

Generic Name	Brand Name	Form	Strength	Restriction
Warfarin	Coumadin	Tablet	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	[90-day supply allowed] Prior Authorization Required- Restricted to secondary prevention in patients with ischemic stroke or TIA
Aspirin - Dipyridamole	Aggrenox	Capsule	25-200mg	Formulary
Cilostazol	Pletal	Tablet	50mg, 100mg	Restricted to Neurology, Cardiology, aspirin failure, intolerance to ASA, or treatment failure for TIAs
Clopidogrel	Plavix	Tablet	75mg	[90-day supply allowed]
Dipyridamole	Persantine	Tablet	25mg, 50mg, 75mg	[90-day supply allowed]
Pentoxifylline	Trental	Tablet ER	400mg	[90-day supply allowed]
Anagrelide	Agrylin	Capsule	0.5mg, 1mg	Prior Authorization Required
Mebendazole	Vermox	Chewable Tablet	100mg	Formulary
Thiabendazole	Mintezol	Chewable Tablet	500mg	Formulary
Thiabendazole	Mintezol	Oral Suspension	500mg/ml	Formulary
Clindamycin	Cleocin	Capsule	75mg, 150mg, 300mg	Formulary
Clindamycin	Cleocin Pediatric	Powder for Solution	75mg/5ml	Formulary
Erythromycin - Sulfisoxazole	Pediazole	Suspension	200-600mg/ml	Formulary
Metronidazole	Flagyl	Tablet	250mg, 500mg	Formulary
Nitrofurantoin Macrocrystals	Macrochantin	Capsule	50mg, 100mg	Formulary
Paromomycin Sulfate	Humatin	Capsule	250mg	Formulary
Vancomycin	Vancocin	Capsule	125mg, 250mg	Prior Authorization Required
Neomycin	Mycifradin	Oral Solution	125mg/5ml	Formulary
Neomycin	Mycifradin	Tablet	500mg	Formulary
Cefdinir	Omnicef	Capsule	300mg	Restricted to Pediatrics and Infectious Disease
Cefdinir	Omnicef	Powder for Suspension	125mg/5ml, 250mg/5ml	Restricted to Pediatrics & Infectious Disease
Cefixime	Suprax	Liquid	100mg/5ml	Restricted to the treatment of gonorrhea
Cefixime	Suprax	Tablet	200mg, 400mg	Restricted to the treatment of gonorrhea
Cefuroxime Axetil	Ceftin	Powder for Suspension	125mg/5ml	Restricted to Infectious Disease, Pulmonology, Pediatrics & Cardiothoracic Surgery
Cefuroxime Axetil	Ceftin	Tablet	125mg, 250mg, 500mg	Restricted to Infectious Disease, Pulmonology, Pediatrics & Cardiothoracic Surgery
Cephalexin	Keflex	Capsule	250mg, 500mg	Formulary
Cephalexin	Keflex	Suspension	125mg/5ml, 250mg/5ml	Formulary
Chloramphenicol	Chloromycetin	Capsule	250mg	Formulary
Ciprofloxacin	Cipro	Solution	500mg/5ml	Formulary
Ciprofloxacin	Cipro	Tablet	250mg, 500mg	Formulary
Levofloxacin	Levaquin	Oral Solution	25mg/ml	Diagnosis must be indicated on each outpatient prescription prior to pharmacy dispensing. Restricted to the treatment of respiratory tract infections. HUMC Restriction: Restricted to ID, Peds ID, Guideline/Pathway
Levofloxacin	Levaquin	Tablet	250mg, 500mg, 750mg	Diagnosis must be indicated on each outpatient prescription prior to pharmacy dispensing. Restricted to the treatment of respiratory tract infections. HUMC Restriction: Restricted to ID, Peds ID, Guideline/Pathway

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Levofloxacin	Levaquin Leva-Pak	Tablet	750mg	Diagnosis must be indicated on each outpatient prescription prior to pharmacy dispensing. Restricted to treatment of respiratory tract infections. HUMC Restriction: Restricted to ID, Peds ID, Guideline/Pathway
