

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare

**To:** Blood Banks, Dentists, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

## Changes to Pharmacy Policies Effective March 1, 2014

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to pharmacy policies effective for dates of service on and after March 1, 2014, unless otherwise noted.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to pharmacy policy changes effective for dates of service (DOS) on and after March 1, 2014, unless otherwise noted.

This *Update* provides an overview of changes to pharmacy policy regarding the following:

- Antipsychotic drugs for children 7 years of age and younger.
- Active Pharmaceutical Ingredients and Excipients.
- Multiple Sclerosis Agents, Immunomodulators.
- Prospective Drug Utilization Review.

For information about covered drugs, providers may refer to the following benefit plan-specific resources on the Pharmacy Resources page of the Providers area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/):

- Preferred Drug List Quick Reference.
- BadgerCare Plus Basic Plan Product List.
- BadgerCare Plus Benchmark Plan Product List.
- BadgerCare Plus Core Plan Brand Name Drugs Quick Reference.
- BadgerCare Plus Core Plan Product List.

This *Update* does not contain any coverage or policy changes for the Wisconsin AIDS Drug Assistance Program.

### Changes to Pharmacy-Related Forms and Completion Instructions

ForwardHealth no longer includes copies of the revised forms and completion instructions as attachments to pharmacy *Updates*. When applicable, each pharmacy *Update* includes an attachment listing the forms and completion instructions that are changing as a result of pharmacy policy changes. Attachment 1 of this *Update* lists the prior authorization (PA) forms and completion instructions that have been revised, renamed, or discontinued as a result of pharmacy policy changes. Providers should refer to the Forms page of the ForwardHealth Portal for current copies of these PA forms and completion instructions. Unless otherwise noted, all forms listed in the Attachment are effective March 1, 2014. Additional information regarding changes to clinical criteria or submission options is noted under the applicable pharmacy policy area in this *Update*.

### Archive Page for Pharmacy-Related Forms and Completion Instructions

Effective January 1, 2014, providers may reference the Pharmacy-Related Forms and Completion Instructions link under the Archives section on the Pharmacy Resources page of the ForwardHealth Portal for old versions of pharmacy-related forms and completion instructions. These archives

are provided for reference purposes only. Providers should refer to the Online Handbook for current policy and procedures and to the Forms page for current forms and completion instructions.

## **Changes to Antipsychotic Drugs for Children**

ForwardHealth has changed the age from 6 years of age and younger to 7 years of age and younger for PA of antipsychotic drugs for children. Changes also include revisions to PA, prescriber responsibilities, and pharmacy provider responsibilities.

All antipsychotic drugs prescribed for oral use for children 7 years of age and younger will require PA. On and after March 1, 2014, for children between the ages of 6 and 7 years old that are currently taking an antipsychotic medication that previously did not require PA will now need a PA for their antipsychotic medication. Providers are encouraged to submit a PA request for children between the age of 6 and 7 as soon as possible to avoid interruption in their therapy. Providers are reminded of the expedited emergency supply process, which will allow the dispensing of the drugs while the PA request is being processed. More information on the expedited emergency supply process can be found in the Pharmacy service area of the Online Handbook.

Prior authorization requests must meet the new criteria for children 7 years of age and younger to maintain coverage or begin the use of an antipsychotic drug.

### ***Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger Has Been Revised and Renamed***

Prior authorization requests for antipsychotic drugs for children 7 years of age and younger should be submitted using the revised and renamed Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form, F-00556 (03/14). This form was previously named the Prior Authorization Drug Attachment

for Antipsychotic Drugs for Children 6 Years of Age and Younger.

Approved PAs for antipsychotic drugs for children 6 and younger on file with ForwardHealth dated prior to March 1, 2014, will be honored until they expire or until the approved days' supply is used up. Claims submitted for an antipsychotic drug for children 7 years of age and younger without an approved Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger will be denied.

Providers should refer to the Preferred Drug List Quick Reference on the Pharmacy page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for a list of covered antipsychotic drugs. Prescribers are encouraged to write prescriptions for preferred antipsychotic drugs.

## ***Background***

Wisconsin Medicaid continues to monitor the use of antipsychotic medications in young children. Polypharmacy, lack of ongoing individual and family therapy, inattention to dosing limits, and increased medication use for children in foster care continue to be areas of concern. In addition to these concerns, the revised PA process aims to more closely scrutinize the prescribing of antipsychotic medications for mood disorders and the monitoring of metabolic effects of this class of medications.

