

ACTIVE INGREDIENT	GENERIC AVAILABLE	FORMULARY BRAND NAME
ANTI-INFECTIVE AGENTS (ORAL)		
ANTHELMINTICS		
Mebendazole	Yes	
Thiabendazole	No	Mintezol
ANTIBIOTICS		
Cephalosporins		
Cephalexin	Yes	
Cefadroxil	Yes	
Cefaclor	Yes	
Cefdinir	No	Omnicef
Cefpodoxime Proxetil	Yes	
Cefprozil	No	Cefzil
Cefuroxime	Yes	
Linezolid	No	Zyvox
Telithromycin	No	Ketek
Macrolides		
Erythromycin Extended-Release	No	Ery-Tab
Azithromycin	No	Zithromax
Erythromycin Base (Film Tab or Enteric Coated)	No	Erythromycin Filmstab
Erythromycin Ethylsuccinate	Yes	
Erythromycin Ethylsuccinate/Sulfisoxazole	Yes	
Erythromycin Stearate	Yes	
Penicillins		
Amoxicillin	Yes	
Ampicillin	Yes	
Penicillin VK	Yes	
Dicloxacillin	Yes	
Amoxicillin/Potassium Clavulanate	Yes	
Amoxicillin/Potassium Clavulanate	No	Augmentin XR
Amoxicillin/Potassium Clavulanate, Oral suspension	Yes	
Quinolones		
Ciprofloxacin	Yes	
Levofloxacin	No	Levaquin
Sulfonamides		
Sulfisoxazole	No	Sulfisoxazole tabs
Trimethoprim/Sulfamethoxazole	Yes	
Trimethoprim/Sulfamethoxazole DS	Yes	
Erythromycin Ethylsuccinate/Sulfisoxazole	Yes	
Tetracyclines		
Doxycycline	Yes	
Tetracycline	Yes	
Minocycline	Yes	
Other Anti-Infectives		
Metronidazole	Yes	
Nitrofurantoin	Yes	
Clindamycin HCl	Yes	
Tobramycin Neb Solution	No	Tobi
Atovaquone	No	Mepron
Pentamidine Isethionate	Yes	
ANTIFUNGAL AGENTS		
Fluconazole	Yes	
Griseofulvin Ultramicrosized	No	Gris-PEG
Nystatin Oral	Yes	
Ketoconazole	Yes	
Terbinafine	No	Lamisil
Voriconazole	No	Vfend
ANTIMALARIAL AGENTS		
Primaquine Phosphate	No	Primaquine
Atovaquone	No	Malarone
Pyrimethamine	No	Daraprim
Chloroquine Phosphate	Yes	
Ethambutol	Yes	
ANTITUBERCULOSIS AGENTS		
Isoniazid	Yes	
Rifampin	Yes	
Isoniazid/Rifampin	No	Rifamate
Isoniazid/Rifampin/Pyrazinamide	No	Rifater

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	Pyrazinamide	Yes	
	Rifabutin	No	Mycobutin
ANTIVIRAL AGENTS			
For HEPATITIS			
	Adefovir dipivoxil	No	Hepsera
	Interferon alfa 2a	No	Roferon-A
	Interferon alfa 2b	No	Intron A
	lamivudine	No	Epivir-HBV
	Peginterferon alfa 2a	No	Pegasys
	Peginterferon alfa-2b	No	PEG-Intron
For HIV/AIDS			
	Amantadine	Yes	
	Acyclovir	Yes	
	Oseltamivir	No	Tamiflu
	Valcyclovir	No	Valtrex
Presently, all drugs specifically indicated for the treatment of HIV and its opportunistic infections are on Formulary.			
ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE AGENTS			
All oral FDA-approved antineoplastic and immunosuppressive agents are eligible for coverage under the prescription drug benefit.			
AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS			
ANALGESICS, NARCOTIC			
	Acetaminophen/Caffeine/Butalbital	Yes	
	Acetaminophen/Codeine	Yes	
	Aspirin/Caffeine/Butalbital	Yes	
	Aspirin/Codeine	Yes	
	Propoxyphene HCl	Yes	
	Propoxyphene HCl/Acetaminophen	Yes	
	Propoxyphene Napsylate/Acetaminophen	Yes	
	Acetaminophen/Hydrocodone	Yes	
	Meperidine	Yes	
	Methadone	Yes	
	Oxycodone/Acetaminophen	Yes	
	Oxycodone/Aspirin	Yes	
	Codeine Phosphate/Aspirin/ Caffeine/Butalbital	Yes	
	Hydromorphone	Yes	
	Morphine Sulfate	Yes	
	Oxycodone 160 mg	No	Oxycontin 160 mg
	Oxycodone 10, 20, 40, and 80mg SR	Yes	
	Fentanyl Transdermal System	Yes	
	Fentanyl, Lozenge	No	Actiq
	Butorphanol Nasal Spray	Yes	
	Morphine Sulfate, Extended-Release	Yes	
	Tramadol	Yes	
ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY			
	Ibuprofen	Yes	
	Indomethacin	Yes	
	Naproxen	Yes	
	Naproxen Sodium	Yes	
	Piroxicam	Yes	
	Flurbiprofen	Yes	
	Ketorolac	Yes	
	Sulindac	Yes	
	Diclofenac	Yes	
	Etodolac	Yes	
	Ketoprofen	Yes	
	Tolmetin	Yes	
	Oxaprozin	Yes	
	Nabumetone	Yes	
ANALGESICS, SALICYLATES			
	Salsalate	Yes	
	Diflunisal	Yes	
	Choline Magnesium Trisalicylate	Yes	
COX-II INHIBITORS			
	Celecoxib	No	Celebrex

	ACTIVE INGREDIENT	GENERIC AVAILABLE	FORMULARY BRAND NAME
ANTICONVULSANTS			
	Phenobarbital	Yes	
	Phenytoin	Yes	Dilantin
	Phenytoin extended release	No	Phenytek
	Carbamazepine	Yes	
	Carbamazepine, Extended-Release	No	Tegretol XR
	Clonazepam	Yes	
	Primidone	Yes	
	Valproate Sodium	Yes	
	Diazepam	No	Diastat
	Divalproex Sodium	No	Depakote
	Ethosuximide	Yes	
	Gabapentin caps, tabs	Yes	
	Gabapentin oral solution	No	Neurontin
	Levetiracetam	No	Keppra
	Oxcarbazepine	No	Trileptal
	Tiagabine	No	Gabitril
	Topiramate	No	Topamax
	Zonisamide	No	Zonegran
ANTIPARKINSON AGENTS			
	Benzotropine Mesylate	Yes	
	Amantadine	Yes	
	Trihexyphenidyl	Yes	
	Carbidopa/Levodopa	Yes	
	Carbidopa/Levodopa/Entacapone	No	Stalevo
	Selegiline	Yes	
	Bromocriptine	Yes	
	Pergolide	Yes	
	Pramipexole	No	Mirapex
	Ropinirole	No	Requip
	Entacapone	No	COMTan
	Apomorphine HCL	No	Apokyn
ANXIOLYTICS, SEDATIVES AND HYPNOTICS			
	Alprazolam	Yes	
	Chlordiazepoxide	Yes	
	Clorazepate	Yes	
	Diazepam	Yes	
	Flurazepam	Yes	
	Lorazepam	Yes	
	Meprobamate	Yes	
	Temazepam	Yes	
	Triazolam	Yes	
	Estazolam	Yes	
	Oxazepam	Yes	
	Buspirone	Yes	
	Zolpidem	No	Ambien
CEREBRAL STIMULANTS			
	Methylphenidate	Yes	
	Amphetamine/d-amphetamine	Yes	
	Amphetamine/d-amphetamine XR	No	Adderall XR
	Methylphenidate, Controlled Release	No	Concerta
	Methylphenidate, Controlled Release	No	Metadate CD
	Methylphenidate, Extended-Release	Yes	
	Pemoline	Yes	
MIGRAINE			
	Isometheptene/Dichloralphenazone/APAP	Yes	
