MSN DRUG SWITCH LIST

Potential formulary switches based on prescription activity. These switches are based on therapeutic categories included on the formulary. They may not be applicable to specific patients.

PRESCRIBED DRUG NAME	BRAND NAME or LOW COST BRAND (For Reference Purposes Only)	FORMULARY ALTERNATIVE	COMMENTS
3CC LUER-LOK		INSULIN SYRINGES	
3CC SYRINGE		INSULIN SYRINGES	
ACCU-CHEK		TRUE TRACK	
ACCUSURE		INSULIN SYRINGES	
ACEBUTOLOL	TENORMIN	ATENOLOL	
ACETAZOLAMIDE	DIAMOX	ACETAZOLAMIDE	
ACETYLCYSTEINE		Non-formulary	
ACTICIN		PYRETHRINS	
ACTIVE LIFE		ACTIVE LIFE (Ostomy supply)	
ACTONEL		ALENDRONATE (PA required)	CHANGED TO APPROPRIATE FORM ALT
ACTOS		INSULIN (PA required)	CHANGED TO APPROPRIATE FORM ALT AFTER TRYING METFORMIN AND SULFONYLUREAS
ACYCLOVIR	ZOVIRAX	ACYCLOVIR	
ADVAIR DISKUS		FLUTICASONE/SALMETEROL	
AEROBID	QVAR	BECLOMETHASONE	
AEROBID-M	QVAR	BECLOMETHASONE	
AFEDITAB CR	ADALAT CC	NIFEDIPINE	
AK-CON	AK-CON	NAPHAZOLINE	
AK-PENTOLATE		OUT OF SCOPE	
ALB INS SYRG		INSULIN SYRINGE	
ALBUTEROL		ALBUTEROL	
ALDARA		Non-formulary	
ALLANFILLENZYME		OUT OF SCOPE	
ALLOPURINOL	ZYLOPRIM	ALLOPURINOL	
ALOXI		Non-formulary	
ALPHAGAN P	ALPHAGAN	BRIMONIDINE	
ALREX	ECONOPRED	PREDNISOLONE	
ALTACE	CAPOTEN	CAPTOPRIL	
ALUPENT	ALUPENT	METAPROTERENOL	
AMANTADINE		Non-formulary	
AMES GLU SYS		TRUE TRACK	
AMIDRINE		OUT OF SCOPE	
AMIODARONE	CORDARONE	AMIODARONE	
AMITIZA		OUT OF SCOPE (Suggest OTC laxatives)	
AMITRIPTYLINE		Benefit exclusion (PA required)	APPROVED BY PA FOR **NEUROPATHIC PAIN** ONLY.
AMLODIPINE/BENAZEPRIL		NIFEDIPINE SR OR OTHER CALCIUM CHANNEL BLOCKER	
AMLODIPINE	ADALAT CC	NIFEDIPINE SR	
AMOX/CLAV K	AUGMENTIN	AMOX/CLAV K	
AMOXICILLIN	AMOXIL	AMOXICILLIN	If request after 2 courses of Rx,then deny since alternate Rx needed XIV. GI has H. Pylori regimen of bismuth +Metronidazole +tetracycline for 14 days with a QL of 56 each. This regimen is >90% effective. (American College of Gastroenterology) For further reference, and information for physician, this regimen is – Bismuth 525mg QID Metronidazole 500mg QID Tetracycline 500mg QID Usually given with Omeprazole 20mg BID for 7-14 days
AMPICILLIN	PRINCIPEN	AMPICILLIN	
ANAGRELIDE		Non-formulary	
APAP/CODEINE		HYDROCODONE/APAP (REQUIRES PA)	
ARIMIDEX	ARIMIDEX	ARIMIDEX (CHEMOTHERAPY)	
AROMASIN		AROMASIN (CHEMOTHERAPY)	
ASACOL	ASACOL	MESALAMINE	
ASCENSIA		LANCETS	
ATACAND		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
ATACAND HCT		LOSARTAN/HCTZ	PA Required -- See PA Criteria
ATENOLOL	TENORMIN	ATENOLOL	
