

MSI DRUG FORMULARY

Rev. 6/12/2008

All oral and injectable drugs are covered under the SNF per-diem charges except 3rd generation cephalosporins. This list of medications is presented as an attempt to coordinate the use of medications in the SNF with the cost-effective options in the MSI ambulatory formulary. The F/NF status is provided to facilitate discharge of patients to drugs covered on the MSI formulary. (MSI formulary options are noted as "F".) The following are suggestions for treatment based on current drug use and the MSI ambulatory formulary.

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Covered in Per Diem	MSI Formulary Status	Comments	PA	Step Tx
I. ANTI-INFECTIVES: ORAL, All strengths, tab/cap/oral soln, no sustained release						
<i>All injectable anti-infectives require PA. (With Exception to Ceftriaxone)</i>					X	
ANTI-BACTERIALS						
Cephalosporins						
cefaclor	Ceclor	Yes	F			
cefixime	Suprax	Yes	F			
cephalexin	Keflex	Yes	F			
Cephalosporins - Injectable 3rd generation						
Ceftriaxone (No PA Required)		Rocephin	No	NF		
All other injectable 3rd generation Cephalosporins require PA					X	
Penicillins						
amoxicillin / clavulanate	Augmentin	Yes	F	For beta lactamase producing organisms		
amoxicillin	Amoxil	Yes	F	PO drug of choice for a number of infections caused by gram (+) and (-) organisms, Shigella, and Salmonella.		
ampicillin	Principen	Yes	F			
dicloxacillin	Dynapen	Yes	F			
penicillin VK	Pen Vee K	Yes	F			
Penicillin Combination						
piperacillin/tazobactam	Zosyn	Yes	NF	Piperacillin + tazobactam for gram negative and anaerobes. For pseudomonas use piperacillin alone. Restricted activity against class I beta-lactams that are an increasing cause of nosocomial infections.		
Macrolides						

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azithromycin	Zithromax	Yes	F	Macrolide antibiotic for Staph, Strep, and Atypical organisms		
erythromycin	-	Yes	F			
erythromycin base ER	ERYC	Yes	F			
clindamycin	-	Yes	F			
Tetracyclines						
doxycycline	Vibramycin	Yes	F			
tetracycline	Achromycin	Yes	F			
Quinolones						
ciprofloxacin	Cipro	Yes	F	Fluoroquinolone predominantly used for atypical organisms and gram (-) organisms including Pseudomonas. Consider Levaquin and Ciprofloxacin as therapeutically equivalent.		
Glycopeptide						
vancomycin	Vancocin	Yes	NF	Reserve for resistant strains and MRSA only		
Urinary Tract Anti-infectives						
nitrofurantoin	Macrochantin	Yes	F	Good PO option for uncomplicated UTI in which patient has Sulfa or PCN allergy. Concentrates in urine so little systemic side effects.		
trimethoprim	Trimpex	Yes	F			
Other Anti-Bacterials						
metronidazole	Flagyl	Yes	F	For treatment of choice for anaerobic infections, giardia, and C.difficile colitis.		
tmp/smz	Septra, Bactrim	Yes	F	PO option for gram (+) and (-) organisms including MRSA, Used for PCP prophylaxis.		

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ANTI-MALARIALS	-					
hydroxychloroquine	Plaquenil	Yes	F			
primaquine	Primaquine	Yes	F			
pyrimethamine	Daraprim	Yes	F			
ANTI-VIRALS	-					
acyclovir oral	Zovirax	Yes	F			
ANTI-FUNGALS	-					
fluconazole 150mg	Diflucan	Yes	F			
griseofulvin	Grifulvin	Yes	F			
nystatin	Mycostatin	Yes	F			
nystatin (suspension)	Mycostatin	Yes	F			
ANTI-RETROVIRALS -- OUT OF SCOPE OF THE PROGRAM						
ANTI-MYCOBACTERIALS	-					
ethambutol	Myambutol	Yes	F	Part of standard 4 drug regimen for active TB		
isoniazid	INH	Yes	F	Part of standard 4 drug regimen for active TB, Used alone for latent TB.		
pyrazinamide	PZA	Yes	F	Part of standard 4 drug regimen for active TB		
rifampin	Rimactane	Yes	F	Part of standard 4 drug regimen for active TB		
ANTIHELMINTICS	-					
thiabendazole	Mintezol	Yes	F			
II. ANTI-INFECTIVES: TOPICAL creams/ointments, All strengths						
TOPICAL ANTI-BACTERIALS	-					
bacitracin	Bacitracin	Yes	F			
poly/bac	Polysporin	Yes	F			
TOPICAL ANTI-FUNGALS	-					
nystatin (Cream)	Mycostatin	Yes	F			

