining a specific drug at the price listed on the MAC list provided by the State of Connecticut Medical Assistance Program. The State MAC Inquiry process accepts generic drug inquiries for drugs that are on the State MAC list. Prior to submitting an inquiry, verify that the drug in question is on the State MAC list.

The list of State MAC drugs is updated quarterly and can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Pharmacy Program Publications → State of Connecticut MAC List or click the following link:

<https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/macweblis.pdf>

The Federal Upper Limit (FUL) Program is a large generic drug cost containment strategy implemented and managed by The Centers for Medicare & Medicaid Services (CMS) which establishes maximum prices for reimbursement for a great number of generic drugs. A list of FUL drugs and their current reimbursements can be found at:

<http://www.medicaid.gov/.../FULChangesMadeToTransmittalNo37.pdf>

To ensure a timely response to a submitted MAC Inquiry for each drug that the pharmacy is not able to purchase at the State's MAC price, the MAC worksheet must be completed and include the following:

- NDC of lowest priced product available
- Manufacturer
- Drug name
- Drug strength
- Package Size (e.g., 100 tablet bottle)
- Dosage Form (e.g., tablet, syrup, ampule)
- Wholesaler
- Lowest price for which the pharmacy can obtain the drug
- Pharmacy store information
- Actual Purchase invoice to confirm purchase price, cannot be printed off the web, must indicate the store name and physical location/address

The correspondence must be signed by a registered pharmacist and faxed directly to HP using the number on the form. Failure to include all of the required information will result in the inability to respond to pricing issues. Invoices that are illegible or tampered with will result in the inability to respond to pricing issues. Only valid State MAC inquiries will be researched and reviewed, and upon completion, a response will be provided in approximately 30 business days. Due to the volume with tiered-MAC pricing, pricing requests for FUL drugs will not generate a response.



The updated instructions and MAC worksheet can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Pharmacy Program Publications → [MAC Pricing Inquiry Worksheet](#) or click the following link:

[https://www.ctdssmap.com/.../MAC\\_Pricing\\_Inquiry\\_Worksheet.pdf](https://www.ctdssmap.com/.../MAC_Pricing_Inquiry_Worksheet.pdf)



CONNECTICUT MEDICAID	Acne Agents, Topical	Angiotensin Modulators (cont.)	Anticonvulsants (cont.)
<p align="center"><b>Preferred Drug List</b></p> <ul style="list-style-type: none"> <li>The Connecticut Medicaid <i>Preferred Drug List</i> (PDL) is a listing of prescription products selected by the Pharmaceutical and Therapeutics Committee as efficacious, safe and cost effective choices when prescribing for Medicaid members</li> <li><i>Preferred or Non-preferred</i> status only applies to those medications that fall within the drug classes listed on this PDL</li> <li>HIV medications are excluded from the PDL and do not require prior authorization</li> <li>All strengths and dosage forms of preferred agents are covered, unless otherwise stated</li> <li>The brand-name of a generically available medication will not be covered without a PA, unless the brand is listed on the PDL</li> <li>Preferred brand-name medications with <i>non-preferred generic equivalents</i> are listed in <b>bold</b></li> </ul> <p>* New therapeutic class added to PDL effective 7/1/2012 ** New drug added to PDL effective 7/1/2012</p>	<p>AZELEX (TOPICAL)</p> <p><b>BENZACLIN, BENZACLIN W/PUMP</b> (TOPICAL)</p> <p>BENZOYL PEROXIDE CLEANSER, GEL, KIT, LOTION (TOPICAL)</p> <p>CLINDAMYCIN PHOSPHATE GEL, LOTION, MEDICATED SWAB, SOLUTION (TOPICAL)</p> <p>DESQUAM-X (TOPICAL)</p> <p><b>DIFFERIN</b> CREAM, LOTION (TOPICAL)</p> <p>ERYTHROMYCIN GEL, SOLUTION (TOPICAL)</p> <p>RETIN-A MICRO (TOPICAL)</p>	<p>DIOVAN, DIOVAN HCT (ORAL)</p> <p>ENALAPRIL, ENALAPRIL HCTZ (ORAL)</p> <p>FOSINOPRIL (ORAL)</p> <p>LISINOPRIL, LISINOPRIL HCTZ (ORAL)</p> <p>LOSARTAN, LOSARTAN HCTZ (ORAL)</p> <p>MOEXIPRIL, MOEXIPRIL HCTZ (ORAL)</p> <p>QUINAPRIL, QUINIPRIL HCTZ (ORAL)</p> <p>RAMIPRIL (ORAL)</p> <p>TRANDOLAPRIL (ORAL)</p>	<p>GABITRIL (ORAL)</p> <p>LAMOTRIGINE, LAMOTRIGINE TAB DS PK (ORAL)</p> <p>LEVETIRACETAM SOLUTION, TABLETS (ORAL)</p> <p><b>MEBARAL</b> (ORAL)</p> <p>OXCARBAZEPINE SUSPENSION, TABLET (ORAL)</p> <p>PEGANONE (ORAL)</p> <p>PHENOBARBITAL ELIXIR, TABLET (ORAL)</p> <p>PHENYTOIN, PHENYTOIN SOLUTION (ORAL)</p> <p>PRIMIDONE (ORAL)</p> <p><b>TEGRETOL XR</b> (ORAL)</p> <p>TOPIRAMATE SPRINKLE, TABLET (ORAL)</p> <p>VALPROATE SYRUP (ORAL)</p> <p>VALPROIC ACID (ORAL)</p> <p>ZONISAMIDE (ORAL)</p>
<p align="center"><b>PA Requirements</b></p> <ul style="list-style-type: none"> <li>Intolerance of the preferred agents</li> <li>Adverse reaction to the preferred agents</li> <li>Inadequate response from the preferred agents</li> <li>Determined medically necessary and medically appropriate</li> <li>Absence of appropriate formulation of the preferred agents</li> </ul>	<p align="center"><b>Alzheimer's Agents</b></p> <p>DONEPEZIL TABLET, ODT (ORAL)</p> <p>EXELON (TRANSDERMAL)</p> <p>EXELON CAPSULES (ORAL)</p> <p>NAMENDA SOLUTION, TABLET DS PAK, TABLET (ORAL)</p>	<p align="center"><b>Angiotensin Modulators/CCB Comb.</b></p> <p>AMLODIPINE / BENAZEPRIL (ORAL)</p> <p>AZOR (ORAL)</p> <p>EXFORGE, EXFORGE HCT (ORAL)</p> <p>TRIBENZOR (ORAL)</p>	<p align="center"><b>Antidepressants, Other</b></p> <p>BUPROPION, BUPROPION SR, BUPROPION XL (ORAL)</p> <p>MARPLAN (ORAL)</p> <p>MIRTAZAPINE TABLET, ODT (ORAL)</p> <p>NARDIL (ORAL)</p> <p>PARNATE (ORAL)</p> <p>TRAZODONE (ORAL)</p> <p>VENLAFAXINE ER CASPULES (ORAL)</p>
<p align="center"><b>Important Connecticut Medicaid Phone Numbers</b></p> <p><i>HP Pharmacy Prior Authorization Center</i></p> <p>p. 1-866-409-8386 (toll-free) f. 1-866-759-4110 (toll-free)</p>	<p align="center"><b>Analgesics, Narcotic Long</b></p> <p>FENTANYL (TRANSDERM)</p> <p>KADIAN (ORAL)</p> <p>METHADONE CONC, SOL TABLET, SOLUTION, TABLET (ORAL)</p> <p>MORPHINE ER (ORAL)</p> <p>TRAMADOL ER (ORAL)</p>	<p align="center"><b>Antibiotics, GI</b></p> <p>ALINIA SUSPENSION, TABLET (ORAL)</p> <p>METRONIDAZOLE TABLET (ORAL)</p> <p>NEOMYCIN (ORAL)</p> <p>TINDAMAX (ORAL)</p> <p>TINIDAZOLE (ORAL)</p>	<p align="center"><b>Antidepressants, SSRI</b></p> <p>CITALOPRAM TABLET (ORAL)</p> <p>FLUOXETINE CAPSULE, SOLUTION, 10 MG TABLET (ORAL)</p> <p>FLUVOXAMINE (ORAL)</p> <p><b>LEXAPRO</b> SOLUTION, TABLET (ORAL)</p> <p>PAROXETINE TABLET (ORAL)</p> <p>SERTRALINE CONC, TABLET (ORAL)</p>
<p>PA forms are available on our website: <a href="http://www.CTDSSMAP.com">http://www.CTDSSMAP.com</a> Navigate to: <i>Pharmacy Information</i> or: <i>information &gt; publications &gt; forms</i></p>	<p align="center"><b>Analgesics, Narcotic Short</b></p> <p>APAP / CODEINE ELIXIR, TABLET (ORAL)</p> <p>BUTALBITAL COMPOUND W/CODEINE (ORAL)</p> <p>BUTORPHANOL TARTRATE ** (NASAL)</p> <p>CODEINE (ORAL)</p>	<p align="center"><b>Antibiotics, Inhaled</b></p> <p>CAYSTON (INHALATION)</p> <p>TOBI (INHALATION)</p>	<p align="center"><b>Antiemetics</b></p> <p>EMEND, EMEND PACK (ORAL)</p> <p><b>MARINOL</b> (ORAL)</p> <p>ONDANSETRON ODT, SOL, TAB (ORAL)</p>
<p>HP Provider Assistance Center 1-800-842-8440</p>	<p align="center"><b>Antibiotics, Topical</b></p> <p>DIHYDROCODEINE / APAP / CAFFEINE (ORAL)</p> <p>HYDROCODONE / APAP CAPSULE, SOLUTION, TABLET (ORAL)</p> <p>HYDROCODONE / IBUPROFEN (ORAL)</p> <p>HYDROMORPHONE TABLET (ORAL)</p> <p>MEPERIDINE SOLUTION, TABLET (ORAL)</p> <p>MORPHINE CONC, SOLUTION, MORPHINE IR TABLET (ORAL)</p> <p>MORPHINE SUPPOSITORIES (RECTAL)</p>	<p align="center"><b>Antibiotics, Vaginal</b></p> <p>CLEOCIN OVULES (VAGINAL)</p> <p>CLINDAMYCIN (VAGINAL)</p> <p>METRONIDAZOLE (VAGINAL)</p> <p>VANDAZOLE (VAGINAL)</p>	<p align="center"><b>Antifungals, Oral</b></p> <p>CLOTRIMAZOLE (MUCOUS MEM)</p> <p>FLUCONAZOLE SUSPENSION, TABLET (ORAL)</p> <p>GRISEOFULVIN SUSPENSION (ORAL)</p> <p><b>GRIS-PEG</b> (ORAL)</p> <p>KETOCONAZOLE (ORAL)</p> <p>NYSTATIN SUSPENSION, TABLET (ORAL)</p> <p>TERBINAFINE (ORAL)</p>
<p>Dept of Social Services Rx Consultant (860) 424-5150</p>	<p align="center"><b>Anticoagulants, Injectable</b></p> <p>FRAGMIN DISP SYRIN, VIAL (SUBCUTANE.)</p> <p><b>LOVENOX</b> SYRINGE, VIAL (SUBCUTANE.)</p> <p align="center"><b>Anticoagulants, Oral</b></p> <p>PRADAXA (ORAL)</p> <p>WARFARIN (ORAL)</p> <p>XARELTO ** (ORAL)</p>	<p align="center"><b>Anticonvulsants</b></p> <p>CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)</p> <p>CARBATROL (ORAL)</p> <p>CELONTIN (ORAL)</p> <p>CLONAZEPAM (ORAL)</p> <p><b>DEPAKOTE SPRINKLE</b> (ORAL)</p> <p><b>DIASTAT</b> (RECTAL)</p> <p>DILANTIN INFATAB (ORAL)</p> <p>DIVALPROEX TABLET, DIVALPROEX ER (ORAL)</p> <p>ETHOSUXIMIDE SYRUP (ORAL)</p> <p>FELBATOL SUSPENSION (ORAL)</p> <p>GABAPENTIN CAPSULE, SOLUTION, TABLET (ORAL)</p>	<p align="center"><b>Antifungals, Topical</b></p> <p>CLOTRIMAZOLE CREAM RX, SOLUTION RX (TOPICAL)</p> <p>CLOTRIMAZOLE-BETAMETHASONE CREAM, LOTION (TOPICAL)</p> <p>ECONAZOLE (TOPICAL)</p> <p>KETOCONAZOLE CREAM, SHAMPOO (TOPICAL)</p> <p>NYSTATIN CREAM, OINT, POWDER (TOPICAL)</p> <p>NYSTATIN-TRIAMCINOLONE CREAM, OINT (TOPICAL)</p>
	<p align="center"><b>Analgesics/Anesthetics, Topical</b></p> <p>FLECTOR (TOPICAL)</p> <p>LIDODERM (TOPICAL)</p> <p>VOLTAREN (TOPICAL)</p>		<p align="center"><b>Antihistamines, Minimally Sedating</b></p> <p>CETIRIZINE SOLUTION, CETIRIZINE SOLUTION OTC, CETIRIZINE-D OTC (ORAL)</p>
	<p align="center"><b>Androgenic Agents</b></p> <p>ANDRODERM (TRANSDERM)</p> <p>ANDROGEL GEL PACKET, PUMP (TRANSDERM.)</p> <p>TESTIM ** (TRANSDERM.)</p>		
	<p align="center"><b>Angiotensin Modulators</b></p> <p>BENAZEPRIL, BENAZEPRIL HCTZ (ORAL)</p> <p>CAPTOPRIL, CAPTOPRIL HCTZ (ORAL)</p>		