	Dihydroergotamine Mesylate	No	Migranal
	Zomitriptan	No	Zomig/Zomig ZMT
	Rizatriptan	No	Maxalt/Maxalt MLT
	Sumatriptan	No	Imitrex
MISCELLANEOUS AGENTS			
	Pyridostigmine, Extended-Release	Yes	
	Donepezil	No	Aricept/Aricept ODT
	Rivastigmine	No	Exelon
	Modafinil	No	Provigil
	Tizanidine	Yes	

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	Disulfiram	No	Antabuse
	Riluzole	No	Rilutek
PSYCHOTHERAPEUTIC AGENTS			
ANTIDEPRESSANTS			
	Amitriptyline	Yes	
	Doxepin	Yes	
	Desipramine	Yes	
	Imipramine HCl	Yes	
	Trazodone	Yes	
	Nortriptyline	Yes	
	Bupropion	Yes	
	Bupropion SR	Yes	
	Bupropion XL	No	Wellbutrin XL
	Citalopram	Yes	
	Escitalopram	No	Lexapro
	Paroxetine	Yes	
	Paroxetine	No	Paxil CR
	Sertraline	No	Zoloft
	Nefazodone	Yes	
	Mirtazapine/ODT	Yes	
	Venlafaxine	Yes	
	Venlafaxine	No	Effexor XR
	Fluoxetine	Yes	
OBSESSIVE COMPULSIVE DISORDER AGENTS			
	Fluvoxamine	Yes	
	Clomipramine	Yes	
ANTIMANIC AGENTS			
	Lithium Carbonate	Yes	
	Lithium Carbonate, Extended-Release	Yes	
	Lithium Citrate	Yes	
ANTIPSYCHOTIC AGENTS			
	Haloperidol	Yes	
	Thioridazine	Yes	
	Thiothixene	Yes	
	Trifluoperazine	Yes	
	Chlorpromazine	Yes	
	Fluphenazine	Yes	
	Perphenazine	Yes	
	Loxapine	Yes	
	Clozapine	Yes	
	Quetiapine	No	Seroquel
	Olanzapine	No	Zyprexa
	Risperidone	No	Risperdal
MISCELLANEOUS AGENTS			
	Oxybate	No	Xyrem
CARDIOVASCULAR AGENTS			
ANGIOTENSIN CONVERTING ENZYME INHIBITORS			
	Captopril	Yes	
	Enalapril	Yes	
	Lisinopril	Yes	
	Quinapril	Yes	
	Ramipril	No	Altace
ANGIOTENSIN II ANTAGONISTS			
	Valsartan	No	Diovan
	Losartan	No	Cozaar
	Olmesartan	No	Benicar
BETA-ADRENERGIC BLOCKERS			
	Atenolol	Yes	
	Metoprolol	Yes	
	Propranolol	Yes	
	Sotalol	Yes	
	Nadolol	Yes	
	Pindolol	Yes	
	Propranolol, Extended-Release	No	Innopran XL
	Labetalol	Yes	
	Metoprolol, Extended Release	No	Toprol XL
	Carvedilol	No	Coreg

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CENTRALLY ACTING			
	Clonidine	Yes	
	Methyldopa	Yes	
	Clonidine	No	Catapres TTS
PERIPHERALLY ACTING			
	Prazosin HCl	Yes	
	Doxazosin Mesylate	Yes	
	Terazosin	Yes	
ANTIARRHYTHMICS			
	Digoxin	Yes	
	Quinidine Sulfate	Yes	
	Procainamide	Yes	
	Disopyramide	Yes	
	Mexiletine	Yes	
	Procainamide, Extended-Release	Yes	
	Quinidine Gluconate, Extended-Release	Yes	
	Disopyramide, Controlled Release	Yes	
	Quinidine Sulfate, Extended-Release	Yes	
	Propafenone	Yes	
	Acebutolol	Yes	
	Sotalol	Yes	
	Amiodarone	Yes	
	Flecainide	Yes	
ANTICOAGULANTS/ANTITHROMBOTICS			
	Dipyridamole	Yes	
	Ticlopidine	Yes	
	Warfarin Sodium	Yes	Coumadin
	Clopidogel Bisulfate	No	Plavix
	Anagrelide	Yes	
	Enoxaparin	No	Lovenox
ANTILIPEMICS			
	Cholestyramine	Yes	
	Gemfibrozil	Yes	
	Lovastatin	Yes	
