

June 14, 2007

MEDICAID BULLETIN

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TO: Providers Indicated

SUBJECTS: South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additional therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL. Upon initial implementation of the specified PDL changes, pharmacists will observe soft edits when pharmacy claims are submitted for products that will eventually require prior authorization (PA). This period of soft editing will occur for several weeks. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber and beneficiary of the eventual PA requirement.

Effective with dates of service July 18, 2007, hard edits will be activated (*i.e.*, pharmacy claims without PA approval will deny) for newly designated non-preferred products within the therapeutic classes listed below. The **complete PDL** (attached to this bulletin) includes the following changes:

Additional PDL DRUG CLASSES: Effective July 1, 2007

- 1) Carbamazepine Derivatives
- 2) Low Molecular Weight Heparins
- 3) Growth Hormone

REVISED PDL DRUGS: Effective July 1, 2007		
PREFERRED		NON-PREFERRED
Carbamazepine Derivatives		
CARBAMAZEPINE (TABLETS, CHEWABLES, AND SUSPENSION)	Added to PDL	TEGRETOL® (TABLETS, CHEWABLES AND SUSPENSION)
CARBATROL®	Added to PDL	
EPITOL®	Added to PDL	
TEGRETOL XR®	Added to PDL	
TRILEPTAL® (TABLETS AND SUSPENSION)	Added to PDL	
Low Molecular Weight Heparins		
ARIXTRA®	Added to PDL	INNOHEP®
FRAGMIN®	Added to PDL	
LOVENOX®	Added to PDL	
Growth Hormones		
GENETROPIN®	Added to PDL	HUMATROPE®
NORDITROPIN®	Added to PDL	NUTROPIN®
SAIZEN®	Added to PDL	OMNITROPE®
		TEV-TROPIN®
Short Acting Beta Adrenergics		
ALBUTEROL CFC	Remains on PDL	ALUPENT®
VENTOLIN HFA®	Added to PDL	PROVENTIL HFA®
XOPENEX HFA®	Remains on PDL	PROAIR HFA®
Long Acting Insulin		
LEVEMIR® VIAL	Remains on PDL	LEVEMIR® PEN
LANTUS® VIAL	Remains on PDL	LANTUS® CARTRIDGE
Sedative Hypnotics		
LUNESTA®	Remains on PDL	AMBIEN® AND AMBIEN CR®
TEMAZEPAM	Remains on PDL	DALMANE® (BRAND AND GENERIC)
ZOLPIDEM	Added to PDL	DORAL®
		HALCION® (BRAND AND GENERIC)
		PROSOM® (BRAND AND GENERIC)
		RESTORIL®
		ROZEREM®
		SOMNOTE®
		SONATA®

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the PA request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy.

All PA requests should be telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be furnished directly to beneficiaries. (First Health's SC Medicaid *beneficiary call center* telephone number for questions regarding Pharmacy Services-related issues is 800-834-2680. Providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.) Providers are reminded that questions about Medicare eligibility issues and Part D drug plans should be directed to 1-800-MEDICARE.

A pharmacy claim submitted for a PA-required product that has not been approved for Medicaid reimbursement will reject. If this occurs, the pharmacist should contact the prescriber so that a determination may be made regarding whether a drug *not* requiring PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

/s/

Susan B. Bowling
Acting Director

SBB/ga

Attachments

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>



South Carolina Department of Health and Human Services Preferred Drug List

Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)

{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: June 2007

ANALGESIC

NSAIDs

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen ER
Ketorolac
Meclofenamate Sod.
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

OPIOIDS, EXTENDED RELEASE

Avinza®
Duragesic® Patch
Kadian®
Morphine Sulfate ER*
* Generic MS Contin®

ANTI-INFECTIVE

ANTIBACTERIALS

Cephalosporins, 2nd Generation

Ceftin® Suspension
Cefuroxime Tablets
Cefzil® Tablets
Cefzil® Suspension

Cephalosporins, 3rd Generation

Omnicef® Capsules
Omnicef® Suspension
Spectracef® Tablets

Macrolides / Ketolides

Azithromycin
Biaxin XL®
Clarithromycin
EryPed®
Ery-Tab®
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuc.
Erythromycin Stearate
Erythrocin Stearate
Erythromycin & Sulfisox.