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nystatin (Ointment)	Mycostatin	Yes	F			
tolnaftate	Tinactin	Yes	F			
clotrimazole	Lotrimin	Yes	F			
TOPICAL ANTI-FUNGAL COMBINATIONS	-					
nystat/triamcin	Mycolog-II	Yes	F			
SCABICIDES/PEDICULOCIDES	-					
pyrethrins -- liquid/shampoo	Rid, etc.	Yes	F			
III. IMMUNE MODULATORS						
ANTI-NEOPLASTICS	-					
Any oral/injectable FDA-approved cancer therapy	-	Yes	F			
Imatinib Mesylate	Gleevec	Yes	F			
Epogen / Neupogen / Neulasta -- Requires PA		Yes	Requires PA	See PA criteria	X	
IMMUNOSUPPRESSANTS -- All require PA	-	Yes	Requires PA	See PA criteria	X	
IV. CARDIOVASCULAR: ORAL, All strengths, tab/cap/oral soln						
CARDIAC GLYCOSIDES	-					
digoxin	Lanoxin	Yes	F			
CALCIUM-CHANNEL BLOCKERS	-					
diltiazem	Cardizem	Yes	F	A benzothiazepine CCB with antiarrhythmic properties for Tx of HTN, angina, and SVT.		
diltiazem SR	Tiazac	Yes	F			
felodipine	Plendil	Yes	F	Dihydropyridine CCB for the treatment of HTN and angina.		
nifedipine SR	Adalat CC only	Yes	F			
verapamil	Calan, Isoptin	Yes	F	Non-DHP CCB with antiarrhythmic properties for Tx of HTN, angina, and SVT.		
verapamil SR	Calan SR	Yes	F			

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Amlodipine	-	Yes	F			
DIURETICS	-					
Thiazides	-					
hydrochlorothiazide	-	Yes	F	HCTZ usually 1st line for Tx of HTN.		
metolazone	Zaroxolyn	Yes	NF	Metolazone often used in combo with loop diuretics for additional diuresis		
Carbonic Anhydrase Inhibitors	-					
acetazolamide	Diamox	Yes	F			
Loop	-					
furosemide	Lasix	Yes	F	Potent diuretic.		
ethacrynic acid	Edecrin	Yes	NF	Potent diuretic, useful in severe renal failure or sulfonamide allergy		
Potassium-Sparing	-					
spironolactone	Aldactone	Yes	F	For Tx of HTN, adjunct therapy to CHF, or diuretic induced hypokalemia.		
Diuretic Combinations	-					
triamterene / hctz	Maxzide, Dyazide	Yes	F			
BETA BLOCKERS	-					
atenolol	Tenormin	Yes	F	Beta-blockers for treatment of HTN and highly recommended for HF and post-MI. Cardio-selective preferred due to less side effects.		
atenolol/chlorthalidone	Tenoretic	Yes	F			
metoprolol	Lopressor	Yes	F	Beta-blockers for treatment of HTN and highly recommended for HF and post-MI. Cardio-selective preferred due to less side effects.		
metoprolol XL	Toprol XL	Yes	F			
propranolol	Inderal	Yes	F			
ALPHA BLOCKERS	-					