The increased use of antipsychotic medications in young children over the past decade has been associated with the frequent use of the diagnosis of Bipolar Disorder, Not Otherwise Specified (NOS) (296.80) per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) in many of these children. A discussion and review of the issues in differentiating Bipolar Disorder, NOS and Disruptive Mood Dysregulation Disorder (DMDD) can be found in the *Journal of the American Academy of Child and Adolescent Psychiatry, Volume 52, Issue 5, May 5, 2013, pp.466-481* (Towbin, K. MD, Axelson, D. MD, Leibenluft, E. MD, Birmaher, B. MD. "Differentiating Bipolar Disorder-Not Otherwise Specified and Severe Mood Dysregulation."). There has been some

progress in the research of these clinical issues in recent years. Specifically the DSM-5 addresses the inclusion of DMDD (296.99). This evolved out of the observation that many children with a diagnosis of bipolar disorder do **not** progress to having bipolar disorder, NOS as adults thus bringing into question the use of antipsychotic medications for these children. Many of the children with DMDD (or severe mood dysregulation as referenced in several research studies) respond to stimulants and/or selective serotonin reuptake inhibitor antidepressants. Clinicians who prescribe antipsychotic medications to children with bipolar disorder, NOS diagnoses will need to become familiar with the details of the current research on differentiating DMDD from bipolar disorder, NOS.

Clinicians wishing to prescribe antipsychotic medications to children 7 years of age and younger need to be especially aware of the following two issues when submitting the revised PA:

- The signs, symptoms, and diagnostic criteria for bipolar disorder in children are highly controversial and often lead to antipsychotic medication use in children and adolescents. The development of the diagnostic concept of DMDD is an attempt to encourage clinicians to more carefully consider the diagnosis and treatment options for children with mood disorders.
- There are significant metabolic risks, including weight gain and diabetes, associated with the use of second generation antipsychotic medications. There are well-established guidelines for monitoring metabolic effects in children that will be required in this revised PA process. Clinicians will need to submit body mass index (BMI) percentile measurements with each PA and may need to submit additional lipid and glucose lab values for children with increased metabolic risks. For further details, reference the BMI information described under the Required Documentation section of this *Update*.

### ***Prescriber Responsibilities for Antipsychotic Drugs for Children 7 Years of Age and Younger***

If the child is 7 years of age or younger and requires an antipsychotic drug, the prescriber is required to complete the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form. Prior authorization request forms must be faxed, mailed, or sent with the member to the pharmacy provider. The pharmacy provider will use the completed form to submit a PA request to ForwardHealth. Prescribers should not submit Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form directly to ForwardHealth. Prescribers are required to retain a completed and signed copy of the PA form.

Prior authorization requests for covered antipsychotic drugs for children 7 years of age and younger are approved at the active ingredient level. Therefore, an approved PA allows any covered National Drug Code with the same active ingredient of the prior authorized drug to be covered with the same PA. For example, if a member has an approved PA for risperidone 1 mg tablets and the prescriber orders a new prescription for risperidone 2 mg tablets, an amended PA or new PA will not be required.

Brand medically necessary criteria require that a member try and fail more than one generic equivalent drug from different manufacturers prior to the brand product being approved. Providers may refer to the Online Handbook for more information about brand medically necessary policy.

#### ***Required Documentation***

The following factors will be considered for the approval of a PA request for antipsychotics for children 7 years of age and younger and must be documented on the PA request:

- Diagnoses — There are appropriate indications for the use of antipsychotic medications in young children with certain diagnoses including autism spectrum disorders, psychotic disorders, and tic disorders. Antipsychotic medications may also be helpful for severe symptoms of irritability, aggression, anger, or defiance that may

accompany severe mood disorders, developmental disorders, or attention deficit hyperactivity disorders (ADHD).

