



MARYLAND DPSCS

Formulary Medication Manual
July 2016 - June 2017

MARYLAND DPSCS FORMULARY July 2016 – June 2017

ANALGESICS AND ANTI-INFLAMMATORY AGENTS	5
Non-Salicylates	5
Salicylates	5
NSAIDS	5
Narcotic Analgesics	5
Migraine Products.....	5
ANESTHETICS	5
ANTI-BACTERIAL AGENTS	6
Cephalosporins	6
Fluoroquinolones	6
Macrolides	6
Penicillins	6
Sulfonamides	6
Tetracyclines	6
Antimycobacterial (Tuberculosis).....	6
Miscellaneous	7
ANTICONVULSANTS.....	7
ANTIFUNGAL AGENTS.....	7
ANTI-HISTAMINES: VERTIGO, DIZZINESS, ALLERGIES	8
ANTIHYPERLIPIDEMIC AGENTS.....	8
Fibric Acid	8
HMG CoA Reductase Inhibitor	8
Miscellaneous	8
ANTIVIRAL AGENTS	8
BIOLOGICALS/ VACCINES	9
CARDIOVASCULAR AGENTS	9
ACE-Inhibitors	9
Alpha-1 Adrenergic Blockers	9
Angiotensin II Receptor Antagonist.....	9
Antiarrhythmics	9
Anticoagulants	9
Antiplatelets	9
Beta-Blockers.....	10
Calcium Channel Blockers.....	10
Cardiac Glycosides	10
Centrally-acting Antihypertensives	10
Diuretics.....	10
Nitrates.....	10
Potassium Supplements, Regulants.....	11
Vasodilators	11
DERMATOLOGICALS: SKIN AND MUCOUS MEMBRANES	11
Analgesic	11
Anti-infectives- Antibiotics and Antifungal, Antivirals	11
Anti-inflammatory Agents	11
Antipsoriatic, Antiseborrheic Combinations, Pediculicides.....	11
Miscellaneous, topicals	12

MARYLAND DPSCS FORMULARY July 2016 – June 2017

DIABETIC AGENTS.....	12
Insulin.....	12
Oral Antidiabetic Drugs.....	12
Glucose Elevating Agents.....	12
EMERGENCY DRUG BOX.....	13
GASTROINTESTINAL AGENTS.....	13
Anorectals.....	13
Antidiarrheals.....	13
Laxatives.....	13
Ulcer, Antiemetic, Digestives Aids.....	14
Miscellaneous GI agents.....	14
GYNECOLOGICAL PREPARATIONS.....	14
Contraceptives.....	14
Estrogen & Progestins.....	14
Topical Vaginal Preparations.....	14
INTRAVENOUS THERAPY FLUID.....	15
OPHTHALMIC PREPARATIONS.....	15
Agents for Glaucoma.....	15
Antibiotics/Combination Antibiotic Products.....	15
Anti-inflammatory Agents /NSAIDs/Corticosteroids.....	15
Ocular Lubricants/Irrigation.....	16
Ophthalmic Decongestant Agents/Mydriatics.....	16
Ophthalmic Decongestant Agents/Vasoconstrictors.....	16
Miscellaneous.....	16
OTIC PREPARATIONS.....	16
PSYCHIATRIC AGENTS: ANTIANXIETY/SEDATIVE.....	16
Antihistamines/Sedatives.....	16
Benzodiazepines.....	16
PSYCHIATRIC AGENTS: ANTICHOLINERGICS.....	17
PSYCHIATRIC AGENTS: ANTIDEPRESSANTS.....	17
Tricyclic Antidepressants (TCA).....	17
Selective Serotonin Reuptake Inhibitor (SSRI).....	17
Atypical Antidepressants.....	Error! Bookmark not defined.
PSYCHIATRIC AGENTS: ANTIMANICS.....	17
PSYCHIATRIC AGENTS: ANTIPSYCHOTICS.....	17
PSYCHIATRIC AGENTS: ANTIPARKINSONS.....	18
RESPIRATORY AGENTS.....	18
Bronchodilator/Anticholinergic.....	18
Bronchodilator/Beta2 agonist.....	18
Corticosteroid Inhalers.....	18
Cough Preparations,Decongestants and Antihistamine Preparations.....	18
Nasal Preparations.....	18
SKELETAL MUSCLE RELAXANT.....	18

MARYLAND DPSCS FORMULARY July 2016 – June 2017

SYSTEMIC CORTICOSTEROIDS	19
THYROID MEDICATIONS	19
URINARY SYSTEM PREPARATIONS	19
VITAMINS/MINERALS/DIETARY SUPPLEMENTS	20
HIV MEDICATIONS	21
Cellular Chemokine Receptor (CCRS) Antagonist	21
Integrase Inhibitor.....	21
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	21
Nucleoside Reverse Transcriptase Inhibitor (NRTI) Combination	21
Nucleotide Reverse Transcriptase Inhibitor (RTI)	21
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	21
Nucleoside Reverse Transcriptase Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor Combination	21
Protease inhibitors (PI)	21
ALPHABETICAL LISTING BY GENERIC NAME	22
ALPHABETICAL LISTING BY BRAND NAME	30