Antihistamines, Minimally Sedating (cont.)	Antipsychotics (cont.)	Bladder Relaxants (cont.)	Contraceptives, Oral (cont.)
FEXOFENADINE 60, 180 MG OTC (ORAL)	LATUDA (ORAL)	TOVIAZ (ORAL)	CAZIAN (ORAL)
LORATADINE ODT, SOLUTION, TABLET, LORATADINE-D OTC (ORAL)	MOBAN (ORAL)	VESICARE (ORAL)	CRYSSELLE (ORAL)
<b>Antihypertensives, Sympatholytics</b>	NAVANE (ORAL)	<b>Bone Resorption Inhibitors</b>	CYCLAFEM (ORAL)
CATAPRES-TTS (TRANSDERM)	OLANZAPINE (ORAL)	ALENDRONATE TABLETS (ORAL)	DESOGEN (ORAL)
CLONIDINE (ORAL)	ORAP (ORAL)	<b>MIACALCIN (NASAL)</b>	ELLA (ORAL)
GUANFACINE (ORAL)	PERPHENAZINE (ORAL)	<b>Botulinum Toxins, Injectable</b>	EMOQUETTE ** (ORAL)
METHYLDOPA, METHYLDOPA HCTZ (ORAL)	QUETIAPINE (ORAL)	BOTOX (INTRAMUSC)	ENPRESSE ** (ORAL)
<b>Antihyperuricemics</b>	RISPERDAL CONSTA (INTRAMUSC.)	<b>BPH Agents</b>	ERRIN (ORAL)
ALLOPURINOL (ORAL)	RISPERDAL (ORAL)	ALFUZOSIN ** (ORAL)	ESTROSTEP FE ** (ORAL)
PROBENECID (ORAL)	RISPERIDONE (ORAL)	DOXAZOSIN (ORAL)	FEMCON FE ** (ORAL)
PROBENECID / COLCHICINE (ORAL)	SAPHRIS (SUBLINGUAL)	FINASTERIDE (ORAL)	GILDESS FE (ORAL)
<b>Antimigraine Agents</b>	SEROQUEL, SEROQUEL XR (ORAL)	TAMSULOSIN (ORAL)	HEATHER ** (ORAL)
IMITREX (NASAL)	SYMBYAX (ORAL)	TERAZOSIN (ORAL)	JUNEL, JUNEL FE (ORAL)
IMITREX KIT, VIAL (SUBCUTANE.)	THIORIDAZINE (ORAL)	<b>Bronchodilators, Beta-Agonists</b>	KELNOR 1-35 (ORAL)
RELPAZ (ORAL)	THIOTHIXENE (ORAL)	ALBUTEROL NEB SOLN 100 MG/20 ML, 2.5 MG/3 ML (INHALATION)	LEENA (ORAL)
SUMATRIPTAN (ORAL)	TRIFLUOPERAZINE (ORAL)	ALBUTEROL SYRUP, TABLET (ORAL)	LESSINA (ORAL)
SUMATRIPTAN PEN INJECTR ** (SUBCUTANE.)	ZIPRASIDONE (ORAL)	MAXAIR (INHALATION)	LEVONORGESTREL ** (ORAL)
<b>Antiparasitics, Topical</b>	ZYPREXA, ZYPREXA RELPREVV (INTRAMUSC)	PROAIR HFA (INHALATION)	LEVORA-28 (ORAL)
EURAX CREAM (TOPICAL)	ZYPREXA, ZYPREXA ZYDIS (ORAL)	PROVENTIL HFA (INHALATION)	LOESTRIN, LOESTRIN FE (ORAL)
<b>Antiparkinson's Agents</b>	<b>Antivirals</b>	TERBUTALINE (ORAL)	LOW-OGESTREL (ORAL)
BENZTROPINE (ORAL)	ACYCLOVIR CAPSULE, SUSPENSION, TABLET (ORAL)	VENTOLIN HFA (INHALATION)	LUTERA (ORAL)
BROMOCRIPTINE (ORAL)	AMANTADINE CAPSULE, SYRUP, TABLET (ORAL)	<b>Calcium Channel Blockers</b>	MICROGESTIN, MICROGESTIN FE (ORAL)
CARBIDOPA / LEVODOPA TABLET, ODT, CARBIDOPA / LEVODOPA ER (ORAL)	RELENZA (INHALATION)	AMLODIPINE (ORAL)	MICRONOR ** (ORAL)
PRAMIPEXOLE (ORAL)	RIMANTADINE (ORAL)	DILTIAZEM TABLET, DILTIAZEM CAPSULE ER (ORAL)	MIRCETTE (ORAL)
ROPINIROLE (ORAL)	TAMIFLU CAPSULE, SUSPENSION (ORAL)	FELODIPINE ER (ORAL)	MONONESSA (ORAL)
SELEGILINE CAPSULE, TABLET (ORAL)	VALACYCLOVIR ** (ORAL)	ISRADIPINE (ORAL)	NATAZIA ** (ORAL)
STALEVO (ORAL)	<b>Antivirals, Topical</b>	NICARDIPINE (ORAL)	NECON (ORAL)
TRIHENXYPHENIDYL ELIXIR, TABLET (ORAL)	DENAVIR (TOPICAL)	NIFEDIPINE ER, NIFEDIPINE IR (ORAL)	NORA-BE (ORAL)
<b>Antipsychotics</b>	ZOVIRAX OINTMENT (TOPICAL)	VERAPAMIL CAPSULE, TABLET, VERAPAMIL TABLET ER VERAPAMIL ER PM (ORAL)	NORDETTE-28 (ORAL)
ABILIFY (INTRAMUSC and ORAL)	<b>Atopic Dermatitis</b>	<b>Cephalosporins &amp; Related Agents</b>	NORETHINDRONE (ORAL)
AMITRIPTYLINE / PERPHENAZINE (ORAL)	ELIDEL (TOPICAL)	AMOXICILLIN/CLAV CHEW TAB, SUSPENSION, TABLET (ORAL)	NORGESTIMATE-ETHINYL ESTRADIOL ** (ORAL)
CHLORPROMAZINE (ORAL)	PROTOPIC (TOPICAL)	CEFACLOR CAPSULE, SUSPENSION, TABLET ER (ORAL)	NORGESTREL-ETHINY ESTRA (ORAL)
CLOZAPINE (ORAL)	<b>Beta Blockers</b>	CEFADROXIL CAPSULE, SUSPENSION, TABLET (ORAL)	NORINYL 1+50 ** (ORAL)
CLOZARIL (ORAL)	ACEBUTOLOL (ORAL)	CEFDINIR CAPSULE, SUSPENSION (ORAL)	NOR-Q-D (ORAL)
FANAPT (ORAL)	ATENOLOL, ATENOLOL / CHLORTHALIDONE (ORAL)	CEFFODOXIME SUSPENSION, TABLET (ORAL)	NORTREL (ORAL)
FAZACLO (ORAL)	BETAXOLOL (ORAL)	CEFFPROZIL SUSPENSION, TABLET (ORAL)	ORTHO TRI-CYCLEN, ORTHO TRI-CYCLEN LO (ORAL)
FLUPHENAZINE DECANOATE (INJECTION)	BISOPROLOL, BISOPROLOL HCTZ (ORAL)	CEFUROXIME SUSPENSION, TABLET (ORAL)	ORTHO-CYCLEN (ORAL)
FLUPHENAZINE (ORAL)	BYSTOLIC ** (ORAL)	CEPHALEXIN CAPSULE, SUSPENSION, TABLET (ORAL)	ORTHO-NOVUM (ORAL)
GEODON (INTRAMUSC)	CARVEDILOL (ORAL)	SUPRAX SUSPENSION, TABLET (ORAL)	OVCON-50 (ORAL)
GEODON (ORAL)	LABETALOL (ORAL)	<b>Colony Stimulating Factors</b>	PORTIA (ORAL)
HALDOL DECANOATE (INTRAMUSC)	METOPROLOL, METOPROLOL HCTZ, METOPROLOL XL (ORAL)	LEUKINE (INJECTION)	PREVIFEM (ORAL)
HALOPERIDOL (ORAL)	NADOLOL, NADOLOL / BENDROFLUMETHIAZIDE (ORAL)	NEULASTA (INJECTION)	RECLIPSEN (ORAL)
HALOPERIDOL DECANOATE (INTRAMUSC)	PINDOLOL (ORAL)	NEUPOGEN DISP SYRIN, VIAL (INJECTION)	SAFYRAL ** (ORAL)
HALOPERIDOL LACTATE (INJECTION and ORAL)	PROPRANOLOL SOLUTION, TABLET, PROPRANOLOL HCTZ, PROPRANOLOL ER (ORAL)	<b>Contraceptives, Oral</b>	SEASONALE (ORAL)
INVEGA (ORAL)	SOTALOL (ORAL)	ALTAVERA ** (ORAL)	SEASONIQUE (ORAL)
INVEGA SUSTENNA (INTRAMUSC)	TIMOLOL (ORAL)	APRI (ORAL)	SOLIA (ORAL)
	<b>Bile Salts, Oral</b>	AVIANE (ORAL)	SPRINTEC (ORAL)
	<b>Bladder Relaxants</b>	BEYAZ ** (ORAL)	SRONYX (ORAL)
	OXYBUTYNIN SYRUP, TABLET, OXYBUTYNIN ER ** (ORAL)	BRIELLYN ** (ORAL)	TRI-NORINYL (ORAL)
		CAMILA (ORAL)	TRI-SPRINTEC (ORAL)
			TRIVORA-28 (ORAL)



