

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic	
I. ANALGESICS			
Narcotics - Not a covered benefit			
 Non-Narcotics			
	DOLOBID TABLET FIORINAL CAPSULE FIORINAL TABLET OTC TYLENOL	DIFLUNISAL ASPIRIN/CAFFEINE/BUTALBITAL ASPIRIN/CAFFEINE/BUTALBITAL ACETAMINOPHEN	
	Non-Narcotics (Migraine) IMITREX TABLET	SUMATRIPTAN	Max qty of 9 per month
 NSAIDs/Salicylates			
	ANAPROX 275MG TABLET ANAPROX DS 550MG TABLET ANSAID TABLET CLINORIL TABLET DISALCID TABLET FELDENE CAPSULE NALFON 600MG TABLET INDOCIN CAPSULE INDOCIN SR 75MG CAPSULE LODINE 300MG CAPSULE LODINE 400MG TABLET LODINE 500MG TABLET MECLOMEN CAPSULE MOTRIN TABLET NAPROSYN TABLET RELAFEN 500MG TABLET RELAFEN 750MG TABLET TOLECTIN 200MG TABLET TOLECTIN DS 400MG CAPSULE TOLMETIN 600MG TABLET VOLTAREN TABLET EC (not extended release) OTC IBUPROFEN OTC NAPROXEN	NAPROXEN SODIUM NAPROXEN SODIUM FLURBIPROFEN SULINDAC SALSALATE PIROXICAM FENOPROFEN CALCIUM INDOMETHACIN INDOMETHACIN ETODOLAC ETODOLAC ETODOLAC MECLOFENAMATE SODIUM IBUPROFEN NAPROXEN NABUMETONE NABUMETONE TOLMETIN SODIUM TOLMETIN SODIUM TOLMETIN SODIUM DICLOFENAC SODIUM	
 II. ANESTHETICS			
	XYLOCAINE 2% VISCOUS SOLN	LIDOCAINE	
 III. ANTIMICROBIALS			
Antibiotics			
Cephalosporins			
	CECLOR PULVULE CECLOR 250MG/5ML SUSPENSION CECLOR 375MG/5ML SUSPENSION DURICEF 500MG CAPSULE KEFLEX PULVULE (not 750 mg) KEFLEX 250MG/5ML ORAL SUSP	CEFACLOR CEFACLOR CEFACLOR CEFADROXIL CEPHALEXIN CEPHALEXIN	
 Erythromycins			
	E.E.S 400 FILMTAB E-MYCIN 333MG TABLET EC ERYC 250MG CAPSULE ERYTHROCIN FILMTAB ZITHROMAX 250MG AND 500MG TABLETS ZITHROMAX Z PAK 250MG TABLET ZITHROMAX TRI-PAK 500MG TABLET	ERYTHROMYCIN ERYTHROMYCIN BASE ERYTHROMYCIN BASE ERYTHROMYCIN AZITHROMYCIN AZITHROMYCIN AZITHROMYCIN	