	Fenofibrate	Yes	
	Sustained-Release Niacin	No	Niaspan
	Colestipol	No	Colestid
	Fluvastatin	No	Lescol, Lescol XL
	Atorvastatin	No	Lipitor
	Ezetimibe	No	Zetia
	Rosuvastatin	No	Crestor
CALCIUM CHANNEL BLOCKERS			
	Nifedipine	Yes	
	Verapamil	Yes	
	Diltiazem	Yes	
	Nicardipine	Yes	
	Diltiazem, Extended-Release	Yes	
	Nifedipine, Extended-Release	Yes	
	Amlodipine	No	Norvasc
COMBINATION ANTIHYPERTENSIVES			
	Amlodipine/atorvastatin	No	Caduet
	Benazepril/Amlodipine	No	Lotrel
	Bisoprolol/HCTZ	Yes	
	Enalapril/HCTZ	Yes	
	Irbasartan/HCTZ	No	
	Losartan/HCTZ	No	Hyzaar
	Olmesartan/HCTZ	No	Benicar HCT
	Quinapril/HCTZ	Yes	
	Lisinopril/HCTZ	Yes	
	Valsartan/HCTZ	No	Diovan HCT
DIURETICS			
	Acetazolamide	Yes	
	Furosemide	Yes	
	Hydrochlorothiazide	Yes	
	Hydrochlorothiazide/Triamterene	Yes	
	Indapamide	Yes	
	Metolazone	Yes	

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	Spironolactone	Yes	
	Bumetamide	Yes	
	Methazolamide	Yes	
	Torseamide	Yes	
VASODILATORS			
	Hydralazine	Yes	
	Isosorbide Dinitrate Oral, Sublingual	Yes	
	Nitroglycerin, Sublingual	Yes	
	Minoxidil	Yes	
	Nitroglycerin, Extended-Release	Yes	
	Nitroglycerin, Topical	Yes	
	Isosorbide Dinitrate Oral, Sust. Release	Yes	
	Nitroglycerin Patch	Yes	
	Nitroglycerin Ointment	No	Nitro-BID
DERMATOLOGICALS			
ACNE			
	Erythromycin/Benzoyl Peroxide	Yes	
	Adapalene	No	Differin
	Tretinoin	Yes	
	Isotretinoin	Yes	
ANTIBIOTICS			
	Erythromycin	Yes	
	Clindamycin	Yes	
	Metronidazole	No	Metro-Gel
ANTIVIRALS			
	Acyclovir Ointment	No	Zovirax
ANTIPSORIATICS			
	Calcipotriene	No	Dovonex
	Acitretin	No	Soriatane
FUNGICIDES			
	Nystatin	Yes	
	Nystatin/Triamcinolone	Yes	
	Ciclopirox Olamine	Yes	
	Econazole	Yes	
	Oxiconazole	No	Oxistat
	Clotrimazole/Betamethasone	Yes	
	Ketoconazole	Yes	
	Terbinafine	No	Lamisil
SCABICIDES AND PEDICULICIDES			
	Lindane	Yes	
TOPICAL ANTI-INFLAMMATORY AGENTS			
Low Potency			
	Betamethasone Valerate	Yes	
	Fluocinolone Acetonide	Yes	
	Triamcinolone Acetonide	Yes	
	Desonide	Yes	
Intermediate Potency			
	Betamethasone Valerate	Yes	
	Fluocinolone Acetonide	Yes	
	Triamcinolone Acetonide	Yes	
	Alclometasone Dipropionate	Yes	
	Hydrocortisone Valerate	Yes	
	Mometasone	Yes	
High Potency			
	Betamethasone Dipropionate	Yes	
	Triamcinolone Acetonide	Yes	
	Fluocinonide	Yes	
	Halobetasol	Yes	
Highest Potency			
	Clobetasol Propionate	Yes	
	Augmented Betamethasone Dipropionate	Yes	
	Augmented Betamethasone Dipropionate	No	Diprolene AF
TOPICAL ANTIPRURITICS/ANESTHETICS/ANTIPSORIASIS			
	Lidocaine Viscous	Yes	
	Selenium Sulfide	Yes	
BURN PREPARATIONS			

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	Silver Sulfadiazine	Yes	
VAGINAL PREPARATIONS			