Contraceptives, Oral (cont.)	Hepatitis C Agents	Lipotropics, Other (cont.)	Ophthalmics, Allergic Conjunctivitis (cont.)
VELIVET (ORAL)	INCIVEK (ORAL)	CHOLESTYRAMINE/SUCROSE (ORAL)	CROMOLYN SODIUM (OPHTHALMIC)
YASMIN 28 (ORAL)	PEGASYS KIT, PROCLICK, SYRINGE, VIAL (SUBCUTANE.)	GEMFIBROZIL (ORAL)	PATADAY (OPHTHALMIC)
YAZ (ORAL)	RIBAVIRIN TABLET (ORAL)	NIACOR (ORAL)	PATANOL (OPHTHALMIC)
ZOVIA 1-35E, ZOVIA 1-50E (ORAL)	VICTRELIS (ORAL)	NIASPAN (ORAL)	<b>Ophthalmics, Antibiotics</b>
<b>COPD Agents</b>	<b>Hypoglycemics, Incretin Mimetics, Injectable</b>	TRICOR (ORAL)	BESIVANCE (OPHTHALMIC)
ATROVENT HFA (INHALATION)	SYMLIN (SUBCUTANE.)	TRILIPIX (ORAL)	<b>BLEPH-10</b> (OPHTHALMIC)
COMBIVENT (INHALATION)	<b>Hypoglycemics, Incretin Mimetics, Oral</b>	<b>Lipotropics, Statins</b>	ERYTHROMYCIN (OPHTHALMIC)
DALIRESP (ORAL)	JANUMET (ORAL)	ATORVASTATIN ** (ORAL)	GENTAMICIN DROPS, OINTMENT (OPHTHALMIC)
<b>DUONEB</b> (INHALATION)	JANUVIA (ORAL)	LESCOL, LESCOL XL (ORAL)	ILOTYCIN (OPHTHALMIC)
IPRATROPIUM NEBULIZER (INHALATION)	JENTADUETO ** (ORAL)	LOVASTATIN (ORAL)	LEVOFLOXACIN (OPHTHALMIC)
SPIRIVA (INHALATION)	KOMBIGLYZE XR (ORAL)	PRAVASTATIN (ORAL)	MOXEZA (OPHTHALMIC)
<b>Cytokine &amp; CAM Antagonists</b>	ONGLYZA (ORAL)	SIMCOR (ORAL)	OFLOXACIN (OPHTHALMIC)
CIMZIA KIT, SYRINGE KIT (INJECTION)	TRADJENTA ** (ORAL)	SIMVASTATIN (ORAL)	POLYMYXIN/TRIMETHOPRIM (OPHTHALMIC)
ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	<b>Hypoglycemics, Insulin &amp; Related</b>	<b>Macrolides &amp; Ketolides</b>	SULFACETAMIDE (OPHTHALMIC)
HUMIRA KIT, PEN INJ KIT (INJECTION)	HUMALOG CARTRIDGE, PEN, VIAL (SUBCUTANE.)	AZITHROMYCIN PACKET, SUSPENSION, TABLET (ORAL)	TERRAMYCIN W/POLYMYXIN (OPHTHALMIC)
<b>Emollients, Topical</b>	HUMALOG MIX PEN, VIAL (SUBCUTANE.)	CLARITHROMYCIN TABLET (ORAL)	TOBRAMYCIN (OPHTHALMIC)
AMMONIUM LACTATE CREAM/LOTION (TOPICAL)	HUMULIN VIAL (SUBCUTANE.)	E.E.S. 400 TABLET (ORAL)	TOBREX OINTMENT (OPHTHALMIC)
LAC-HYDRIN CREAM/LOTION (TOPICAL)	LANTUS CARTRIDGE, VIAL (SUBCUTANE.)	ERY-TAB (ORAL)	VIGAMOX (OPHTHALMIC)
LACTIC ACID CREAM/LOTION (TOPICAL)	LANTUS SOLOSTAR PEN (SUBCUTANE.)	ERYTHROCIN (ORAL)	ZYMAR (OPHTHALMIC)
<b>Epinephrine, Self-Injected</b>	NOVOLOG CARTRIDGE, PEN, VIAL (SUBCUTANE.)	ERYTHROMYCIN BASE TABLET (ORAL)	<b>Ophthalmics, Antibiotics Steroid Combinations</b>
EPI-PEN, EPI-PEN JR. (INJECTION)	NOVOLOG MIX 70/30 PEN, VIAL (SUBCUTANE.)	<b>Multiple Sclerosis Agents</b>	BLEPHAMIDE, BLEPHAMIDE S.O.P. (OPHTHALMIC)
EPINEPHRINE (INJECTION)	<b>Hypoglycemics, Meglitinides</b>	AVONEX (INTRAMUSC.)	NEOMYCIN/BACITRACIN/POLY/HC (OPHTHALMIC)
TWINJECT, TWINJECT LOW STRENGTH (INTRAMUSC)	NATEGLINIDE ** (ORAL)	BETASERON (SUBCUTANE.)	NEOMYCIN/POLYMYXIN/DEXAMETHASONE (OPHTH.)
TWINJECT LOW STRENGTH (INTRAMUSC)	PRANDIN (ORAL)	COPAXONE (SUBCUTANE.)	PRED-G DROPS SUSP, OINTMENT (OPHTHALMIC)
<b>Erythropoiesis Stimulating Proteins</b>	<b>Hypoglycemics, TZDs</b>	REBIF ** (SUBCUTANE.)	SULFACETAMIDE / PREDNISOLONE (OPHTHALMIC)
ARANESP DISP SYRIN, VIAL (INJECTION)	ACTOPLUS MET ** (ORAL)	<b>Non-Steroidal Anti-Inflammatory</b>	<b>TOBRADEX</b> OINTMENT, SUSPENSION (OPHTHALMIC)
PROCRIT (INJECTION)	ACTOS (ORAL)	ETODOLAC, ETODOLAC TAB SR (ORAL)	ZYLET (OPHTHALMIC)
<b>Fibromyalgia Agents</b>	AVANDIA (ORAL)	FLURBIPROFEN (ORAL)	<b>Ophthalmic Anti-Inflammatories</b>
CYMBALTA (ORAL)	DUETACT ** (ORAL)	IBUPROFEN SUSPENSION, TABLET (ORAL)	ACULAR (OPHTHALMIC)
LYRICA (ORAL)	<b>Immunosuppressives, Oral</b>	INDOCIN SUSPENSION (ORAL)	DEXAMETHASONE (OPHTHALMIC)
SAVELLA , SAVELLA DS PK (ORAL)	AZATHIOPRINE (ORAL)	INDOMETHACIN CAPSULE (ORAL)	DICLOFENAC (OPHTHALMIC)
<b>Fluoroquinolones, Oral</b>	CYCLOSPORINE CAPSULE, SOFTGEL, SOLUTION (ORAL)	KETOPROFEN (ORAL)	FLAREX (OPHTHALMIC)
CIPROFLOXACIN TABLET (ORAL)	CYCLOSPORINE, MODIFIED CAPSULE, SOLUTION (ORAL)	KETOROLAC (ORAL)	FLUOROMETHOLONE (OPHTHALMIC)
LEVOFLOXACIN TABLET (ORAL)	GENGRAF (ORAL)	MELOXICAM TABLET (ORAL)	FLURBIPROFEN (OPHTHALMIC)
<b>Glucocorticoids, Inhaled</b>	MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)	<b>MOBIC SUSPENSION</b> (ORAL)	FML FORTE, FML S.O.P. (OPHTHALMIC)
ADVAIR DISKUS, ADVAIR HFA (INHALATION)	NEORAL CAPSULE, SOLUTION (ORAL)	NABUMETONE (ORAL)	LOTEMAX DROPS (OPHTHALMIC)
ASMANEX (INHALATION)	RAPAMUNE SOLUTION, TABLET (ORAL)	NAPROXEN EC, NAPROXEN SODIUM, NAPROXEN TAB (ORAL)	MAXIDEX (OPHTHALMIC)
DULERA (INHALATION)	SANDIMMUNE CAPSULE, SOLUTION (ORAL)	OXAPROZIN (ORAL)	PRED MILD (OPHTHALMIC)
FLOVENT DISKUS, FLOVENT HFA (INHALATION)	TACROLIMUS ** (ORAL)	PIROXICAM (ORAL)	PREDNISOLONE ACETATE (OPHTHALMIC)
<b>PULMICORT RESPULES</b> 0.25, 0.5 MG (INHALATION)	<b>Intranasal Rhinitis Agents</b>	SULINDAC (ORAL)	PREDNISOLONE SOD PHOSPHATE (OPHTHALMIC)
QVAR (INHALATION)	<b>ASTELIN</b> (NASAL)	VIMOVO (ORAL)	<b>Ophthalmics, Glaucoma Agents</b>
SYMBICORT (INHALATION)	ASTEPRO (NASAL)	<b>Oncology Agents, Oral</b>	<b>ALPHAGAN P</b> 0.15% (OPHTHALMIC)
<b>Growth Factors *</b>	IPRATROPIUM (NASAL)	GLEEVEC (ORAL)	AZOPT (OPHTHALMIC)
EGRIFTA ** (SUB-Q)	<b>NASACORT AQ</b> (NASAL)	IRESSA (ORAL)	BETAXOLOL (OPHTHALMIC)
INCRELEX ** (SUB-Q)	NASONEX (NASAL)	NEXAVAR (ORAL)	BETIMOL (OPHTHALMIC)
<b>Growth Hormones</b>	PATANASE (NASAL)	SPRYCEL (ORAL)	BETOPTIC S (OPHTHALMIC)
GENOTROPIN CARTRIDGE, DSIP SYRIN (INJECTION)	<b>Leukotriene Receptor Antagonists</b>	TARCEVA (ORAL)	BRIMONIDINE (OPHTHALMIC)
NORDITROPIN PEN (INJECTION)	<b>ACCOLATE</b> (ORAL)	TYKERB (ORAL)	CARTEOLOL (OPHTHALMIC)
NUTROPIN VIAL, NUTROPIN AQ CARTRIDGE, VIAL (INJECTION)	SINGULAIR GRAN PACK, TAB CHEW, TABLET (ORAL)	XELODA (ORAL)	COMBIGAN (OPHTHALMIC)
<b>H. Pylori Agents</b>	<b>Lipotropics, Other</b>	<b>Ophthalmics, Allergic Conjunctivitis</b>	DORZOLAMIDE (OPHTHALMIC)
NO PREFERRED AGENTS	CHOLESTYRAMINE/ASPARTAME (ORAL)	ALREX (OPHTHALMIC)	DORZOLAMIDE / TIMOLOL (OPHTHALMIC)