Azithromycin	Zithromax	Capsule	250mg	Formulary
Azithromycin	Zithromax	Suspension	200mg/5ml	Formulary
Azithromycin	Zithromax	Tablet	250mg, 500mg, 600mg	Formulary
Clarithromycin	Biaxin	Suspension	250mg/5ml	Formulary
Clarithromycin	Biaxin	Suspension	250mg/5ml	Formulary
Clarithromycin	Biaxin	Tablet	250mg, 500mg	Formulary
Erythromycin Base	Emycin	Tablet EC	250mg, 333mg	Formulary
Erythromycin Base	Erytab	Tablet	250mg	Formulary
Erythromycin Ethylsuccinate	EES	Suspension	250mg/5ml	Formulary
Amoxicillin	Trimox	Capsule	250mg, 500mg	Formulary
Amoxicillin	Trimox	Suspension	125mg/5ml, 250mg/5ml, 400mg/5ml	Formulary
Amoxicillin - Clavulanate Potassium	Augmentin	Suspension	200-28.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml	Formulary
Amoxicillin - Clavulanate Potassium	Augmentin	Tablet	500-125mg, 875-125mg	Formulary
Amoxicillin - Clavulanate Potassium	Augmentin ES	Suspension	600-42.9mg/5ml, 125mg/5ml, 250mg/5ml	Formulary
Ampicillin	Omnipen	Suspension	250mg/5ml, 500mg	Formulary
Ampicillin	Principen	Capsule	250mg, 500mg	Formulary
Ampicillin	Principen	Suspension	100mg/5ml	Formulary
Dicloxacillin	Dynapen	Capsule	250mg, 500mg, 125mg/5ml, 250mg/5ml	Formulary
Penicillin VK	Veetids	Suspension	250mg/5ml, 500mg	Formulary
Penicillin VK	Veetids	Tablet	250mg, 500mg	Formulary
Sulfisoxazole	Gantrisin	Tablet	500mg	Formulary
Trimethoprim - Sulfamethoxazole	Bactrim	Tablet	400-80mg	Formulary
Trimethoprim - Sulfamethoxazole	Bactrim DS	Tablet DS	800-160mg	Formulary
Trimethoprim - Sulfamethoxazole	Bethaprim Pediatric	Suspension	200-400mg/5ml	Formulary
Doxycycline	Vibramycin	Capsule	100mg	Formulary
Minocycline	Minocin	Capsule	50mg, 100mg	Formulary
Tetracycline	Sumycin	Capsule	250mg, 500mg	Formulary
Fluconazole	Diflucan	Suspension	200mg/5ml	Formulary
Fluconazole	Diflucan	Tablet	50mg, 100mg, 150mg, 200mg	Formulary
Flucytosine	Ancobon	Capsule	250mg, 500mg	Formulary
Griseofulvin	Fulvicin-PG	Tablet	125mg, 250mg, 330mg	Ultra-microsize only
Griseofulvin	Grifulvin V	Oral Suspension	125mg/5ml	Microsize Only
Itraconazole	Sporanox	Capsule	100mg	Restricted to HIV Services & Infectious Disease Services
Itraconazole	Sporanox	Oral Solution	10mg/ml	Restricted to HIV Services & Infectious Disease Services; HUMC Restriction: Restricted to ID, HIV, Peds ID
Ketoconazole	Nizoral	Tablet	200mg	Formulary
Nystatin	Nilstat	Cream	100000 U/gm	Formulary
Nystatin	Nilstat	Ointment	100000 U/gm	Formulary

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Nystatin	Nilstat	Suspension	100000 U/ml	Formulary
Nystatin	Nilstat	Tablet	500000 U	Formulary
Nystatin	Nilstat	Vaginal Tablet	100000 U	Formulary
Nystatin	Pedi-Dri	Topical Powder	100000 U/gm	Formulary
				Prior Authorization Required - Restricted to Infectious Disease for the treatment of mucomycosis and/or failure to all other formulary triazoles (fluconazole, itraconazole, voriconazole)
Posaconazole	Noxafil	Oral Suspension	40mg/ml	
Terbinafine	Lamisil	Tablet	250mg	Qty limited to 1 tab/daily