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

Brand	Generic
Penicillins	
AMOXIL CAPSULE	AMOXICILLIN
AMOXIL 250MG TABLET CHEW	AMOXICILLIN
AMOXIL 250MG/5ML SUSPENSION	AMOXICILLIN
AUGMENTIN 500MG AND 875MG TABLETS	AMOX TR/POTASSIUM CLAVULANATE
DYNAPEN CAPSULE	DICLOXACILLIN SODIUM
PENICILLIN VK TABLET	PENICILLIN V
PENICILLIN VK 250MG/5ML LIQ	PENICILLIN V
PRINCIPEN CAPSULE	AMPICILLIN
PRINCIPEN 250MG/5ML SUSP	AMPICILLIN
Sulfonamides	
BACTRIM 400-80MG	SULFAMETHOXAZOLE/TRI
BACTRIM DS TABLET	SULFAMETHOXAZOLE/TRI
BACTRIM PEDIATRIC ORAL SUSP	SULFAMETHOXAZOLE/TRI
Tetracyclines	
MINOCIN 50MG PELLETTIZED CAP	MINOCYCLINE
MINOCIN 100MG PELLETTIZED CAP	MINOCYCLINE
SUMYCIN 125MG/5ML ORAL SUSP	TETRACYCLINE
SUMYCIN 500MG CAPSULE	TETRACYCLINE
SUMYCIN V 250MG CAPSULE	TETRACYCLINE
VIBRAMYCIN CAPSULE	DOXYCYCLINE HYCLATE
VIBRA-TABS 100MG TABLET	DOXYCYCLINE HYCLATE
Other Antibiotics	
CIPRO 250MG TABLET	CIPROFLOXACIN
CIPRO 500MG TABLET	CIPROFLOXACIN
CIPRO 750MG TABLET	CIPROFLOXACIN
CLEOCIN HCL 150MG CAPSULE	CLINDAMYCIN
FLAGYL TABLET	METRONIDAZOLE
LEVAQUIN 250MG TABLET	LEVOFLOXACIN
LEVAQUIN 500MG TABLET	LEVOFLOXACIN
LEVAQUIN 750MG TABLET	LEVOFLOXACIN
MACRODANTIN CAPSULE	NITROFURANTOIN
MACROBID 100MG CAPSULE	NITROFURANTOIN MACRO
PROLOPRIM TABLET	TRIMETHOPRIM
URISED TABLET	METHENAMINE COMB
Antifungals	
DIFLUCAN 100MG TABLET	FLUCONAZOLE
DIFLUCAN 150MG TABLET	FLUCONAZOLE
MYCOSTATIN 100000U/ML SUSP	NYSTATIN
MYCOSTATIN 500000U ORAL TAB	NYSTATIN
NIZORAL 200MG TABLET	KETOCONAZOLE
Antivirals	
ZOVIRAX TABS/CAPS	ACYCLOVIR TABS/CAPS
TAMIFLU	OSELTAMIVIR PHOSPHATE
RELENZA	ZANAMIVIR
Anti- HIV	HIV MEDICATIONS, DIRECT THE PHYSICIAN TO USE HIV/AIDS DRUG ASSISTANCE PROGRAM

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Anti-TB	ETHAMBUTOL ISONIAZID PYRAZINAMIDE RIFAMPIN	ETHAMBUTOL ISONIAZID PYRAZINAMIDE RIFAMPIN
Anti-Malarials	PLAQUENIL 200MG TABLET QUININE SULFATE TAB, CAPS	HYDROXYCHLOROQUINE QUININE SULFATE
IV. RESPIRATORY DRUGS		
Antihistamines	ANTIVERT TABLET ATARAX TABLET BENADRYL 50MG CAPSULE PERIACTIN 2MG/5ML SYRUP PERIACTIN 4MG TABLET PHENERGAN 25MG TABLET TAVIST 2.68MG TABLET VISTARIL CAPSULE OTC BENADRYL 25MG CAPSULE OTC CHLOR-TRIMETON	MECLIZINE HCL HYDROXYZINE DIPHENHYDRAMINE HCL CYPROHEPTADINE CYPROHEPTADINE PROMETHAZINE CLEMASTINE FUMARATE HYDROXYZINE PAMOATE DIPHENHYDRAMINE HCL CHLORPHENIRAMINE MALEATE
Cough/Cold/Allergy Products	ORGANIDIN NR 200MG TABLET TESSALON PERLE 100MG CAP OTC ROBITUSSIN	GUAIFENESIN BENZONATATE GUAIFENESIN
Asthma/COPD	ALBUTEROL 5MG/ML SOLUTION ALBUTEROL 2.5MG/3ML SOLUTION ALUPENT TABLET ALUPENT 10MG/5ML SYRUP AMINOPHYLLINE 105MG/5ML LIQ ATROVENT 0.02% SOLUTION ELIXOPHYLLIN 80MG/15ML ELIX SINGULAIR 10MG TABLET INTAL NEBULIZER SOLUTION LUFYLLIN 200MG TABLET THEO-DUR TABLET SA VENTOLIN HFA INHALER VENTOLIN 0.83MG/ML SOLUTION VENTOLIN 2MG TABLET VENTOLIN 2MG/5ML SYRUP VENTOLIN 4MG TABLET	ALBUTEROL ALBUTEROL METAPROTERENOL METAPROTERENOL AMINOPHYLLINE IPRATROPIUM BROMIDE THEOPHYLLINE MONTELUKAST CROMOLYN SODIUM DYPHYLLINE THEOPHYLLINE ALBUTEROL ALBUTEROL ALBUTEROL SULFATE ALBUTEROL SULFATE ALBUTEROL SULFATE
**		
V. CARDIOVASCULAR		
ACE Inhibitors	ACCUPRIL TABLET CAPOTEN TABLET VASOTEC (ALL STRENGTHS) ZESTRIL/PRINIVIL TABLET	QUINAPRIL CAPTOPRIL ENALAPRIL LISINOPRIL
Angiotensin Receptor Blocker	COZAAR TABLET DIOVAN TABLET	LOSARTAN POTASSIUM VALSARTAN