ATROPINE SUL		Non-formulary	
ATROVENT HFA Inhaler	ATROVENT Inhaler	IPRATROPIUM Inhaler	
AUGMENTIN	AUGMENTIN	AMOX/CLAV K	
AVALIDE		CAPTOPRIL/HCT, BENAZEPRIL/HCT, LISINOPRIL/HCT	CHANGED TO APPROPRIATE FORM ALT
AVANDIA		INSULIN (PA required)	CHANGED TO APPROPRIATE FORM ALT AFTER TRYING METFORMIN AND SULFONYLUREAS
AVAPRO		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
AVASTIN		AVASTIN (Chemotherapy)	
AVELOX	CIPRO	CIPROFLOXACIN	
AVELOX ABC	CIPRO	CIPROFLOXACIN	
AZATHIOPRINE		OUT OF SCOPE	
AZITHROMYCIN	ZITHROMAX	AZITHROMYCIN	
AZMACORT	QVAR	BECLOMETHASONE	
BACIT/POLYMY		BACITRACIN / POLYMYXIN	
BACITRACIN		BACITRACIN	
BACLOFEN		OUT OF SCOPE	
B-D INS SYRG		INSULIN SYRINGE	
B-D MF SYRG		INSULIN SYRINGE	
BD NEEDLES		NEEDLE	
BD TEST		TRUE TRACK	
BD UF MINI		LANCETS	
BD UF SHORT		LANCETS	
BD ULT FINE		LANCETS	
BELLA ALK/PB		Non-formulary (Suggest Ibuprofen)	
BENAZEP/HCTZ	LOTENSIN HCT	BENAZEPRIL/HCTZ	

MSN Drug Formulary Switch List

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BENAZEPRIL	LOTENSIN	BENAZEPRIL	
BENICAR		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
BENZTROPINE		Non-formulary	
BETHANECHOL	URECHOLINE	BETHANECHOL	
BETIMOL		Timolol ophthalmic or other beta blocker ophthalmics	
BISOPROLOL FUMARATE	TENORMIN	ATENOLOL	
BLEPHAMIDE		Sulfacetamide and prednisolone ophthalmic	
BLOOD GLUCOS		TRUE TRACK	
BMT (Bism,Metr,TET)	Helidac	Use 3 separate RXs (Bismuth Subsalicylate 525mg; Metronidazole 250mg; Tetracycline 500mg)	3 separate drugs- 4 times a day x 14 days
BRIMONIDINE	ALPHAGAN	BRIMONIDINE	
BROMOCRIPTINE		Non-formulary	
CABERGOLINE		Non-formulary (PA for pituitary adenoma)	
CALCITRIOL		Non-formulary (PA for parathyroid disease))	
CAMPTOSAR	CAMPTOSAR	IRINOTECAN (Cancer chemotherapy)	
CAPTOPRIL	CAPOTEN	CAPTOPRIL	
CARAFATE		Non-formulary (suggest H2 blocker or Omeprazole OTC)	
CARB/LEVO		Non-formulary	
CARB/LEVO ER		Non-formulary	
CARBAMAZEPINE	TEGRETOL	CARBAMAZEPINE	
CARBATROL	TEGRETOL	CARBAMAZEPINE	
CARTIA XT	TIAZAC	DILTIAZEM SR	
CASODEX		BICALUTAMIDE (chemotherapy)	
CATAPRES-TTS Patches		CLONIDINE	
CEFACLOR	CECLOR	CEFACLOR	
CEPHALEXIN	KEFLEX	CEPHALEXIN	
CHLORPROPAM	MICRONASE	GLYBURIDE	
CHLORTHALIDONE		HYDROCHLOROTHIAZIDE	
CHO MAG TRIS		Non-formulary (Suggest Ibuprofen)	
CHOLESTYRAMINE		Non-formulary (suggest Lovastatin or Simvastatin)	
CHROMAGEN		Non-formulary (suggest OTC Ferrous Sulfate)	
CIPRO HC		OFLOXACIN OTIC	
CIPROFLOXACIN	CIPRO	CIPROFLOXACIN	
CISPLATIN INJAQ	PARAPLATIN	CISPLATIN (Cancer chemotherapy)	
CLARITHROMYCIN		AZITHROMYCIN	
CLINDAMYCIN		CLINDAMYCIN	