- Body mass index — Antipsychotic medications can have profoundly adverse effects on weight, glucose, and lipids. Because of these well-documented side effects, the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form requires the submission of a BMI percentile measurement with each PA request. Providers should note that this is a change from the previous PA request form in that the **percentile** measurement is now required as that is the standard for stratifying individuals as obese or at-risk for obesity and therefore requiring closer monitoring and active intervention. Children who have a BMI percentile measurement greater than or equal to 85 percent are at risk for diabetes and the metabolic syndrome associated with many antipsychotic medications. If the child's BMI percentile is 85 percent or greater, the PA must include a fasting lipid panel and a fasting glucose drawn within the past six months for the PA to be approved. A BMI percentile calculator is available and may be found on the Centers for Disease Control and Prevention Web site at [apps.nccd.cdc.gov/dnpabmi/](http://apps.nccd.cdc.gov/dnpabmi/).
- Target symptoms — To appropriately prescribe and track the use of antipsychotic medications, the prescriber needs to carefully identify the primary target symptom (or target symptom cluster) so that the family, mental health clinicians, teachers, and all involved adults can help clarify and determine the efficacy of the medication.
- Polypharmacy — The Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form requires the notation of any psychoactive medications, concurrent medications, as well as previous medication trials in the preceding 12 months.
- Specialty/consultation information — Wisconsin Medicaid and BadgerCare Plus are interested in tracking the availability of sub-specialty consultations from Child Psychiatrists for children receiving antipsychotic

medications as these medications are complicated and have many side effects and the children often present with very complicated diagnostic considerations.

- Preferred Drug List (PDL) — If the prescriber is requesting a non-preferred antipsychotic medication, clinical justification must be provided (e.g., failed trials of preferred medications including doses, length of treatment, clinical response, side effects, and/or target symptoms).

### ***Pharmacy Responsibilities for Antipsychotic Drugs for Children 7 Years of Age and Younger***

Pharmacy providers should ensure that they have received the completed Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form from the prescriber. Pharmacy providers should determine the ForwardHealth benefit plan in which the member is enrolled. After the benefit plan is confirmed, pharmacy providers should review the program-specific covered drug or product list. For Standard Plan and Medicaid members, pharmacy providers should review the Preferred Drug List Quick Reference for the most current list of preferred and non-preferred drugs. For Benchmark Plan members, pharmacy providers should review the BadgerCare Plus Benchmark Plan Product List.

If a Standard Plan or Medicaid member presents a prescription for a non-preferred antipsychotic drug, the pharmacy provider is encouraged to contact the prescriber to discuss preferred drug options. The prescriber may choose to change the prescription to a preferred antipsychotic drug, if medically appropriate for the member.

For Benchmark Plan members, if an antipsychotic drug is a noncovered drug, claims for the drug may be submitted to BadgerRx Gold.

It is important that pharmacy providers work with prescribers to ensure that members are given appropriate assistance regarding drug coverage information and the PA request submission process for antipsychotic drugs.

Pharmacy providers are responsible for the submission of the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger to ForwardHealth. Pharmacy providers are required to retain a completed and signed copy of the PA form.

Brand name antipsychotic drugs prescribed to children 7 years of age and younger that are brand medically necessary require a Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger to be submitted on the ForwardHealth Portal, by fax, or by mail with the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), F-11083 (07/12), and the Prior Authorization Request Form (PA/RF), F-11018 (05/13). Two unique PA numbers will be assigned for a brand medically necessary antipsychotic drug. One PA number will be assigned to the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger and the other will be assigned to the PA/BMNA.

#### *Prior Authorization Submission Methods*

Pharmacy providers are encouraged to use the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system to submit antipsychotic PA requests for members diagnosed with one of the following conditions:

- Attention deficit hyperactivity disorder *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 314.00-314.9).
- Autism spectrum disorder (ICD-9-CM codes 299.00-299.91).
- Tic disorder (ICD-9-CM codes 307.20-307.23).

Prior Authorization requests cannot be submitted using the STAT-PA system **if at least one** of the following is true:

- The diagnosis for the child is something other than ADHD, autism spectrum disorder, or tic disorder.
- The drug being requested is a non-preferred antipsychotic drug.
- The child is 2 years of age or younger.
- The PA is for a brand medically necessary antipsychotic drug.

- The child's BMI percentile is greater than or equal to the 85<sup>th</sup> percentile for the age of the child.

If the PA is not approved through the STAT-PA system, pharmacy providers are required to submit the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger form, and a PA/RF, and any supporting documentation from the prescriber via the ForwardHealth Portal, by fax, or by mail.

For Benchmark Plan members, all Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger forms must be submitted on either the ForwardHealth Portal, by fax, or by mail.

#### ***Approved Prior Authorizations for Antipsychotic Drugs for Children 7 Years of Age and Younger***

Neither a new PA request nor a PA amendment is needed if the antipsychotic drug the child is taking has changed and the new drug contains the same active ingredient as the original drug approved or if the child is taking multiple strengths of the same drug.

