Third Quarter 2004: Deletions from the Preferred Drug Lists for the State Health Plan and MUSC Options

CHAPTER	CHEMICAL	TRADE NAME	STATE HEALTH PLAN (Rx Selections)	MUSC OPTIONS (PPF Incentive)	EFFECTIVE DATE
ANTIBIOTICS	OFLOXACIN	OCUFLOX	X	X	9/30/2004
BETA-BLOCKERS	METIPRANOLOL	OPTIPRANOLOL	**not applicable**	X	9/30/2004
MONOPHASIC /BIPHASIC /TRIPHASIC AGENTS	L-NORGEST-ETH ESTR/PRG TST KIT	PREVEN	X	X	9/30/2004
ORAL HYPOGLYCEMIC AGENTS	GLIPIZIDE	GLUCOTROL XL	X	X	9/30/2004
OVULATORY STIMULANTS	UROFOLLITROPIN (FSH)	FERTINEX	X	X	9/30/2004
PHENOTHIAZINES	THIORIDAZINE HCL	ALL	X	X	9/30/2004
THYROID HORMONES	LIOTHYRONINE SODIUM	CYTOMEL	**not applicable**	X	9/30/2004
TOPICAL ANTIFUNGALS	CICLOPIROX	LOPROX LOTION 0.77%	**not applicable**	X	9/30/2004
TOPICAL ANTIFUNGALS	CICLOPIROX	LOPROX CREAM 0.77%	**not applicable**	X	9/30/2004
TOPICAL ANTIFUNGALS	CICLOPIROX	LOPROX GEL 0.77%	**not applicable**	X	9/30/2004
TOPICAL ANTIFUNGALS	CICLOPIROX OLAMINE	LOPROX CREAM 1%	**not applicable**	X	9/30/2004
VITAMINS & HEMATINICS	PRENATAL VIT/IRON,CARB/DOSS/FA	PRENATE ADVANCE	X	X	9/30/2004
VITAMINS & HEMATINICS	PRENATAL VIT/IRON,CARB/DOSS/FA	PRENATE GT	X	X	9/30/2004