CLONAZEPAM TAB2MG	KLONOPIN	CLONAZEPAM (PA required)	APPROVED BY PA FOR **SEIZURES ONLY.** Options: Discontinue Clonazepam slowly at a rate of 2-5% every other week, change to an anti-anxiety agent on a generic discount programs in various retail pharmacies, refer to a PAP program, or reevaluate therapy
CLONIDINE TAB 0.3MG	CATAPRES	CLONIDINE	
CLOTRIMAZOLE	LOTRIMIN	CLOTRIMAZOLE	
COLAZAL CAP750MG	ASACOL	MESALAMINE	
COLCHICINE TAB 0.6MG	COLCHICINE	COLCHICINE	
COMBIVENT AER		ALBUTEROL & IPRATROPIUM Separately	
COMTAN		Non-formulary (Suggest Carbidopa / Levodopa - Non-formulary)	
CONDYLOX		OUT OF SCOPE	
CONSTULOSE		Non-formulary (PA for hepatic encephalopathy)	
COREG		ATENOLOL or other Beta Blockers	
CORTEF TAB5MG		HYDROCORTISONE	
COSOPT		DORZOLOMIDE-TIMOLOL	
COUMADIN TAB7.5MG		WARFARIN	
COZAAR		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
CREON 10		Non-formulary	
CREON 20		Non-formulary	
CROMOLYN SOD	INTAL	CROMOLYN SOD	
CVS BLOOD		Non-formulary	
CVS INS SYR		INSULIN SYRINGES	
CVS LANCETS		LANCETS	
CYCLOPENTOLATE		OUT OF SCOPE	
CYCLOPHOSPHAMIDE	LEUKERAN	CYCLOPHOSPHAMIDE (Cancer chemotherapy)	
CYTOMEL		LIOTHYRONINE	
DELATESTRYL		OUT OF SCOPE	
DEPAKOTE		Valproic acid	
DEPAKOTE ER		Valproic acid	
DESMOPRESSIN		Non-formlary	
DEX/NEO/POLY		BACITRACIN / POLYMYXIN (Neomycin is topically sensitizing.)	
DEXAMETH PHO	OCU-DEX	DEXAMETHASONE	
DEXAMETHASONE	OCU-DEX	DEXAMETHASONE	
DIAMOX	DIAMOX	ACETAZOLAMIDE	
DIASTIX		Non-formulary (Suggest True Track meter/strips)	
DIAZEPAM		Benefit exclusion	
DICLOFENAC	MOTRIN	IBUPROFEN	
DICLOXACILLIN	DYNAPEN	DICLOXACILLIN	
DICYCLOMINE	BENTYL	OUT OF SCOPE	
DIFLUNISAL		IBUPROFEN	
DIGITEK	LANOXIN	DIGOXIN	
DIGOXIN	LANOXIN	DIGOXIN	
DILANTIN	DILANTIN	PHENYTOIN	
DILT-CD	TIAZAC	DILTIAZEM SR	
DILTIA XT	TIAZAC	DILTIAZEM SR	
DILTIAZEM	CARDIZEM	DILTIAZEM	
DILT-XR	TIAZAC	DILTIAZEM SR	
DIOVAN		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
DIOVAN HCT		LOSARTAN/HCTZ	PA Required -- See PA Criteria
DIPHENOXYLATE/ATROPINE	LOMOTIL	Non-formulary (suggest OTC Imodium)	
DOVONEX		OUT OF SCOPE	
DOXAZOSIN		DOXAZOSIN	
DOXYCYCLINE HYCLATE	PERIOSTAT	DOXYCYCLINE	
DRAIN POUCH		Ostomy product	
DURADRIN		OUT OF SCOPE	

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EASYTEST		TRUE TRACK	
EASYTEST II		TRUE TRACK	
EES/SULFISOX	SEPTRA	SMZ-TMP	
ELOXATIN	PARAPLATIN	CISPLATIN (Cancer chemotherapy)	
EMEND		Non-formulary	
ENALAPRIL	CAPOTEN	CAPTOPRIL	
ENDOCET		HYDROCODONE/APAP (REQUIRES PA)	
ENTOCORT EC	DELTASONE	PREDNISONE	
ENULOSE		OUT OF SCOPE	