				Prior Authorization Required; Restricted to Infectious Disease or neutropenic patients with suspected or confirmed aspergillosis
Voriconazole	Vfend	Powder for Suspension	40mg/ml	
				Prior Authorization Required; Restricted to Infectious Disease or neutropenic patients with suspected or confirmed aspergillosis; HUMC Restriction: Restricted to ID, Peds ID
Voriconazole	Vfend	Tablet	50mg, 200mg	
Chloroquine Phosphate	Aralen Phosphate	Tablet	250mg, 500mg	Formulary
Hydroxychloroquine	Plaquenil	Tablet	200mg	Formulary
Primaquine		Tablet	26.3mg	Formulary
Pyrimethamine	Daraprim	Tablet	25mg	Formulary
				Restricted to Infectious Disease & Allergy/ Immunology
Atovaquone	Mepron	Oral Suspension	750mg/5ml	
Abacavir	Ziagen	Oral Solution	20mg/ml	Restricted to HIV Services
Abacavir	Ziagen	Tablet	300mg	Restricted to HIV Services
Abacavir - Lamivudine	Epzicom	Tablet	600-300mg	Restricted to HIV Services
Amprenavir	Agenerase	Capsule	50mg	Non-Formulary
Amprenavir	Agenerase	Oral Solution	15mg/ml	Non-Formulary
			100mg, 150mg, 200mg, 300mg	
Atazanavir	Reyataz	Capsule		Restricted to HIV Services
Darunavir	Prezista	Tablet	400mg, 600mg	Restricted to patients with HIV services
Darunavir	Prezista	Tablet	300mg	Restricted to HIV Services
Delavirdine	Rescriptor	Tablet	100mg, 200mg	100mg Tablet - Restricted to HIV Services
Didanosine	Videx	Powder for Solution	100mg, 167mg, 250mg, 375mg	Restricted to HIV Services
Efavirenz	Sustiva	Capsule	50mg, 100mg, 200mg	Restricted to HIV Services
Efavirenz	Sustiva	Tablet	600mg	Restricted to HIV Services
Efavirenz - Emtricitabine - Tenofovir	Atripla	Tablet	600-200-300mg	Restricted to patients with HIV
Emtricitabine	Emtriva	Capsule	200mg	Restricted to HIV Services
Emtricitabine	Emtriva	Oral Solution	10mg/ml	Restricted to HIV Services
				Restricted to Infectious Disease & HIV Services
Etravirine	Intelence	Tablet	100mg	
Fosamprenavir	Lexiva	Capsule	700mg	Restricted to treatment of HIV
				Restricted to HIV Services; Prior Authorization Required if used for Hep B
Indinavir	Crixivan	Capsule	200mg, 333mg, 400mg	
				Restricted to HIV Services; Prior Authorization Required if used for Hep B
Lamivudine (3TC)	Epivir	Tablet	150mg	
Lopinavir - Ritonavir	Kaletra	Oral Solution	80-20mg/ml	Restricted to HIV Services
Lopinavir - Ritonavir	Kaletra	Tablet	200-50mg	Restricted to HIV Services
				Restricted to Infectious Disease & HIV Services
Maraviroc	Selzentry	Tablet	150mg, 300mg	
Nelfinavir Mesylate	Viracept	Oral Powder	50mg/g	Restricted to HIV Services
Nelfinavir Mesylate	Viracept	Tablet	250mg, 625mg	Restricted to HIV Services

Generic Name	Brand Name	Form	Strength	Restriction
Raltegravir	Isentress	Tablet	400mg	Restricted to Infectious Disease & HIV Services
Ritonavir	Norvir	Oral Solution	80mg/ml	Restricted to HIV Services
Saquinavir	Invirase	Tablet	500mg	Restricted to HIV Services
Stavudine	Zerit	Capsule	15mg, 20mg, 30mg, 40mg	Restricted to HIV Services
Tenofovir - Emtricitabine	Truvada	Tablet	200mg-300mg	Formulary
Tenofovir Disoproxil	Viread	Tablet	300mg	Restricted
Tipranavir	Aptivus	Capsule	250mg	Restricted to Infectious Disease & HIV Service