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Beta Blockers		
	BLOCADREN TABLET	TIMOLOL MALEATE
	COREG TABLET (NOT CR)	CARVEDILOL
	CORGARD TABLET	NADOLOL
	INDERAL TABLET	PROPRANOLOL HCL
	INDERAL LA CAPSULE	PROPRANOLOL HCL
	LOPRESSOR 50MG TABLET	METOPROLOL TARTRATE
	LOPRESSOR 100MG TABLET	METOPROLOL TARTRATE
	METOPROLOL 25MG TABLET	METOPROLOL TARTRATE
	SECTRAL CAPSULE	ACEBUTOLOL
	TENORMIN TABLET	ATENOLOL
	VISKEN TABLET	PINDOLOL
Ca++ Blockers		
	ADALAT CAPSULE	NIFEDIPINE
	ADALAT CC TABLET SA	NIFEDIPINE
	CALAN TABLET	VERAPAMIL HCL
	CALAN SR CAPLET SA	VERAPAMIL HCL
	CARDENE CAPSULE	NICARDIPINE HCL
	CARDIZEM TABLET	DILTIAZEM
	CARDIZEM CD CAPSULE	DILTIAZEM
	CARDIZEM SR CAPSULE	DILTIAZEM
	NORVASC TABLET	AMLODIPINE BESYLATE
	PROCARDIA XL TABLET SA	NIFEDIPINE
Cholesterol Reducers		
	LOPID 600MG TABLET	GEMFIBROZIL
	PRAVACHOL TABLET	PRAVASTATIN
	QUESTRAN LIGHT POWDER	CHOLESTYRAMINE/ASPAR
	QUESTRAN POWDER	CHOLESTYRAMINE/SUCRO
	ZOCOR TABLET	SIMVASTATIN
Diuretics (including combination products)		
	ALDACTAZIDE 25/25 TABLET	SPIRONOLACTONE/HCTZ
	ALDACTONE TABLET	SPIRONOLACTONE
	BUMEX TABLET	BUMETANIDE
	DEMADEX TABLET	TORSEMIDE
	DIAMOX TABLET	ACETAZOLAMIDE
	DIAMOX SEQUEL 500MG	ACETAZOLAMIDE
	DIURIL TABLET	CHLOROTHIAZIDE
	DYAZIDE CAP	HCTZ/TRIAMTERENE
	ENDURON TABLET	METHYCLOTHIAZIDE
	HYDRODIURIL TABLET	HYDROCHLOROTHIAZIDE
	HYGROTON TABLET	CHLORTHALIDONE
	LASIX TABLET	FUROSEMIDE
	LOZOL TABLET	INDAPAMIDE
	MAXZIDE TABLET	HCTZ/TRIAMTERENE
	MODURETIC 5/50 TABLET	HCTZ/AMILORIDE
	NEPTAZANE TABLET	METHAZOLAMIDE
	TENORETIC TABLET	CHLORTHALIDONE/ATENOLOL
Sympatholytics, Centrally-acting		
	ALDOMET TABLET	METHYLDOPA
	ALDORIL-15 TABLET	METHYLDOPA/HYDROCHLO
	ALDORIL-25 TABLET	METHYLDOPA/HYDROCHLO
	CATAPRES TABLET	CLONIDINE HCL
	TENEX TABLET	GUANFACINE HCL