EPIFRIN		Non-formulary	
EPIPEN	EPIPEN, -JR	EPINEPHRINE	
EPIPEN 2-PAK	EPIPEN	EPINEPHRINE	
EPITOL	TEGRETOL	CARBAMAZEPINE	
EPOGEN		EPOGEN	
EQL LANCETS		LANCETS	
ERBITUX		ERBITUX (CHEMOTHERAPY)	
ERGOTAMINE/CAFFEINE	CAFERGOT	OUT OF SCOPE	
ERY-TAB	ERYC	ERYTHROMYCIN	
ERYTHROCIN		ERYTHROMYCIN	
ERYTHROMYCIN		ERYTHROMYCIN	
ETHAMBUTOL	MYAMBUTOL	ETHAMBUTOL	
ETOPOSIDE	TOPOSAR	ETOPOSIDE (cancer chemotherapy)	
EURAX		Non-formulary	
EVISTA		EVISTA (Chemotherapy)	
E-Z JECT		LANCETS	
FAMOTIDINE	TAGAMET	CIMETIDINE	
FAMVIR	ZOVIRAX	ACYCLOVIR	
FASTTAKE		TRUE TRACK	
FELODIPINE	PLENDIL	FELODIPINE	
FEMARA		FEMARA (chemotherapy)	
FENTANYL		OXYCODONE ER (REQUIRES PA)	
FINASTERIDE		Non-formulary (Suggest Prazosin, Doxazosin for BPH)	
FLOMAX		Non-formulary (Suggest Prazosin, Doxazosin for BPH)	
FLUCONAZOLE	DIFLUCAN	FLUCONAZOLE	
FLUDROCORTISONE	FLORINEF	FLUDROCORTISONE	
FLUOCINOLONE ACETONIDE		Non-formulary (Suggest Hydrocortisone for scalp)	
FLUOCINONIDE	ARISTOCORT	TRIAMCINOLONE	
FLUOROMETHOLONE		PREDNISOLONE	
FLUOR-OP		PREDNISOLONE	
FLUOROURACIL	ADRUCIL	FLUOROURACIL (Cancer chemotherapy)	
FLUTICASONE	FLONASE	FLUTICASONE	
FOLIC ACID		Non-formulary (Suggest Folic Acid OTC)	
FREESTYLE		TRUE TRACK	
FUROSEMIDE	LASIX	FUROSEMIDE	
GABAPENTIN	TEGRETOL	CARBAMAZEPINE	
GABITRIL	TEGRETOL	CARBAMAZEPINE	
GEMZAR		GEMCITABINE (Cancer chemotherapy)	
GENTAK		ERYTHROMYCIN	
GENTAMICIN		ERYTHROMYCIN	
GENTLE TOUCH		TRUE TRACK	
GLEEVEC	GLEEVEC	IMATINIB	
GLIPIZIDE	GLUCOTROL	GLIPIZIDE	
GLUCO DEX		TRUE TRACK	
GLUCO ELITE		TRUE TRACK	
GLUCOVANCE		GLYBURIDE/METFORMIN	
GLYBURIDE/METFORM		GLYBURIDE/METFORM	
GLYSET		Non-formulary (Suggest Metformin, Sulfonylurea, Insulin)	
GNP LANCETS		LANCETS	
GUANFACINE	CATAPRES	CLONIDINE	
HALOPERIDOL	HALDOL	OUT OF SCOPE	
HECTOROL		Non-formulary (PA for parathyroidism)	
HEPSERA		Non-formulary	
HUMALOG	HUMALOG	INSULIN LISPRO	
HUMALOG MIX	HUMALOG	INSULIN LISPRO	
HUMALOG PEN		PENS - Non-formulary	
HUMIBID		OUT OF SCOPE	
HUMULIN		HUMAN INSULIN	
HUMULIN N		HUMAN INSULIN	
HUMULIN PEN		PENS - Non-formulary	
HUMULIN R		HUMAN INSULIN	
HYDRALAZINE	APRESOLINE	HYDRALAZINE	
HYDROCHLOROT		HYDROCHLOROTHIAZIDE	
HYDROCO/APAP		HYDROCO/APAP (REQUIRES PA)	
HYDROCORT		HYDROCORTISONE	
HYDROMORPHON	OXYCONTIN	OXYCODONE ER (REQUIRES PA)	
HYDROXYCHLOROQUINE	PLAQUENIL	HYDROXYCHLOROQUINE	
HYDROXYUREA		HYDROXYUREA (Cancer chemotherapy)	
HYDROXYZ HCL		Benefit exclusion	
HYZAAR		LOSARTAN/HCTZ	PA Required -- See PA Criteria
INDAPAMIDE	HYDROCHLOROT	HYDROCHLOROTHIAZIDE	
INDOMETHACIN	MOTRIN	IBUPROFEN	
INSULIN SYRG		INSULIN SYRG	