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prazosin	Minipress	Yes	F	Alpha-1 antagonist for treatment of HTN, BPH.		
ALPHA/BETA BLOCKERS -- OUT OF SCOPE OF PROGRAM						
ACE INHIBITORS						
benazepril	Lotensin	Yes	F			
benazepril / HCTZ	Lotensin HCT	Yes	F			
captopril	Capoten	Yes	F			
captopril / hctz	Capozide	Yes	F			
lisinopril	Zestril, Prinivil	Yes	F			
lisinopril / hctz	Prinzide	Yes	F			
ANGIOTENSIN-II ANTAGONISTS -- Step therapy	-			STEP THERAPY: Requires ACEI titrated to max tolerable dose before ARB		X
valsartan	Diovan	Yes	F			
valsartan/HCTZ	Diovan HCT	Yes	F			
VASODILATORS						
hydralazine	Apresoline	Yes	F			
minoxidil oral	Loniten	Yes	F			
ADRENERGICS						
clonidine oral tablets, all strengths	Catapres	Yes	F	Alpha-2 agonist for treatment of HTN, HTN urgency/emergency.		
methyldopa	Aldomet	Yes	F			
NITRATES						
isosorbide dinitrate	Isordil	Yes	F			
nitroglycerin SL	Nitrostat	Yes	F	Drug of choice for acute angina pectoris		
nitroglycerin topical ointment	Nitrobid Oint	Yes	F			
ANTI-PLATELET / ANTI-COAGULANT						
clopidogrel -- Requires PA	Plavix	Yes	Requires PA	Refer to PA criteria	X	
dipyridamole	Persantine	Yes	F			
warfarin	Coumadin	Yes	F			

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ANTI-ARRHYTHMICS	-					
amiodarone	Cordarone	Yes	F	Class III antiarrhythmic for treatment of A. Fib and other arrhythmias		
disopyramide	Norpace	Yes	F			
procainamide	Pronestyl	Yes	F			
procainamide SR	Pronestyl-SR	Yes	F			
quinidine gluconate	Quinaglute	Yes	F			
quinidine sulfate SR	Quinidex	Yes	F			
LIPID-LOWERING AGENTS	-					
Statins	-					
lovastatin	Mevacor	Yes	F	Low potency statin for LDL-C lowering <34%.		
simvastatin	Zocor	Yes	F	High potency statin for LDL-C lowering >34%. HMG-CoA reductase inhibitor for hyperlipidemia, or stroke/MI prophylaxis.		
pravastatin	Pravachol	Yes	NF	HMG-CoA reductase inhibitor for hyperlipidemia, or stroke/MI prophylaxis. Less drug interactions.		
Other Lipid-Lowering Agents	-					
gemfibrozil	Lopid	Yes	F			
ELECTROLYTES						
potassium chloride 8meq, 10meq	-	Yes	F			
potassium chloride 20meq CR tabs		Yes	F			
KCL 10% (20 MEQ/15ML) oral soln	-	Yes	F			
V. AUTONOMIC / CNS						
ANTI-CONVULSANTS -- All strengths, tab/cap/oral soln						
carbamazepine	Tegretol, -XR	Yes	F	For Tx of partial seizures, both simple and complex, and for tonic-clonic seizures.		
clonazepam	Klonopin	Yes	F			

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lamotrigine tabs (not chewable)	Lamictal	Yes	F			
phenobarbital	Phenobarbital	Yes	F			
phenytoin-- caps, soln, chewable tabs	Dilantin	Yes	F	For prophylactic management of tonic-clonic seizures and partial seizures with complex symptomatology		
topiramate tabs (not capsules)	Topamax	Yes	F			
valproic acid	Depakene	Yes	F	For Tx of absence seizures, generalized tonic-clonic seizures, complex partial seizures, and myoclonic seizures		
Benzodiazepines -- OUT OF SCOPE OF PROGRAM				Refer patient to OCBHS		
lorazepam	Ativan	Yes	NF	Short acting BZD for anxiety		
temazepam	Restoril	Yes	NF	Mid-acting BZD for sleep		
ANTI-DEPRESSANTS -- OUT OF SCOPE OF PROGRAM				Refer patient to OCBHS		
amitriptyline -- Adjunct to pain management only	Elavil	Yes	F			
fluoxetine	Prozac	Yes	NF	Selective serotonin receptor inhibitor, more activating		
mirtazapine	Remeron	Yes	NF	Serotonin/Norepinephrine receptor inhibitors, more sedating		
ANTI-PSYCHOTICS -- OUT OF SCOPE OF PROGRAM				Refer patient to OCBHS		
prochlorperazine maleate -- For intractable nausea/vomiting only	Compazine	Yes	F			
levodopa	Larodopa	Yes	F			
ANTIEMETICS: ORAL, All strengths, tab/cap/oral soln						
ondansetron -- Requires PA	Zofran	Yes	Requires PA	Refer to PA criteria	X	
VI. ANALGESIC/MUSCULOSKELETAL: ORAL, All strengths, tab/cap/oral soln						
Cox-2 Inhibitors -- OUT OF SCOPE OF PROGRAM						
Migraine Agents -- OUT OF SCOPE OF PROGRAM						
Skeletal Muscle Relaxants -- OUT OF SCOPE OF PROGRAM						
NSAIDS	-					