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH (mg)</u>
ANALGESICS AND ANTI-INFLAMMATORY AGENTS				
<i>Non-Salicylates</i>				
Acetaminophen	\$	Tylenol	Tab	325, 500
			Supp	325, 650
*Acetaminophen maximum daily dose: 4g *Exercise caution when administering acetaminophen to patients with hepatic dysfunction				
<i>Salicylates</i>				
Aspirin	\$	Aspirin	Tab	81, 325
Aspirin, Enteric coated	\$	Ecotrin	Tab	EC 81, EC 325
Salsalate	\$\$	Disalcid	Tab	500, 750
<i>NSAIDS</i>				
Ibuprofen	\$	Motrin	Tab	200, 400, 600, 800
Indomethacin	\$\$	Indocin	Cap	25, 50
Ketorolac	\$\$	Toradol	Inj	30 mg/ml, 60 mg/2ml
Meloxicam	\$	Mobic	Tab	7.5, 15
Naproxen	\$\$	Naprosyn	Tab	250, 375, 500
*Exercise caution when administering NSAIDS to patients with renal dysfunction or to patients with hypertension				
<i>Narcotic Analgesics</i>				
Codeine w/ Acetaminophen	\$	Tylenol #3	Tab	C-30, A-300
Hydrocodone w/ Acetaminophen	\$	Norco	Tab	5/325
Oxycodone w/ Acetaminophen	\$	Percocet	Tab	5mg/325mg
Methadone	\$	Dolophine	Tab	5, 10
Morphine ¹	\$	Morphine	Inj	2 mg/ml, 10mg/ml
Nalbuphine	\$\$	Nubain	Inj	10 mg/ml
Hydromorphone ¹	\$	Dilaudid	Inj	1 mg/ml, 4 mg/ml
¹ . Restricted to infirmary use only				
<i>Migraine Products</i>				
APAP/ ASA/ Caffeine	\$	Excedrine Migraine	Tab/Cap	250/250/65 mg
Butalbital/APAP / Caffeine	\$	Fioricet	Tab	40/325/50 mg
ANESTHETICS				
Dibucaine	\$	Nupercainal	Oint	1%
Lidocaine	\$	Xylocaine	Inj	1%, 2%
Lidocaine	\$\$	Xylocaine Viscous	Sol	2%
Lidocaine with Epinephrine	\$	Xylocaine/Epi	Inj	1%, 2%
Magic Mouthwash	\$	Magic Mouthwash		

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
ANTI-BACTERIAL AGENTS				
<i>Cephalosporins</i>				
Cefazolin	\$\$	Ancef	IV	1 gm
Cefotaxime	\$\$	Claforan	IV	1 gm, 2 gm
Ceftriaxone	\$\$	Rocephin	IV	250, 500, 1 gm
Cephalexin	\$	Keflex	Cap	250, 500
<i>Fluoroquinolones</i>				
Ciprofloxacin	\$\$	Cipro	Tab	250, 500, 750
Ciprofloxacin	\$\$	Cipro	IV	200, 400
<i>Macrolides</i>				
Azithromycin ²	\$\$	Zithromax	Tab	250, 500, 600 ²
			IV	500
Clarithromycin	\$\$	Biaxin, Biaxin XL	Tab	250, 500, 500 XL
Erythromycin	\$	E-Mycin, Ery-tab	Tab	250, 333, 500
			IV	500, 1 gm
² . Azithromycin 600 mg tablet is restricted to use in HIV patients only				
<i>Penicillins</i>				
Amoxicillin	\$	Amoxil, Polymox	Cap	250, 500
Ampicillin	\$	Principen	IV	1 gm, 2 gm
Dicloxacillin	\$	Dycill, Dynapen	Cap/Tab	250, 500
Penicillin G (Benzathine)	\$\$\$\$	Bicillin LA	IM	1.2 MU
Penicillin VK	\$	Pen-Vee K, Pen VK	Tab	250, 500
Piperacillin / Tazobactam	\$\$\$\$	Zosyn	IV	2.25 gm, 3.375 gm
<i>Sulfonamides</i>				
Sulfamethoxazole / Trimethoprim	\$	Bactrim DS, Septra DS	Tab	800/160, 400/80
	\$	Bactrim, Septra	IV	400/80 mg/5ml
<i>Tetracyclines</i>				
Tetracycline	\$	Achromycin	Cap	250, 500
<i>Antimycobacterial (Tuberculosis)</i>				
Ethambutol	\$\$	Myambutol	Tab	100, 400
Isoniazid	\$	INH	Tab	100, 300
Pyrazinamide	\$\$	Tebrazid/PZA	Tab	500
Rifampin	\$\$\$	Rifampin	Cap	150, 300

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
ANTI-BACTERIAL AGENTS				
<i>Miscellaneous</i>				
Atovaquone	\$\$\$\$	Mepron	Liq	750 mg/5 ml
Dapsone	\$\$	Dapsone	Tab	25, 100
Clindamycin	\$\$	Cleocin	Cap	150
			IV	150 mg/ml
Gentamicin	\$	Garamycin	IV	40 mg/ml
Metronidazole	\$	Flagyl	Tab	250, 500
	\$\$	Flagyl	IV	500 mg/100ml
Nitrofurantoin	\$\$	Macrobid	Cap	100
Trimethoprim	\$	Trimpex	Tab	100
Vancomycin	\$\$	Vancocin	IV	1 gm
ANTICONVULSANTS				
Acetazolamide	\$\$	Diamox	Tab	250
Carbamazepine	\$	Tegretol	Tab	100, 200
Divalproex Sodium Delayed Release ³	\$\$\$	Depakote DR	Tab	125, 250, 500
Levetiracetam ⁴	\$\$	Keppra	Tab	250, 500, 750
Lorazepam	\$	Ativan	Inj	2 mg/ml
Phenobarbital	\$	Luminal	Tab	16.2, 32.4, 64.8, 97.2
Phenytoin Sodium	\$\$	Dilantin	Cap	100
			Infatab	50
			Liq	125mg/5 ml
			IV	50 mg/ml
Primidone	\$\$\$	Mysoline	Tab	50, 250
Valproic Acid	\$	Depakene	Cap	250
			Susp	250 mg/5ml
ANTIFUNGAL AGENTS				
Clotrimazole	\$\$	Mycelex	Troche	10
Fluconazole	\$\$	Diflucan	Tab	50, 100, 150, 200
			IV	200mg/100ml
Terbinafine	\$	Lamisil	Tab	250
Nystatin	\$\$	Mycostatin	Susp	100,000 U/ml
³ Restricted to failure of Valproic Acid				
⁴ Not as monotherapy				