IOPIDINE	ALPHAGAN	BRIMONIDINE	
IPRATROPIUM	ATROVENT	IPRATROPIUM	
ISOPTO HOMATROPINE		Non-formulary	
ISORDIL	ISORDIL	ISOSORBIDE	
ISOSORB DIN	ISORDIL	ISOSORBIDE DINITRATE	
ISOSORB MONO		Non-formulary	
JANTOVEN	COUMADIN	WARFARIN	
KEPPRA	TEGRETOL	CARBAMAZEPINE	
KETOCARE		Non-formulary (Acetone/Ketone test diagnostic)	
KETOCONAZOLE		FLUCONAZOLE	
KLOR-CON 10		POTASSIUM CHLORIDE 10 mEq TAB	
KLOR-CON 8		POTASSIUM CHLORIDE 8mEq TAB	
KLOR-CON M10		POTASSIUM CHLORIDE Microencapsulated 10meq	

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KLOR-CON M20		POTASSIUM CHLORIDE Microencapsulated 20meq	
KU-ZYME		OUT OF SCOPE	
KU-ZYME-HP		OUT OF SCOPE	
KYTRIL		ONDANSETRON (REQUIRES PA)	
LABETALOL		OUT OF SCOPE	
LACTULOSE		Non-formulary (PA required for hepatic encephalopathy)	
LAMICTAL	TEGRETOL	CARBAMAZEPINE	
LANCETS		LANCETS	
LANCETS THIN		LANCETS THIN	
LANOXIN		DIGOXIN	
LANTUS	LANTUS	INSULIN GLARGINE	
LAPASE		OUT OF SCOPE	
LEUCOVORIN		LEUCOVORIN (Cancer chemotherapy)	
LEUKERAN		CHLORAMBUCIL(Cancer chemotherapy)	
LEVAQUIN		CIPROFLOXACIN	
LEVOTHROID TAB137MCG	SYNTHROID	LEVOTHYROXINE	
LEVOTHYROXINE TAB75MCG	SYNTHROID	LEVOTHYROXINE	
LEVOXYL TAB25MCG	SYNTHROID	LEVOTHYROXINE	
LIBERTY		Non-formulary	
LIPRAM-PN20		OUT OF SCOPE	
LIPRAM-UL12		OUT OF SCOPE	
LIPITOR		SIMVASTATIN	
LISINOPRIL TAB20MG	ZESTRIL, PRINIVIL	LISINOPRIL	Once daily drug & have multiple doses available
LONOX		Non-formulary (Suggest OTC anti-diarrheals)	
LORAZEPAM		Benefit exclusion	
LOTEMAX	ECONOPRED	PREDNISOLONE	
LOTREL		OUT OF SCOPE (suggest Nifedipine SR or other Calcium Channel Blocker)	
LOVENOX	FRAGMIN	DALTEPARIN (REQUIRES PA)	
LOVASTATIN		OK for LDL lowering less than 34%. Simvastatin if requires more than 34% LDL lowering.	80 mg is infrequently used. Higher dose can lead to myopathy. Consider Simvastatin to achieve >34% LDL lowering.
LUMIGAN		TRAVOPROST	
LUPRON DEPOT	LUPRON	LEUPROLIDE	
LYRICA	TEGRETOL	CARBAMAZEPINE	
MARINOL		Non-formulary	
MATULANE	MATULANE	PROCARBAZINE	
MAXAIR AUTOHALER	PROAIR HFA	ALBUTEROL HFA INHALER	
MEBENDAZOLE	MINTEZOL	THIABENDAZOLE	
MEDIC INS SY		INSULIN SYRINGES	
MEGESTROL ACETATE	MEGACE	MEGESTROL	
MEPHYTON		Non-formulary	
MERCAPTOPURINE	PURINETHOL	MERCAPTOPURINE	
MESTINON	MESTINON	PYRIDOSTIGMINE	
METFORMIN		METFORMIN	
METHADONE		OXYCODONE ER (REQUIRES PA)	
METHIMAZOLE	TAPAZOLE	METHIMAZOLE	
METHOCARBAMOL		OUT OF SCOPE	
METHOTREXATE		METHOTREXATE	
METHYLDOPA	ALDOMET	METHYLDOPA	
METOCLOPRAMIDE	REGLAN	METOCLOPRAMIDE	
METOLAZONE	HYDRODIURIL	HYDROCHLOROTHIZIDE	