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Peripherally-acting		
	CARDURA FLOMAX CAPSULE HYTRIN CAPSULE MINIPRESS CAPSULE	DOXAZOSIN MESYLATE TAMSULOSIN HCL TERAZOSIN PRAZOSIN HCL
Vasodilators Central or Peripheral		
	APRESOLINE TABLET IMDUR TABLET ISORDIL TABLET ISORDIL TEMBIDS 40MG TABS LONITEN TABLET NITRO-BID 2% OINTMENT NITROGLYCERIN CAPS SA NITROSTAT TABLET SL PAVABID 150MG CAPSULE SA VASODILAN TABLET	HYDRALAZINE HCL ISOSORBIDE MONONITRATE ISOSORBIDE DINITRATE ISOSORBIDE DINITRATE MINOXIDIL NITROGLYCERIN NITROGLYCERIN NITROGLYCERIN PAPAVERINE ISOXSUPRINE
Other Cardiovascular agents		
**	CORDARONE TABLET	AMIODARONE
**	LANOXIN 0.05MG/ML ELIXIR	DIGOXIN
**	LANOXIN TABLET	DIGOXIN
	MEXITIL CAPSULE	MEXILETINE
	NORPACE 150MG CAPSULE	DISOPYRAMIDE
	PERSANTINE TABLET	DIPYRIDAMOLE
	PRONESTYL CAPSULE	PROCAINAMIDE HCL
	PRONESTYL-SR 500MG TABLET	PROCAINAMIDE HCL
	QUINAGLUTE DURA-TABS 324MG	QUINIDINE GLUCONATE
	QUINIDEX EXTENTABS 300MG	QUINIDINE SULFATE
	QUINIDINE SULFATE TAB	QUINIDINE SULFATE
	TRENTAL TABLET	PENTOXIFYLLINE
Blood Thinners		
**	COUMADIN TABLET	WARFARIN SODIUM
Blood Modifiers		
	PLAVIX 75MG TABLET	CLOPIDOGREL
	PLETAL 50MG AND 100MG TABLETS	CILOSTAZOL
VI. GASTROINTESTINAL AGENTS		
Antispasmodics/ Anticholinergics		
	BENTYL TABLET DONNATAL ELIXIR DONNATAL TABLET LEVSIN 0.125MG TABLET SL LEVSINEX 0.375MG CAPSULE SA LIBRAX CAPSULE	DICYCLOMINE BELLADONNA BELLADONNA HYOSCYAMINE SULFATE HYOSCYAMINE SULFATE CLIDINIUM/CL-DIAZEPO
Cholelitholytic Agent		
	ACTIGALL 300MG CAPSULE	URSODIOL
Ulcers		
	CARAFATE 1GM TABLET TAGAMET TABLET TAGAMET 300MG/5ML LIQUID ZANTAC TABLET PRILOSEC 20MG Rx PROTONIX 20MG TABLET PROTONIX 40MG TABLET	SUCRALFATE CIMETIDINE CIMETIDINE RANITIDINE HCL OMEPRAZOLE PANTOPRAZOLE SODIUM PANTOPRAZOLE SODIUM