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
ANTIHISTAMINES: Vertigo, Dizziness, Allergies				
Cetirizine	\$	Zyrtec	Tab	10 mg
Chlorpheniramine	\$	Chlor-Trimeton	Tab	4
Cyproheptadine	\$	Periactin	Tab	4
Diphenhydramine	\$	Benadryl	Cap	25, 50
			Liq	12.5 mg/5 ml
			IV	50 mg/ml
Hydroxyzine	\$	Vistaril	Cap	25, 50
			Inj	25mg/mL, 50 mg/ml
Loratidine	\$	Claritin	Tab	10
Meclizine	\$	Antivert	Tab	12.5, 25
Prochlorperazine	\$\$	Compazine	Tab	5, 10
			Inj	5 mg/ml, 10mg/2ml
			Supp	25
Promethazine	\$\$	Phenergan	Tab	25
			Supp	12.5, 25, 50
ANTIHYPERTENSIVE AGENTS				
<i>Fibric Acid</i>				
Gemfibrozil	\$\$	Lopid	Tab	600
<i>HMG CoA Reductase Inhibitor</i>				
Pravastatin	\$\$\$	Pravachol	Tab	10, 20, 40, 80
Simvastatin	\$\$	Zocor	Tab	5, 10, 20, 40
*When initiating a HMG CoA Reductase Inhibitor, obtain baseline LFTs and monitor Q 3 months				
<i>Miscellaneous</i>				
Cholestyramine	\$\$\$	Questran	Powder	4 g
Fish Oil	\$	Fish Oil	Cap	1000
Niacin	\$	Niacin SR	Tab	250 SR, 500 SR
ANTIVIRAL AGENTS				
Acyclovir	\$\$	Zovirax	Cap	200
			Tab	400, 800
Amantadine	\$\$	Symmetrel	Cap	100
Foscarnet	\$\$\$	Foscavir	IV	24 mg/ml
Ganciclovir	\$\$\$	Cytovene	Cap	250, 500
			IV	500 mg/ml

MARYLAND DPSCS FORMULARY July 2016 – June 2017

GENERIC NAME	COST \$	BRAND NAME	FORM	STRENGTH(mg)
BIOLOGICALS/ VACCINES				
Diphtheria / Tetanus /Acellular Pertussis Vaccine (Tdap)	\$\$\$\$	Adacel	Inj	0.5 mL
Hepatitis A Vaccine	\$\$\$\$	Havrix	Inj	1440 ELU/ml
Hepatitis B Vaccine	\$\$\$\$	Engerix	Inj	20 mcg/ml
Hepatitis A/B Vaccine	\$\$\$\$	Twinrix	Inj	750 ELU / 20 mcg
Influenza vaccine	\$\$\$\$	Fluvirin	Inj	0.5ml
Pneumococcal Vaccine	\$\$\$\$	Pneumovax	Inj	0.5ml
Tetanus	\$\$\$\$	Tetanus	Inj	5TU/ 0.5ml
Tetanus / Diphtheria Toxoid Vaccine (Td)	\$\$\$\$	Tetanus-Diphtheria	Inj	0.5ml
Tuberculin PPD	\$\$\$\$	Aplisol, Tubersol	Inj	5 TU/0.1ml
CARDIOVASCULAR AGENTS				
<i>ACE-Inhibitors</i>				
Captopril	\$	Capoten	Tab	12.5, 25, 50, 100
Enalapril	\$	Vasotec	Tab	2.5, 5, 10, 20
Lisinopril	\$	Prinivil, Zestril	Tab	5, 10, 20, 30, 40
Lisinopril/Hydrochlorothiazide	\$	Zestoretic	Tab	10/12.5, 20/12.5, 20/25
<i>Alpha-1 Adrenergic Blockers</i>				
Doxazosin	\$	Cardura	Tab	1, 2, 4, 8
Prazosin	\$	Minipress	Cap	1, 2, 5
Tamsulosin	\$	Flomax	Cap	0.4
Terazosin	\$\$	Hytrin	Cap	1, 2, 5, 10
<i>Angiotensin II Receptor Antagonist</i>				
Losartan	\$\$	Cozaar	Tab	25, 50, 100
Losartan/Hydrochlorothiazide	\$\$\$	Hyzaar	Tab	12.5/50, 12.5/100, 25/100
<i>Antiarrhythmics</i>				
Amiodarone	\$\$	Cordarone	Tab	200
Atropine	\$	Atropine	Inj	1 mg/ml
Lidocaine	\$	Xylocaine	Inj	20 mg/ml
<i>Anticoagulants</i>				
Heparin	\$	Heparin	Flush IV	100 U/ml 5000 U/ml
Warfarin	\$	Coumadin	Tab	1, 2, 2.5, 3, 4, 5, 6, 7.5, 10
<i>Antiplatelets</i>				
Clopidogrel	\$\$	Plavix	Tab	75
Enoxaprin	\$\$\$\$	Lovenox	Inj	30, 40, 60, 80, 100, 120, 150

MARYLAND DPSCS FORMULARY July 2016 – June 2017

*INR: 2-3; unless prosthetic valve: 2.5-3.5

GENERIC NAME	COST \$	BRAND NAME	FORM	STRENGTH(mg)
---------------------	----------------	-------------------	-------------	---------------------