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ibuprofen oral tabs/caps/susp all strengths (not child forms)	Motrin	Yes	F	Short acting NSAID for mild to moderate pain.		
naproxen	Naprosyn	Yes	F			
NARCOTICS	-					
Hydrocodone w/APAP -- Requires PA	-	Yes	Requires PA	Short acting opioid for moderate to moderately severe pain	X	
Oxycodone ER -- Requires PA	Oxycontin	Yes	Requires PA	Long acting opioid for chronic non-malignant pain -- Refer to PA criteria	X	
ANTI-RHEUMATICS	-					
methotrexate	Rheumatrex	Yes	F			
MYASTHENIA GRAVIS AGENTS	-					
neostigmine	Prostigmin	Yes	F			
pyridostigmine	Mestinon	Yes	F			
GOUT MEDICATIONS	-					
allopurinol	Zyloprim	Yes	F	Xanthine oxidase inhibitor for gout prophylaxis and hyperuricemia.		
colchicine	Colchicine	Yes	F	For treatment of acute gouty attack and for prophylaxis.		
VII. DERMATOLOGICS: TOPICAL creams/ointments, All strengths						
TOPICAL STEROIDS	-					
hydrocortisone	Hydrocortisone	Yes	F			
triamcinolone	-	Yes	F			
ACNE PREPARATIONS -- OUT OF SCOPE OF PROGRAM						
WOUND PRODUCTS						
papain/urea		Yes	NF			
VIII. OTIC PREPARATIONS: All strengths						
antipyrine/benzocaine	Auralgan	Yes	F			
carbamide	Debrox	Yes	F			

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IX. OPHTHALMICS: All strengths						
OPHTHALMIC ANTI-BACTERIALS	-					
bacitracin	-	Yes	F			
erythromycin	-	Yes	F			
sulfacetamide	Bleph-10	Yes				
OPHTHALMIC ANTI-VIRALS --OUT OF SCOPE OF PROGRAM						
CYCLOPLEGIC MYDRIATICS--OUT OF SCOPE OF PROGRAM						
GLAUCOMA AGENTS	-					
Beta Blockers	-					
carbachol	Isopto Carbachol	Yes	F			
carteolol	Ocupress	Yes	F			
Miotics	-					
timolol	Betimol	Yes	F			
dorzolamide-timolol	Cosopt	Yes	F			
Sympathomimetics	-					
brimonidine	Alphagan	Yes	F			
dipivefrin	Propine	Yes	F			
naphazoline	Ak-Con	Yes	F			
phenylephrine	Neo-Synephrine	Yes	F			
travoprost	Travatan	Yes	F			
OPHTHALMIC ANTI-INFLAMMATORY						
Corticosteroids	-					
dexamethasone	Ocu-dex	Yes	F			
prednisolone	Pred-Mild, Pred-Forte	Yes	F			
NSAIDs	-					
flurbiprofen	-	Yes	F			