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Ulcerative Colitis	AZULFIDINE 500MG TAB (NOT EC)	SULFASALAZINE
Anti-Diarrheals	LOMOTIL LIQUID LOMOTIL TABLET OTC PEPTO BISMOL OTC KAOPECTATE OTC IMODIUM AD	DIPHENOXYLATE DIPHENOXYLATE/ATROP
Anti-Emetics	COMPAZINE TABLET REGLAN TABLET REGLAN 5MG/5ML SYRUP TIGAN SUPPOSITORY	PROCHLORPERAZINE METOCLOPRAMIDE METOCLOPRAMIDE TRIMETHOBENZAMIDE
Stool Softeners	OTC COLACE OTC PERI-COLACE	DOCUSATE CASANTHRANOL/DOCUSATE
Others	CEPHULAC 10GM/15ML SYRUP CHRONULAC 10GM/15ML SYRUP COLYTE SOLUTION	LACTULOSE LACTULOSE ELECTROLYTE

VII. ENDOCRINE/METABOLIC

Diabetic agents

B-D INSULIN SYRINGES .5CC	BLOOD SUGAR MONITORING STRIP
B-D INSULIN SYRINGES 1CC	BLOOD SUGAR MONITORING STRIP
FREESTYLE TEST STRIPS	BLOOD SUGAR MONITORING STRIP
FREESTYLE LITE TEST STRIPS	BLOOD SUGAR MONITORING STRIP
FREESTYLE INSULINX TEST STRIPS	BLOOD SUGAR MONITORING STRIP
PRECISION XTRA TEST STRIPS	CHLORPROPAMIDE
DIABINESE TABLET	METFORMIN HCL
GLUCOPHAGE TABLET	GLIPIZIDE
GLUCOTROL TABLET	GLYBURIDE
GLYNASE PRESTAB	INSULIN LISPRO
HUMALOG	INSULIN LISPRO/INSULIN PROTAMINE
HUMALOG MIX 50/50	INSULIN LISPRO/INSULIN PROTAMINE
HUMALOG MIX 75/25	INSULIN HUMAN
HUMULIN 70/30 VIAL	INSULIN NPH HUMAN
HUMULIN N 100 u/ML VIAL	INSULIN REG. HUMAN
HUMULIN R 100 u/ML VIAL	INSULIN GLARGINE
LANTUS INJ 100 u/ML VIAL	GLYBURIDE
MICRONASE TABLET	TOLBUTAMIDE
ORINASE 500MG TABLET	TOLAZAMIDE
TOLINASE TABLET	
LANCETS B-D ULTRA FINE	
LANCETS MONLETS	
LANCETS	
LANCETS E-Z JECT BLOOD	
LANCETS ULTRATLC	