Ophthalmics, Glaucoma Agents (cont.)	Prenatal Vitamins (cont.)	Prenatal Vitamins (cont.)	Steroids, Topical-High Potency (cont.)
ISTALOL (OPHTHALMIC)	FE C (ORAL)	PV W-O VIT A/FECBN-FEFM/FA (ORAL)	TRIAMCINOLONE ACETONIDE CREAM, LOTION, OINT (TOPICAL)
LATANOPROST 2.5 ML (OPHTHALMIC)	FOLCAL DHA ** (ORAL)	ROVIN-A DHA ** (ORAL)	<b>Steroids, Topical-Low Potency</b>
LEVOBUNOLOL (OPHTHALMIC)	FOLCAPS OMEGA-3 ** (ORAL)	SELECT-OB **, SELECT-OB + DHA ** (ORAL)	DESONIDE CREAM, OINTMENT (TOPICAL)
METIPRANOLOL (OPHTHALMIC)	FOLIVANE-OB, FOLIVANE-PRX DHA NF ** (ORAL)	SE-NATAL 19 TAB CHEW, TABLET (ORAL)	HYDROCORTISONE / MIN OIL / PET OINT. (TOPICAL)
PILOCARPINE (OPHTHALMIC)	ICAR-C PLUS (ORAL)	SE-TAN DHA ** (ORAL)	HYDROCORTISONE CREAM, OINTMENT (TOPICAL)
TIMOLOL (OPHTHALMIC)	INATAL GT (ORAL)	SETONET **, SETONET-EC (ORAL)	<b>Steroids, Topical-Medium Potency</b>
TRAVATAN / TRAVATAN Z 2.5 ML, 5 ML (OPHTHALMIC)	LACTOCAL-F ** (ORAL)	TARON-BC, TARON-C DHA, TARON-DUE EC (ORAL)	FLUOCINOLONE ACETONIDE CREAM, OINT, SOLUTION (TOPICAL)
<b>Opiate Dependence Treatments</b>	LEVOMEFOLATE PNV (ORAL)	TL-ASSURE + DHA ** (ORAL)	FLUTICASONE PROPIONATE CREAM, OINT (TOPICAL)
<b>SUBOXONE</b> FILM, TABLETS (SUBLINGUAL)	L-METHYLFOLATE PNV DHA ** (ORAL)	TRICARE ** (ORAL)	HYDROCORTISONE BUTYRATE CREAM, OINT, SOLUTION (TOPICAL)
<b>Otic, Antibiotics</b>	MARNATAL-F (ORAL)	TRINATAL GT ** (ORAL)	HYDROCORTISONE VALERATE CREAM, OINT (TOPICAL)
CIPRODEX (OTIC)	MATERNITY (ORAL)	TRINATE (ORAL)	MOMETASONE FUROATE CREAM, OINT, SOLUTION (TOPICAL)
COLY-MYCIN S (OTIC)	MAXINATE ** (ORAL)	TRIVEEN-DUO DHA, TRIVEEN-PRX RNF **, TRIVEEN-U ** (ORAL)	PREDNICARBATE CREAM, OINT (TOPICAL)
CORTISPORIN SOLUTION (OTIC)	M-VIT (ORAL)	TRUST NATAL DHA ** (ORAL)	<b>Steroids, Topical-Very High Potency</b>
NEOMYCIN/POLYMYXIN/HC SOLUTION, SUSPENSION (OTIC)	NATAFORT (ORAL)	ULTIMATE OB DHA ** (ORAL)	CLOBETASOL EMOLLIENT (TOPICAL)
OFLOXACIN (OTIC)	NATALVIT (ORAL)	ULTIMATECARE ONE NF ** (ORAL)	CLOBETASOL PROPIONATE CREAM, GEL, OINT, SOLUTION (TOPICAL)
<b>Otic, Anti-Infectives &amp; Anesthetics</b>	NESTABS **, NESTABS DHA ** (ORAL)	VINATE AZ **, VINATE CALCIUM, VINATE GT, VINATE IC	HALOBETASOL PROPIONATE CREAM, OINT (TOPICAL)
ACETIC ACID (OTIC)	NEXA SELECT ** (ORAL)	VINTATE II, VINATE PN CARE **, VINATE-M (ORAL)	<b>Stimulants &amp; Related Agents</b>
ACETIC ACID/ALUMINUM (OTIC)	OB COMPLETE ONE **, OB COMPLETE PREMIER **, OB	VITAFOL-OB **, VITAFOL-OB+DHA **, VITAFOL-ONE **,	<b>ADDERALL XR</b> (ORAL)
ANTIPYRINE / BENZOCAINE (OTIC)	COMPLETE TABLET **, OB COMPLETE WITH DHA ** (ORAL)	VITAFOL-PN ** (ORAL)	AMPHETAMINE SALT COMBO (ORAL)
CHLOROXYLENOL-PRAMOXINE HCL (OTIC)	O-CAL FA, O-CAL PRENATAL (ORAL)	VITASPIRE (ORAL)	CONCERTA (ORAL)
PINNACAINE (OTIC)	PAIRE OB PLUS DHA ** (ORAL)	VOL-NATE ** (ORAL)	DAYTRANA (TRANSDERMAL)
PRAMOTIC (OTIC)	PN VIT.W-O CA NO.7, IRON,FA,DHA ** (ORAL)	VOL-TAB RX ** (ORAL)	DEXTROAMPHETAMINE TABLET (ORAL)
VOSOL (OTIC)	PNV #14/FERROUS FUM/FOLIC ACID (ORAL)	ZATEAN-CH (ORAL)	FOCALIN, FOCALIN XR (ORAL)
<b>PAH Agents, Oral &amp; Inhaled</b>	PNV NO.22/IRON CBN&GLUC/FA/DSS (ORAL)	<b>Proton Pump Inhibitors</b>	INTUNIV (ORAL)
ADCIRCA (ORAL)	PNV OB+DHA ** (ORAL)	OMEPRAZOLE ** (ORAL)	METADATE CD (ORAL)
LETAIRIS ** (ORAL)	PNV W-CA NO.37/IRON/FA/OMEGA-3 ** (ORAL)	PANTOPRAZOLE ** (ORAL)	<b>METHYLN SOLUTION</b> , CHEWABLE TABLETS (ORAL)
TRACLEER (ORAL)	PNV WITH CA,NO.71/IRON/FA (ORAL)	PROTONIX SUSPENSION ** (ORAL)	METHYLPHENIDATE, METHYLPHENIDATE ER (ORAL)
VENTAVIS (INHALATION)	PNV WITH CA,NO.72/IRON/FA (ORAL)	<b>Sedative Hypnotics</b>	STRATTERA (ORAL)
<b>Pancreatic Enzymes</b>	PNV WITH CA,NO.74/IRON/FA (ORAL)	CHLORAL HYDRATE SYRUP (ORAL)	VYVANSE (ORAL)
CREON (ORAL)	PNV WITH CA,NO.74/IRON/FA BRAND (ORAL)	FLURAZEPAM (ORAL)	<b>Tetracyclines, Oral</b>
PANCRELIPASE (ORAL)	PNV WITH CA8/IRON/FA/LMEFOLATE ** (ORAL)	SOMNOTE (ORAL)	DOXYCYCLINE HYCLATE CAPSULE, TABLET (ORAL)
ZENPEP (ORAL)	PNV66/IRON FUMARATE/FA/DSS/DHA ** (ORAL)	TEMAZEPAM (ORAL)	DOXYCYCLINE MONOHYDRATE 100 MG & 50 MG CAPSULE (ORAL)
<b>Phosphate Binders</b>	PNV80/IRON FUMARATE/FA/DSS/DHA ** (ORAL)	ZOLPIDEM TARTRATE (ORAL)	MINOCYCLINE CAPSULES (ORAL)
ELIPHOS ** (ORAL)	PNV81/SOD IRON EDTA& PS/FA/OM3 ** (ORAL)	<b>Skeletal Muscle Relaxants</b>	TETRACYCLINE (ORAL)
RENAGEL (ORAL)	POLY IRON PN, POLY IRON PN FORTE (ORAL)	BACLOFEN (ORAL)	<b>Ulcerative Colitis Agents</b>
<b>Platelet Aggregation Inhibitors</b>	PR NATAL 400, PR NATAL 400 EC ** (ORAL)	CARISOPRODOL, CARISOPRODOL COMPOUND (ORAL)	APRISO (ORAL)
AGGRENOX (ORAL)	PR NATAL 430 **, PR NATAL 430 EC ** (ORAL)	CHLORZOXAZONE (ORAL)	ASACOL (ORAL)
CLOPIDOGREL ** (ORAL)	PREFERA OB **, PREFERA OB ONE **, PREFERA OB PLUS	CYCLOBENZAPRINE (ORAL)	CANASA (RECTAL)
DIPYRIDAMOLE (ORAL)	DHA ** (ORAL)	METHOCARBAMOL (ORAL)	LIALDA (ORAL)
<b>Prenatal Vitamins</b>	PRENAFIRST ** (ORAL)	<b>Smoke Cessations</b>	PENTASA (ORAL)
CAVAN-ALPHA KIT **, CAVAN-EC SOD DHA **, CAVAN-HEME	PRENATA ** (ORAL)	CHANTIX TAB DS PK, TABLET (ORAL)	SULFASALAZINE (ORAL)
OMEGA (ORAL)	PRENATABS FA, PRENATABS RX (ORAL)	NICORETTE GUM OTC, LOZENGE OTC (BUCCAL)	
CITRANATAL RX ** (ORAL)	PRENATAL 19 TAB CHEW **, TABLET ** (ORAL)	NICOTINE GUM OTC, LOZENGE OTC (BUCCAL)	
COMPLETE NATAL DHA (ORAL)	PRENATAL RX (ORAL)	NICOTINE LOZENGE OTC (MUCOUS MEM)	
COMPLETENATE (ORAL)	PRENATAL VIT 15/IRON CB/FA/DSS (ORAL)	NICOTINE PATCH OTC (TRANSDERMAL)	
COMPLETE-RF PRENATAL (ORAL)	PRENATAL VIT 18/IRON CB/FA/DSS (ORAL)	<b>Steroids, Topical-High Potency</b>	
CONCEPT OB ** (ORAL)	PRENATAL VIT NO.78/IRON/FA ** (ORAL)	AMCINONIDE LOTION (TOPICAL)	
DAILY PRENATAL ** (ORAL)	PRENATAL VIT27&CALCIUM/IRON/FA (ORAL)	BETAMETHASONE DIPROPIONATE CREAM, LOTION (TOPICAL)	
EDGE OB ** (ORAL)	PRENEXA ** (ORAL)	BETAMETHASONE VALERATE CREAM, LOTION, OINT (TOPICAL)	
ELITE-OB ** (ORAL)	PUREFE OB PLUS **, PUREFE PLUS ** (ORAL)	BETA-VAL CREAM, LOTION (TOPICAL)	
EZFE FORTE ** (ORAL)	PV W-O VIT A/FE FUMARATE/FA ** (ORAL)	FLUOCINONIDE CREAM, EMOLLIENT, SOLUTION (TOPICAL)	