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X. NASAL PREPARATIONS: All strengths						
cromolyn	Nasalcrom	Yes	F			
fluticasone	Flonase	Yes	F			
XI. ENDOCRINE MEDICATIONS: ORAL, All strengths, tab/cap/oral soln						
INSULIN: INJECTABLE, All strengths, no pens						
insulin glargine	Lantus	Yes	F			
Insulin glulisine	Apidra	Yes	F			
insulin lispro	Humalog	Yes	F	Pens not approved for formulary status		
insulin lispro	Humalog	Yes	F	Pens not approved for formulary status		
insulin aspart	Novolog	Yes	F	Pens not approved for formulary status		
insulin aspart	Novolog	Yes	F			
Human Insulin (regular, NPH, lente)	Humulin, Novolin	Yes	F			
ORAL HYPOGLYCEMICS (No sustained release)						
glipizide	Glucotrol	Yes	F	Increases insulin production, QD-BID but preferred in renal dysfunction.		
glyburide	Micronase, DiaBeta	Yes	F	Increases insulin production, once daily dosing.		
metformin	Glucophage	Yes	F	Increases insulin sensitivity and prevention of diabetic complications.		
GLUCOSE-ELEVATING AGENTS						
glucagon -- injectable	Glucagon	Yes	F			
CORTICOSTEROIDS						
dexamethasone	Decadron	Yes	F			
hydrocortisone	Cortef	Yes	F			
prednisone	Deltasone	Yes	F			
triamcinolone	Aristocort	Yes	F			
MINERALOCORTICOIDS						
fludrocortisone	Florinef	Yes	F			

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THYROID AGENTS	-					
levothyroxine	Synthroid	Yes	F			
liothyronine	Cytomel	Yes	F			
ANTI-THYROID AGENTS	-					
methimazole	Tapazole	Yes	F			
propylthiouracil	PTU	Yes	F			
ESTROGEN -- OUT OF SCOPE OF PROGRAM						
PROGESTIN -- OUT OF SCOPE OF PROGRAM						
ANDROGEN -- OUT OF SCOPE OF PROGRAM						
GLITAZONES: STEP THERAPY / PA				Refer to Step Therapy criteria	X	X
pioglitazone -- Requires step therapy: Metformin, Sulfonylurea, then TZD or Insulin	Actos	Yes	Requires PA	WARNING CHF: Thiazolidinediones, including Avandia (rosiglitazone) and Actos (pioglitazone), cause or exacerbate congestive heart failure in some patients. After initiation of Actos or Avandia, and after dose increases, observe patients carefully for sign	X	X
rosiglitazone -- Requires step therapy: Metformin, Sulfonylurea, then TZD or Insulin	Avandia	Yes	Requires PA		X	X
XII. OBSTETRICAL/GYNECOLOGIC: VAGINAL, All strengths						
VAGINAL ANTI-INFECTIVES	-	Yes				
metronidazole	Metrogel		F			
VAGINAL HORMONES --OUT OF SCOPE OF PROGRAM	Estrogens					
	Progestins					
CONTRACEPTIVES/EMERGENCY CONTRACEPTIVES --OUT OF SCOPE OF PROGRAM						
OXYTOCICS --OUT OF SCOPE OF PROGRAM						
XIII. UROLOGICS: ORAL, All strengths, tab/cap/oral soln						
ANTISPASMODICS	-					
bethanechol	Urecholine	Yes	F			
oxybutynin	Ditropan	Yes	F			
BPH AGENTS						
doxazosin		Yes	F			

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GU IRRIGANTS--OUT OF SCOPE OF PROGRAM						
OTHER UROLOGICS	-					
phenazopyridine	Pyridium	Yes	F			
XIV. GASTROINTESTINAL AGENTS: ORAL, All strengths, tab/cap/oral soln						
ANTI-DIARRHEALS -- OUT OF SCOPE OF PROGRAM						
diphenoxylate with atropine	Lomotil	Yes	NF	Treatment of severe diarrhea		
ANTICHOLINERGICS/ANTISPASMODICS -- OUT OF SCOPE OF PROGRAM						
LAXATIVES -- OUT OF SCOPE OF PROGRAM						
polyethylene glycol NF 100% powder		Yes	NF	Osmotic laxative for tx of constipation. SNF patients will likely suffer from constipation. Osmotic laxatives preferred in elderly over stimulant lax		
MOTILITY AGENTS	-					
metoclopramide	Reglan	Yes	F	Treatment of N/V, gastroparesis, and GERD.		
ACID REDUCING/PUD AGENTS						
cimetidine	Tagamet	Yes	F			
omeprazole OTC	Prilosec OTC	Yes	F	PPI for reduction of stomach acid, esophagitis, GI bleed prophylaxis	8 wks only	
ranitidine	Zantac	Yes	F	Histamine receptor blocker for reduction of stomach acid.		
ranitidine OTC	Zantac OTC	Yes	NF	Histamine receptor blocker for reduction of stomach acid		
famotidine OTC	Pepcid OTC	Yes	NF	Histamine receptor blocker for reduction of stomach acid		
HELICOBACTER PYLORI REGIMENS						
BMT = bismuth+metronidazole+tetracycline	bism/metr/tcn	Yes	F			
ANTI-INFLAMMATORY AGENTS						
mesalamine	Asacol	Yes	F			
balsalazide	Colazal	Yes	NF			

