

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
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Therapeutic Class: Analgesics

Therapeutic Subclass: Analgesics, Narcotic

Acetaminophen-Codeine	Tylenol/Codeine	12-120mg/5ml	Elixir	On Formulary	Quantity Limit: 8 ounces (240 ml) per 30 days
Acetaminophen-Codeine	Tylenol/Codeine #2, #3, #4	15-300mg, 30-300mg, 60-300mg	Tablet	On Formulary	Quantity Limit: 100 tablets of acetaminophen and codeine product per 30 days
Acetaminophen-Hydrocodone	Lorcet	10-650mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Lorcet Plus	7.5-650mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Lortab	2.5-167mg/5ml	Elixir	On Formulary	Quantity Limit: 8 ounces (240 mls) per 30 days
Acetaminophen-Hydrocodone	Lortab	2.5-500mg, 7.5-500mg, 10-500mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Norco	5-325mg, 7.5-325mg, 10-325mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Vicodin	5-500mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Vicodin ES	7.5-750mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Acetaminophen-Hydrocodone	Vicodin HP	10-660mg	Tablet	On Formulary	Quantity Limit: 100 tablets of hydrocodone and acetaminophen product per 30 days
Aspirin-Codeine	Empirin/Codeine	30-325mg, 60-325mg	Tablet	On Formulary	Quantity Limit: 100 tablets per 30 days
Codeine Sulfate		15mg, 30mg, 60mg	Tablet	Prior Authorization	
Fentanyl	Duragesic	25mcg, 50mcg, 75mcg, 100mcg	Patch	Prior Authorization	
Hydromorphone HCl	Dilaudid	3mg	Suppository	On Formulary	
Hydromorphone HCl	Dilaudid	2mg, 4mg, 8mg	Tablet	On Formulary	Quantity Limit: 60 tablets per 30 days
Hydromorphone HCl	Dilaudid	1mg / ml	Liquid	On Formulary	
Methadone HCl	Dolophine	40mg	Tablet	On Formulary	Quantity Limit: 60 tablets per 30 days
Methadone HCl	Dolophine	5mg, 10mg	Tablet	On Formulary	Quantity Limit: 100 tablets per 30 days
Methadone HCl	Dolophine	5mg/5ml, 10mg/ml	Solution	On Formulary	Quantity Limit: 120 mls per 30 days
Morphine Sulfate	Morphine Sulfate	10mg/5ml, 20mg/5ml, 20mg/ml	Solution	On Formulary	Quantity Limit: 4 ounces (120 mls) per 30 days
Morphine Sulfate	MS Contin	15mg, 30mg, 60mg, 100mg, 200mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days
Morphine Sulfate	MSIR	15mg, 30mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days
Oxycodone	Oxy Fast, Roxicodone Intensol	5mg/5ml, 20mg/ml	Solution	Prior Authorization	
Oxycodone	Oxy IR	5mg	Tablet, Capsules	Prior Authorization	
Oxycodone	Roxicodone	15mg, 30mg	Tablet	Prior Authorization	

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Oxycodone HCl	OxyContin	10mg, 20mg, 40mg, 80mg	Tablet	Prior Authorization	Quantity Limit: 2 tablets per day
Oxycodone-Acetaminophen	Percocet	5-325mg	Tablet	On Formulary	Limited to 5mg-325mg strength; Quantity Limit: 100 tablets of oxycodone with ASA or oxycodone with acetaminophen product per 30 days
Oxycodone-Aspirin	Percodan	4.88-325mg	Tablet	On Formulary	Quantity Limit: 100 tablets total quantity of oxycodone with ASA or oxycodone with acetaminophen product per 30 day

Therapeutic Subclass: Analgesics, Non-Narcotic

Acetaminophen-Caff-Butalbital	Esgic-Plus	500-40-50mg	Tab/Cap	On Formulary	
Acetaminophen-Caff-Butalbital	Fioricet, Esgic	325-40-50mg	Tablet	On Formulary	
Aspirin-Caffeine-Butalbital	Fiorinal	325-40-50mg	Tablet, Capsule	On Formulary	
Tramadol	Ultram	50 mg	Tablet	On Formulary	Quantity Limit: 100 tablets per 30 days

Therapeutic Subclass: Antirheumatics

Hydroxychloroquine Sulfate	Plaquenil	200mg	Tablet	On Formulary	
Methotrexate	Methotrexate	2.5mg	Tablet	On Formulary	
Penicillamine	Cuprimine	125mg, 250mg	Capsule	On Formulary	

Therapeutic Subclass: Cyclooxygenase Inhibitor

Celecoxib	Celebrex	100mg, 200mg, 400mg	Capsule	Prior Authorization	
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Therapeutic Subclass: Migraine

Almotriptan	Axert	6.25mg, 12.5mg	Tablet	On Formulary	Quantity Limit: 6 tablets / Rx ; Fill Limit: 1 fill / 30 days
Ergotamine-Caffeine	Cafergot	1-100mg	Tablet	On Formulary	
Sumatriptan	Imitrex	5 mg, 20 mg	Nasal Spray	On Formulary	Quantity Limit: 6 sprays/Rx; Fill Limit: 1 fill per 30 days
Sumatriptan	Imitrex	6 mg/0.5 ml	Injectable	On Formulary	Quantity Limit: 2 inj/Rx; Fill Limit: 1 fill per 30 days
Sumatriptan	Imitrex	25 mg, 50 mg, 100 mg	Tablet	On Formulary	Quantity Limit: 9 tablets per 30 days

Therapeutic Subclass: NSAIDS

Diclofenac Sodium	Voltaren	25mg, 50mg, 75mg	Tablet	On Formulary	
Diclofenac Sodium	Voltaren XR	100mg	Tablet	On Formulary	
Diflunisal	Dolobid	500mg	Tablet	On Formulary	
Flurbiprofen	Ansaid	50mg, 100mg	Tablet	On Formulary	
Ibuprofen	Motrin	400mg, 600mg, 800mg	Tablet	On Formulary	
Indomethacin	Indocin	25mg, 50mg, 75mg	Capsule	On Formulary	
Meloxicam	Mobic	7.5mg, 15mg	Tablet	On formulary	
Naproxen	Naprosyn	250mg, 375mg, 500mg	Tab / Susp	On Formulary	
Naproxen Sodium	Anaprox	275mg	Tablet	On Formulary	
Naproxen Sodium	Anaprox DS	550mg	Tablet	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Piroxicam	Feldene	10mg, 20mg	Capsule	On Formulary	
Salsalate	Disalcid	500mg, 750mg	Tablet	On Formulary	
Sulindac	Clinoril	150mg, 200mg	Tablet	On Formulary	