Zidovudine - Lamivudine	Combivir	Tablet	300-150mg	Restricted to HIV Services
Methenamine Hippurate	Hippres, Urex	Tablet	1gm	Formulary
Methenamine Mandelate	Mandelamine	Suspension	0.5mg/5ml	Formulary
Methenamine Mandelate	Mendelamine	Tablet EC	0.5gm	Formulary
Cycloserine	Seromycin	Capsule	250mg	Formulary
Ethambutol	Myambutol	Tablet	100mg, 400mg	Formulary
Ethionamide	Trecator-SC	Tablet	250mg	Formulary
Isoniazid	Laniazid	Syrup	50mg/5ml	[90-day supply allowed]
Isoniazid	Laniazid	Tablet	100mg, 300mg	[90-day supply allowed]
Rifabutin	Mycobutin	Capsule	250mg	Formulary
Rifampin	Rifadin	Capsule	150mg, 300mg	Formulary
Rifampin - Isoniazid	Rifamate	Capsule	300-150mg	Formulary
Rifampin - Isoniazid - Pyrazinamide	Rifater	Tablet	125-50-300mg	Formulary
Acyclovir	Zovirax	Capsule	200mg	Formulary
Acyclovir	Zovirax	Suspension	200mg/5ml	Formulary
Acyclovir	Zovirax	Tablet	400mg, 800mg	Formulary
Entecavir	Baraclude	Oral Solution	0.05mg/ml	Prior Authorization Required
Entecavir	Baraclude	Tablet	0.5mg, 1mg	Prior Authorization Required
Ganciclovir	Cytovene	Capsule	250mg, 500mg	Restricted to Infectious Disease & HIV Services
Lamivudine (3TC)	Epivir	Oral Solution	10mg/ml	Restricted to HIV Services; Prior Authorization Required if used for Hep B
Nevirapine	Viramune	Suspension	50mg/5mL	Restricted to HIV Service, Pediatric or Adult Allergy/Immunology
Nevirapine	Viramune	Tablet	200mg	Restricted to HIV Service, Pediatric or Adult Allergy/Immunology
Oseltamivir	Tamiflu	Capsule	30mg, 45mg, 75mg	Restricted to the treatment of acute influenza A or B within 48 hours of onset of symptoms for max five (5) day treatment period
Oseltamivir	Tamiflu	Powder for Suspension	12mg/ml	Restricted to the treatment of acute influenza A or B within 48 hours of onset of symptoms for max five (5) day treatment period. For use in pediatric patients and/or patients unable to swallow tablets/capsules
Ritonavir	Norvir	Capsule	100mg	Restricted to HIV Services
Stavudine	Zerit	Powder for Solution	1mg/ml	Restricted to HIV Services
Valganciclovir	Valcyte	Tablet	450mg	Restricted to Infectious Disease & HIV Services
Zidovudine - Lamivudine - Abacavir	Trizivir	Tablet	300-150-300mg	Restricted to HIV Services
Clofazimine	Lamprene	Capsule	50mg, 100mg	Formulary

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Thalidomide	Thalidomid	Tablet	50mg	Prior Authorization Required; Restricted to patients with HIV, Hansen's Disease, Dermatology attending, & Hematology; Thalidomide is approved for marketing only under a special distribution program, called the "System for Thalidomide Education and Prescription Distribution"
Dasatinib	Sprycel	Tablet	25mg	Prior Authorization Required- Restricted to Hematology/ Oncology for treatment of chronic myelogenous leukemia (CML) patients who are intolerant or refractory to imatinib (Gleevec). Restricted to one month supply per prescription
Imatinib	Gleevec	Capsule	100mg	Restricted to Hematology/ Oncology, Pediatric Hematology/ Oncology
Imatinib	Gleevec	Tablet	400mg	Restricted to Hematology/ Oncology, Pediatric Hematology/ Oncology