Quinolones, 2nd and 3rd Generation

Avelox®
Ciprofloxacin
Factive®
Levaquin®
Ofloxacin

ANTIFUNGALS, ORAL

Onychomycosis Agents

Gris-Peg®
Griseofulvin
Lamisil®

ANTIVIRALS, ORAL

Herpes Antivirals

Acyclovir
Famvir®
Valtrex®

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

Benazepril
Benazepril/HCTZ
Captopril
Enalapril
Enalapril/HCTZ
Lisinopril
Lisinopril/HCTZ

ACEI, CCB COMBINATIONS

Lotrel®
Tarka®

ANGIOTENSIN RECEPTOR BLOCKERS*

Avalide®
Avapro®
Benicar®
Benicar HCT®
Cozaar®
Diovan®
Diovan HCT®
Hyzaar®
Micardis®
Micardis HCT®
Teveten
Teveten HCT®

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol/HCTZ
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol
Coreg®* regular
release formulation
*Use of Coreg®
reserved for treatment
of hypertension
accompanied by heart
failure.

CALCIUM CHANNEL BLOCKERS (CCB), DIHYDROPYRIDINE

Amlodipine
Dynacirc®
Dynacirc CR®
Felodipine
Nicardipine
Nifedical XL®
Nifedipine ER and SA

CALCIUM CHANNEL BLOCKERS (CCB), NON- DIHYDROPYRIDINES

Cartia XT®
Diltia XT®
Diltiazem
Diltiazem ER and XR
Taztia XT®
Verapamil
Verapamil ER
Verapamil SR

LIPOTROPICS

Bile Acid Sequestering Resins

Cholestyramine
Cholestyramine Light
Colestid®
Welchol®

Fibric Acid Derivatives

Gemfibrozil
Lofibra®
Tricor®

Niacin Derivatives

Niacor®
Niaspan®

Statins

Advicor®
Altoprev®
Crestor®
Lescol®
Lescol XL®
Lipitor®
Lovastatin
Pravastatin®
Simvastatin
Vytorin®

Cholesterol-Absorption Inhibitors

Zetia®

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CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

Cholinesterase Inhibitors

Aricept®
Exelon®
Razadyne®

ANTI-CONVULSANT AGENTS

Carbamazepine Derivatives

Carbamazepine (all dosage forms)
Carbatrol®
Epilex®
Tegretol XR®
Trileptal® (tablets and suspension)

ANTI-MIGRAINE AGENTS

Selective Serotonin Agonists

Amerge®
Axert®
Imitrex® Tablets,
Imitrex® Injection
Imitrex® Nasal Spray
Maxalt®
Maxalt-MLT®
Relpax®
Zomig® Tablets
Zomig-ZMT®
Zomig® Nasal Spray

* See the listing at:
<http://southcarolina.com>
for the quantity limits for
this class. (Click on
Providers, then
Documents, then
Pharmacy Quantity
Limits.)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Amphetamine Salt
Combination
Dextroamphetamine
Dextroamphetamine SR
Metadate CD®
Metadate ER®
Methylin®
Methylin ER®
Methylphenidate
Methylphenidate XR
Ritalin LA®*
Adderall XR®*
Concerta®*
Focalin®*
Focalin XR®*
* Generic agents
considered "first-line"
when appropriate.

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Zolpidem
Lunesta®*
* Generics should be
considered "first-line"
when appropriate.