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XV. RESPIRATORY MEDICATIONS: INHALED, All strengths						
BRONCHODILATORS						
Inhaled Beta-Agonists (Short-Acting) -- All strengths						
albuterol	Ventolin, Proventil	Yes	F			
metaproterenol	Alupent	Yes	F			
terbutaline	Brethaire	Yes	F			
Oral Beta-Agonists: All strengths						
albuterol	Ventolin, Proventil	Yes	F			
metaproterenol	Alupent	Yes	F			
INHALED ANTI-INFLAMMATORY AGENTS: All strengths						
beclomethasone	QVAR	Yes	F			
cromolyn	Intal	Yes	F			
fluticasone/salmeterol	Advair	Yes	F			
nedocromil	Tilade	Yes	F			
INHALED ANTICHOLINERGICS: All strengths						
ipratropium	Atrovent	Yes	F			
OTHER ORAL AGENTS: All strengths, tab/cap/oral soln						
aminophylline	-	Yes	F			
theophylline	-	Yes	F			
XVI. ALLERGY/COUGH/COLD						
OUT OF SCOPE OF PROGRAM						
diphenhydramine OTC	Benadryl OTC	Yes	NF	1st generation sedating antihistamine		
loratadine OTC	Claritin	Yes	NF	2nd generation non-sedating antihistamine		
XVII. NUTRITIONAL PRODUCTS						
DIETARY PRODUCTS -- OUT OF SCOPE OF PROGRAM						
MULTIVITAMINS -- OUT OF SCOPE OF PROGRAM						
NUTRIENTS -- OUT OF SCOPE OF PROGRAM						

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VITAMINS -- OUT OF SCOPE OF PROGRAM						
folic acid		Yes	NF	Nutritional supplementation, treatment of anemia		
MINERALS -- OUT OF SCOPE OF PROGRAM						
ferrous sulfate		Yes	NF	Nutritional supplementation, treatment of anemia		
XVIII. ELECTROLYTES/RELATED						
OSTEOPOROSIS AGENTS: ORAL, All strengths - Requires PA						
risedronate	Actonel	Yes	Requires PA	Refer to PA criteria	X	
magnesium oxide		Yes	NF	magnesium replacement		
XIX. HABIT-ABATEMENT AGENTS						
SMOKING DETERRENTS -- OUT OF SCOPE OF PROGRAM						
ALCOHOL DETERRENTS -- OUT OF SCOPE OF PROGRAM						
XX. MISCELLANEOUS -- Generics only						
blood glucose test strips -- RxAmerica True Track Program	True Track	Yes	F			
epinephrine injectable	Epipen, -JR	Yes	F			
insulin syringes	-	Yes	F			
lancets	-	Yes	F			
ostomy supplies	-	Yes	F			
XXI. UNFRACTIONATED HEPARINS: INJECTABLE, All strengths						
dalteparin -- Requires PA	Fragmin	Yes	Requires PA	Refer to PA criteria	X	
enoxaparin	Lovenox	Yes	NF	LMWH for DVT prophylaxis recommended for patients who are bed-ridden, on a ventilator, or have chronic diseases		
XXII. ANTI-THROMBOLYTICS						
heparin Na		Yes	NF	DVT prophylaxis recommended for patients who are bed-ridden, on a ventilator, or have chronic diseases		