CARDIOVASCULAR AGENTS

Beta-Blockers

Atenolol	\$	Tenormin	Tab	25, 50, 100
Carvedilol	\$\$	Coreg	Tab	3.125, 6.25, 12.5, 25
Labetalol	\$\$\$	Trandate	Tab	100, 200, 300
Metoprolol	\$	Lopressor	Tab	25, 50, 100
			Inj	1 mg/ml
Propranolol	\$	Inderal	Tab	10, 20, 40, 60, 80

Calcium Channel Blockers

Amlodipine	\$\$\$	Norvasc	Tab	2.5, 5, 10
Diltiazem	\$	Cardizem	Tab	30, 60, 90, 120
Nifedipine ER	\$\$\$	Adalat CC, Procardia XL	Tab	30, 60, 90
Verapamil HCl	\$	Calan	Tab	40, 80, 120
		Verapamil	IV	5 mg/2ml
Verapamil SR	\$\$	Calan SR, Isoptin SR	Tab	120, 180, 240

Cardiac Glycosides

Digoxin	\$	Lanoxin	Tab	0.125, 0.25
			Inj	0.25 mg/ml

*Serum Digoxin Levels: 0.5-2ng.mL

*Obtain levels every 6-12 months once digoxin levels are stable

Centrally-acting Antihypertensives

Clonidine	\$	Catapres	Tab	0.1, 0.2, 0.3
Methyldopa	\$\$	Aldomet	Tab	250, 500

Diuretics

Furosemide	\$	Lasix	Tab	20, 40, 80
			Inj	10 mg/ml
Hydrochlorothiazide	\$	HydroDIURIL	Tab	25, 50
Sorbitol	\$\$	Sorbitol	Soln	70%
Spironolactone	\$	Aldactone	Tab	25, 50, 100
Triamterene / HCTZ	\$\$	Maxzide	Tab	37.5/25, 75/50

Nitrates

Isosorbide Dinitrate	\$	Sorbitrate, Isordil	Tab	5, 10, 20, 30, 40
Isosorbide Mononitrate	\$\$	Imdur	Tab	30, 60, 120
Nitroglycerine Patch	\$\$	Transderm-Nitro	Patch	0.1, 0.2, 0.4, 0.6,
Nitroglycerine Sublingual	\$	Nitro-Quick SL	Tab	0.3, 0.4

*When administering Nitrate products, remember that a nitrate-free interval needs to be incorporated to minimize tolerance

MARYLAND DPSCS FORMULARY July 2016 – June 2017

GENERIC NAME	COST \$	BRAND NAME	FORM	STRENGTH(mg)
CARDIOVASCULAR AGENTS				
<i>Potassium Supplements, Regulants</i>				
Potassium Chloride	\$	Klor-Con-8, Micro-K	Tab	8 mEq
	\$	K-Dur, Klor-Con	Tab	10 mEq, 20 mEq
	\$	Potassium Chloride	Inj	10 mEq / 100 ml
Sodium Bicarbonate	\$	Sodium Bicarbonate	Inj	8.4% in 50ml syringe
Sodium Polystyrene Sulfonate (SPS)	\$\$	Kayexalate	Susp	15 g/60 ml
<i>Vasodilators</i>				
Hydralazine	\$	Apresoline	Tab	10, 25, 50, 100
Minoxidil	\$\$	Loniten	Tab	2.5, 10
DERMATOLOGICALS: Skin and Mucous Membranes				
<i>Analgesic</i>				
Lidocaine Viscous	\$	Xylocaine Viscous	Soln	2%
<i>Anti-infectives- Antibiotics and Antifungal, Antivirals</i>				
Bacitracin	\$	Bacitracin	Oint	500 U/g
Benzoyl Peroxide	\$	Benzac AC	Gel	5%, 10%
Clindamycin	\$	Cleocin-T	Soln	1%
Gentamicin	\$\$	Garamycin	Crm/Oint	0.1%
Miconazole Nitrate	\$	Micatin	Crm/Oint	2%
Neomycin/ Polymixin/Bacitracin	\$	Neosporin	Oint	3.5/5000/400
Nystatin	\$	Mycostatin	Crm/Oint	100,000 U/GM
Silver Sulfadiazine	\$	Silvadene	Crm	1%
Tolnaftate	\$\$	Tinactin	Crm, Soln	1%
<i>Anti-inflammatory Agents</i>				
Betamethasone	\$	Valisone, Diprolene	Crm, Oint, Lot	0.05%, 0.1%
Fluocinolone Acetonide	\$\$	Synalar	Crm, Oint, Sol	0.025%, 0.01%
Fluocinonide	\$	Lidex	Crm, Oint, Sol	0.05%; NOT LIDEX-E
Hydrocortisone	\$	Hytone	Crm,Oint	0.5%, 1%, 2.5%
Triamcinolone	\$\$	Kenalog, Aristocort	Crm,Oint,Lot	0.025%, 0.1%
			Crm, Lot, Oint,	0.5%
<i>Antipsoriatic, Antiseborrheic Combinations, Pediculicides</i>				
Antidandruff Shampoo 1%	\$	Antidandruff	Shampoo	1%
Coal Tar	\$	Coal Tar	Oint, Shamp	
Coal tar / Sulfur / Salicyclic Acid	\$\$	Sebutone, Sebex-T	Shampoo	
Permethrin	\$\$	Elimite	Crm	5%
Piperonyl/Pyrethrin	\$	Liceall, Rid, Nix	Shampoo	
Selenium Sulfide	\$	Selsun	Lot/Sham	2.5%