	Clindamycin	Yes	
	Estradiol	No	Vagifem
	Metronidazole	No	Metro-Gel Vaginal
	Nystatin	Yes	
	Terconazole	Yes	
	Triple Sulfa	Yes	
TOPICAL, MISCELLANEOUS			
	Fluorouracil	No	Efudex
	Fluorouracil	No	Fluoroplex
	Fluorouracil	No	Carac
	Podofilox	Yes	
	Imiquimod	No	Aldara
	Becaplermin	No	Regranex
	Pimecrolimus	No	Elidel
	Azelaic acid	No	Finacea
ELECTROLYTES			
POTASSIUM PRODUCTS			
	Potassium Chloride, Controlled Release	Yes	
	Potassium Chloride Liquid, Powder, and Extended-Release	Yes	
	Potassium Chloride, Slow Release	Yes	
ANTIDIABETIC AGENTS			
ANTI-DIABETIC AGENTS, INJECTABLE			
	All insulins are on Formulary		
ANTIDIABETIC AGENTS, ORAL			
	Chlorpropamide	Yes	
	Tolazamide	Yes	
	Tolbutamide	Yes	
	Glipizide/ ER	Yes	
	Glyburide	Yes	
	Acarbose	No	Precose
	Glimepiride	No	Amaryl
	Glyburide/Metformin	Yes	
	Metformin	Yes	
	Metformin XR	Yes	
	Repaglinide	No	Prandin
	Desmopressin Acetate	Yes	
	Pioglitazone	No	Actos
	Rosiglitazone	No	Avandia
	Rosiglitazone/Metformin	No	Avandamet
Test Strips			
	Blood Glucose Test Strips	No	One-Touch
	Blood Glucose Test Strips	No	Accu-check
Needles/Syringes			
	Needles	No	BD Ultrafine Pen Needles
	Syringes	No	BD insulin syringes
HORMONES			
Androgens			
	Fluoxymesterone	Yes	
	Testosterone Gel	No	Androgel
	Testosterone Gel	No	Testim
	Testolactone	No	Testlac
Antiandrogens			
	Finasteride	No	Proscar
	Dutasteride	No	Avodart
Estrogens			
	Esterified Estrogens/Methyltestosterone	Yes	
	Estradiol acetate, vaginal ring	No	Femring
	Estradiol, Cream	No	Estrace Vaginal Cream
	Estradiol, Oral	Yes	
	Estradiol, Transdermal	No	Estraderm
	Estradiol, Transdermal	Yes	
	Estradiol, Transdermal	No	Vivelle/ DOT
	Estradiol/Norithindrone	No	Activella
	Estrogen, Conjugated	No	Premarin Vaginal Cream
	Estrogen, Conjugated/Medroxyprogesterone	No	Prempro, Premphase

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	Estrogens, Conjugated Synthetic	No	Cenestin
	Estrogens, Conjugated	No	Premarin
	Estropipate	Yes	
Anti-Estrogens			
	Tamoxifen	Yes	
Progestins			
	Medroxyprogesterone Acetate	Yes	
	Progesterone, Capsule	No	Prometrium
	Norethindrone Acetate	Yes	
	Progesterone, Gel	No	Crinone
Other Endocrine Agents			
	Megestrol Acetate	Yes	
	Raloxifene	No	Evista
	Alendronate	No	Fosamax
	Risedronate	No	Actonel
	Phenoxybenzamine	No	Dibenzyline
Ovulation Stimulants			
	Clomiphene Citrate	Yes	
Growth Hormones			
Copayment amounts for self-injectables may vary depending on the benefit selected by your employer.			
	Somatropin	No	Nutropin
	Somatropin	No	Nutropin AQ
CONTRACEPTIVES			
Contraceptives may be covered according to your plan's benefit. Refer to your Certificate booklet for benefit information.			