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

Alpha-Glucosidase Inhibitors

Glyset®
Precose®

Biguanides

Metformin
Metformin ER
Biguanide Combination

ActoPlus Met®
Avandamet®
Glucovance®
Glyburide/Metformin

Insulins

Lantus® Vial
Levemir® Vial
Novolin® N
Novolin® R
Novolin® 70/30
Novolog®
Novolog® Mix 70/30
Humalog 50/50
Humulin 50/50

Meglitinides

Starlix®

Sulfonylureas, 2nd Generation

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

Thiazolidinediones

Actos®
Avandia®

Thiazolidinedione / Sulfonylurea Combinations*

Avandaryl®
Duetact®

* Prior authorization is
required if a single
agent thiazolidinedione
or sulfonylurea product
has not been
prescribed previously
for the patient.

BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

GROWTH HORMONE

Genotropin®
Norditropin®
Saizen®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

Serotonin Receptor Antagonists

Kytril®
Zofran®
Zofran ODT®

Histamine-2 Receptor Antagonists

Famotidine
Ranitidine
Zantac® Syrup

Proton Pump Inhibitors*

Nexium® Capsules
Prevacid®
Prilosec OTC®

* Clinical criteria are in
effect for this class.
Once criteria are met,
the PPI's listed on the
PDL are preferred.

GENITOURINARY

ANTISPASMODICS

Detrol LA®
Enablex®
Oxybutynin
Oxytrol®
Sanctura®
Vesicare®

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renage®

HEMATOLOGICAL AGENTS

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ANTICOAGULANTS – LOW MOLECUCLAR WEIGHT HEPARINS

Arixtra®
Fragmin®
Lovenox®

HEMOPOIETIC AGENTS

Aranesp®
Epogen®
Procrit®

IMMUNOLOGICS

IMMUNOMODULATORS, INJECTABLE

Enbrel®
Humira®

IMMUNOMODULATORS, TOPICAL

Elidel® *
Protopic® *
* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.

Immunomodulators, Oral

Hepatitis C Therapy, Pegylated Interferons

Pegasys®
Pegasys® Conv. Pack
Peg-Intron®
Peg-Intron® Redipen™

Hepatitis C Therapy, Ribavirins

Rebetol®
Ribavirin 200mg tablets

OPHTHALMICS

ANTI-HISTAMINES, OPHTHALMIC

Pataday®
Patanol®
Elestat®

GLAUCOMA THERAPY

Alpha-2 Adrenergics

Brimonidine Tartrate
Alphagan P®

Beta Blockers

Betaxolol HCl
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate gel-forming

Carbonic Anhydrase Inhibitors

Azopt®
Cosopt®

Trusopt®

Prostaglandin Agonists

Lumigan®
Travatan®
Xalatan®

QUINOLONES, OPHTHALMIC

Ciprofloxacin HCl
Vigamox®
Zymar®

OTICS

QUINOLONES, OTIC

Ciprodex®
Floxin® Otic

ANTI-CHOLINERGICS

Atrovent®
Combivent®
Spiriva®

ANTI-HISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS

Allegra® (all formulations)
Allegra-D®
Loratadine OTC (Tabs, Rapid Dissolve, Syrup)
Loratadine-D OTC
Zyrtec® (all formulations)
Zyrtec D®

BETA ADRENERGIC DEVICES, SHORT- ACTING INHALERS, INHALATION

Albuterol CFC
Xopenex® HFA
Ventolin® HFA

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent®*

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

Albuterol
Metaproterenol
Xopenex®*

* Generic agents should be considered as "first-line" therapy when appropriate.