Therapeutic Class: Anti-Infectives

Therapeutic Subclass: Amebicides

Paromomycin Sulfate	Humatin	250mg	Capsule	On Formulary	
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Therapeutic Subclass: Aminoglycosides

Neomycin Sulfate	Mycifradin	500mg	Tablet	On Formulary	
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Therapeutic Subclass: Anaerobic Antiprotozoal-Antibacterial Agents

Metronidazole	Flagyl	250mg, 500mg	Tablet	On Formulary	
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Therapeutic Subclass: Antifungal Agents

Clotrimazole	Mycelex	10mg	Troche	On Formulary	
Fluconazole	Diflucan	10mg/ml, 40mg/ml, 50mg, 100mg, 200mg	Tab / Susp	On Formulary	Quantity Limit for suspension only: 70ml per 30 days
Griseofulvin Microsize	Grifulvin V	500mg, 125mg/5ml	Tab / Susp	Prior Authorization	PA required unless treating Tinea Capitis. Age restriction: <= 12 yrs; Quantity Limit: 600mls / month; Fill Limit: 2 months / year
Griseofulvin Ultramicrosized	Gris-PEG	125mg, 250mg	Tablet	Prior Authorization	PA required, unless treatment for "Tinea Capitis" with fill limit of 60 days in 1 year.
Ketoconazole	Nizoral	200mg	Tablet	On Formulary	Quantity Limit: 1 tablet per day
Nystatin	Mycostatin	100K U/ml	Suspension	On Formulary	
Nystatin	Mycostatin	500000U	Tablet	On Formulary	

Therapeutic Subclass: Antileprotic

Dapsone	Dapsone	25mg, 100mg	Tablet	On Formulary	
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Therapeutic Subclass: Antimalarials

Chloroquine Phosphate	Aralen	250mg	Tablet	Prior Authorization	
Hydroxychloroquine Sulfate	Plaquenil	200mg	Tablet	On Formulary	
Mefloquine HCl	Lariam	250mg	Tablet	On Formulary	
Primaquine Phosphate	Primaquine Phosphate	26.3mg	Tablet	On Formulary	

Therapeutic Subclass: Anti-mycobacterium Agents

Ethambutol HCl	Myambutol	100mg, 400mg	Tablet	On Formulary	
Isoniazid	Isoniazid	100mg, 300mg, 50mg/5ml	Tablet / Suspension	On Formulary	May be dispensed as 100 day supply
Pyrazinamide	Pyrazinamide	500mg	Tablet	On Formulary	

Therapeutic Subclass: Antiparasitics

Mebendazole	Vermox	100mg	Chew Tabs	On Formulary	
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GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Praziquantel	Biltricide	600mg	Tablet	On Formulary	
Thiabendazole	Mintezol	500mg, 500mg/5ml	Chew Tabs / Susp	On Formulary	
<i>Therapeutic Subclass: Antitubercular Antibiotics</i>					
Rifampin	Rifadin	150mg, 300mg	Capsule	On Formulary	
<i>Therapeutic Subclass: Antivirals</i>					
Acyclovir	Zovirax	200mg, 400mg, 800mg, 200mg/5ml	Tab / Cap / Susp	On Formulary	
Lamivudine	Epivir HBV	100mg, 25mg/5ml	Tablet, Susp	Prior Authorization	
Oseltamivir	Tamiflu	30mg,45mg,7 5mg,12mg/ml	Capsule,Suspension	On Formulary	Restricted to 1 fill (up to 10 days supply) in 180 days
Ribavirin	Rebetol	200mg	Capsule	Prior Authorization	
Zanamivir	Relenza	5mg	Inhalation	On Formulary	Restricted to 1 fill (up to 10 days supply) in 180 days
<i>Therapeutic Subclass: Cephalosporins</i>					
Cefaclor	Ceclor	250mg, 500mg	Capsule	On Formulary	
Cefaclor	Ceclor	125mg/5ml, 250mg/5ml, 187mg/5ml, 375mg/5ml	Suspension	On Formulary	
Cefdinir	Omnicef	125mg/5ml, 250mg/5ml, 300mg	Susp / Caps	On Formulary	
Cefixime	Suprax	400mg	Tablet	Prior Authorization	
Cephalexin	Keflex	125mg/5ml, 250mg/5ml	Suspension	On Formulary	
Cephalexin	Keflex	250mg, 500 mg	Tab / Cap	On Formulary	
<i>Therapeutic Subclass: Lincosamides</i>					
Clindamycin HCl	Cleocin	150mg, 300mg	Capsule	On Formulary	
Clindamycin Palmitate	Cleocin	75mg/5ml	Suspension	On Formulary	
<i>Therapeutic Subclass: Macrolides</i>					
Azithromycin	Zithromax	500mg	Tri-Pak	On Formulary	
Azithromycin	Zithromax	100mg/5ml, 200mg/5ml	Suspension	On Formulary	
Azithromycin	Zithromax	250mg	Z-pak	On Formulary	
Azithromycin	Zithromax	600mg	Tablet	On Formulary	
Azithromycin	Zithromax	1 gram	Pack	On Formulary	
Erythromycin Base	Ery-Tab	250mg, 333mg, 500mg	Tablet	On Formulary	
Erythromycin Ethylsuccinate	Eryped	200mg/5ml, 400mg/5ml, 400mg	Suspension / Tab	On Formulary	
Erythromycin Stearate	Erythrocin Stearate	250mg, 500mg	Tablet	On Formulary	