Lapatinib	Tykerb	Tablet	250mg	Prior Authorization Required
Sunitinib	Sutent	Capsule	12.5mg, 25mg, 50mg	Prior Authorization Required
Tretinoin	Vesanoid	Capsule	10mg	Restricted to Hematology/Oncology for the treatment of Acute Promyelocytic Leukemia
Busulfan	Myleran	Tablet	2mg	Restricted to Hematology/ Oncology
Chlorambucil	Leukeran	Tablet	2mg	Restricted to Hematology/ Oncology
Cyclophosphamide	Cytoxan	Tablet	25mg, 50mg	Restricted to Hematology, Oncology, Ophthalmology, Rheumatology, Nephrology, Pulmonology & Critical Care Medicine
Lomustine	CeeNU	Capsule	10mg, 40mg, 100mg	Restricted to Hematology/ Oncology
Melphalan	Alkeran	Tablet	2mg	Restricted to Hematology/ Oncology
Procarbazine	Matulane	Capsule	50mg	Restricted to Hematology/ Oncology
Temozolomide	Temodar	Capsule	100mg	Restricted to Hematology/ Oncology
Bicalutamide	Casodex	Tablet	50mg	Formulary
Flutamide	Eulexin	Tablet	125mg	Formulary
Tamoxifen	Nolvadex	Tablet	10mg	Formulary
Capecitabine	Xeloda	Tablet	150mg, 500mg	Formulary
Hydroxyurea	Hydrea	Capsule	500mg	Restricted to Hematology/Oncology, HIV Services
Mercaptopurine	Purinethol	Tablet	50mg	Restricted to Hematology/Oncology & Gastroenterology
Methotrexate	Rheumatrex	Tablet	2.5mg	Formulary
Thioguanine	Tabloid	Tablet	40mg	Formulary
Anastrozole	Arimidex	Tablet	1mg	Restricted to Hematology/ Oncology for the treatment of breast cancer in post-menopausal women
Exemestane	Aromasin	Tablet	25mg	Restricted to Hematology/ Oncology for the treatment of breast cancer in post-menopausal women
Estramustine Phosphate	Emcyt	Capsule	140mg	Restricted to Hematology/ Oncology
Benazepril	Lotensin	Tablet	5mg, 10mg, 20mg, 40mg	[90-day supply allowed]
Captopril	Capoten	Tablet	12.5mg, 25mg, 50mg, 100mg	[90-day supply allowed]
Lisinopril	Zestril	Tablet	2.5mg, 5mg, 10mg, 20mg, 40mg	[90-day supply allowed]
Prazosin	Minipress	Capsule	1mg, 2mg, 3mg	[90-day supply allowed]
Terazosin	Hytrin	Capsule	1mg, 2mg, 5mg, 10mg	[90-day supply allowed]
Terazosin	Hytrin	Tablet	1mg, 2mg, 5mg, 10mg	[90-day supply allowed]
Losartan	Cozaar	Tablet	25mg, 50mg, 100mg	Formulary
Amiodarone	Cordarone	Tablet	200mg	Formulary
Disopyramide	Norpace	Capsule	100mg, 150mg	[90-day supply allowed]
Disopyramide	Norpace	Capsule SA	150mg, 300mg	[90-day supply allowed]
Mexilitine	Mexilitil	Capsule	150mg, 200mg, 250mg	Restricted [90-day supply]

Generic Name	Brand Name	Form	Strength	Restriction
Propafenone	Rythmol	Tablet	150mg, 300mg	Restricted
Quinidine	Quinidex, Quinora	Tablet	200mg	[90-day supply allowed]
Quinidine	Quinidex, Quinora	Tablet SA	300mg	[90-day supply allowed]
Quinidine Gluconate	Quinidex, Quinora	Tablet ER	324mg	[90-day supply allowed]
Atorvastatin	Lipitor	Tablet	80mg	Formulary
Ezetimibe	Zetia	Tablet	10mg	Restricted to DHS statin guidelines
Gemfibrozil	Lopid	Tablet	600mg	[90-day supply allowed]
Micronized Fenofibrate	Antara	Capsule	43mg, 130mg	Restricted to combination therapy with an HMG Co-A reductase inhibitor
Nicotinic Acid, Extended Release	Niaspan	Tablet ER	500mg, 1000mg	Restricted to Niacin Over-the-Counter failure
