Prescription Drug Program Formulary

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

Analgesics/Anti-Inflammatory

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

Antibiotics

- *Cephalosporins*
  - Ceclor
  - Cefzil
  - Ceftin
  - 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

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

- Darvocet
- Darvon
- 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
  - Ocuflox
- *Ophthalmic Steroids*
  - Blephamide
  - Cortisporin
  - Prednisolone
  - Tobradex
  - Vasocidin

Otics (Ear Products)

- *Otic Antibiotics*
  - Cipro HC
  - Cortisporin, etc.

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
- Prilosec 10mg

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.

Last Updated on 6/19/2008