Therapeutic Subclass: Miscellaneous Anti-Infectives

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Trimethoprim	Trimpex	100mg, 200mg	Tablet	On Formulary	
<i>Therapeutic Subclass: Nitrofurantoin Derivatives</i>					
Nitrofurantoin	Furadantin	25mg/5ml	Suspension	On Formulary	
Nitrofurantoin Macrocrystal	Macrochantin	50mg, 100mg	Capsule	On Formulary	
Nitrofurantoin Monohyd Macro	Macrobid	100mg	Capsule	On Formulary	
<i>Therapeutic Subclass: Penicillins</i>					
Amoxicillin	Amoxil	125mg, 250mg, 200mg, 400mg	Chew Tabs	On Formulary	
Amoxicillin	Trimox	125mg/5ml, 250mg/5ml, 200mg/5ml, 400mg/5ml	Suspension	On Formulary	
Amoxicillin	Trimox	250mg, 500mg, 875mg	Tab / Cap	On Formulary	
Amoxicillin Pot Clavulanate	Augmentin	200mg/5ml, 400mg/5ml	Suspension	On Formulary	
Amoxicillin Pot Clavulanate	Augmentin ES	600mg/5ml	Suspension	On Formulary	Quantity Limit: 300ml/Rx; Fill Limit: 1 fill per 30 days
Amoxicillin Pot Clavulanate	Augmentin XR	1000mg	Tablet	On Formulary	Quantity Limit: 40 tablets/Rx; Fill Limit: 1 fill per 30 days
Amoxicillin-Pot Clavulanate	Augmentin	250mg, 500mg, 875mg	Tablet	On Formulary	
Ampicillin	Principen	250mg, 500mg, 125mg/5ml, 250mg/5ml	Cap / Susp	On Formulary	
Dicloxacillin Sodium	Dynapen	250mg, 500mg	Capsule	On Formulary	
Penicillin V Potassium	Veetids	250mg, 500mg	Tablet	On Formulary	
Penicillin V Potassium	Veetids	125mg/5ml, 250mg/5ml	Suspension	On Formulary	
<i>Therapeutic Subclass: Quinolones</i>					
Ciprofloxacin	Cipro	100mg, 250mg, 500mg, 750mg	Tablet	On Formulary	Age Restriction: >=18 yrs
Levofloxacin	Levaquin	250mg, 500mg, 750mg	Tablet	On Formulary	Age Restriction: >=18 yrs
<i>Therapeutic Subclass: Sulfonamides</i>					
Erythromycin-Sulfisoxazole	Pediazole	200- 600mg/5ml	Suspension	On Formulary	
Sulfisoxazole	Sulfisoxazole	500mg	Tablet	On Formulary	
Sulfisoxazole Acetyl	Gantrisin Pediatric	500mg/5ml	Suspension	On Formulary	
Trimethoprim-Sulfamethoxazole	Bactrim DS	800-160mg	Tablet	On Formulary	
Trimethoprim-Sulfamethoxazole	Septra	200- 40mg/5ml, 400-80mg	Susp / Tab	On Formulary	
<i>Therapeutic Subclass: Tetracyclines</i>					
Doxycycline Hyclate	Periostat	20mg	Tablet	On Formulary	Quantity Limit: 60 tablets per 30 days; Age Limit >= 18 yrs
Doxycycline Hyclate	Vibramycin	50mg, 100mg	Tab / Cap	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Tetracycline HCl	Sumycin	250mg, 500mg	Capsule	On Formulary	

Therapeutic Class: Cardiovascular Medications

Therapeutic Subclass: Angiotensin Converting Enzyme Inhibitor Combinations

Lisinopril-HCTZ	Zestoretic / Prinizide	10-12.5mg, 20-12.5mg, 20-25mg	Tablet	On Formulary	
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Therapeutic Subclass: Angiotensin Converting Enzyme Inhibitors

Benazepril HCl	Lotensin	5mg, 10mg, 20mg, 40mg	Tablet	On Formulary	
Captopril	Capoten	12.5mg, 25mg, 50mg, 100mg	Tablet	On Formulary	
Enalapril	Vasotec	2.5mg, 5mg, 10mg, 20mg	Tablet	On Formulary	
Fosinopril	Monopril	10mg, 20mg, 40mg	Tablet	On Formulary	
Lisinopril	Zestril / Prinivil	5mg, 10mg, 20mg, 30mg, 40mg	Tablet	On Formulary	
Quinapril HCl	Accupril	5mg, 10mg, 20mg, 40mg	Tablet	On Formulary	

Therapeutic Subclass: Antiadrenergic Agents, Centrally Acting

Clonidine HCl	Catapres	0.1mg, 0.2mg, 0.3mg	Tablet	On Formulary	
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Therapeutic Subclass: Beta Blockers, Non-Selective

Carvedilol	Coreg	3.125mg, 6.25mg, 12.5mg, 25mg	Tablet	On Formulary	
Propranolol HCl	Inderal	10mg, 20mg, 40mg, 60mg, 80mg	Tablet	On Formulary	
Propranolol HCl	Inderal LA	60mg, 80mg, 120mg, 160mg	Capsule	On Formulary	

Therapeutic Subclass: Cardiac Glycosides

Digoxin	Lanoxin	0.125mg, 0.25mg	Tablet	On Formulary	May be dispensed as 100 day supply
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Therapeutic Subclass: Cholesterol Lowering Agents, HMG-CoA Reductase

Pravastatin	Pravachol	10mg, 20mg, 40mg, 80mg	Tablet	On Formulary	
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Therapeutic Subclass: Diuretics, Loop Diuretics

Furosemide	Lasix	20mg, 40mg, 80mg	Tablet	On Formulary	May be dispensed as 100 day supply
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Therapeutic Subclass: Diuretics, Potassium Sparing Diuretics

Spirolactone	Aldactone	25mg, 50mg, 100mg	Tablet	On Formulary	
Spirolactone-HCTZ	Aldactazide	25-25mg	Tablet	On Formulary	
Triamterene-HCTZ	Dyazide	37.5-25mg, 50-25mg	Capsule	On Formulary	
Triamterene-HCTZ	Maxzide	25-37.5mg, 50-75mg	Tablet	On Formulary	

Therapeutic Subclass: Diuretics, Thiazides and Related Diuretics

Hydrochlorothiazide	HydroDiuril	25mg, 50mg	Tablet	On Formulary	May be dispensed as 100 day supply
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Hydrochlorothiazide	Microzide	12.5mg	Capsule	On Formulary	
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Therapeutic Class: Central Nervous System

Therapeutic Subclass: Antianxiety Drugs

Alprazolam	Xanax	0.25mg, 0.5mg, 1mg, 2mg	Tablet	On Formulary	Quantity Limit: 100 tablets in 30 days
Diazepam	Valium	2mg, 5mg, 10mg	Tablet	On Formulary	Quantity Limit: 100 tablets in 30 days
Lorazepam	Ativan	0.5mg, 1mg, 2mg	Tablet	On Formulary	Quantity Limit: 100 tablets in 30 days

Therapeutic Subclass: Antidepressants

Fluoxetine HCl	Prozac	10mg, 20mg	Tab, Cap	On Formulary	Quantity Limit: # 30 (10mg) per 30 days / #90 (20mg) per 30 days.
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Therapeutic Subclass: CNS Non-Stimulants

Atomoxetine	Strattera	10mg, 18mg, 25mg, 40mg, 60mg	Capsule	Prior Authorization	
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Therapeutic Subclass: CNS Stimulants

Amphetamine/Dextroamphetamine	Adderall	5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Tablet	On Formulary	Limited to ages 3-16 only
Amphetamine/Dextromphetamine	Adderall XR	5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Capsule	Stepped Therapy	Stepped Therapy: Trial of Ritalin / Dexedrine / Adderall. Limited to ages 3-16. Quantity Limit: One (1) capsule per day.
Dextroamphetamine Sulfate	Dexedrine	5mg, 10mg, 15mg	Tab/Cap	On Formulary	Limited to ages 3-16 only
Methylphenidate HCl	Concerta	18mg, 27mg, 36mg, 54mg	Tablet	Stepped Therapy	Stepped Therapy: Trial of Ritalin / Dexedrine / Adderall. Limited to ages 6-16. Quantity Limit: One (1) tablet per day.
Methylphenidate HCl	Metadate ER	10mg, 20mg	Tablet	Stepped Therapy	Stepped Therapy: Trial of Ritalin / Dexedrine / Adderall. Limited to ages 6-16 only; Quantity Limit: One (1) tablet per day.
Methylphenidate HCl	Ritalin	5mg, 10mg, 20mg	Tablet	On Formulary	Limited to ages 6-16 only
Methylphenidate HCl	Ritalin SR	20mg	Tablet	Stepped Therapy	Stepped Therapy: Trial of Ritalin / Dexedrine / Adderall. Limited to ages 6-16 only; Quantity Limit: One (1) tablet per day.