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
DERMATOLOGICALS: Skin and Mucous Membranes				
<i>Miscellaneous, topicals</i>				
Aluminum Acetate / Acetic Acid	\$\$	Domeboro	Powder	2.2 gm
Calamine	\$	Caladryl	Lot	
Dibucaine	\$	Nupercainal	Oint	1%
Lubriskin Lotion	\$	Lubriskin	Lotion	
Mediplast	\$\$	Mediplast	Patch	40%
Methyl Salicylate / Menthol	\$	Muscle Rub	Oint	
Podophyllin / Benzoin Compound ⁵	\$\$\$	Podocon	Soln	25%
Trichloroacetic Acid	\$\$	Trichlor	Soln	80%
Vitamin A&D	\$	A&D	Oint	
Vitamin E Lotion	\$	Vit E	Lotion	
Zinc Oxide	\$	Zinc Oxide	Oint	10%
⁵ . Not to be dispensed to patients				
DIABETIC AGENTS				
<i>Insulin</i>				
Insulin Detemir	\$\$\$	Levemir	Inj	100 U/ml
Insulin Glargine	\$\$\$	Lantus	Inj	100 U/ml
Insulin NPH	\$\$	Novolin /Humulin NPH	Inj	100 U/ml
Insulin NPH/Regular 70/30	\$\$	Novolin /Humulin 70/30	Inj	100 U/ml
Insulin NPH/ Regular 50/50	\$\$	Novolin /Humulin 50/50	Inj	100 U/ml
Insulin Regular	\$\$	Novolin / Humulin R	Inj	100 U/ml
<i>Oral Antidiabetic Drugs</i>				
Glimepride	\$	Amaryl	Tab	1, 2, 4
Glipizide	\$	Glucotrol	Tab	5, 10
Glyburide	\$	Micronase, Diabeta	Tab	1.25, 2.5, 5
Metformin	\$	Glucophage	Tab	500, 850, 1000
Metformin/Glyburide	\$	Glucovance	Tab	1.25/250, 2.5/500, 5/500
<i>Glucose Elevating Agents</i>				
Glucagon	\$\$	Glucagon	Inj	
Glucose	\$\$	Glucose Oral Gel	Oral Gel	40%
	\$	Glucose Tablet	Tab	

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
EMERGENCY DRUG BOX				
Activated Charcoal		Actidose	Powder	
Ammonia Inhalant		Ammonia	Inhalant	
Aspirin, Chewable		Aspirin	Tab	81
Dexamethasone		Decadron	Inj	4 mg/ml
Dextrose 5% Water (D5W)		Dextrose 5% Water	Soln	1000 ml
Dextrose 50%		Dextrose 50%	Inj, Syr	50%
Diphenhydramine		Benadryl	Inj	50 mg/ ml
Epinephrine		Adrenalin	Inj	1:1000
		EPI-Pen	Inj	
Glucagon		Glucagon	Inj	
Glucose Gel, Glucose Tablets		Glucose	Gel	
			Tab	
Haloperidol		Haldol	Inj	5 mg/ml
Lactated Ringers (LR)		Lactated Ringers	Soln	1000 ml
Naloxone		Narcan	Inj	0.4mg/ml
Nitroglycerin		Nitro-Quick	Tab	0.4
		Nitro-Bid	Oint	2%
Normal Saline (NS)		Normal Saline	Soln	1 liter
Silver Sulfadiazine		Silvadene Cream	Cream	50 gm
GASTROINTESTINAL AGENTS				
<i>Anorectals</i>				
Preparation H	\$	Preparation H	Cream	
			Supp	0.25%
Preparation H Maximum Strength	\$	Preparation H Max	Crm	0.25%-1%
Preparation H w/ Hydrocortisone		Preparation H w/ HC	Crm	1%
<i>Antidiarrheals</i>				
Bismuth Subsalicylate	\$	PEPTO-BISMOL	Liq	262mg/15ml
			Tab	262
Loperamide	\$	Imodium	Cap	2
<i>Laxatives</i>				
Bisacodyl EC	\$	Dulcolax	Tab	5
			Supp	10
Docusate Sodium	\$	Colace	Cap	100
Lactulose	\$\$	Chronulac	Syrup	10 gm/15ml
Magnesium Citrate	\$	Magnesium Citrate	Soln	1.75 gm/30ml
Magnesium Hydroxide	\$	MOM	Liq	400 mg/5ml
Phosphate enema	\$	Fleet's Enema	Enema	
Psyllium	\$\$	Metamucil	Powder	

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
GASTROINTESTINAL AGENTS				
<i>Ulcer, Antiemetic, Digestives Aids</i>				
Aluminum Hydroxide / Magnesium Hydroxide / Simethicone	\$	Mylanta, Maalox, Almacone	Susp, Tab	
Calcium Carbonate	\$	Tums	Chew Tab	500
Dicyclomine	\$	Bentyl	Tab, Cap	10, 20
Meclizine	\$	Antivert	Tab	25
Metoclopramide	\$	Reglan	Tab	10
Omeprazole ⁶	\$\$	Prilosec	Cap	20
Pancrelipase (Lipase/Protease/Amylase)	\$\$\$	ZenPep	Cap	5000/17,000/27,000 10,000/34,000/55,000 15,000/51,000/82,000 20,000/68,000/109,000
Prochlorperazine	\$\$	Compazine	Tab	5, 10
	\$\$		Inj	5 mg/ml
	\$\$\$		Supp	25
Promethazine	\$\$	Phenergan	Tab	25
			Supp	25
Ranitidine	\$\$	Zantac	Tab	150
Simethicone	\$	Gas X	Tab	80, 125
Sucralfate	\$\$	Carafate	Tab	1 g
<i>Miscellaneous GI agents</i>				
Golytely	\$\$\$	Golytely	Powder	
Mesalamine	\$\$\$	Delzicol	Tab	400
Sulfasalazine Sustained Release	\$\$	Azulfidine	Tab	500
GYNECOLOGICAL PREPARATIONS				
<i>Contraceptives</i>				
Estrogen-Progestin combo	\$\$	Ortho-Novum	Tab	1/35, 1/50
<i>Estrogen & Progestins</i>				
Estrogens	\$\$	Premarin, Menest	Tab	0.3, 0.625, 0.9, 1.25, 2.5
Medroxyprogesterone	\$	Provera	Tab	2.5, 5, 10
<i>Topical Vaginal Preparations</i>				
Clotrimazole	\$\$	Gyne-Lotrimin	Vag Crm	1%
Miconazole	\$\$	Monistat	Vag Crm	2%
⁶ . Restricted to failure of Antacids & H2 blockers				