# Connecticut Medicaid Alphabetized Preferred Drug List (PDL)

[\\*\\*\\* Available on www.ctdssmap.com \\*\\*\\*](http://www.ctdssmap.com)

(Navigate to *Pharmacy Information > Preferred Drug List > PDL Alphabetical List*)

Preferred Drug	Brand Equivalent	Preferred Drug	Brand Equivalent
ABILIFY (INTRAMUSC and ORAL)		BETAMETHASONE DIPROPIONATE CREAM, LOTION (TOPICAL)	DIPROSONE
<b>ACCOLATE</b> (ORAL)		BETAMETHASONE VALERATE CREAM, LOTION, OINT (TOPICAL)	VALISONE
ACEBUTOLOL (ORAL)	SECTRAL	BETASERON (SUBCUTANE.)	
ACETIC ACID (OTIC)	VOSOL	BETA-VAL CREAM, LOTION (TOPICAL)	
ACETIC ACID/ALUMINUM (OTIC)	DOMEBORO	BETAXOLOL (OPHTHALMIC)	BETOPIC
ACTOPLUS MET ** (ORAL)		BETAXOLOL (ORAL)	KERLONE
ACTOS (ORAL)		BETIMOL (OPHTHALMIC)	
ACULAR (OPHTHALMIC)		BETOPTIC S (OPHTHALMIC)	
ACYCLOVIR CAPSULE, SUSPENSION, TABLET (ORAL)	ZOVIRAX	BEYAZ ** (ORAL)	
ADCIRCA (ORAL)		BISOPROLOL, BISOPROLOL HCTZ (ORAL)	ZEBETA, ZIAC
<b>ADDERALL XR</b> (ORAL)		<b>BLEPH-10</b> (OPHTHALMIC)	
ADVAIR DISKUS, ADVAIR HFA (INHALATION)		BLEPHAMIDE, BLEPHAMIDE S.O.P. (OPHTHALMIC)	
AGGRENEX (ORAL)		BOTOX (INTRAMUSC)	
ALBUTEROL NEB SOLN 100 MG/20 ML, 2.5 MG/3 ML (INHALATION)	PROVENTIL	BRIELLYN ** (ORAL)	
ALBUTEROL SYRUP, TABLET (ORAL)	VENTOLIN	BRIMONIDINE (OPHTHALMIC)	ALPHAGAN
ALENDRONATE TABLETS (ORAL)	FOSAMAX	BROMOCRIPTINE (ORAL)	PARLODEL
ALFUZOSIN ** (ORAL)		BUPROPION SR (ORAL)	WELLBUTRIN, ZYBAN
ALINIA SUSPENSION, TABLET (ORAL)		BUPROPION, BUPROPION SR, BUPROPION XL (ORAL)	WELLBUTRIN, ZYBAN
ALLOPURINOL (ORAL)	ZYLOPRIM	BUTALBITAL COMPOUND W/CODEINE (ORAL)	FIORINAL Q/ CODEINE
<b>ALPHAGAN P 0.15%</b> (OPHTHALMIC)		BUTORPHANOL TARTRATE ** (NASAL)	STADOL
ALREX (OPHTHALMIC)		BYSTOLIC ** (ORAL)	
ALTAVERA ** (ORAL)		CAMILA (ORAL)	
AMANTADINE CAPSULE, SYRUP, TABLET (ORAL)	SYMMETREL	CANASA (RECTAL)	
AMCINONIDE LOTION (TOPICAL)	CYCLOCORT	CAPTOPRIL, CAPTOPRIL HCTZ (ORAL)	CAPOTEN, CAPOZIDE
AMITRIPTYLINE / PERPHENAZINE (ORAL)	ETRAFON	CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)	TEGRETOL
AMLODIPINE (ORAL)	NORVASC	CARBATROL (ORAL)	
AMLODIPINE / BENAZEPRIL (ORAL)	LOTREL	CARBIDOPA / LEVODOPA TABLET, ODT, CARBIDOPA / LEVODOPA ER (ORAL)	SINEMET
AMMONIUM LACTATE CREAM/LOTION (TOPICAL)	LAC-HYDRIN	CARISOPRODOL, CARISOPRODOL COMPOUND (ORAL)	SOMA, SOMA COMPOUND
AMOXICILLIN/CLAV CHEW TAB, SUSPENSION, TABLET (ORAL)	AUGMENTIN	CARTEOLOL (OPHTHALMIC)	OCUPRESS
AMPHETAMINE SALT COMBO (ORAL)	ADDERALL	CARVEDILOL (ORAL)	COREG
ANDRODERM (TRANSDERM)		CATAPRES-TTS (TRANSDERM)	
ANDROGEL GEL PACKET, PUMP (TRANSDERM.)		CAVAN-ALPHA KIT **, CAVAN-EC SOD DHA **, CAVAN-HEME OMEGA (ORAL)	
ANTIPYRINE / BENZOCAINE (OTIC)	AURALGAN	CAYSTON (INHALATION)	
APAP / CODEINE ELIXIR, TABLET (ORAL)	TYLENOL W/ CODEINE	CAZIAN (ORAL)	
APRI (ORAL)		CEFACTOR CAPSULE, SUSPENSION, TABLET ER (ORAL)	CECLOR
APRISO (ORAL)		CEFADROXIL CAPSULE, SUSPENSION, TABLET (ORAL)	DURICEF
ARANESP DISP SYRIN, VIAL (INJECTION)		CEFDINIR CAPSULE, SUSPENSION (ORAL)	OMNICEF
ASACOL (ORAL)		CEFPODOXIME SUSPENSION, TABLET (ORAL)	VANTIN
ASMANEX (INHALATION)		CEFPROZIL SUSPENSION, TABLET (ORAL)	CEFZIL
<b>ASTELIN</b> (NASAL)		CEFUROXIME SUSPENSION, TABLET (ORAL)	CEFTIN
ASTEPRO (NASAL)		CELONTIN (ORAL)	
ATENOLOL, ATENOLOL / CHLORTHALIDONE (ORAL)	TENORMIN, TENORETIC	CEPHALEXIN CAPSULE, SUSPENSION, TABLET (ORAL)	KEFLEX
ATORVASTATIN ** (ORAL)	LIPITOR	CETIRIZINE SOLUTION, CETIRIZINE SOLUTION OTC, CETIRIZINE-D OTC (ORAL)	ZYRTEC, ZYRTEC-D
ATROVENT HFA (INHALATION)		CHANTIX TAB DS PK, TABLET (ORAL)	
AVANDIA (ORAL)		CHLORAL HYDRATE SYRUP (ORAL)	NOCTEC
AVIANE (ORAL)		CHLOROXYLENOL-PRAMOXINE HCL (OTIC)	PRAMOTIC
AVONEX (INTRAMUSC.)		CHLORPROMAZINE (ORAL)	THORAZINE
AZATHIOPRINE (ORAL)	IMURAN	CHLORZOXAZONE (ORAL)	PARAFLEX
AZELEX (TOPICAL)		CHOLESTYRAMINE/ASPARTAME (ORAL)	
AZITHROMYCIN PACKET, SUSPENSION, TABLET (ORAL)	ZITHROMAX	CHOLESTYRAMINE/SUCROSE (ORAL)	QUESTRAN
AZOPT (OPHTHALMIC)		CIMZIA KIT, SYRINGE KIT (INJECTION)	
AZOR (ORAL)		CIPRODEX (OTIC)	
BACLOFEN (ORAL)	LIORESAL	CIPROFLOXACIN TABLET (ORAL)	CIPRO
BENAZEPRIL, BENAZEPRIL HCTZ (ORAL)	LOTENSIN, LOTENSIN HCT	CITALOPRAM TABLET (ORAL)	CELEXA
<b>BENZACLIN, BENZACLIN W/PUMP</b> (TOPICAL)		CITRANATAL RX ** (ORAL)	
BENZOYL PEROXIDE CLEANSER, GEL, KIT, LOTION (TOPICAL)			
BENZTROPINE (ORAL)	COGENTIN		
BESIVANCE (OPHTHALMIC)			