Therapeutic Subclass: Other Central Nervous System Drugs

Bupropion HCL	Zyban	150mg	Tablet	Prior Authorization	Smoking Cessation Certificate Required
Nicotine	Nicoderm CQ	7mg/24hrs, 14mg/24hrs, 21mg/24hrs	Patch 24 HR	Prior Authorization	Smoking Cessation Certificate Required
Nicotine Polacrilex	Nicorette	2mg, 4mg	Gum	Prior Authorization	Smoking Cessation Certificate Required

Therapeutic Class: Dermatologicals

Therapeutic Subclass: Anorectals

Hydrocortisone (Intrarectal)	Cortenema	100mg/60ml	Enema	On Formulary	
Hydrocortisone Acetate (Rectal)	Anusol-HC	2.5%	Cream	On Formulary	
Hydrocortisone Acetate-Pramoxine	Proctofoam HC	1-1%	Foam	On Formulary	
Pramoxine-HC	ProctoCream-HC	1%	Cream	On Formulary	
Pramoxine-HC	ProctoCream-HC 2.5%	2.5%	Cream	On Formulary	

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<i>Therapeutic Subclass: Antiseborrheic Agents</i>					
Selenium Sulfide	Selsun	1%, 2.5%	Shampoo	On Formulary	
<i>Therapeutic Subclass: Keratolytics</i>					
Benzoyl Peroxide	Desquam-E	2.5%, 5%, 10%	Gel	On Formulary	
Benzoyl Peroxide	Desquam-X	2.5%, 4%, 5%, 10%	Liquid	On Formulary	
Benzoyl Peroxide-Erythromycin	Benzamycin	3-5%	Gel	On Formulary	
Podofilox	Condylox	0.5%	Solution	On Formulary	
<i>Therapeutic Subclass: Miscellaneous Topicals</i>					
Aluminum Chloride	Drysol	20%	Solution	On Formulary	
Ammonium Lactate	Lac-Hydrin	12%	Cream / Lotion	On Formulary	
<i>Therapeutic Subclass: Scabicides and Pediculocides</i>					
Permethrin	Elimite	5%	Cream	On Formulary	
<i>Therapeutic Subclass: Topical Antibiotic</i>					
Clindamycin Phosphate(Topical)	Cleocin-T	1%	Solution, Lotion, Gel, Swabs	On Formulary	
Erythromycin	Erycette	2%	Solution	On Formulary	
Erythromycin	T-Stat	2%	Pledget	On Formulary	
<i>Therapeutic Subclass: Topical Antifungals</i>					
Ciclopirox Olamine	Loprox	0.77%	Cream	Prior Authorization	
Ketoconazole	Nizoral	2%	Shampoo	On Formulary	
Nystatin (Topical)	Mycostatin	100MU/G	Cream/Ointment	On Formulary	
Tolnaftate	Tinactin	1%	Cream	On Formulary	
<i>Therapeutic Subclass: Topical Anti-Infectives</i>					
Gentamicin Sulfate (Topical)	Garamycin	0.1%	Cream	On Formulary	
Mupirocin Calcium	Bactroban	2%	Cream / Ointment	Prior Authorization	
Silver Sulfadiazine	Silvadene	1%	Cream	On Formulary	
<i>Therapeutic Subclass: Topical Corticosteroids in Combination</i>					
Nystatin-Triamcinolone	Mycolog II	100000-0.1	Cream	On Formulary	
<i>Therapeutic Subclass: Topical Corticosteroids: Group II (High Potency)</i>					
Fluocinonide	Lidex	0.05%	Cream/Oint/Sol'n	On Formulary	
<i>Therapeutic Subclass: Topical Corticosteroids: Group III (Medium Potency)</i>					
Desoximetasone	Topicort LP	0.05%	Cream	On Formulary	
Fluocinolone Acetonide	Synalar	0.025%, 0.01%	Cream	On Formulary	
Hydrocortisone Valerate	Westcort	0.2%	Cream	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Mometasone Furoate	Elocon	0.1%	Ointment	On Formulary	
Mometasone Furoate	Elocon	0.1%	Cream	On Formulary	
Prednicarbate	Dermatop	0.1%	Cream	On Formulary	
Triamcinolone Acetonide (Top)	Kenalog	0.025%, 0.1%, 0.5%	Cream	On Formulary	
<i>Therapeutic Subclass: Topical Corticosteroids: Group IV (Low Potency)</i>					
Desonide	Desowen	0.05%	Lotion	On Formulary	
Desonide	Tridesilon	0.05%	Cream / Ointment	On Formulary	
<i>Therapeutic Subclass: Topical Immunomodulator</i>					
Pimecrolimus	Elidel	0.1%	Cream	Prior Authorization	
<i>Therapeutic Subclass: Vitamin A Derivatives</i>					
Tretinoin	Retin A	0.025%, 0.05%, 0.1%	Cream / Gel	On Formulary	Restricted for ages 18 years and younger
<i>Therapeutic Class: Ear, Nose and Throat Medications</i>					
<i>Therapeutic Subclass: Corticosteroids, Nasal Inhaled</i>					
Flunisolide	Nasalide	0.025%	Spray	On Formulary	
Fluticasone Acetate	Flonase	50mcg	Spray	On Formulary	
<i>Therapeutic Subclass: Miscellaneous Otic Products</i>					
Acetic Acid	VoSol	2%	Drops	On Formulary	
Benzocaine-Antipyrine	Auralgan	5.4-1.4%	Drops	On Formulary	
Hydrocortisone-Acetic Acid	VoSol-HC	2-1%	Drops	On Formulary	
<i>Therapeutic Subclass: Nasal Antihistamine</i>					
Azelastine	Astelín Nasal	137mcg	Spray	On Formulary	
<i>Therapeutic Subclass: Otic Steroid/Anti-Infective Combinations</i>					
Neomycin-Polymyxin-HC (Otic)	Cortisporin	3.5-10M-1	Susp / Solution	On Formulary	
<i>Therapeutic Subclass: Throat Medications</i>					
Chlorhexidine Gluconate	Peridex	1.2mg/ml	Rinse	On Formulary	
Clotrimazole	Mycelex	10mg	Troche	On Formulary	
Lidocaine HCl	Xylocaine Viscous		Solution	On Formulary	
Nystatin	Mycostatin		Lozenge	On Formulary	
Nystatin	Mycostatin		Suspension	On Formulary	
Triamcinolone Acetonide	Kenalog in Orabase		Paste	On Formulary	