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
INTRAVENOUS THERAPY FLUID				
Dextrose 5%	\$	D5W	IV	5 %
Dextrose 10%	\$	D10W	IV	10%
Dextrose/Saline	\$	D5W NS	IV	5% / 0.9%
	\$	D5W ½ NS	IV	5% / 0.45%
Lactated Ringers	\$	LR	IV	
Normal Saline	\$	NS	IV	0.9%
Water (Bacteriostatic)	\$	Bacterostatic Water	Inj	
OPHTHALMIC PREPARATIONS				
<i>Agents for Glaucoma</i>				
Betaxolol	\$\$	Betoptic	Soln	0.5%
Brimonidine	\$\$	Alphagan	Soln	0.2%; NOT P
Dipiverin	\$	Propine	Soln	0.1%
Dorzolamide	\$\$\$	Trusopt	Soln	2% 10 mL
Dorzolamide/Timolol	\$\$\$	Cosopt	Soln	2% / 0.5%
Latanoprost	\$	Xalatan	Soln	0.005%
Levobunolol	\$	Betagan	Soln	0.25%, 0.5%
Pilocarpine	\$	Pilocar	Soln	0.5%, 1%, 2%, 4%
Timolol Maleate	\$	Timoptic	Soln	0.25, 0.5%; NOT GEL
<i>Antibiotics/Combination Antibiotic Products</i>				
Bacitracin	\$	Bacitracin	Oint	500 U/G
Ciprofloxacin	\$	Cipro	Soln	0.3%
Erythromycin	\$	Erythromycin	Oint	0.5%
Gentamicin	\$	Garamycin	Oint, Soln	0.3%
Gramicidin/ Neomycin/ Polymixin	\$\$\$	Neosporin	Soln	3.5g
Neomycin/Polymixin/Bacitracin	\$	Neosporin	Oint	5 ml
Sulfacetamide	\$	Sulamyd-10	Oint, Soln	10%
Sulfacetamide/Prednisolone	\$\$	Blephamide, Ceta- Pred	Oint, Soln	S-10%, P-0.25%
Tobramycin	\$	Alc-Tob	Oint, Soln	0.3%
<i>Anti-inflammatory Agents /NSAIDs/Corticosteroids</i>				
Dexamethasone	\$\$	Decadron	Soln	0.1%
Dexamethasone/Neomycin/ Polymixin	\$	Maxitrol	Oint	0.1%, 0.35%
			Susp	10000U
Ketorolac	\$\$	Acular	Soln	0.5%
Prednisolone Acetate	\$\$	Pred Forte	Susp	1%
Prednisolone Sodium Phosphate	\$\$	Inflamase Forte	Soln	1%

MARYLAND DPSCS FORMULARY July 2016 – June 2017

GENERIC NAME	COST \$	BRAND NAME	FORM	STRENGTH(mg)
OPHTHALMIC PREPARATIONS				
<i>Ocular Lubricants/Irrigation</i>				
Artificial Tears	\$	Teargen	Oint	3.5 g
			Soln	15 ml
Extraocular irrigation soln	\$	Dacriose	Eye Wash	
Lacri-Lube	\$\$\$\$	Lacri-Lube	Oint	
<i>Ophthalmic Decongestant Agents/Mydriatics</i>				
Atropine	\$	Isopto Atropine	Soln	1%
Homatropine	\$\$\$	Isopto Homatropine	Soln	2%, 5%
Proparacaine	\$	Alcaine, Ophthetic	Soln	0.5%
Tropicamide	\$\$	Mydriacil	Soln	0.5%, 1%
<i>Ophthalmic Decongestant Agents/Vasoconstrictors</i>				
Naphazoline	\$	Naphacon Forte	Soln	0.1%
Naphazoline / Pheniramine	\$\$	Vasocon A, Visine A	Soln	0.025%/0.5%
Tetracaine	\$	Pontocaine	Soln	0.5%
<i>Miscellaneous</i>				
Fluorescein Strips	\$\$	Fluo-I Strip	Strips	
OTIC PREPARATIONS				
Acetic Acid	\$	Vosol Otic	Soln	2%
Acetic Acid / Hydrocortisone	\$\$\$	VoSol-HC Otic	Soln	A – 2%, H – 1%
Benzocaine / Antipyrine	\$	Auralgan, Aurodex	Soln	B-1.4%, A-5.4%
Carbamide Peroxide	\$	Debrox	Soln	6.5%
Neomycin/ Polymixin/ HC	\$\$	Cortisporin	Susp	
Ofloxacin	\$	Floxin	Susp	0.3%
PSYCHIATRIC AGENTS: Antianxiety/Sedative				
<i>Antihistamines/Sedatives</i>				
Diphenhydramine	\$	Benadryl	Cap	25, 50
			IV	50 mg/ml
			Liq	12.5mg/5ml
Hydroxyzine	\$	Atarax, Vistaril	Cap, Tab	10, 25, 50
			Inj	25 mg/ml, 50 mg/ml
<i>Benzodiazepines</i>				
Chlordiazepoxide ⁷	\$	Librium	Tab	5, 10, 25
Diazepam	\$\$	Valium	Inj	10 mg/2ml
Lorazepam	\$\$	Ativan	Inj	2 mg/ml