# Connecticut Medicaid Alphabetized Preferred Drug List (PDL)

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Preferred Drug	Brand Equivalent	Preferred Drug	Brand Equivalent
CLARITHROMYCIN TABLET (ORAL)	BIAXIN	DOXYCYCLINE MONOHYDRATE 100 MG & 50 MG CAPSULE (ORAL)	MONODOX
CLEOCIN OVULES (VAGINAL)		DUETACT ** (ORAL)	
CLINDAMYCIN (VAGINAL)	CLINDAMAX	DULERA (INHALATION)	
CLINDAMYCIN PHOSPHATE GEL, LOTION, MEDICATED SWAB, SOLUTION (TOPICAL)	CELOCIN-T	<b>DUONEB</b> (INHALATION)	
CLOBETASOL EMOLLIENT (TOPICAL)	TEMOVATE EMOLLIENT	E.E.S. 400 TABLET (ORAL)	
CLOBETASOL PROPIONATE CREAM, GEL, OINT, SOLUTION (TOPICAL)	TEMOVATE	ECONAZOLE (TOPICAL)	SPECTAZOLE
CLONAZEPAM (ORAL)	KLONOPIN	EDGE OB ** (ORAL)	
CLONIDINE (ORAL)	CATAPRES	EGRIFTA ** (SUB-Q)	
CLOPIDOGREL (ORAL)	PLAVIX	ELIDEL (TOPICAL)	
CLOTRIMAZOLE (MUCOUS MEM)	MYCELEX TROCHE	ELIPHOS ** (ORAL)	
CLOTRIMAZOLE CREAM RX, SOLUTION RX (TOPICAL)		ELITE-OB ** (ORAL)	
CLOTRIMAZOLE-BETAMETHASONE CREAM, LOTION (TOPICAL)	LOTRISONE	ELLA (ORAL)	
CLOZAPINE (ORAL)	CLOZARIL / FAZACLO	EMEND, EMEND PACK (ORAL)	
CLOZARIL (ORAL)		EMOQUETTE ** (ORAL)	
CODEINE (ORAL)		ENALAPRIL, ENALAPRIL HCTZ (ORAL)	VASOTEC, VASORETIC
COLY-MYCIN S (OTIC)		ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	
COMBIGAN (OPHTHALMIC)		ENPRESSE ** (ORAL)	
COMBIVENT (INHALATION)		EPINEPHRINE (INJECTION)	EPI-PEN
COMPLETE NATAL DHA (ORAL)		EPI-PEN, EPI-PEN JR. (INJECTION)	
COMPLETENATE (ORAL)		ERRIN (ORAL)	
COMPLETE-RF PRENATAL (ORAL)		ERY-TAB (ORAL)	
CONCEPT OB ** (ORAL)		ERYTHROCIN (ORAL)	E-MYCIN
CONCERTA (ORAL)		ERYTHROMYCIN (OPHTHALMIC)	ILOTYCIN
COPAXONE (SUBCUTANE.)		ERYTHROMYCIN BASE TABLET (ORAL)	
CORTISPORIN SOLUTION (OTIC)		ERYTHROMYCIN GEL, SOLUTION (TOPICAL)	A/T/S
CREON (ORAL)		ESTROSTEP FE ** (ORAL)	
CROMOLYN SODIUM (OPHTHALMIC)	OPTICROM	ETHOSUXIMIDE SYRUP (ORAL)	ZARONTIN
CRYSSELLE (ORAL)		ETODOLAC, ETODOLAC TAB SR (ORAL)	LODINE, LODINE XL
CYCLAFEM (ORAL)		EURAX CREAM (TOPICAL)	
CYCLOBENZAPRINE (ORAL)	FLEXERIL	EXELON (TRANSDERMAL)	
CYCLOSPORINE CAPSULE, SOFTGEL, SOLUTION (ORAL)	SANDIMMUNE	EXELON CAPSULES (ORAL)	
CYCLOSPORINE, MODIFIED CAPSULE, SOLUTION (ORAL)	NEORAL	EXFORGE, EXFORGE HCT (ORAL)	
CYMBALTA (ORAL)		EZFE FORTE ** (ORAL)	
DAILY PRENATAL ** (ORAL)		FANAPT (ORAL)	
DALIRESP (ORAL)		FAZACLO (ORAL)	
DAYTRANA (TRANSDERMAL)		FE C (ORAL)	
DENAVIR (TOPICAL)		FELBATOL SUSPENSION (ORAL)	
<b>DEPAKOTE SPRINKLE</b> (ORAL)		FELODIPINE ER (ORAL)	PLENDIL
DESOGEN (ORAL)		FEMCON FE ** (ORAL)	
DESONIDE CREAM, OINTMENT (TOPICAL)	DESOWEN	FENTANYL (TRANSDERM)	DURAGESIC
DESQUAM-X (TOPICAL)		FEXOFENADINE 60, 180 MG OTC (ORAL)	ALLEGRA
DEXAMETHASONE (OPHTHALMIC)	SDEXASOL	FINASTERIDE (ORAL)	PROSCAR
DEXTROAMPHETAMINE TABLET (ORAL)	DEXEDRINE	FLAREX (OPHTHALMIC)	
<b>DIASTAT</b> (RECTAL)		FLECTOR (TOPICAL)	
DICLOFENAC (OPHTHALMIC)	VOLTAREN	FLOVENT DISKUS, FLOVENT HFA (INHALATION)	
<b>DIFFERIN</b> CREAM, LOTION (TOPICAL)		FLUCONAZOLE SUSPENSION, TABLET (ORAL)	DIFLUCAN
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	PANLOR	FLUOCINOLONE ACETONIDE CREAM, OINT, SOLUTION (TOPICAL)	DERMA-SMOOTH
DILANTIN INFATAB (ORAL)		FLUOCINONIDE CREAM, EMOLLIENT, SOLUTION (TOPICAL)	LIDEX-E, SYNALAR
DILTIAZEM TABLET, DILTIAZEM CAPSULE ER (ORAL)	CARDIZEM	FLUOROMETHOLONE (OPHTHALMIC)	FML
DIOVAN, DIOVAN HCT (ORAL)		FLUOXETINE CAPSULE, SOLUTION, 10 MG TABLET (ORAL)	PROZAC
DIPYRIDAMOLE (ORAL)	PERSANTINE	FLUPHENAZINE DECANOATE (INJECTION)	PROLIXIN
DIVALPROEX TABLET, DIVALPROEX ER (ORAL)	DEPAKOTE	FLUPHENAZINE (ORAL)	PROLIXIN
DONEPEZIL TABLET, ODT (ORAL)	ARICEPT	FLURAZEPAM (ORAL)	DALMANE
DORZOLAMIDE (OPHTHALMIC)	TRUSOPT	FLURBIPROFEN (OPHTHALMIC)	OCUFED
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)	COSOPT	FLURBIPROFEN (ORAL)	ANSAID
DOXAZOSIN (ORAL)	CARDURA	FLUTICASONE PROPIONATE CREAM, OINT (TOPICAL)	CUTIVATE
DOXYCYCLINE HYCLATE CAPSULE, TABLET (ORAL)	VIBRAMYCIN	FLUVOXAMINE (ORAL)	LUVOX
		FML FORTE, FML S.O.P. (OPHTHALMIC)	

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Preferred Drug	Brand Equivalent	Preferred Drug	Brand Equivalent
FOCALIN, FOCALIN XR (ORAL)		JUNEL, JUNEL FE (ORAL)	
FOLCAL DHA ** (ORAL)		KADIAN (ORAL)	
FOLCAPS OMEGA-3 ** (ORAL)		KELNOR 1-35 (ORAL)	
FOLIVANE-OB, FOLIVANE-PRX DHA NF ** (ORAL)		KETOCONAZOLE (ORAL)	NIZORAL
FOSINOPRIL (ORAL)	MONOPRIL	KETOCONAZOLE CREAM, SHAMPOO (TOPICAL)	NIZORAL
FRAGMIN DISP SYRIN, VIAL (SUBCUTANE.)		KETOPROFEN (ORAL)	
GABAPENTIN CAPSULE, SOLUTION, TABLET (ORAL)	NEURONTIN	KETOROLAC (ORAL)	TORADOL
GABITRIL (ORAL)		KOMBIGLYZE XR (ORAL)	
GEMFIBROZIL (ORAL)	LOPID	LABELALOL (ORAL)	NORMADYNE
GENGRAF (ORAL)		LAC-HYDRIN CREAM/LOTION (TOPICAL)	
GENOTROPIN CARTRIDGE, DSIP SYRIN (INJECTION)		LACTIC ACID CREAM/LOTION (TOPICAL)	LACTINOL
GENTAMICIN CREAM, OINTMENT (TOPICAL)	GARAMYCIN	LACTOCAL-F ** (ORAL)	
GENTAMICIN DROPS, OINTMENT (OPHTHALMIC)	GENTAK	LAMOTRIGINE, LAMOTRIGINE TAB DS PK (ORAL)	LAMICTAL
GEODON (INTRAMUSC)		LANTUS CARTRIDGE, VIAL (SUBCUTANE.)	
GEODON (ORAL)		LANTUS SOLOSTAR PEN (SUBCUTANE.)	
GILDESS FE (ORAL)		LATANOPROST 2.5 ML (OPHTHALMIC)	XALATAN
GLEEVEC (ORAL)		LATUDA (ORAL)	
GRISEOFULVIN SUSPENSION (ORAL)	GRIS-PEG	LEENA (ORAL)	
<b>GRIS-PEG</b> (ORAL)		LESCOL, LESCOL XL (ORAL)	
GUANFACINE (ORAL)	TENEX	LESSINA (ORAL)	
HALDOL DECANOATE (INTRAMUSC)		LETAIRIS ** (ORAL)	
HALOBETASOL PROPIONATE CREAM, OINT (TOPICAL)	ULTRAVATE	LEUKINE (INJECTION)	
HALOPERIDOL (ORAL)	HALDOL	LEVETIRACETAM SOLUTION, TABLETS (ORAL)	KEPPRA
HALOPERIDOL DECANOATE (INTRAMUSC)	HALDOL	LEVOBUNOLOL (OPHTHALMIC)	BETAGAN
HALOPERIDOL LACTATE (INJECTION and ORAL)	HALDOL	LEVOFLOXACIN (OPHTHALMIC)	QUIXIN
HEATHER ** (ORAL)		LEVOFLOXACIN TABLET (ORAL)	LEVAQUIN
HUMALOG CARTRIDGE, PEN, VIAL (SUBCUTANE.)		LEVOMEFOLATE PNV (ORAL)	
HUMALOG MIX PEN, VIAL (SUBCUTANE.)		LEVONORGESTREL ** (ORAL)	
HUMIRA KIT, PEN INJ KIT (INJECTION)		LEVORA-28 (ORAL)	
HUMULIN VIAL (SUBCUTANE.)		<b>LEXAPRO</b> SOLUTION, TABLET (ORAL)	
HYDROCODONE / APAP CAPSULE, SOLUTION, TABLET (ORAL)	LORTAB, NORCO. VICODIN	LIALDA (ORAL)	
HYDROCODONE / IBUPROFEN (ORAL)	VICOPROFEN	LIDODERM (TOPICAL)	
HYDROCORTISONE / MIN OIL / PET OINT. (TOPICAL)		LISINAPRIL, LISINAPRIL HCTZ (ORAL)	ZESTRIL, ZESTORETIC
HYDROCORTISONE BUTYRATE CREAM, OINT, SOLUTION (TOPICAL)	LOCOID	L-METHYLFOLATE PNV DHA ** (ORAL)	
HYDROCORTISONE CREAM, OINTMENT (TOPICAL)	HYTONE	LOESTRIN, LOESTRIN FE (ORAL)	
HYDROCORTISONE VALERATE CREAM, OINT (TOPICAL)	WESTCORT	LORATADINE ODT, SOLUTION, TABLET, LORATADINE-D OTC (ORAL)	CLARITIN, CLARITIN-D
HYDROMORPHONE TABLET (ORAL)	DILAUDID	LOSARTAN, LOSARTAN HCTZ (ORAL)	COZAAR, HYZAAR
IBUPROFEN SUSPENSION, TABLET (ORAL)	MOTRIN	LOTEMAX DROPS (OPHTHALMIC)	
ICAR-C PLUS (ORAL)		LOVASTATIN (ORAL)	MEVACOR
ILOTYCIN (OPHTHALMIC)		<b>LOVENOX</b> SYRINGE, VIAL (SUBCUTANE.)	
<b>IMITREX</b> (NASAL)		LOW-OGESTREL (ORAL)	
<b>IMITREX</b> KIT, VIAL (SUBCUTANE.)		LUTERA (ORAL)	
INATAL GT (ORAL)		LYRICA (ORAL)	
INCIVEK (ORAL)		<b>MARINOL</b> (ORAL)	
INCRELEX ** (SUB-Q)		MARNATAL-F (ORAL)	
INDOCIN SUSPENSION (ORAL)		MARPLAN (ORAL)	
INDOMETHACIN CAPSULE (ORAL)	INDOCIN	MATERNITY (ORAL)	
INTUNIV (ORAL)		MAXAIR (INHALATION)	
INVEGA (ORAL)		MAXIDEX (OPHTHALMIC)	
INVEGA SUSTENNA (INTRAMUSC)		MAXINATE ** (ORAL)	
IPRATROPIUM (NASAL)	ATROVENT	<b>MEBARAL</b> (ORAL)	
IPRATROPIUM NEBULIZER (INHALATION)		MELOXICAM TABLET (ORAL)	MOBIC
IRESSA (ORAL)		MEPERIDINE SOLUTION, TABLET (ORAL)	DEMEROL
ISRADIPINE (ORAL)		METADATE CD (ORAL)	
ISTALOL (OPHTHALMIC)		METHADONE CONC, SOL TABLET, SOLUTION, TABLET (ORAL)	DOLOPHINE
JANUMET (ORAL)		METHOCARBAMOL (ORAL)	ROBAXIN
JANUVIA (ORAL)		METHYLDOPA, METHYLDOPA HCTZ (ORAL)	ALDOMET, ALDORIL
JENTADUETO ** (ORAL)			