Therapeutic Class: Endocrine Medications

Therapeutic Subclass: Antithyroid Drugs

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Methimazole	Tapazole	5mg, 10mg	Tablet	On Formulary	
Propylthiouracil	Propylthiouracil	50mg	Tablet	On Formulary	
<i>Therapeutic Subclass: Contraceptives, Biphasic Oral Contraceptives</i>					
Desogestrel-Ethinyl Estradiol	Mircette		Tablet	On Formulary	May be dispensed as a three (3) months supply
Desogestrel-Ethinyl Estradiol	Ortho-Cept (28)	0.15-0.03mg	Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin-Eth Estrad Biphasic	Ortho-Novum 10/11 (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin-Eth Estrad Biphasic	Ortho-Novum 10/11 (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
<i>Therapeutic Subclass: Contraceptives, Monophasic Oral Contraceptives</i>					
Ethinodiol-Ethinyl Estradiol	Demulen 1/35		Tablet	On Formulary	May be dispensed as a three (3) months supply
Ethinodiol-Ethinyl Estradiol	Demulen 1/50		Tablet	On Formulary	May be dispensed as a three (3) months supply
Levonorgestrel-Ethinyl Estrad	Alesse (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Levonorgestrel-Ethinyl Estrad	Alesse (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Levonorgestrel-Ethinyl Estrad	Nordette (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Levonorgestrel-Ethinyl Estrad	Nordette (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin Ace-Eth Estrad-FE	Loestrin Fe 1.5/30		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone Acet-Ethinyl Est	Loestrin 1.5/30 (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Eth Estradiol	Modicon (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Eth Estradiol	Modicon (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Eth Estradiol	Ortho-Novum 1/35 (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Eth Estradiol	Ortho-Novum 1/35 (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Eth Estradiol	Ovcon-50		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Mestranol	Ortho-Novum 1/50 (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethindrone-Mestranol	Ortho-Novum 1/50 (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestimate-Eth Estradiol	Ortho-Cyclen (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestimate-Eth Estradiol	Ortho-Cyclen (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestrel-Ethinyl Estradiol	Lo/Ovral (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestrel-Ethinyl Estradiol	Ovral (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
<i>Therapeutic Subclass: Contraceptives, Other Intravaginal Contraceptive Devices</i>					
Etonogestrel/Ethinyl Estradiol	Nuvaring	0.12-0.015	Vag Ring	Stepped Therapy	Stepped Therapy: Requires trial of oral contraceptives in past 90 days
<i>Therapeutic Subclass: Contraceptives, Other Transdermal Contraceptive Devices</i>					
Norelgestromin-Eth Estradiol	Ortho Evra	150mcg-20mcg/hr	Patch	On Formulary	May be dispensed as a three (3) months supply
<i>Therapeutic Subclass: Contraceptives, Progestin Only Oral Contraceptives</i>					
Norethindrone (Contraceptive)	Ortho Micronor		Tablet	On Formulary	May be dispensed as a three (3) months supply

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Norgestrel	Ovrette		Tablet	On Formulary	May be dispensed as a three (3) month supply
<i>Therapeutic Subclass: Contraceptives, Triphasic Oral Contraceptives</i>					
Levonorg-Eth Estrad Triphasic	Triphasil (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Levonorg-Eth Estrad Triphasic	Triphasil (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin-Eth Estrad Triphasic	Estrostep Fe		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin-Eth Estrad Triphasic	Ortho-Novum 7/7/7 (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norethin-Eth Estrad Triphasic	Ortho-Novum 7/7/7 (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestimate-Ethinyl Estradiol	Ortho Tri-Cyclen (21)		Tablet	On Formulary	May be dispensed as a three (3) months supply
Norgestimate-Ethinyl Estradiol	Ortho Tri-Cyclen (28)		Tablet	On Formulary	May be dispensed as a three (3) months supply
<i>Therapeutic Subclass: Contraceptives, Triphasic Oral Contraceptives</i>					
Norethin-Eth Estrad Triphasic	Tri-Norinyl		Tablet	On Formulary	May be dispensed as a three (3) months supply
<i>Therapeutic Subclass: Diabetic Supplies</i>					
Glucose Blood	True Track Test Strips		Strip	On Formulary	
Insulin Syringes (Disposable)	Insulin Syringes (Disposable)		Syringe	On Formulary	
<i>Therapeutic Subclass: Glucagon</i>					
Glucagon	Glucagon Kit		Kit	On Formulary	
<i>Therapeutic Subclass: Insulins</i>					
Insulin glargine	Lantus		Vial	On Formulary	
Insulin Isophane Human	Humulin N		Vial	On Formulary	
Insulin Lispro (Human)	Humalog		Vial	On Formulary	
Insulin Lispro (Human)	Humalog Mix 75/25		Vial	On Formulary	
Insulin Reg & Isophane (Human)	Humulin 50/50		Vial	On Formulary	
Insulin Reg & Isophane (Human)	Humulin 70/30		Vial	On Formulary	
Insulin Regular Human	Humulin R		Vial	On Formulary	
Insulin Zinc Extended Human	Humulin U		Vial	On Formulary	
Insulin Zinc Human	Humulin L		Vial	On Formulary	
<i>Therapeutic Subclass: Oral Hypoglycemics</i>					
Glimepiride	Amaryl	1mg, 2mg, 4mg, 8mg	Tablet	On Formulary	
Glipizide	Glucotrol	5mg, 10mg	Tablet	On Formulary	May be dispensed as 100 day supply
Glipizide ER	Glucotrol XL	2.5mg, 5mg, 10mg	Tablet	On Formulary	
Glyburide	Micronase	1.25mg, 2.5mg, 5mg	Tablet	On Formulary	May be dispensed as 100 day supply
Glyburide-Metformin	Glucovance	1.25/250mg, 2.5/500mg, 5/500mg	Tablet	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Metformin ER	Glucophage XR	500mg, 750mg	Tablet	On Formulary	
Metformin HCl	Glucophage	500mg, 850mg, 1000mg	Tablet	On Formulary	
Pioglitazone	Actos	15mg, 30mg, 45mg	Tablet	Stepped Therapy	Stepped Therapy: Requires concomitant use of Sulfonylurea or Biguanide
Rosiglitazone	Avandia	2mg, 4mg, 8mg	Tablet	Prior Authorization	
Tolbutamide	Orinase	500mg	Tablet	On Formulary	
<i>Therapeutic Subclass: Other Endocrine Drugs</i>					
Desmopressin Acetate	DDAVP	0.1mg/ml	Spray	Prior Authorization	
Desmopressin Acetate	DDAVP	0.1mg, 0.2mg	Tab	On Formulary	Limited to 8-14 years of age for a duration of 90 days.
Methylgonovine Maleate	Methergine	0.2mg	Tablet	On Formulary	
<i>Therapeutic Subclass: Post-Coital Contraception</i>					
Levonorgestrel	Plan B	0.75mg	Tablet	On Formulary	Quantity Limit: 1 pack (2 tablets) per prescription.
Levonorgestrel	Preven		Tablet	On Formulary	Quantity Limit: 1 pack (4 tablets) per prescription.
<i>Therapeutic Subclass: Progestins</i>					
Medroxyprogesterone Acetate	Provera	2.5mg, 5mg, 10mg	Tablet	On Formulary	
Norethindrone Acetate	Aygestin	5mg	Tablet	On Formulary	
<i>Therapeutic Subclass: Systemic Corticosteroids, Glucocorticoids</i>					
Dexamethasone	Decadron	0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tablet	On Formulary	
Methylprednisolone	Medrol	2mg, 4mg, 8mg, 16mg, 24mg, 32mg	Tab / Dose Pak	On Formulary	
Prednisolone	Generic	5mg	Tablet	On Formulary	
Prednisolone	Prelone	5mg/5ml, 15mg/5ml	Syrup	On Formulary	
Prednisone	Liquid Pred	5mg/ml	Syrup	On Formulary	
<i>Therapeutic Subclass: Thyroid Hormones</i>					
Levothyroxine Sodium	Levoxyl	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tablet	On Formulary	May be dispensed as 100 day supply
Levothyroxine Sodium	Synthroid	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tablet	On Formulary	May be dispensed as 100 day supply; Generic substitution not mandatory