⁷ Limited to use for acute alcohol withdrawal only

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
PSYCHIATRIC AGENTS: Anticholinergics				
Benztropine	\$	Cogentin	Tab	0.5, 1, 2
			Inj	2 mg/ml
Trihexyphenidyl	\$\$	Artane	Tab	2, 5
PSYCHIATRIC AGENTS: Antidepressants				
<i>Tricyclic Antidepressants (TCA)</i>				
Amitriptyline	\$	Elavil	Tab	10, 25, 50, 75, 100, 150
Desipramine	\$\$	Norpramin	Tab	10, 25, 50, 75, 100
Doxepin	\$	Sinequan	Cap	10, 25, 50, 75, 100, 150
			Oral Conc	10 mg/ml
Imipramine	\$	Tofranil	Tab	10, 25, 50
Nortriptyline	\$	Pamelor	Cap	10, 25, 50, 75
<i>Selective Serotonin Reuptake Inhibitor (SSRI)</i>				
Citalopram ⁸	\$\$	Celexa	Tab	10, 20, 40
Fluoxetine	\$	Prozac	Tab/Cap	10, 20
Sertraline	\$	Zoloft	Tab	25,50, 100
<i>Serotonin/Norepinephrine Reuptake Inhibitor</i>				
Venlafaxine	\$\$	Effexor	Tab/Cap	25, 37.5, 50, 75, 100 ER: 37.5, 75, 150
PSYCHIATRIC AGENTS: Antimanic				
Lithium Carbonate	\$\$	Lithobid, Eskalith	Tab	150, 300, 450
Lithium Citrate	\$\$	Lithium Citrate	Liq	300 mg/ 5 mL
PSYCHIATRIC AGENTS: Antipsychotics				
Chlorpromazine	\$\$\$	Thorazine	Inj	25/ml
Fluphenazine	\$\$	Prolixin	Tab	1, 2.5, 5, 10
			Oral Soln	5 mg/ml
			Inj	2.5 mg/ml
Fluphenazine Decanoate	\$\$	Prolixin Deconate	Inj (Dec)	25 mg/ml
Haloperidol	\$	Haldol	Tab	0.5, 1, 2, 5, 10
			Liq Conc	2 mg/ml
			Inj	5 mg/ml
Haloperidol Decanoate	\$\$	Haldol Decanoate	Inj (Dec)	50 mg/ml,100mg/ml
Perphenazine	\$	Trilafon	Tab	2, 4, 8, 16
Risperidone ⁹	\$\$	Risperdal	Tab	0.25,0.5,1, 2, 3, 4
Thiothixene	\$	Navane	Cap	1, 2, 5, 10
Trifluoperazine	\$	Stelazine	Tab	1, 2, 5, 10
8. Dosages above 40 mg are restricted due to risk of QT prolongation				
9. Restricted to failure on traditional antipsychotics				

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
PSYCHIATRIC AGENTS: Antiparkinsons				
Carbidopa / Levodopa	\$\$	Sinemet, Sinemet CR	Tab	10/100, 25/100, 25/250, 50/200
RESPIRATORY AGENTS				
Bronchodilator/Anticholinergic				
Ipratropium Bromide	\$\$\$	Atrovent	Inhaler	17 g
			Neb	0.02%
Bronchodilator/Beta₂ agonist				
Albuterol	\$	Proventil, Ventolin	Tab	2 , 4
			Inhaler	90 mcg
			Neb	0.083% per 3ml
Epinephrine	\$	Adrenalin	Inj	1 mg/ml
Terbutaline	\$	Brethine	Tab	2.5, 5
			Inj	1 mg/ml
Theophylline ER	\$	Theodur	Tab/Cap	100, 200, 300, 450
Corticosteroid Inhalers				
Beclomethasone	\$\$\$\$	Qvar	Inhaler	40 mcg, 80 mcg/puff
Cough Preparations, Decongestants and Antihistamine Preparations				
Aprodine	\$	Actifed	Tab	
Chlorpheniramine	\$	Chlor-Trimeton	Tab	4, 12 mg SR
Diphenhydramine	\$	Benadryl	Cap	25, 50
Guaifenesin	\$	Guaifed, Robitussin	Tab	200
			Liq	100/5
Guaifenesin / Dextromethorphan	\$	Robitussin DM	Liq	100/5
Nasal Preparations				
Oxymetazoline HCl	\$	Afrin	Soln	0.05%
Saline Nasal Spray	\$	Ocean	Soln	0.65%
SKELETAL MUSCLE RELAXANT				
Baclofen	\$\$	Lioresal	Tab	10, 20
Methocarbamol	\$	Robaxin	Tab	500, 750