METOPRL/HCTZ	TENORETIC	ATENOLOL/CHLORTHALIDONE	
METOPROLOL	TOPROL	METOPROLOL	
METRONIDAZOLE	FLAGYL	METRONIDAZOLE	
MEXILETINE		Non-formulary (see anti-arrhythmics on formulary)	
MICARDIS		LOSARTAN, LOSARTAN/HCTZ	PA Required -- See PA Criteria
MICARDIS HCT		LOSARTAN/HCTZ	PA Required -- See PA Criteria
MIGQUIN		OUT OF SCOPE	
MIGRATINE		OUT OF SCOPE	
MIRAPEX		Non-formulary	
MIRTAZAPINE		Benefit exclusion	
MISOPROSTOL		Non-formulary (Suggest Omeprazole OTC)	
MOEXIPRIL/HCTZ	PRINZIDE	LISINOPRIL/HCTZ	
MOEXIPRIL	CAPOTEN	CAPTOPRIL	
MONOLET		LANCETS	
MORPHINE SUL	ROXICODONE	OXYCODONE (REQUIRES PA)	
NAPHAZOLINE	AK-CON	NAPHAZOLINE	
NAVELBINE	NAVELBINE	VINORELBINE (Cancer chemothrapy)	
NEO/POLY/DEX		BACITRACIN / POLYMYXIN	
NEO/POLY/HC		BACITRACIN / POLYMYXIN	Neomycin causes topical sensitization: use Polymyxin/bacitracin. Separate Hydrocortisone tube available as OTC
NEOMYCIN		BACITRACIN / POLYMYXIN	
NEUPOGEN		NEUPOGEN (REQUIRES PA)	
NEXAVAR		SORAFENIB (chemotherapy)	
NIFEDIAC CC	ADALAT CC	NIFEDIPINE SR	
NIFEDICAL XL	ADALAT CC	NIFEDIPINE SR	
NIFEDIPINE	ADALAT CC	NIFEDIPINE SR	
NITROFUR	MACRODANTIN	NITROFURANTOIN	
NITROFURANTN	MACRODANTIN	NITROFURANTOIN	
NITROGLYCERIN	NITROSTAT	NITROGLYCERIN	
NITROQUICK	NITROSTAT	NITROGLYCERIN SL	
NORETHINDRONE ACETATE		OUT OF SCOPE	
NOROXIN	CIPRO	CIPROFLOXACIN	
NOVOLIN		HUMAN INSULIN (PENS - Non-formulary)	
NOVOLIN N		HUMAN INSULIN (PENS - Non-formulary)	
NOVOLIN R		HUMAN INSULIN (PENS - Non-formulary)	
NOVOLOG		INSULIN ASPART (PENS - Non-formulary)	
NYSTATIN	MYCOSTATIN	NYSTATIN	
OFLOXACIN	CIPRO	CIPROFLOXACIN	
ONDANSETRON	ZOFRAN	ONDANSETRON (REQUIRES PA)	
ONE TOUCH		LANCETS	
ONE TOUCH US		LANCETS	
OSMOPREP		Non-formulary (Suggest OTC bowel preps)	

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OXYBUTYNIN	DITROPAN	OXYBUTYNIN	
OXYCOD/APAP		HYDROCODONE/APAP (REQUIRES PA)	
OXYCODONE ER	OXYCONTIN	OXYCODONE ER (REQUIRES PA)	
OXYCODONE IR	Roxicodone	OXYCODONE IR TABLETS	
PACERONE	PACERONE	AMIODARONE	
PALCAPS 20		OUT OF SCOPE	
PANCREASE MT		OUT OF SCOPE	
PANGES CN 20		OUT OF SCOPE	
PANGESTYM EC		OUT OF SCOPE	
PEGASYS		Non-formulary	
PENICILLN VK	PEN VEE K	PENICILLIN VK	
PENTASA	ASACOL	MESALAMINE	
PENTOXIFYLLINE		Non-formulary	
PERMETHRIN		PYRETHRIN	
PHENAZOPYRIDINE	PYRIDIUM	PHENAZOPYRID	
PHENOBARBITAL		PHENOBARBITAL	
PHENYTOIN SOD		PHENYTOIN SODIUM	
PHENYTEK	DILANTIN	PHENYTOIN	
PHENYTOIN EX	DILANTIN	PHENYTOIN	
PILOCAR		Non-formulary (See Glaucoma Agents on the formulary)	
PILOCARPINE		Non-formulary (See Glaucoma Agents on the formulary)	