GLUCOCORTICOIDS

Inhaled, Inhalation Devices

Asmanex®
Azmacort®
Flovent HFA®
Qvar®

Intranasal Steroids

Flonase®
Nasacort AQ®
Nasonex®

Glucocorticoids and Long-Acting Beta-2 Adrenergics

Advair® Diskus
Advair® HFA

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

Leukotriene Receptor Antagonists

Accolate®
Singulair®

RESPIRATORY

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A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
ALBUTEROL CFC
ALBUTEROL NEBULIZER
ALLEGRA (ALL FORMULATIONS)
ALLEGRA-D
ALPHAGAN P
ALTOPREV
AMERGE
AMLODIPINE
AMPHETAMINE SALT COMBINATION
ARANESP
ARICEPT
ARIXTRA
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT
AVALIDE
AVANDAMET
AVANDARYL
AVANDIA
AVAPRO
AVELOX
AVINZA
AXERT
AZITHROMYCIN
AZMACORT
AZOPT

B

BENAZEPRIL
BENAZEPRIL/HCTZ
BENICAR
BENICAR HCT
BETAXOLOL
BETAXOLOL HCL OPHTHALMIC
BIAXIN XL
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPHTH.

C

CAPTOPRIL
CARBAMAZEPINE (ALL FORMULATIONS)
CARBATROL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CEFTIN SUSPENSION
CEFUROXIME TABLETS
CEFZIL SUSPENSION
CEFZIL TABLETS
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CIPRODEX OTIC
CIPROFLOXACIN
CIPROFLOXACIN HCL OPHTHALMIC
COLESTID
COMBIVENT
CONCERTA
COREG
COSOPT
COZAAR
CRESTOR

D

DETROL LA
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DUETACT
DURAGESIC PATCH
DYNACIRC
DYNACIRC CR

E

ELESTAT OPHTHALMIC
ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ENBREL
EPITOL
EPOGEN
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETODOLAC
EXELON

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F

FACTIVE
FAMOTIDINE
FAMVIR
FELODIPINE
FENOPROFEN
FLONASE
FLOVENT HFA
FLOXIN OTIC
FLURBIPROFEN
FOCALIN
FOCALIN XR
FOSAMAX
FOSRENOL
FRAGMIN

G

GEMFIBROZIL
GENOTROPIN
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLUCOVANCE
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE/METFORMIN
GLYSET
GRISEOFULVIN
GRIS-PEG

H

HUMALOG 50/50
HUMIRA
HUMULIN 50/50
HYZAAR

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR

J

K

KADIAN
KETOPROFEN
KETOPROFEN ER
KETOROLAC
KYTRIL

L

LABETOLOL
LAMISIL
LANTUS
LESCOL
LESCOL XL
LEVAQUIN
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINOPRIL
LISINOPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LOVENOX
LUMIGAN
LUNESTA

M

MAXALT
MAXALT-MLT
MECLOFENAMATE SODIUM
METADATE CD
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER

N

NABUMETONE
NADOLOL
NAPROXEN
NAPROXEN SODIUM
NASACORT AQ
NASONEX
NEXIUM CAPSULES
NIACOR
NIASPAN
NICARDIPINE
NIFEDICAL XL
NIFEDIPINE ER
NIFEDIPINE SA
NORDITROPIN
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30

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O

OFLOXACIN
OMNICEF CAPSULES
OMNICEF SUSPENSION
OXAPROZIN
OXYBUTININ
OXYTROL

P

PATADAY OPHTHALMIC
PATANOL OPHTHALMIC
PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PHOSLO
PINDOLOL
PIROXICAM
PLENDIL
PRAVASTATIN
PRECOSE
PREVACID
PRILOSEC OTC
PROCRIT
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTOPIC

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
RELPAK
RENAGEL
RIBAVIRIN TABLETS
RITALIN LA

S

SAIZEN
SANCTURA
SEREVENT
SIMVASTATIN
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC

T

TARKA
TAZTIA XT
TEGRETOL XR
TEMAZEPAM
TEVETEN
TEVETEN HCT
TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TRAVATAN
TRILEPTAL
TRICOR
TRUSOPT

U

V

VALTrex
VENTOLIN HFA
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VIGAMOX OPHTHALMIC
VESICARE
VYTORIN

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

Z

ZANTAC SYRUP
ZETIA
ZOFRAN
ZOFRAN ODT
ZOLPIDEM
ZOMIG
ZOMIG NASAL SPRAY
ZOMIG-ZMT
ZYMAR OPHTHALMIC
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D

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