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Thyroid	Armour Thyroid	15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	Tablet	On Formulary	Generic substitution not mandatory

Therapeutic Class: Gastrointestinal Medications

Therapeutic Subclass: Anticholinergic, Antispasmodics

Dicyclomine HCl	Bentyl	10mg, 20mg, 10mg/5ml	Tab / Cap / Syrup	On Formulary	
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Therapeutic Subclass: Antidiarrheal Preparations

Diphenoxylate-Atropine	Lomotil	2.5-0.025mg	Tablet	On Formulary	
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Therapeutic Subclass: Antiemetics

Prochlorperazine	Compazine	5mg, 10mg	Tablet	On Formulary	
Promethazine HCl	Phenergan	6.25mg/5ml	Syrup	On Formulary	Age Restriction: PA required < 2 yrs of age
Promethazine HCl	Phenergan	12.5mg, 25mg, 50mg	Tab / Supp	On Formulary	
Trimethobenzamide HCl	Tigan	100mg, 200mg, 300mg	Caps / Supp	On Formulary	

Therapeutic Subclass: Antiulcer Drugs, H2 Antagonists

Cimetidine	Tagamet	200mg, 300mg, 400mg, 800mg, 300mg/5ml	Tablet / Solution	On Formulary	
Famotidine	Pepcid	20mg, 40mg	Tablet	On Formulary	
Ranitidine HCl	Zantac	75mg, 150mg, 300mg, 15mg/ml	Tab / Cap / Syrup	On Formulary	

Therapeutic Subclass: Antiulcer Drugs, Other Antiulcer and Gastrointestinal Products

Sucralfate	Carafate	1g	Tablet	On Formulary	
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Therapeutic Subclass: Antiulcer Drugs, Proton Pump Inhibitors

Omeprazole	Prilosec	10mg, 20mg, 40mg	Capsule	On Formulary	Quantity Limit: 30 capsules per 30 days
Pantoprazole	Protonix	20mg, 40mg	Tablet	On Formulary	

Therapeutic Subclass: Belladonna Alkaloids

Hyoscyamine Sulfate	Levsin	0.125mg, 0.125mg/5ml	Tab / Syrup	On Formulary	
Hyoscyamine Sulfate	Levsinex	0.375mg	Capsule, Tablet	On Formulary	
Phenobarbital-Belladonna Alk	Donnatal	16.2mg, 48.6mg, 16.2mg/5ml	Tablet / Elixir	On Formulary	

Therapeutic Subclass: Bowel Antiinflammatory Agents

Sulfasalazine	Azulfidine	500mg, 500mg DR	Tablet	On Formulary	
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Therapeutic Subclass: Intestinal Motility Stimulants

Metoclopramide HCl	Reglan	5mg, 10mg, 5mg/5ml	Tablet / Syrup	On Formulary	
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Therapeutic Subclass: Laxatives and Cathartics

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Lactulose Encephalopathy	Cephulac	10g/15ml	Syrup	On Formulary	
PEG-Electrolyte Soln	Colyte			On Formulary	
PEG-Electrolyte Soln	Colyte with Flavor Packs			On Formulary	

Therapeutic Class: Genitourinary

Therapeutic Subclass: Anticholinergic, Antispasmodics

Oxybutynin Chloride	Ditropan	5mg/5ml, 5mg	Syrup / Tab	On Formulary	
Propantheline Bromide	Pro-Banthine	15mg	Tablet	On Formulary	

Therapeutic Subclass: Cholinergic Drugs

Bethanechol Chloride	Urecholine	5mg, 10mg, 25mg, 50mg	Tablet	On Formulary	
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Therapeutic Subclass: Urinary Analgesics

Phenazopyridine HCl	Pyridium	100mg, 200mg	Tablet	On Formulary	
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Therapeutic Subclass: Vaginal Anti-Infectives

Clindamycin Phosphate Vaginal	Cleocin	2%, 100mg	Cream / Supp	On Formulary	
Fluconazole	Diflucan	150mg	Tablet	On Formulary	Quantity Limit: Two (2) 150mg tablets in 30 days
Metronidazole Vaginal	Metrogel Vaginal	0.75%	Gel	On Formulary	

Therapeutic Subclass: Vaginal, Estrogen

Conjugated Estrogen Vaginal	Premarin Vaginal	0.625mg/gram	Vag. Cream	On Formulary	
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Therapeutic Class: Hematological Agents

Therapeutic Subclass: Anticoagulant Drugs

Warfarin Sodium	Coumadin	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tablet	On Formulary	Generic substitution not mandatory
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Therapeutic Class: Neuromuscular