Progestin-Only			
	Norethindrone	Yes	
Mono-Phasic			
	Ethinyl Estradiol/Ethinodiol	Yes	
	Ethinyl Estradiol/Desogestrel	Yes	
	Ethinyl Estradiol/Levonorgestrel	Yes	
	Ethinyl Estradiol/Norethindrone	Yes	
	Ethinyl Estradiol/Norgestimate	Yes	
	Mestranol/Norethindrone	Yes	
	Ethinyl Estradiol/Norgestrel	Yes	
	Ethinyl Estradiol/Drospirenone	No	Yasmin
Bi-Phasic			
	Ethinyl Estradiol/Norethindrone	Yes	
	Ethinyl Estradiol/Desogestrel	Yes	
Tri-Phasic			
	Ethinyl Estradiol/Norethindrone	Yes	
	Ethinyl Estradiol/Norgestimate .025mg/.180mg	No	Ortho Tri-Cyclen Lo
	Ethinyl Estradiol/Norgestimate	Yes	
	Ethinyl Estradiol/Levonorgestrel	Yes	
Non-Oral Contraceptives			
	Ethinyl Estradiol/Norelgestromin	No	Ortho Evra
	Ethinyl Estradiol/Etonogestrel	No	Nuvaring
THYROID AND ANTITHYROID AGENTS			
Antithyroid			
	Propylthiouracil	Yes	
	Methimazole	Yes	
Thyroid			
	Levothyroxine	Yes	Synthroid
	Thyroid, Desiccated	Yes	
	Liothyronine	No	Cytomel
Adrenal Steroid Inhibitors			
	Aminoglutethimide	No	Cytadren
	Danazol	Yes	
	Nafarelin	No	Synarel
GASTROINTESTINAL AGENTS			
ANORECTAL			
	Hydrocortisone	No	Cortifoam
	Hydrocortisone Enema	Yes	
ANTIDIARRHEAL			
	Diphenoxylate/Atropine	Yes	
ANTIEMETIC/ANTIVERTIGO			
	Meclizine	Yes	

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	Metoclopramide	Yes	
	Ondansetron	No	Zofran
	Prochlorperazine	Yes	
	Promethazine	Yes	
	Thiethylperazine	No	Torecan
	Trimethobenzamide	Yes	
ANTISPASMODIC/GI MOTILITY			
	Hyoscyamine	Yes	
	Hyoscyamine Time Release	Yes	
	Belladonna Alkaloids/Phenobarbital	Yes	
	Metoclopramide	Yes	
	Dicyclomine	Yes	
	Propantheline	Yes	
ANTIULCER			
	Famotidine	Yes	
	Cimetidine	Yes	
	Misoprostol	Yes	
	Ranitidine	No	Zantac Syrup
	Ranitidine	Yes	
	Nizatidine	Yes	
	Omeprazole	Yes	
	Lansoprazole	No	Prevacid
	Pantoprazole	No	Protonix
	Lansoprazole/Amoxicillin/Clarithromycin	No	PrevPac
	Sucralfate	Yes	
BOWEL EVACUANTS			
	Polyethylene Glycol Electrolyte Solution	Yes	
DIGESTANTS			
	Amylase/lipase/protease	No	Pancrelipase, Enzycap, Palipase, Lipram, etc
GALLSTONE SOLUBILIZING AGENTS			
	Ursodiol	No	Urso
OTHER GI PRODUCTS			
	Budesonide	No	Entocort EC
	Calcium Acetate	No	Phoslo
	Lactulose	No	Kristalose
	Mesalamine	No	Canasa
	Mesalamine	Yes	
	Mesalamine	No	Asacol
	Mesalamine	No	Pentasa
	Olsalazine	No	Dipentum
	Sulfasalazine	Yes	
OPHTHALMICS			
Anti-Allergic Agents			
	Ketotifen	No	Zaditor
	Lodoxamide	No	Alomide
	Olopatadine	No	Patanol
	Azelastine hydrochloride	No	Optivar
ANTI-INFECTIVE AGENTS			
	Bacitracin	Yes	
	Chloramphenicol	Yes	
	Erythromycin	Yes	
	Gentamicin	Yes	
	Moxifloxacin	No	Vigamox
	Ofloxacin	Yes	
	Polymyxin-B/Bacitracin	Yes	
	Polymyxin-B/Gramicidin/Neomycin	Yes	
	Sulfacetamide	Yes	
	Tobramycin	Yes	
ANTI-INFLAMMATORY AGENTS			
	Dexamethasone	Yes	
	Fluorometholone 0.1%	Yes	FML
	Fluorometholone 0.25%	No	FML Forte/FML SOP
	Prednisolone Acetate	Yes	