Prior authorization decision letters for antipsychotic drugs for children 7 years of age and younger will include a message stating:

The prior authorization for this drug has been approved at the active ingredient level instead of the drug strength and dosage form level. Additional PAs are not needed for a different strength of this same drug.

#### ***Expedited Emergency Supply for Antipsychotic Drugs for Children 7 Years of Age and Younger***

ForwardHealth strongly encourages pharmacy providers to utilize the expedited emergency supply process for antipsychotic drugs for children 7 years of age and younger when it is determined that the member should begin taking the medication immediately but the PA submission and

adjudication process would delay dispensing the medication to the member. This may occur if a child 7 years of age or younger receives a prescription for an antipsychotic covered drug and the prescriber has not completed the necessary PA form or the PA is still in process.

Expedited emergency supply requests for antipsychotic drugs will be granted for up to a 14-day supply. Members will be limited to receiving two expedited emergency supply requests of the same drug in 30 days from one pharmacy provider within a six-month time period. A PA is not required to be in process when the first expedited emergency supply request is submitted; however, before a second expedited emergency supply request for the same drug is submitted, a PA request must be submitted to ForwardHealth and be in the process of being adjudicated. Requests for a second expedited emergency supply must be submitted either on day 15 or day 16 after the initial request was submitted.

Refer to the Emergency Medication Dispensing topic (topic #1399) of the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the ForwardHealth Online Handbook for detailed information regarding expedited emergency medication supply and emergency medication supply options.

Emergency medication dispensing is not covered for the BadgerCare Plus Benchmark Plan.

### **Active Pharmaceutical Ingredients and Excipients**

ForwardHealth will cover certain active pharmaceutical ingredients (APIs) and excipients on compound drug claims. Refer to Attachment 2 for a new list of the currently covered APIs and excipients. This list can also be found on the Pharmacy page of the Providers area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/). The list may be revised at any time, so providers should refer to the Pharmacy Resources page of the Portal for the most current list.

An API is a bulk drug substance, which is defined by the Food and Drug Administration as any substance that is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient of the drug product. Excipients are inactive substances used in compounds.

Compound drugs are not covered by the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, or the BadgerCare Plus Basic Plan.

### **Multiple Sclerosis Agents, Immunomodulators**

ForwardHealth has revised criteria for approval of a PA requests for immunomodulators to treat Multiple Sclerosis (MS). Prior authorization requests for immunomodulators to treat MS may be submitted on the Prior Authorization / Preferred Drug List (PA/PDL) For Multiple Sclerosis (MS) Agents, Immunomodulators, F-00805 (07/13).

Pharmacy providers may submit PA requests for immunomodulators to treat MS using the STAT-PA system, on the ForwardHealth Portal, by fax, or by mail.

For Benchmark Plan, Core Plan, and Basic Plan members, providers should refer to the benefit plan-specific product lists on the Portal for the most current list of covered MS drugs.

### ***Clinical Criteria for Non-preferred Immunomodulators to Treat Multiple Sclerosis***

Clinical criteria for approval of a PA request for a non-preferred immunomodulator to treat MS are **both** of the following:

- At least **one** of the following is true:
  - ✓ The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with at least one of the preferred MS interferons: Avonex<sup>®</sup>, Betaseron<sup>®</sup>, or Rebif<sup>®</sup>.

- ✓ There is a clinically significant drug interaction between another drug the member is taking and at least one of the preferred MS interferons: Avonex<sup>®</sup>, Betaseron<sup>®</sup>, or Rebif<sup>®</sup>.
- ✓ The member has a medical condition(s) that prevents the use of at least one of the preferred MS interferons: Avonex<sup>®</sup>, Betaseron<sup>®</sup>, or Rebif<sup>®</sup>.
  - Requests must include detailed documentation regarding the member's medical condition and why it prohibits them from using the preferred MS interferons. Medical records should be provided as necessary to support the documentation of why the medical condition prohibits the use of the preferred MS interferons. Non-adherence to previous MS interferon treatment will not be considered as a reason that prohibits the use of the preferred MS interferons. Member or prescriber preference for the use of a non-preferred agent will not be considered as a reason that prohibits the use of the preferred MS interferons.
- At least **one** of the following is true:
  - ✓ The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with Copaxone<sup>®</sup>.
  - ✓ There is a clinically significant drug interaction between another drug the member is taking and Copaxone<sup>®</sup>.
  - ✓ The member has a medical condition(s) that prevents the use of Copaxone<sup>®</sup>.
    - Requests must include detailed documentation regarding the member's medical condition and why it prohibits them from using Copaxone<sup>®</sup>. Medical records should be provided as necessary to support the documentation of why the medical condition prohibits the use of Copaxone<sup>®</sup>. Non-adherence to previous Copaxone<sup>®</sup> treatment will not be considered as a reason that prohibits the use of Copaxone<sup>®</sup>. Member or prescriber preference for the use of a non-preferred agent will not

be considered as a reason that prohibits the use of Copaxone<sup>®</sup>.