Hormone Therapy

Estrogens

ESTRACE TABLET	ESTRADIOL
OGEN TABLET	ESTROPIPATE

Progesterones

PROVERA TABLET	MEDROXYPROGESTERONE
----------------	---------------------

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Antidepressants, continued		
SSRI	PROZAC CAPSULE	FLUOXETINE
SSRI	PAXIL TABLET	PAROXETINE
SSRI	ZOLOFT TABLET	SERTRALINE
Mood Stabilizers		
	ESKALITH 300MG CAPSULE	LITHIUM CARBONATE
	LITHOBID 300MG TABLET	LITHIUM CARBONATE
CNS Stimulants		
	<i>NOTE: NOT COVERED FOR 18 YRS AND OLDER EXCEPT FOR ADULT NARCOLEPSY/ADHD</i>	
	RITALIN TABLET	METHYLPHENIDATE HCL
	RITALIN-SR 20MG TABLET SA	METHYLPHENIDATE HCL
Anti-Convulsants		
	DEPAKOTE (NOT ER)	DIVALPROEX SODIUM
	DEPAKENE CAPSULE	VALPROIC ACID
**	DILANTIN 100MG KAPSEAL	PHENYTOIN SODIUM
**	DILANTIN 125MG/5ML SUSP	PHENYTOIN
	LAMICTAL TABLET	LAMOTRIGINE
	MYSOLINE TABLET	PRIMIDONE
	NEURONTIN 100MG CAPSULE	GABAPENTIN
	NEURONTIN 300MG CAPSULE	GABAPENTIN
	NEURONTIN 400MG CAPSULE	GABAPENTIN
	NEURONTIN 600MG TABLET	GABAPENTIN
	NEURONTIN 800MG TABLET	GABAPENTIN
**	TEGRETOL 100MG TAB CHW	CARBAMAZEPINE
**	TEGRETOL 200MG TABLET	CARBAMAZEPINE
	PHENOBARBITAL TABLET	PHENOBARBITAL
	PHENOBARBITAL 20MG/5ML ELIX	PHENOBARBITAL
Sedatives/Anti-anxiety- Not a covered benefit		
Antipsychotic agents		
	ABILIFY	ARIPIPRAZOLE
	HALDOL TABLET	HALOPERIDOL
	HALDOL 2MG/ML ORAL CONC	HALOPERIDOL LACTATE
	LOXITANE CAPSULE	LOXAPINE SUCCINATE
	MELLARIL TABLET	THIORIDAZINE
	MELLARIL 100MG/ML ORAL CONC	THIORIDAZINE
	MILTOWN TABLET	MEPROBAMATE
	NAVANE CAPSULE	THIOTHIXENE
	PROLIXIN 1MG TABLET	FLUPHENAZINE
	PROLIXIN TABLET	FLUPHENAZINE
	RISPERDAL TABLET (NOT M-TAB)	RISPERIDONE
	STELAZINE TABLET	TRIFLUOPERAZINE L
	THORAZINE TABLET	CHLORPROMAZINE HCL
	TRILAFON TABLET	PERPHENAZINE
	ZYPREXA TABLET	OLANZAPINE
Muscle Relaxants		
	FLEXERIL 10MG TABLET	CYCLOBENZAPRINE HCL
	LIORRESAL TABLET	BACLOFEN
	PARAFON FORTE DSC 500MG CPT	CHLORZOXAZONE
	ROBAXIN 500MG TABLET	METHOCARBAMOL
	ZANAFLEX 2MG TABLET	TIZANIDINE
	ZANAFLEX 4MG TABLET	TIZANIDINE

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
Parkinson's Treatment	ARTANE TABLET	TRIHENYPHENIDYL HCL
	ARTANE 2MG/5ML ELIXIR	TRIHENYPHENIDYL HCL
	COGENTIN TABLET	BENZTROPINE MESYLATE
	SINEMET TABLET (NOT CR)	CARBIDOPA/LEVODOPA
	SYMMETREL 50MG/5ML SYRUP	AMANTADINE HCL
	SYMMETREL 100MG CAPSULE	AMANTADINE