PLAVIX TAB 75MG	PLAVIX	CLOPIDOGREL (REQUIRES PA)	
PLENDIL	PLENDIL	FELODIPINE	
POT CHLORIDE		POTASSIUM CHLORIDE	
PRANDIN		Non-formulary (Suggest Metformin, Sulfonylurea, Insulin)	
PRAVASTATIN		SIMVASTATIN	
PRAZOSIN HCL	MINIPRESS	PRAZOSIN	
PRECISION		TRUE TRACK	
PRECOSE		Non-formulary (Suggest Metformin, Sulfonylurea, Insulin)	
PREDNISOLONE	PRED-MILD, PRED-FORTE	PREDNISOLONE	
PREDNISONE	DELTASONE	PREDNISONE	
PREMARIN		Benefit exclusion	
PRES SMART		LANCETS	
PRESTIG SMRT		TRUE TRACK	
PRESTIGE		TRUE TRACK	
PREVACID		OMEPRAZOLE OTC	
PRIMIDONE	TEGRETOL	CARBAMAZEPINE	
PROAIR HFA		(Generic ALBUTEROL inhaler not available as of 1/1/2009)	
PROBENECID/COLCHICINE		COLCHICINE AND/OR ALLOPURINOL	
PROBENECID		COLCHICINE AND/OR ALLOPURINOL	
PROCHLORPERAZINE		PROCHLORPERAZINE - for intractable nausea/vomiting only	
PROCRIT		PROCRIT (REQUIRES PA)	
PROMETHAZINE		ONDANSETRON (REQUIRES PA)	
PROMETHEGAN		ONDANSETRON (REQUIRES PA)	
PROPO-N/APAP		HYDROCODONE/APAP (REQUIRES PA)	
PROPRANOLOL	INDERAL	PROPRANOLOL	
PROPYLTHIOURACIL	PTU	PROPYLTHIOURACIL	
PROTONIX		OMEPRAZOLE OTC	
PROVENTIL	ProAir HFA	(Generic ALBUTEROL inhaler not available as of 1/1/2009)	
PULMICORT	QVAR	BECLOMETHASONE	
PYRIDOSTIGMINE	MESTINON	PYRIDOSTIGMINE	
QUALAQUIN	PLAQUENIL	HYDROXYCHLOROQUINE	
QUINAPRIL	LOTENSIN	BENAZEPRIL	
QUININE SULF	PLAQUENIL	HYDROXYCHLOROQUINE	
QUIXIN		CIPROFLOXACIN	
QVAR		BECLOMETHASONE	
RA LANCETS		LANCETS	
RELION		HUMULIN (PENS - Non-formulary)	
RELION N		HUMULIN N (PENS - Non-formulary)	
RELION R		HUMULIN R (PENS - Non-formulary)	
RELION THIN		LANCETS	
REQUIP		Benefit exclusion	
RIBAVIRIN		Non-formulary	
RIFAMPIN	RIMACTANE	RIFAMPIN	
RITUXAN	RITUXAN	RITUXAN (Cancer chemotherapy)	
RYTHMOL SR		Non-formulary	
SAIZEN		OUT OF SCOPE	
SALSALATE		IBUPROFEN	
SEREVENT DIS	ADVAIR	FLUTICASONE/SALMETEROL	
SILVER SULFADIAZINE		Non-formulary	
SINGULAIR		Non-formulary (Suggest QVAR for asthma)	
SKIN BARRIER		SKIN BARRIER (Ostomy supply)	
SMZ/TMP DS	SEPTRA, BACTRIM	SMZ/TMP	
SMZ-TMP	SEPTRA, BACTRIM	SMZ/TMP	
SOBA LANCETS		LANCETS	
SOD CHLORIDE		Non-formulary	
SODIUM SULFACETAMIDE		Non-formulary	
SOFT TOUCH		LANCETS	
SOFTCLIX		LANCETS	
SOTALOL HCL	INDERAL	PROPRANOLOL	
SPIRIVA		IPRATROPIUM	
SPIRONO/HCTZ	MAXZIDE-25	TRIAMT/HCTZ	
SPIRONOLACTONE	ALDACTONE	SPIRONOLACTONE	
SSD		Non-formulary	
SSKI		Non-formulary	
STARLIX		Non-formulary (Suggest metformin, Sulfonylurea, Insulin)	
STOMAHESIVE		STOMAHESIVE (Ostomy supply)	
SUCRALFATE		Non-formulary (Suggest H2 blocker)	
SULF/PRED NA		Non-formulary	
SULFACET SOD	BLEPH-10	SULFACETAMIDE	