Therapeutic Subclass: Anticonvulsants

Carbamazepine	Tegretol	100mg, 200mg, 100mg/5ml	Tab / Susp	On Formulary	Generic substitution not mandatory
Carbamazepine	Tegretol XR	100mg, 200mg	Tablet	On Formulary	Generic substitution not mandatory
Carbamazepine SR	Carbatrol	100mg, 200mg, 300mg	Capsule	On Formulary	
Clonazepam	Klonopin	0.5mg, 1mg, 2mg	Tablet	On Formulary	Quantity Limit: 120 tablets in 30 days.
Divalproex Sodium	Depakote	125mg, 250mg, 500mg	Tablet / Sprinkles	On Formulary	
Ethosuximide	Zarontin	250mg, 250mg/5ml	Capsule / Syrup	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
Gabapentin	Neurontin	100mg, 300mg, 400mg, 600mg, 800mg	Capsule	On Formulary	
Lamotrigine	Lamictal	25mg, 100mg, 150mg, 200mg	Tablet	On Formulary	
Levetiracetam	Keppra	250mg, 500mg, 750mg, 1000mg, 100mg/ml	Tablet/Solution	On Formulary	
Methsuximide	Celontin	300mg	Capsule	On Formulary	
Oxcarbazepine	Trileptal	150mg, 300mg, 600mg	Tablet	On Formulary	
Phenobarbital	Phenobarbital	15mg, 30mg, 60mg, 100mg	Tablet	On Formulary	
Phenytoin	Dilantin	125mg / 5ml	Liquid	On Formulary	Generic substitution not mandatory
Phenytoin	Dilantin Infatabs	50mg	Tablet	On Formulary	Generic substitution not mandatory
Phenytoin Sodium Extended	Dilantin	30mg, 100mg	Capsule	On Formulary	Generic substitution not mandatory
Primidone	Mysoline	50mg, 250mg	Tablet	On Formulary	
Topiramate	Topamax	15mg, 25mg, 50mg, 100mg, 200mg	Tablet / Sprinkle	On Formulary	
Valproic Acid	Depakene	250mg, 250mg/5ml	Capsule / Solution	On Formulary	

Therapeutic Subclass: Skeletal Muscle Relaxants

Baclofen	Lioresal	10mg, 20mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days
Carisoprodol	Soma	350mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days
Cyclobenzaprine HCl	Flexeril	10mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days
Methocarbamol	Robaxin	500mg, 750mg	Tablet	On Formulary	Quantity Limit: 90 tablets per 30 days

Therapeutic Class: Ophthalmic Medications

Therapeutic Subclass: Antibiotic / Steroid Combinations

Neomycin-Polymyxin-Dexameth	Maxitrol	0.1%	Drops / Oint	On Formulary	
Neomycin-Polymyxin-HC (Ophth)	Cortisporin	0.5%	Drops	On Formulary	
Tobramycin-Dexamethasone	TobraDex	0.3-0.1%	Drops / Oint	On Formulary	

Therapeutic Subclass: Antibiotics

Bacitracin	Bacitracin	500 U/G	Ointment	On Formulary	
Ciprofloxacin HCl	Ciloxan	0.3%	Drops / Oint	On Formulary	
Erythromycin (Ophth)	Ilotycin	5mg/g	Ointment	On Formulary	
Gentamicin Sulfate (Ophth)	Genoptic	0.3%	Drops / Oint	On Formulary	
Neomycin-Polymyxin-Bacitracin	Neosporin	3.5-10K-10	Drops	On Formulary	
Tobramycin Sulfate (Ophth)	Tobrex	0.3%	Drops / Oint	On Formulary	

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
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Trimethoprim-Polymyxin B	Polytrim	10KU-0.1%	Drops	On Formulary	
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Therapeutic Subclass: Eye Antiinflammatory Agents

Dexamethasone	Maxidex	0.1%	Solution	On Formulary	
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Fluorometholone Ophth Susp 0.1%	FML Liquifilm	0.1%	Suspension	On Formulary	
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Prednisolone Acetate (Ophth)	Pred Forte	1%	Drops	On Formulary	
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Prednisolone Acetate (Ophth)	Pred Mild	0.12%	Drops	On Formulary	
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Therapeutic Subclass: Eye Sulfonamides

Sulfacetamide Sodium	Bleph-10	10%, 30%	Drops / Oint	On Formulary	
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Therapeutic Subclass: Miotics / Other Intraocular Pressure Reducers

Brimonidine Tartrate	Alphagan-P	0.1%	Drops	On Formulary	
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Therapeutic Subclass: Sympathomimetics

Epinephrine HCl (Ophth)	Epifrin	0.5%, 1%, 2%	Drops	On Formulary	
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Therapeutic Class: Respiratory Medications

Therapeutic Subclass: Antiasthmatics, Adrenergic Stimulants, Inhalers

Albuterol Sulfate	ProAir HFA	90mcg	Aerosol	On Formulary	Qty limit of 2 units per 30 days
Formoterol Fumarate	Foradil	12mcg	Aerolizer	Step Therapy	Step Therapy: Requires use of Inhaled Corticosteroids in past 30 days
Metaproterenol Sulfate	Alupent	650mcg	Aerosol	On Formulary	
Pirbuterol Acetate	Maxair Autohaler	0.2mg	Aerosol	On Formulary	
Salmeterol Xinafoate	Serevent	50mcg	Diskus	Step Therapy	Step Therapy: Requires use of Inhaled Corticosteroids in past 30 days

Therapeutic Subclass: Antiasthmatics, Adrenergic Stimulants, Oral Formulation

Albuterol Sulfate	Proventil	2mg, 4mg, 2mg/5ml	Tablet / Syrup	On Formulary	
Albuterol Sulfate	Volmax	4mg, 8mg	Tablet ER	On Formulary	
Metaproterenol Sulfate	Alupent	10mg, 20mg, 10mg/5ml	Tablet / Syrup	On Formulary	
Terbutaline Sulfate	Brethine	2.5mg, 5mg	Tablet	On Formulary	

Therapeutic Subclass: Antiasthmatics, Adrenergic Stimulants, Solutions

Albuterol Sulfate	Proventil	0.83mg/ml, 5mg/ml	Nebu Soln	On Formulary	
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Therapeutic Subclass: Antiasthmatics, Combination Products, Inhalers

Albuterol-Ipratropium	Combivent	103-18mcg	Aerosol	On Formulary	
Salmeterol Xianfoate/Fluticasone	Advair	100/50mcg, 250/50mcg, 500/50mcg	Rotadisk	On Formulary	
Salmeterol Xianfoate/Fluticasone	Advair HFA	45/21mcg, 115/21mcg, 230/21mcg	Inhaler	On Formulary	

