

Prescription Drug Program Formulary

Generic equivalents of the products listed below will be automatically dispensed when available.

• Analgesics/Anti-Inflammatory

- Ansaïd
- Clinoril
- Daypro
- Feldene
- Ibuprofen
- Indocin
- Lodine
- Meclomen
- Nalfon
- Naprosyn
- Orudis
- Relafen
- Tolectin
- Toradol (5 days only)
- Voltaren

• Antibiotics

• Cephalosporins

- Ceclor
- Cefzil
- Cefdin
- Duricef
- Keflex
- Omnicef
- Vantin

• Macrolides

- Biaxin
- Dynabac
- Erythromycin
- Zithromax

• Penicillins

- Amoxicillin
- Ampicillin
- Augmentin
- Dicloxacillin
- Oxacillin
- Penicillin

• Fluoroquinolones

- Cipro
- Floxin
- Levaquin
- Tequin

• Misc. Anti-infectives

- Clindamycin
- Metronidazole
- Trimethoprim/sulfa

• Tetracyclines

- Doxycycline
- Tetracycline
- Minocycline

• Corticosteroids (Oral)

- Dexamethasone/pak
- Methylprednisolone/pak
- Prednisone/pak

• Dermatologicals

• Antibiotics

- Bactroban
- Gentamicin
- Triple Antibiotic

• Burn Products

- Furacin
- Silver Sulfadiazine

• Corticosteroids

- Betamethasone
- Hydrocortisone
- Triamcinolone

• Narcotic Analgesics

- Fioricet
- Fiorinal
- Morphine (non-sust. release)
- Oxycodone (non-sust. release)
- Percocet
- Talacen
- Tylenol w/Codeine
- Ultram
- Vicodin

• Non-Narcotic Analgesics

- Acetaminophen
- Disalcid
- Dolobid
- Salicylates

• Ophthalmic Products

• Ophthalmic Antibiotics

- Bacitracin
- Ciloxan
- Gentamicin
- Tobrex
- Polytrim
- Neosporin
- Ocuflax
- Vigamox

• Ophthalmic Steroids

- Blephamide
- Cortisporin
- Prednisolone
- Tobradex
- Vasocidin

• Otics (Ear Products)

• Otic Antibiotics

- Cipro HC
- Cortisporin, etc.
- Floxin

• Skeletal Muscle Relaxants

- Flexeril
- Norflex
- Robaxin
- Lioresal
- Parafon
- Valium
- Soma (4 tablets/day)

• Miscellaneous

- Phenergan & Vistaril – limited to 7 day supply
- Ambien – limited to 15 tablets/ month
- Amitriptyline
- Prilosec OTC
- Methadone

NOTE: This formulary is intended to provide a listing of the most common drugs covered by this prescription drug program. Drugs not appearing on this will either (a) be excluded from coverage by the plan or (b) require prior authorization.