SULFASALAZINE	ASACOL	MESALAMINE	
SULFAZINE EC	ASACOL	MESALAMINE	
SUMYCIN		TETRACYCLINE	
SURESTEP		TRUE TRACK	
SUR-FIT 4X4		SUR-FIT 4X4 (Ostomy supply)	

MSN Drug Formulary Switch List

PRESCRIBED DRUG NAME	BRAND NAME or LOW COST BRAND (For Reference Purposes Only)	FORMULARY ALTERNATIVE	COMMENTS
SUR-FIT NATU		SUR-FIT NATU (Ostomy supply)	
SUTENT	SUTENT	SUNITINIB (chemotherapy)	
SYNTHROID		LEVOTHYROXINE	
TAMOXIFEN	NOLVADEX	TAMOXIFEN (Chemotherapy)	
TAZORAC		OUT OF SCOPE	
TAZTIA XT	TIAZAC	DILTIAZEM SR	
TEBAMIDE		ONDANSETRON (REQUIRES PA)	
TECHLITE		LANCETS	
TEGRETOL XR		CARBAMAZEPINE	
TEMAZEPAM		NON-BENEFIT	
TEMODAR	TEMODAR	TEMOZOLOMIDE (Chemotherapy)	
TERAZOSIN	MINIPRESS	PRAZOSIN	
TERBUTALINE	BRETHAIRE	TERBUTALINE	
TESTOST CYP		Benefit exclusion	
TETRACYCLINE		TETRACYCLINE	
THALOMID		Non-formulary	
THEOPHYLLINE		THEOPHYLLINE	
THERMAZENE		Benefit exclusion	
THIN LANCETS		LANCETS	
TIMOLOL GEL	BETIMOL	TIMOLOL	
TIMOLOL MALEATE	BETIMOL	TIMOLOL	
TOBRADEX		Non-formulary (See Ophthalmic antibacterials and corticosteroids)	
TOBRAMYCIN		Non-formulary (See antibacterials)	
TOPAMAX	TOPIRAMATE	TOPAMAX	
TOPROL XL	TOPROL XL	METOPROLOL XL	
TRAMADOL HCL	OXYCONTIN	OXYCODONE ER (REQUIRES PA)	
TRANDOLAPRIL TAB4MG	CAPOTEN	CAPTOPRIL	
TRAVATAN	TRAVATAN	TRAVOPROST	
TRAVATAN Z	TRAVATAN	TRAVOPROST	
TRIAM/HCTZ	MAXZIDE, DYAZIDE	TRIAMT/HCTZ	
TRIAMCINOLONE	ARISTOCORT	TRIAMCINOLON	
TRICOSAL		Non-formulary (Suggest Ibuprofen)	
TRIFLURIDINE		OUT OF SCOPE	
TRIHEXYPHEN	ARTANE	Non-formulary	
TRILEPTAL	TEGRETOL	CARBAMAZEPINE	
TRIMETHOBENZ		ONDANSETRON (REQUIRES PA)	
TRIMETHOPRIM	TRIMPEX	TRIMETHOPRIM	
TRUETRACK		TRUETRACK	
ULTILET		LANCETS	
ULTIMA		TRUE TRACK	
ULTRA THIN		LANCETS	
UNILET EX II		TRUE TRACK	
URSODIOL		Non-formulary	
VALPROIC ACD	DEPAKENE	VALPROIC ACD	
VALTREX	ZOVIRAX	ACYCLOVIR	
VALUE PLUS		LANCET	
VANCOMYCIN	VANCOCIN	Non-formulary (require PA -- only for resistance staph)	
VENLAFAXINE		Benefit exclusion	
VENTOLIN HFA	ProAir HFA	(Generic ALBUTEROL inhaler not available as of 1/1/2009)	
VERAPAMIL	CALAN, ISOPTIN	VERAPAMIL	
VERELAN PM	CALAN SR	VERAPAMIL SR	
VIAGRA		Benefit exclusion	
VINORELBINE	NAVELBINE	VINORELBINE (Cancer chemotherapy)	
VIOKASE 16		OUT OF SCOPE	
VIOKASE 8		OUT OF SCOPE	
VITALET 26		LANCETS	
WARFARIN	COUMADIN	WARFARIN	
XALATAN		TRAVOPROST	
XELODA		CAPECITABINE	
XOPENEX	ProAir HFA	ALBUTEROL HFA INHALER	
ZIOX		Non-formulary	
ZOLPIDEM		Benefit exclusion	
ZONISAMIDE CAP100MG	TEGRETOL	CARBAMAZEPINE	
ZOVIRAX		ACYCLOVIR	
ZYVOX		Non-formulary (PA only for Vancomycin resistant enterococcus)	