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METHYLIN SOLUTION, CHEWABLE TABLETS (ORAL)		NORDITROPIN PEN (INJECTION)	
METHYLPHENIDATE, METHYLPHENIDATE ER (ORAL)	METHYLIN	NORETHINDRONE (ORAL)	
METIPRANOLOL (OPHTHALMIC)	OPTIPRANOLOL	NORGESTIMATE-ETHINYL ESTRADIOL ** (ORAL)	
METOPROLOL, METOPROLOL HCTZ, METOPROLOL XL (ORAL)	LOPRESSOR, LOPRESSOR HCT	NORGESTREL-ETHINY ESTRA (ORAL)	
METRONIDAZOLE (VAGINAL)	VANAZOLE	NORINYL 1+50 ** (ORAL)	
METRONIDAZOLE TABLET (ORAL)	FLAGYL	NOR-Q-D (ORAL)	
<b>MIACALCIN</b> (NASAL)		NORTREL (ORAL)	
MICROGESTIN, MICROGESTIN FE (ORAL)		NOVOLOG CARTRIDGE, PEN, VIAL (SUBCUTANE.)	
MICRONOR ** (ORAL)		NOVOLOG MIX 70/30 PEN, VIAL (SUBCUTANE.)	
MINOCYCLINE CAPSULES (ORAL)	MINOCIN	NUTROPIN VIAL, NUTROPIN AQ CARTRIDGE, VIAL (INJECTION)	
MIRCETTE (ORAL)		NYSTATIN CREAM, OINT, POWDER (TOPICAL)	MYCOSTATIN
MIRTAZAPINE TABLET, ODT (ORAL)		NYSTATIN SUSPENSION, TABLET (ORAL)	MYCOSTATIN
MOBAN (ORAL)		NYSTATIN-TRIAMCINOLONE CREAM, OINT (TOPICAL)	MYCOLOG
<b>MOBIC SUSPENSION</b> (ORAL)		OB COMPLETE ONE **, OB COMPLETE PREMIER **, OB COMPLETE TABLET **, OB COMPLETE WITH DHA ** (ORAL)	
MOEXIPRIL, MOEXIPRIL HCTZ (ORAL)	UNIVASC, UNIRETIC	O-CAL FA, O-CAL PRENATAL (ORAL)	
MOMETASONE FUROATE CREAM, OINT, SOLUTION (TOPICAL)	ELOCON	OFLOXACIN (OPHTHALMIC)	FLOXIN
MONONESSA (ORAL)		OFLOXACIN (OTIC)	FLOXIN
MORPHINE CONC SOLUTION, SOLUTION, MORPHINE ER, MORPHINE IR TABLET (ORAL)	MSIR	OLANZAPINE, OLANZAPINE ODT (ORAL)	ZYPREXA
MORPHINE SUPPOSITORIES (RECTAL)		OMEPRAZOLE ** (ORAL)	PRIOLOSEC
MOXEZA (OPHTHALMIC)		ONDANSETRON ODT, SOL, TAB (ORAL)	ZOFRAN
MUPIROCI OINTMENT (TOPICAL)	BACTROBAN	ONGLYZA (ORAL)	
M-VIT (ORAL)		ORAP (ORAL)	
MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)	CELLCEPT	ORTHO TRI-CYCLEN, ORTHO TRI-CYCLEN LO (ORAL)	
NABUMETONE (ORAL)	RELAFEN	ORTHO-CYCLEN (ORAL)	
NADOLOL, NADOLOL / BENDROFLUMETHIAZIDE (ORAL)	CORGARD, CORZIDE	ORTHO-NOVUM (ORAL)	
NAMENDA SOLUTION, TABLET DS PAK, TABLET (ORAL)		OVCON-50 (ORAL)	
NAPROXEN EC, NAPROXEN SODIUM, NAPROXEN TAB (ORAL)	NAPROSYN	<b>OVIDE</b> (TOPICAL)	
NARDIL (ORAL)		OXAPROZIN (ORAL)	DAYPRO
<b>NASACORT AQ</b> (NASAL)		OXCARBAZEPINE SUSPENSION, TABLET (ORAL)	TRILEPTAL
NASONEX (NASAL)		OXYBUTYNYN SYRUP, TABLET, OXYBUTYNYN ER ** (ORAL)	DITROPAN, DITROPAN XL
NATAFORT (ORAL)		OXYCODONE / APAP CAPSULE, TABLET (ORAL)	PERCOCET
NATALVIT (ORAL)		OXYCODONE / ASA (ORAL)	PERCODAN
NATAZIA ** (ORAL)		OXYCODONE / IBUPROFEN (ORAL)	COMBUNOX
NATEGLINIDE ** (ORAL)	STARLIX	OXYCODONE CAPSULE, SOLUTION, TABLET (ORAL)	OXYIR
NAVANE (ORAL)		PAIRE OB PLUS DHA ** (ORAL)	
NECON (ORAL)		PANCRELIPASE (ORAL)	VIOKASE
NEOMYCIN (ORAL)		PANTOPRAZOLE ** (ORAL)	PROTONIX
NEOMYCIN / POLYMYXIN / PRAMOXINE ** (TOPICAL)		PARNATE (ORAL)	
NEOMYCIN/BACITRACIN/POLY/HC (OPHTHALMIC)	CORTISPORIN	PAROXETINE TABLET (ORAL)	PAXIL
NEOMYCIN/POLYMYXIN/DEXAMETHASONE (OPHTH.)	MAXITROL	PATADAY (OPHTHALMIC)	
NEOMYCIN/POLYMYXIN/HC SOLUTION, SUSPENSION (OTIC)	CORTISPORIN	PATANASE (NASAL)	
NEORAL CAPSULE, SOLUTION (ORAL)		PATANOL (OPHTHALMIC)	
NESTABS **, NESTABS DHA ** (ORAL)		PEGANONE (ORAL)	
NEULASTA (INJECTION)		PEGASYS KIT, PROCLICK, SYRINGE, VIAL (SUBCUTANE.)	
NEUPOGEN DISP SYRIN, VIAL (INJECTION)		PENTASA (ORAL)	
NEXA SELECT ** (ORAL)		PENTAZOCINE / APAP (ORAL)	TALACEN
NEXAVAR (ORAL)		PERMETHRIN (TOPICAL)	ELIMITE
NIACOR (ORAL)		PERPHENAZINE (ORAL)	TRILAFON
NIASPAN (ORAL)		PHENOBARBITAL ELIXIR, TABLET (ORAL)	
NICARDIPINE (ORAL)	CARDENE, CARDENE SR	PHENYTOIN, PHENYTOIN SOLUTION (ORAL)	DILANTIN
NICORETTE GUM OTC, LOZENGE OTC (BUCCAL)		PILOCARPINE (OPHTHALMIC)	PILOCAR
NICOTINE GUM OTC, LOZENGE OTC (BUCCAL)	NICODERM, COMMIT	PINDOLOL (ORAL)	VISKIN
NICOTINE LOZENGE OTC (MUCOUS MEM)		PINNACAIN (OTIC)	
NICOTINE PATCH OTC (TRANSDERMAL)		PIROXICAM (ORAL)	FELDENE
NIFEDIPINE ER, NIFEDIPINE IR (ORAL)	PROCARDIA, PROCARDIA XL	PN VIT.W-O CA NO.7, IRON,FA,DHA ** (ORAL)	
NORA-BE (ORAL)		PNV #14/FERROUS FUM/FOLIC ACID (ORAL)	
NORDETTE-28 (ORAL)		PNV NO.22/IRON CBN&GLUC/FA/DSS (ORAL)	

# Connecticut Medicaid Alphabetized Preferred Drug List (PDL)

[\\*\\*\\* Available on www.ctdssmap.com \\*\\*\\*](http://www.ctdssmap.com)

(Navigate to *Pharmacy Information > Preferred Drug List > PDL Alphabetical List*)