Prior authorization requests for members who have a medical condition that prevents the use of MS interferons or Copaxone<sup>®</sup> may not be submitted using the STAT-PA system. These requests must be submitted via the ForwardHealth Portal, by fax, or by mail.

## Prospective Drug Utilization Review

ForwardHealth has made changes to the underuse precaution Prospective Drug Utilization Review (DUR) alert. These changes have been generated as a result of analysis and recommendations made to the DUR Board by the Department of Health Services' staff. These changes have been made in an effort to reduce duplication between prospective DUR alerts from ForwardHealth and pharmacies' in-store DUR systems.

The underuse precaution prospective DUR alert is activated when a member is late in obtaining a refill of a maintenance drug. The alert is sent to the provider when a drug is refilled and exceeds 120 percent of the days' supply on the same drug in history. The number of days late is calculated as the days after the prescription should have been refilled. Drugs with a 10-day supply or less are excluded from this alert. This alert applies to the following therapeutic categories:

- Alzheimer's Agents.
- Antiarrhythmics (including digitalis).
- Anticoagulants (except warfarin).
- Anticonvulsants.
- Antidepressants.
- Antihyperglycemics (except insulin).
- Antihyperlipidemics.
- Antihypertensives.
- Antipsychotics.
- Asthma Controllers (except the Beta Adrenergic Agents).
- Bipolar Agents.
- COPD Agents.
- Diuretics (except loops).
- Glaucoma Agents.

- Hepatitis C Agents.
- HIV Antivirals.
- Immunosuppressants.
- Platelet Aggregation Inhibitors.
- Thyroid Hormones.

## **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's managed care organization.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

This *Update* was issued on 02/17/2014 and information contained in this *Update* was incorporated into the Online Handbook on 03/03/2014.



# ATTACHMENT 1

## Changes to Pharmacy Prior Authorization Forms and Completion Instructions

The table below lists the pharmacy prior authorization (PA) forms and completion instructions that have been revised and renamed as a result of pharmacy policy changes effective for dates of service on and after March 1, 2014. Providers should refer to the Forms page of the ForwardHealth Portal for current copies of these forms and completion instructions. The old versions of these forms and completion instructions will be moved to the Pharmacy-Related Forms and Completion Instructions archive page that is linked under the Archives section on the Pharmacy Resources page of the ForwardHealth Portal. Additional information regarding changes to clinical criteria or submission options is noted under the applicable pharmacy policy area in this *Update*.

<b>Form Name</b>	<b>Form Number</b>	<b>Revised and Renamed</b>	<b>Effective Date</b>
Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 6 Years of Age and Younger	F-00556	Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger	03/01/14
Completion Instructions	F-00556A	Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger Completion Instructions	03/01/14

# ATTACHMENT 2

## Covered Active Pharmaceutical Ingredients and Excipients

An active pharmaceutical ingredient (API) is a bulk drug substance, which is defined by the Food and Drug Administration as any substance that is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient of the drug product. Excipients are inactive substances used in compound drugs.

For BadgerCare Plus Standard Plan, Medicaid, and SeniorCare members, ForwardHealth may cover the products listed below for compound drug claims. Users should also consult the ForwardHealth Online Handbook for current policies and procedures for compound claims.

Effective: 3/1/2014

<b>Active Pharmaceutical Ingredients</b>
Amitriptyline Powder
Betamethasone Dipropionate Powder
Betamethasone Powder
Caffeine Powder
Camphor Crystals
Glycopyrrolate Powder
Hydrocortisone Acetate Powder
Hydrocortisone Powder
Metronidazole Benzoate Powder
Sodium Benzoate Powder
Triamcinolone Acetonide Powder
Triamcinolone Powder

<b>Excipients</b>
Flavored Syrups
Simple Syrups
Sorbitol 70% Solution
Vehicle Liquids
Vehicle Suspensions