IX. DERMATOLOGIC AGENTS

A/T/S 2% GEL	ERYTHROMYCIN BASE
A/T/S 2% TOPICAL SOLUTION	ERYTHROMYCIN BASE
ARISTOCORT 0.1% LOTION	TRIAMCINOLONE
ARISTOCORT 0.1% OINTMENT	TRIAMCINOLONE
ARISTOCORT HP 0.5% CREAM	TRIAMCINOLONE
ARISTOCORT LP 0.025% CRM	TRIAMCINOLONE
ARISTOCORT R 0.1% CREAM	TRIAMCINOLONE
CLEOCIN T 1% SOLUTION	CLINDAMYCIN
DES-OWEN 0.05% CREAM	DESONIDE/L.S.B.
DIPROSONE 0.05% CREAM	BETAMETHASONE
DIPROSONE 0.05PC LOTION	BETAMETHASONE
DIPROSONE 0.05PC OINT	BETAMETHASONE
ELIMITE CREAM	PERMETHRIN
ERYTHROMYCIN 2% SOLUTION	ERYTHROMYCIN BASE
GENTAMICIN 0.1% CREAM	GENTAMICIN SULFATE
GENTAMICIN 0.1% OINTMENT	GENTAMICIN SULFATE
OTC GYNE LOTRIMIN	CLOTRIMAZOLE
OTC HYDROCORTISONE 1% LOTION	HYDROCORTISONE
OTC HYDROCORTISONE 1% OINT	HYDROCORTISONE
HYTONE 1PC CREAM	HYDROCORTISONE
HYTONE 2.5% OINTMENT	HYDROCORTISONE
HYTONE 2.5PC CREAM	HYDROCORTISONE
HYTONE 2.5PC LOTION	HYDROCORTISONE
KENALOG 0.025% LOTION	TRIAMCINOLONE
KENALOG-ORABASE 0.1% PASTE	TRIAMCINOLONE
LIDEX 0.05% CREAM	FLUOCINONIDE
LIDEX 0.05% GEL	FLUOCINONIDE
LIDEX 0.05% OINTMENT	FLUOCINONIDE
LIDEX 0.05% SOLUTION	FLUOCINONIDE
LIDEX-E 0.05% CREAM	FLUOCINONIDE/EMOLLIE
OTC MONISTAT CREAM	MICONAZOLE NITRATE
OTC MONISTAT 3 200MG VAG SUPPOS	MICONAZOLE NITRATE
MYCOLOG II CREAM	NYSTATIN/TRIAMCIN
MYCOLOG II OINTMENT	NYSTATIN/TRIAMCIN
MYCOSTATIN 100000U/GM CREAM	NYSTATIN
OTC NIX SHAMPOO	PERMETHRIN
NOVACET LOTION	SULFACETAMIDE/SULFUR
NIZORAL CREAM	KETOCONAZOLE
NYSTATIN 100000U/GM OINT	NYSTATIN
SELENIUM SULF 2.5% SHAMPOO	SELENIUM SULFIDE
SILVADENE 1% CREAM	SILVER SULFADIAZINE
SYNALAR 0.01% SOLUTION	FLUOCINOLONE
SYNALAR 0.025% CREAM	FLUOCINOLONE
SYNALAR 0.025% OINTMENT	FLUOCINOLONE
TEMOVATE 0.05% CREAM	CLOBETASOL
TEMOVATE 0.05% OINTMENT	CLOBETASOL
TEMOVATE 0.05% SOLUTION	CLOBETASOL
TOPICORT 0.25% CREAM	DESOXIMETASONE
TOPICORT 0.25PC OINTMENT	DESOXIMETASONE
TOPICORT LP 0.05PC CREAM	DESOXIMETASONE
VALISONE 0.1PC CREAM	BETAMETHASONE
VALISONE 0.1PC LOTION	BETAMETHASONE
VALISONE 0.1PC OINTMENT	BETAMETHASONE