Preferred Drug	Brand Equivalent	Preferred Drug	Brand Equivalent
PNV OB+DHA ** (ORAL)		RECLIPSEN (ORAL)	
PNV W-CA NO.37/IRON/FA/OMEGA-3 ** (ORAL)		RELENZA (INHALATION)	
PNV WITH CA,NO.71/IRON/FA (ORAL)		RELPAK (ORAL)	
PNV WITH CA,NO.72/IRON/FA (ORAL)		RENAGEL (ORAL)	
PNV WITH CA,NO.74/IRON/FA (ORAL)		RETIN-A MICRO (TOPICAL)	
PNV WITH CA,NO.74/IRON/FA BRAND (ORAL)		RIBAVIRIN TABLET (ORAL)	COPEGUS, RIBASPHERE
PNV WITH CA8/IRON/FA/LMEFOLATE ** (ORAL)		RIMANTADINE (ORAL)	FLUMANIDE
PNV66/IRON FUMARATE/FA/DSS/DHA ** (ORAL)		RISPERDAL CONSTA (INTRAMUSC.)	
PNV80/IRON FUMARATE/FA/DSS/DHA ** (ORAL)		RISPERDAL ODT, SOLUTION, TABLET (ORAL)	
PNV81/SOD IRON EDTA& PS/FA/OM3 ** (ORAL)		RISPERIDONE ODT, SOLUTION, TABLET (ORAL)	RISPERDAL
POLY IRON PN, POLY IRON PN FORTE (ORAL)		ROPINIROLE (ORAL)	REQUIP
POLYMYXIN/TRIMETHOPRIM (OPHTHALMIC)	POLYTRIM	ROVIN-A DHA ** (ORAL)	
PORTIA (ORAL)		ROXICET SOLUTION (ORAL)	
PR NATAL 400, PR NATAL 400 EC ** (ORAL)		ROXICODONE TABLET (ORAL)	
PR NATAL 430 **, PR NATAL 430 EC ** (ORAL)		SAFYRAL ** (ORAL)	
PRADAXA (ORAL)		SANDIMMUNE CAPSULE, SOLUTION (ORAL)	
PRAMIPEXOLE (ORAL)	MIRAPEX	SAPHRIS (SUBLINGUAL)	
PRAMOTIC (OTIC)		SAVELLA , SAVELLA DS PK (ORAL)	
PRANDIN (ORAL)		SEASONALE (ORAL)	
PRAVASTATIN (ORAL)	PRAVACHOL	<b>SEASONIQUE</b> (ORAL)	
PRED MILD (OPHTHALMIC)		SELECT-OB **, SELECT-OB + DHA ** (ORAL)	
PRED-G DROPS SUSP, OINTMENT (OPHTHALMIC)		SELEGILINE CAPSULE, TABLET (ORAL)	ELDEPRYL
PREDNICARBATE CREAM, OINT (TOPICAL)	DERMATOP	SE-NATAL 19 TAB CHEW, TABLET (ORAL)	
PREDNISOLONE ACETATE (OPHTHALMIC)	PRED FORTE	SEROQUEL, SEROQUEL XR (ORAL)	
PREDNISOLONE SOD PHOSPHATE (OPHTHALMIC)		SERTRALINE CONC, TABLET (ORAL)	ZOLOFT
PREFERA OB **, PREFERA OB ONE **, PREFERA OB PLUS DHA ** (ORAL)		SE-TAN DHA ** (ORAL)	
PRENAPRIST ** (ORAL)		SETONET **, SETONET-EC (ORAL)	
PRENATA ** (ORAL)		SIMCOR (ORAL)	
PRENATABS FA, PRENATABS RX (ORAL)		SIMVASTATIN (ORAL)	
PRENATAL 19 TAB CHEW **, TABLET ** (ORAL)		SINGULAIR GRAN PACK, TAB CHEW, TABLET (ORAL)	
PRENATAL RX (ORAL)		SOLIA (ORAL)	
PRENATAL VIT 15/IRON CB/FA/DSS (ORAL)		SOMNOTE (ORAL)	
PRENATAL VIT 18/IRON CB/FA/DSS (ORAL)		SOTALOL (ORAL)	BETAPACE
PRENATAL VIT NO.78/IRON/FA ** (ORAL)		SPIRIVA (INHALATION)	
PRENATAL VIT27&CALCIUM/IRON/FA (ORAL)		SPRINTEC (ORAL)	
PRENEXA ** (ORAL)		SPRYCEL (ORAL)	
PREVIFEM (ORAL)		SRONYX (ORAL)	
PRIMIDONE (ORAL)	MYSOLINE	STALEVO (ORAL)	
PROAIR HFA (INHALATION)		STRATTERA (ORAL)	
PROBENECID (ORAL)		<b>SUBOXONE</b> FILM, TABLETS (SUBLINGUAL)	
PROBENECID / COLCHICINE (ORAL)		SULFACETAMIDE (OPHTHALMIC)	BELPH 10
PROCRIT (INJECTION)		SULFACETAMIDE / PREDNISOLONE (OPHTHALMIC)	BLEPHAMIDE
PROPRANOLOL SOLUTION, TABLET, PROPRANOLOL HCTZ, PROPRANOLOL ER (ORAL)	INDERAL, INDERIDE	SULFASALAZINE (ORAL)	AZULFIDINE
PROTONIX SUSPENSION ** (ORAL)		SULINDAC (ORAL)	CLINORIL
PROTOPIC (TOPICAL)		SUMATRIPTAN (ORAL)	IMITREX
PROVENTIL HFA (INHALATION)		SUMATRIPTAN PEN INJCTR ** (SUBCUTANE.)	IMITREX
<b>PULMICORT RESPULES</b> 0.25, 0.5 MG (INHALATION)		SUPRAX SUSPENSION, TABLET (ORAL)	
PUREFE OB PLUS **, PUREFE PLUS ** (ORAL)		SYMBICORT (INHALATION)	
PV W-O VIT A/FE FUMARATE/FA ** (ORAL)		SYMBYAX (ORAL)	
PV W-O VIT A/FECBN-FEFM/FA (ORAL)		SYMLIN (SUBCUTANE.)	
QUETIAPINE (ORAL)	SEROQUEL	TACROLIMUS ** (ORAL)	PROGRAF
QUINAPRIL, QUINIPRIL HCTZ (ORAL)	ACCUPROL, ACCURETIC	TAMIFLU CAPSULE, SUSPENSION (ORAL)	
QVAR (INHALATION)		TAMSULOSIN (ORAL)	FLOMAX
RAMIPRIL (ORAL)		TARCEVA (ORAL)	
RAPAMUNE SOLUTION, TABLET (ORAL)		TARON-BC, TARON-C DHA, TARON-DUE EC (ORAL)	
REBIF ** (SUBCUTANE.)		<b>TEGRETOL XR</b> (ORAL)	
		TEMAZEPAM (ORAL)	RESTORIL
		TERAZOSIN (ORAL)	HYTRIN

# Connecticut Medicaid Alphabetized Preferred Drug List (PDL)

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(Navigate to *Pharmacy Information > Preferred Drug List > PDL Alphabetical List*)

Preferred Drug	Brand Equivalent	Preferred Drug	Brand Equivalent
TERBINAFINE (ORAL)	LAMISIL	VIMOVO (ORAL)	
TERBUTALINE (ORAL)	BRETHINE	VINATE AZ **, VINATE CALCIUM, VINATE GT, VINATE IC VINATE II, VINATE PN CARE **, VINATE-M (ORAL)	
TERRAMYCIN W/POLYMYXIN (OPHTHALMIC)		VITAFOL-OB **, VITAFOL-OB+DHA **, VITAFOL-ONE **, VITAFOL-PN ** (ORAL)	
TESTIM ** (TRANSDERM.)	SUMYCIN	VITASPIRE (ORAL)	
TETRACYCLINE (ORAL)	MELLARIL	VOL-NATE ** (ORAL)	
THIORIDAZINE (ORAL)	NAVANE	VOL-TAB RX ** (ORAL)	
THIOTHIXENE (ORAL)	TIMOPTIC	VOLTAREN (TOPICAL)	
TIMOLOL (OPHTHALMIC)	BLOCADREN	VOSOL (OTIC)	
TIMOLOL (ORAL)		VYVANSE (ORAL)	
TINDAMAX (ORAL)	TINDAMAX	WARFARIN (ORAL)	COUMADIN
TINIDAZOLE (ORAL)		XARELTO ** (ORAL)	
TL-ASSURE + DHA ** (ORAL)		XELODA (ORAL)	
TOBI (INHALATION)		YASMIN 28 (ORAL)	
<b>TOBRADEX</b> OINTMENT, SUSPENSION (OPHTHALMIC)		YAZ (ORAL)	
TOBRAMYCIN (OPHTHALMIC)	TOBREX	ZATEAN-CH (ORAL)	
TOBREX OINTMENT (OPHTHALMIC)		ZENPEP (ORAL)	
TOPIRAMATE SPRINKLE, TABLET (ORAL)	TOPAMAX	ZIPRASIDOLE (ORAL)	GEODON
TOVIAZ (ORAL)		ZOLPIDEM TARTRATE (ORAL)	AMBIEN
TRACLEER (ORAL)		ZONISAMIDE (ORAL)	ZONEGRAN
TRADJENTA ** (ORAL)		ZOVIA 1-35E, ZOVIA 1-50E (ORAL)	
TRAMADOL, TRAMADOL ER, TRAMADOL / APAP (ORAL)	ULTRAM, ULTRACET	ZOVIRAX OINTMENT (TOPICAL)	
TRANDOLAPRIL (ORAL)	MAVIK	ZYLET (OPHTHALMIC)	
TRAVATAN / TRAVATAN Z 2.5 ML, 5 ML (OPHTHALMIC)		ZYMAR (OPHTHALMIC)	
TRAZODONE (ORAL)	DESYREL	ZYPREXA, ZYPREXA RELPREVV (INTRAMUSC)	
TRIAMCINOLONE ACETONIDE CREAM, LOTION, OINT (TOPICAL)	KENALOG	ZYPREXA, ZYPREXA ZYDIS (ORAL)	
TRIBENZOR (ORAL)			
TRICARE ** (ORAL)			
TRICOR (ORAL)			
TRIFLUOPERAZINE (ORAL)	STELAZINE		
TRIHEXYPHENIDYL ELIXIR, TABLET (ORAL)	ARTANE		
TRILIPIX (ORAL)			
TRINATAL GT ** (ORAL)			
TRINATE (ORAL)			
TRI-NORINYL (ORAL)			
TRI-SPRINTEC (ORAL)			
TRIVEEN-DUO DHA, TRIVEEN-PRX RNF **, TRIVEEN-U ** (ORAL)			
TRIVORA-28 (ORAL)			
TRUST NATAL DHA ** (ORAL)			
TWINJECT LOW STRENGTH (INTRAMUSC)			
TWINJECT, TWINJECT LOW STRENGTH (INTRAMUSC)			
TYKERB (ORAL)			
ULESFIA (TOPICAL)			
ULTIMATE OB DHA ** (ORAL)			
ULTIMATECARE ONE NF ** (ORAL)			
URSODIOL CAPSULE (ORAL)	ACTIGALL		
VALACYCLOVIR ** (ORAL)	VALTREX		
VALPROATE SYRUP (ORAL)	DEPAKENE		
VALPROIC ACID (ORAL)	DEPAKENE		
VANDAZOLE (VAGINAL)			
VELIVET (ORAL)			
VENLAFAXINE ER CASPULES (ORAL)	EFFEXOR XR		
VENTAVIS (INHALATION)			
VENTOLIN HFA (INHALATION)			
VERAPAMIL CAPSULE, TABLET, VERAPAMIL TABLET ER VERAPAMIL ER PM (ORAL)	CALAN, CALAN SR, CALAN PM		
VESICARE (ORAL)			
VICTRELIS (ORAL)			
VIGAMOX (OPHTHALMIC)			