	Polymyxin-B Sulfate/Trimethoprim	Yes	
	Prednisolone Sod. Phosphate	Yes	
	Diclofenac	Yes	
	Ketorolac 0.4%	No	Acular LS

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ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS		
Polymyxin-B/Bacitracin/Neomycin/HC	Yes	
Prednisolone/Gentamicin Sulfate	No	Pred-G
Fluorometholone/Sodium Sulfacetamide	No	FML-S
Sulfacetamide/Prednisolone	Yes	
Tobramycin/Dexamethasone	No	Tobradex
Neomycin/Polymyxin-B/Dexamethasone	Yes	
Neomycin/Dexamethasone/Petrolatum/Lanolin	Yes	
ANTIVIRAL AGENTS		
Trifluridine	Yes	
BETA-BLOCKERS		
Betaxolol	Yes	
Levobunolol	Yes	
Timolol Maleate	Yes	
Timolol Hemihdrate	No	Betimol
Timolol Maleate	Yes	
Carbonic Anhydrase Inhibitors		
Brinzolamide	No	Azopt
Dorzolamide	No	Trusopt
MIOTICS		
Pilocarpine	Yes	
Carbachol 3%	Yes	
MYDRIATICS		
Atropine	Yes	
Homatropine	Yes	
Prostaglandin Agonist		
Bimatoprost	No	Lumigan
Latanoprost	No	Xalatan
SYMPATHOMIMETICS		
Brimonidine	Yes	
Dipivefrin	Yes	
Epinephrine HCl	Yes	
VASOCONSTRICTORS		
Naphazoline	Yes	
OTICS		
ANTI-INFECTIVES		
Ofloxacin	No	Floxin Otic
ANTI-INFECTIVE AND ANTI INFLAMMATORY COMBINATIONS		
Acetic Acid/HC	Yes	
Ciprofloxacin/Dexamethasone	No	Ciprodex
Polymyxin-B/Neomycin/HC	Yes	
LOCAL ANESTHETIC/ANALGESIC COMBINATIONS		
Benzocaine/Antipyrine	Yes	
RESPIRATORY		
ANTI-ASTHMATIC AGENTS		
Corticosteroids		
Fluticasone	No	Flovent/HFA
Beclomethasone, CFC-free aerosol	No	QVAR
Budesonide	No	Pulmicort
Sympathomimetics		
Albuterol Tablets/Syrup	Yes	
Metaproterenol Tablets/Syrup	Yes	
Albuterol Inhaler	Yes	
Albuterol Inhaler	No	Proventil HFA Inhaler
Albuterol, Extended-Release	No	Proventil Repetabs
Albuterol, Extended-Release	Yes	
Albuterol tablets	No	Vospire ER
Terbutaline	Yes	
Salmeterol	No	Serevent Diskus
Formoterol Fumarate	No	Foradil
Xanthine Derivatives		
Aminophylline	Yes	
Theophylline Extended-Release	Yes	
Theophylline	Yes	
Other Agents		

	ACTIVE INGREDIENT	GENERIC AVAILABLE	FORMULARY BRAND NAME
	Cromolyn Sodium	No	Intal
	Deoxyribonuclease	No	Pulmozyme
	Fluticasone/Salmeterol	No	Advair
	Ipratropium Bromide	No	Atrovent/HFA
	Ipratropium Bromide, powder and soln	Yes	
	Ipratropium Bromide and albuterol sulfate	No	Combivent
	Ipratropium Bromide and albuterol sulfate soln	No	DuoNeb
	Montelukast	No	Singulair
Spacers			
All spacers are on the formulary.			
ANTIHISTAMINES/DECONGESTANTS			
All generically available antihistamine/decongestant combinations that require a prescription are covered on the formulary.			
	Cyproheptadine	Yes	
	Hydroxyzine HCl, Pamoate	Yes	
	Promethazine	Yes	
	Azelastine	No	Astelin
	Fexofenadine	Yes	Allegra
	Fexofenadine, Pseudoephedrine	No	Allegra-D 12 hour, Allegra-D 24 hour
EXPECTORANT AND COUGH PRODUCTS			
All generically available expectorant/cough products that require a prescription are covered on the formulary.			