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
SYSTEMIC CORTICOSTEROIDS				
Dexamethasone	\$\$	Decadron	Inj	4mg/ml
Hydrocortisone	\$	Solu-Cortef	Inj	100, 250, 500
Methylprednisolone	\$\$\$	Solu-Medrol	Inj	40, 125, 500, 1000
	\$\$	Medrol	Tab	4 mg
	\$\$	Medrol Dose Pack	Tab	4 mg (21s)
Prednisone	\$	Deltasone	Tab	1, 2.5, 5, 10, 20, 50
Triamcinolone	\$\$	Kenalog	Inj	40 mg/ml
THYROID MEDICATIONS				
Levothyroxine	\$\$	Synthroid, Levoxyl	Tab	0.025, 0.05, 0.075, 0.088, 0.112, 0.125, 0.137, 0.15, 0.175, 0.2, 0.3
Methimazole	\$\$	Tapazole	Tab	5, 10
Propylthiouracil	\$	PTU	Tab	50
URINARY SYSTEM PREPARATIONS				
Allopurinol	\$	Zyloprim	Tab	100, 300
Bethanecol	\$\$	Urecholine	Tab	10, 25, 50
Colchicine	\$	Colchicine	Tab	0.6
Colchicine-Probenecid	\$	Col-Benemid	Tab	0.5/500 mg
Phenazopyridine	\$	Pyridium	Tab	100, 200
Probenecid	\$\$	Benemid	Tab	500

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>	<u>COST \$</u>	<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
VITAMINS/MINERALS/DIETARY SUPPLEMENTS				
Calcitriol ¹⁰	\$\$	Rocaltrol	Cap	0.25, 0.5
Calcium/Vitamin D	\$	Caltrate D	Tab	500/200IU, 600/400IU
Cranberry	\$	Cranberry	Cap	250
Cyanocobalamin	\$	Vitamin B ₁₂	Inj	1000 mcg/ml
Ergocalciferol	\$	Vitamin D	Cap	50,000 U
Folic Acid	\$	Folic Acid	Tab	1
Glucosamine/Chondronitin	\$\$\$		Cap	500/40
Magnesium oxide	\$		Tab	400 mg
Multivitamin	\$	One-A-Day, MVI	Tab	Reg & with iron
Nephrovites ¹⁰	\$\$\$	Nephrocaps	Caps	
Niacin	\$	Vit B ₃ , Nicotinic Acid	Tab	50, 100
Phytonadione	\$	Mephyton	Tab	5
Prenatal Multivitamins	\$\$	Stuarts' Prenatal MVI	Tab	
Pyridoxine	\$	Vit B ₆	Tab	50, 100, <i>all strengths for renal patients</i>
Sodium Bicarbonate	\$	Sodium Bicarbonate	Tab	10 GR
Thiamine	\$	Vit B ₁	Tab	100
			Inj	100 mg/ ml
Calcium Acetate ¹⁰	\$\$	Phos-Lo	Tab	667
Calcium Carbonate	\$	Tums	Tab	500
Ferrous Gluconate ¹⁰	\$	Fergon	Tab	324 (38 mg iron)
Ferrous Sulfate	\$	Ferrous Sulfate	Tab	325 (65 mg iron)
Iron-polysaccharide complex ¹⁰	\$\$	Niferex	Cap	50 mg Iron
Magnesium Oxide	\$	Magnesium Oxide	Tab	400
Magnesium Sulfate	\$	Magnesium Sulfate	Inj	50%, 1gm / 100ml
¹⁰ . Restricted to patients undergoing dialysis only				

MARYLAND DPSCS FORMULARY July 2016 – June 2017

<u>GENERIC NAME</u>		<u>BRAND NAME</u>	<u>FORM</u>	<u>STRENGTH(mg)</u>
HIV MEDICATIONS				
<i>Cellular Chemokine Receptor (CCRS) Antagonist</i>				
Maraviroc	MVC	Selzentry	Tab	150, 300
<i>Integrase Inhibitor</i>				
Raltegravir		Isentress	Tab	400
<i>Nucleoside Reverse Transcriptase Inhibitors (NRTI)</i>				
Abacavir	ABC	Ziagen	Tab/Soln	300, 20 mg/ml
Didanosine	ddI	Videx Videx EC	Tab Cap	25, 50, 100, 150, 200 125, 200, 250, 400
Emtricitabine	FTC	Emtriva	Cap	200
Lamivudine	3TC	Epivir	Tab, Liq	150, 300, 10 mg/ml
Stavudine	d4T	Zerit	Cap	15, 20, 30, 40
Zidovudine	AZT	Retrovir	Cap, Tab	100, 300
<i>Nucleoside Reverse Transcriptase Inhibitor (NRTI) Combination</i>				
Abacavir/Lamivudine		Epzicom	Tab	600/300
Abacavir/Lamivudine/Zidovudine		Trizivir	Tab	300/150/300
Emtricitabine/Tenofovir		Truvada	Tab	200/300
Lamivudine/Zidovudine		Combivir	Tab	300/150
<i>Nucleotide Reverse Transcriptase Inhibitor (RTI)</i>				
Tenofovir	TDF	Viread	Tab	300
<i>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>				
Delavirdine	DLV	Rescriptor	Tab	100, 200
Efavirenz	EFV	Sustiva	Cap	50, 100, 200, 600
Nevirapine	NVP	Viramune	Tab	200
Rilpivirine	RPV	Edurant	Tab	25
<i>Nucleoside Reverse Transcriptase Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor Combination</i>				
Efavirenz/Emtricitabine/Tenofovir		Atripla	Tab	600/200/300
Emtricitabine/Rilpivirine/Tenofovir		Complera	Tab	200/25/300
<i>Protease inhibitors (PI)</i>				
Atazanavir	ATV	Reyataz	Cap	150, 200, 300
Darunavir		Prezista	Tab	600, 800
Fosamprenavir	FPV	Lexiva	Tab	700
Indinavir	IDV	Crixivan	Cap	100, 200, 400
Nelfinavir	NFV	Viracept	Tab	250, 625
Lopinavir / Ritonovir	LPV/ RTV	Kaletra	Tab Soln	200/50 80/20 per ml
Ritonovir	RTV	Norvir	Cap/Susp	100, 80 mg/ml
Saquinavir	SQV	Invirase	Cap, Tab	200, 500
Tipranavir	TPV	Aptivus	Cap	250