Therapeutic Subclass: Antiasthmatics, General Bronchodilator Agents

Ipratropium Bromide	Atrovent	17mcg, 0.2mg/mL	Aerosol Soln / Nebu Soln	On Formulary	
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GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
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Therapeutic Subclass: Antiasthmatics, Leukotriene Inhibitors

Montelukast	Singulair	4mg, 5mg, 10mg	Tablet / Granules	Stepped Therapy	Stepped Therapy: Requirement:require use of Inhaled Corticosteroids within last 120 days
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Therapeutic Subclass: Antiasthmatics, Mast Cell Stabilizers

Cromolyn Sodium	Intal	800mcg, 20mg/2ml	Aerosol / Nebu Soln	On Formulary	
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Therapeutic Subclass: Antiasthmatics, Oral Inhaled Corticosteroids

Beclomethasone Dipropionate	Qvar	40mcg, 80mcg	Aerosol	On Formulary	
Budesonide	Pulmicort	180mcg	Flexhaler	On Formulary	
Budesonide	Pulmicort	0.25mg/2ml, 0.5mg/2ml	Nebu Soln	On Formulary	Age Restriction: < 6 yrs
Fluticasone	Flovent	50mcg, 100mcg, 250mcg	Rotadisk	On Formulary	
Fluticasone	Flovent HFA	44mcg, 110mcg, 220mcg	Aerosol	On Formulary	

Therapeutic Subclass: Antiasthmatics, Other Respiratory Drugs and Devices

Respiratory Therapy Supplies	Spacer			On Formulary	All spacers and inhalation devices covered except the brand "Aerochamber"
Sodium Chloride (Inhalant)				On Formulary	

Therapeutic Subclass: Antiasthmatics, Xanthine Derivatives

Theophylline	Elixophylline	80mg/15ml	Suspension	On Formulary	
Theophylline	Slo-bid Gyrocaps	50mg, 75mg, 125mg, 200mg, 300mg	Capsule 12H	On Formulary	
Theophylline	Theo-24	100mg, 200mg, 300mg, 400mg	Capsule 24H	On Formulary	
Theophylline	Theo-Dur	100mg, 200mg, 300mg, 400mg	Tablet SR	On Formulary	
Theophylline	Uniphyll	400mg, 600mg	Tablet SA	On Formulary	

Therapeutic Subclass: Antihistamines, Antitussives and Expectorants

Phenyleph-Promethazine-Cod	Phenergan VC/Codeine		Liquid	On Formulary	
Promethazine VC-Codeine	Phenergan VC/Codeine	6.25-5-10/5ml	Liquid	On Formulary	Age Restriction: PA required < 2 yrs of age
Promethazine-Codeine	Phenergan/Codeine		Liquid	On Formulary	Age Restriction: PA required < 2 yrs of age; Quantity Restriction: 8 ounces (240mls) per month
Promethazine-DM	Phenergan DM		Liquid	On Formulary	Age Restriction: PA required < 2 yrs of age
Promethazine-Phenylephrine	Phenergan VC		Liquid	On Formulary	Age Restriction: PA required < 2 yrs of age
Pseudoeph-Carbinox-DM	Rondec-DM		Drops / Syrup	On Formulary	

Therapeutic Subclass: Antihistamines, Combination Products

Carbinoxamine-PSE	Rondec		Tablet	On Formulary	
Carbinoxamine-PSE	Rondec		Drops / Syrup	On Formulary	

Therapeutic Subclass: Antihistamines, Decongestant Products

GENERIC NAME	BRAND NAME	STRENGTH	FORMULATION	FORMULARY STATUS	NOTE
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Pseudoephedrine-GG	Duratuss G	1200mg	Tablet	On Formulary	
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Therapeutic Subclass: Antihistamines, Single Entity Products

Cyproheptadine HCl	Periactin	4mg, 2mg/5ml	Tablet / Syrup	On Formulary	
Fexofenadine	Allegra	30mg, 60mg, 180mg	Tablet	Stepped Therapy	Stepped Therapy: Required use of Loratadine for 15 days in the last 90 days.
Hydroxyzine HCl	Atarax	10mg, 25mg, 50mg, 100mg	Tablet	On Formulary	
Hydroxyzine Pamoate	Vistaril	25mg, 50mg, 25mg/5ml	Cap / Susp	On Formulary	
Loratadine	Claritin	10mg	Tablet	On Formulary	Quantity Limit: 30 tablets per 30 days
Loratadine	Claritin	5mg/5ml	Syrup	On Formulary	Quantity Limit: 150mls per 30 days, Age Limit <= 6 yrs of age

Therapeutic Subclass: Expectorants

Guaifenesin-Codeine	Robitussin AC	100-10mg/5ml	Syrup / Liquid	On Formulary	
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Therapeutic Class: Sympathomimetics

Therapeutic Subclass: Sympathomimetics

Epinephrine	EpiPen	1:1000 (0.3ml)	Auto-injector	On Formulary	Quantity Limit: 2 injectors/6 months
Epinephrine	EpiPen Jr.	1:2000 (0.3ml)	Auto-injector	On Formulary	Quantity Limit: 2 injectors/6 months

Therapeutic Class: Vitamins/Minerals/Electrolytes/Supplements

Therapeutic Subclass: Minerals

Sodium Fluoride	Luride		Drops	On Formulary	May be dispensed as 100 day supply
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Therapeutic Subclass: Potassium Supplements

Potassium Bicarb & Chloride	K-Lyte/Cl			On Formulary	
Potassium Chloride	Klotrix			On Formulary	
Potassium Chloride	Micro K	8mEq, 10mEq	Capsules	On Formulary	
Potassium Chloride	Potassium Chloride	20mEq/15ml, 40mEq/15ml	Liquid	On Formulary	
Potassium Chloride Tab	K-Dur	10mEq, 20mEq	Tab CR	On Formulary	

Therapeutic Subclass: Prenatal Vitamins

Prenatal Vitamins	Prenatal Vitamins		Tablet	On Formulary	May be dispensed as 100 day supply
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Therapeutic Subclass: Vitamins

Calcitriol	Rocaltrol	0.25mg, 0.5mg	Capsule	On Formulary	
Folic Acid	Folic Acid	1mg	Tablet	On Formulary	
Pediatric Multivitamins-FI	Poly-Vi-Flor		Drops	On Formulary	May be dispensed as 100 day supply
Pediatric Multivitamins-FI/Fe	Poly-Vi-Flor/Fe		Drops / Tablet	On Formulary	May be dispensed as 100 day supply
Pediatric Vitamin ACD-FI	Tri-Vi-Flor		Drops	On Formulary	May be dispensed as 100 day supply
Phytonadione	Mephyton	5mg	Tablet	On Formulary	