NASAL MEDICATIONS			
	Azelastine	No	Astelin
	Fluticasone	No	Flonase
	Mometasone Furoate	No	Nasonex
	Triamcinolone	No	Nasacort/Nasacort AQ
SKELETAL AGENTS			
ANTIRHEUMATICS			
	Methotrexate	Yes	
GLUCOCORTICOIDS			
	Dexamethasone	Yes	
	Hydrocortisone	Yes	
	Prednisolone	Yes	
	Prednisone	Yes	
	Methylprednisolone	Yes	
GOUT THERAPY			
	Allopurinol	Yes	
	Colchicine	Yes	
	Indomethacin	Yes	
	Probenecid	Yes	
SKELETAL MUSCLE RELAXANTS			
	Carisoprodol	Yes	
	Chlorzoxazone	Yes	
	Cyclobenzaprine	Yes	
	Diazepam	Yes	
	Methocarbamol	Yes	
	Baclofen	Yes	
	Orphenadrine	Yes	
	Orphenadrine/Aspirin/Caffeine	Yes	
URINARY AGENTS			
ACIDIFIERS			
	Potassium Acid Phosphate	Yes	
ANALGESICS			
	Phenazopyridine	Yes	
ANTICHOLINERGICS			
	Oxybutynin	Yes	
	Oxybutynin, Extended Release	No	Ditropan XL
	Oxybutynin, Patch	No	Oxytrol
	Tolterodine	No	Detrol, Detrol LA
CHOLINERGIC AGENTS			
	Bethanechol	Yes	
VITAMINS / BLOOD MODIFIERS			
VITAMINS AND SUPPLEMENTS			

ACTIVE INGREDIENT	GENERIC AVAILABLE	FORMULARY BRAND NAME
Ergocalciferol (Vitamin D2)	Yes	
Folic Acid	Yes	
Multiple Vitamins with Fluoride	Yes	
Multiple Vitamins with Fluoride and Iron	Yes	
Vitamins A, D, C with Fluoride	Yes	
Vitamins A, D, C with Fluoride and Iron	Yes	
All Generic Prenatal Vitamins are on the formulary	Yes	
Phytonadione (Vitamin K)	No	Mephyton
Dihydrotachysterol (DHT)	No	DHT
Doxercalciferol	No	Hectoral
MISCELLANEOUS AGENTS		
Bosentan	No	Tracleer
Calcitonin Salmon Nasal Spray	No	Miacalcin
Disulfiram	Yes	
Etanercept	No	Enbrel
Leflunomide	Yes	
Orlistat	No	Xenical
Pentoxifylline	Yes	
Sildenafil	No	Viagra
Tamsulosin	No	Flomax
DRUG DISPENSING LIMITS		
Drug (Brand) Name	Formulary	Dispensing Limits (retail)
Advair Diskus	Yes	1 package (60 doses)/rx
Aerobid, Aerobid-M	No	3 inhalers/Rx
Albuterol solution 0.083%	Yes	4 packages (300 mL)/rx
Albuterol solution 0.5%	Yes	3 packages (60 mL)/rx
Albuterol, Ventolin, Proventil	Yes	2 inhalers/Rx
Alupent, Metaprel	No	2 inhalers/Rx
Amerge Tablets	No	9 tabs/rx
Anzemet tablets	No	3 tablets/ RX
Asmanex	No	2 inhalers/Rx
Astelin	Yes	2 inhalers (60 mL)/rx
Atrovent/HFA	Yes	2 inhalers/Rx
Atrovent (solution)	No	4 packages (252 mL)/rx
Atrovent NS	No	2 inhalers/Rx
Avita	Yes	Under age 40
Axert tablets	No	6 tabs/rx
Azmacort	No	2 inhalers/Rx
Biaxin XL	No	28 tablets/Rx
Beconase AQ	No	1 inhaler/Rx
Cialis	No	8 tabs/30 days, males only
Cipro XR 500mg	No	3 tablets/Rx
Cipro XR 1000mg	No	14 tablets/Rx
Clomid	Yes	10 tablets/Rx
Combivent	Yes	2 inhalers/Rx
Crinone 8%	Yes	60 applicators/Rx
Duoneb	Yes	120 vials (360 mL)/rx
Differin	Yes	Under age 40
Flonase	Yes	1 inhaler/rx
Flovent/HFA	Yes	2 inhalers/rx
Follistim AQ	Yes	20 cartridges/rx
Foradil Aerolizer	Yes	1 package (60 doses)/rx
Forteo	Yes	1 syringe/30 days
Fosamax 35mg & 70mg	Yes	8 tablets/30 days
Frova tablets	No	9 tabs/rx
Gonal-F	No	60 vials/Rx
Gonal-F	No	10 kits/rx
Imitrex Spray	Yes	6 spray unit devices/rx
Imitrex Tablets	Yes	9 tabs/rx
Imitrex kits/ vials	Yes	5 kits/rx
Insulin	Yes	100 ML/34 days
Insulin syringes/ needles	Variable	300 syringes/34 days
Intal and Intal solution	Yes	1 inhaler/rx; 1 package (240 mL)/rx
Kytril tablets	No	6 tablets/Rx
Kytril solution	No	1 bottle (30 mL)/rx
Levitra	No	8 tabs/30 days, males only
Marinol capsules	No	60 capsules/Rx