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

	Brand	Generic
X. OPHTHALMIC PREPARATIONS		
	BACITRACIN 500U/GM EYE OINT	BACITRACIN
	BETAGAN 0.25% OPHTH DROPS	LEVOBUNOLOL
	BETAGAN 0.5% EYE DROPS	LEVOBUNOLOL
	BLEPH-10 EYE DROPS	SULFACETAMIDE SODIUM
	BLEPH-10 EYE OINTMENT	SULFACETAMIDE SODIUM
	CORTISPORIN EYE DROPS	NEOMYCIN/POLYMYXIN B/HC
	CORTISPORIN EYE OINTMENT	NEOMYCIN/BACITRACIN/
	DECADRON 0.1PC OPHTH DROPS	DEXAMETHASONE SOD
	FML LIQUIFILM 0.1% EYE DROP	FLUOROMETHOLONE
	GARAMYCIN 3MG/GM OPHTH OINT	GENTAMICIN SULFATE
	GARAMYCIN 3MG/ML EYE DROPS	GENTAMICIN SULFATE
	ILOTYCIN 5MG/GM OINTMENT	ERYTHROMYCIN BASE
	MAXITROL EYE OINTMENT	NEOMYCIN/POLYMYXIN/D
	MAXITROL OPHTH SUSPENSION	NEOMYCIN/POLYMYXIN/D
	MYDRIACYL 1% DROPS	TROPICAMIDE
	NAPHCN FORTE 0.1% EYE DROP	NAPHAZOLINE
	NEODECADRON DROPS	NEOMYCIN
	NEOSPORIN EYE DROPS	NEOMY/POLY/GRAM
	NEOSPORIN OPHTHALMIC OINT	NEOMYCIN/BACITRACIN/
	PILOCARPINE EYE DROPS	PILOCARPINE HCL
	PRED FORTE 1% EYE DROPS	PREDNISOLONE ACETATE
	TIMOPTIC EYE DROPS	TIMOLOL MALEATE
	TIMOPTIC OPHTH OCUDOSE	TIMOLOL MALEATE
	TOBREX 0.3% EYE DROPS	TOBRAMYCIN SULFATE
XI. OTIC PREPARATIONS		
	CORTISPORIN EAR SUSPENSION	NEOMY SULF/POLYMYX B
	CORTOMYCIN OTIC SOLN DROPS	NEOMYCIN
	DOMEBORO OTIC DROPS	ACETIC ACID/ALUMINUM
	VOSOL HC OTIC DROPS	ACETIC ACID/HYDROCORTISONE
	VOSOL OTIC SOLUTION	ACETIC ACID
XII. UROLOGY		
Parasympathetic Agents	URECHOLINE TABLET	BETHANECHOL CHLORIDE
Parasympatholytics	DITROPAN 5MG TABLET	OXYBUTYNIN CHLORIDE
	URISED TABLET	METHENAMINE COMBO
Anesthetic/ Analgesic	PHENAZOPYRIDINE HCL	PYRIDIDIUM TABLET
XIII. SUPPLEMENTS		
Vitamins	B-COMPLEX VITAMIN PLUS TAB	IRON/MULTIVITS/MIN
	FORMULA B PLUS/THEROBEC PLUS	VITAMIN B COMP W-C
	FOLIC ACID 1MG TABLET	FOLIC ACID
	LEUCOVORIN 5MG TABLET	LEUCOVORIN CALCIUM
	ROCALTROL CAPSULE	CALCITRIOL
	VITAMIN D 50000IU CAPSULE	ERGOCALCIFEROL
Electrolytes	K TAB 10MEQ TABLET SA	POTASSIUM CHLORIDE
	K-DUR 20MEQ TABLET SA	POTASSIUM CHLORIDE
	KAOCHLOR S-F 20% LIQUID	POTASSIUM CHLORIDE
	KAON GRAPE ELIXIR	POTASSIUM GLUCONATE
	K-LYTE ORANGE TABLET EFF	POTASSIUM
	MICRO-K 10MEQ EXTENCAPS	POTASSIUM CHLORIDE
	SLOW-K 8MEQ TABLET SA	POTASSIUM CHLORIDE

County Health Plan Drug Formulary 2017

Note: Generic products are required, unless the medication is listed with two asterisks (**) in the first column

Brand

Generic

XIV. MISCELLANEOUS

ANUCORT-HC 25MG SUPPOSITORY
EPI-PEN 0.3MG
PERIDEX 0.12% LIQUID

HYDROCORTISONE
EPINEPHRINE
CHLORHEXIDINE

IMMUNOSUPPRESSIVES

IMURAN 50MG TABLET

AZATHIOPRINE