Pravastatin	Pravachol	Tablet	10mg, 20mg, 40mg, 80mg	Restricted to patients on concurrent agents that pose cytochrome p450 3A4 drug interaction risk
Simvastatin	Zocor	Tablet	5mg, 10mg, 20mg, 40mg	[90-day supply allowed]
Simvastatin - Ezetimibe	Vytorin	Tablet	40-10mg, 20-10mg	Formulary
Clonidine	Catapres	Patch	TTS-1, TTS-2, TTS-3	Prior Authorization Required
Clonidine	Catapres	Tablet	0.1mg, 0.2mg, 0.3mg	[90-day supply allowed]
Methyldopa	Aldomet	Tablet	125mg, 250mg, 500mg	[90-day supply allowed]
Minoxidil	Loniten	Tablet	2.5mg, 10mg	Formulary
Sildenafil	Revatio	Tablet	20mg	Prior Authorization Required: DHS Restriction: for the treatment of pulmonary hypertension
Sildenafil	Viagra	Tablet	50mg, 100mg	Prior Authorization Required: DHS Restriction: for the treatment of pulmonary hypertension
Atenolol	Tenormin	Tablet	25mg, 50mg, 100mg	[90-day supply allowed]
Carvedilol	Coreg	Tablet	3.125mg, 6.25mg, 12.5mg, 25mg	Formulary
Labetalol	Trandate	Tablet	100mg, 200mg, 300mg	[90-day supply allowed]
Metoprolol	Lopressor	Tablet	25mg, 50mg, 100mg	[90-day supply allowed]
Propranolol	Inderal	Oral Solution	20mg/5ml	[90-day supply allowed]
Propranolol	Inderal	Tablet	10mg, 20mg, 40mg, 80mg	Long Acting not covered; [90-day supply allowed]
Amlodipine	Norvasc	Tablet	2.5mg, 5mg, 10mg	[90-day supply allowed]
Diltiazem	Cardizem CD	Capsule ER	120mg, 180mg, 240mg, 300mg	[90-day supply allowed]
Diltiazem	Cardizem CD	Tablet	30mg, 60mg, 90mg, 120mg	[90-day supply allowed]
Nifedipine	Adalat CC	Tablet ER	30mg, 60mg, 90mg	Restricted to combination therapy doses of 90mg/day or higher. No restriction for pregnant or breastfeeding patients.
Nifedipine	Adalat CC, Procardia XL	Capsule	10mg, 20mg	[90-day supply allowed] (10mg Only)
Verapamil	Calan	Tablet	40mg, 80mg, 120mg	[90-day supply allowed]
Verapamil	Calan SR	Caplet SR	120mg, 180mg, 240mg	[90-day supply allowed]
Verapamil	Covera-HS	Tablet ER	180mg, 240mg	[90-day supply allowed]
Verapamil	Isoptin SR	Tablet SR	120mg, 180mg, 240mg	[90-day supply allowed]
Verapamil	Verelan	Capsule SR	120mg, 180mg, 240mg, 360mg	[90-day supply allowed]
Verapamil	Verelan PM	Capsule ER	100mg, 200mg, 300mg	[90-day supply allowed]
Acetazolamide	Diamox	Capsule ER	500mg	Formulary
Acetazolamide	Diamox	Tablet	250mg	Formulary
Digoxin	Lanoxin	Tablet	0.125mg, 0.25mg	[90-day supply allowed]
Amiloride	Midamor	Tablet	5mg	Restricted to Nephrology Service
Bumetanide	Bumex	Tablet	0.5mg, 1mg, 2mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Chlorthalidone	Hydone, Hygroton	Tablet	25mg, 50mg	Formulary
Furosemide	Lasix	Solution	10mg/ml	[90-day supply allowed]
Furosemide	Lasix	Tablet	20mg, 40mg, 80mg	[90-day supply allowed]
Hydrochlorothiazide	Hydrodiuril	Capsule	12.5mg	[90-day supply allowed]
Hydrochlorothiazide	Hydrodiuril	Tablet	25mg, 50mg	[90-day supply allowed]
Indapamide	Lozol	Tablet	1.25mg, 2.5mg	[90-day supply allowed]
Spironolactone	Aldactone	Tablet	25mg, 50mg, 100mg	[90-day supply allowed]
Triamterene	Dyrenium	Capsule	50mg, 100mg	Formulary
Triamterene - HCTZ	Dyazide	Capsule	37.5-25mg, 75-50mg	[90-day supply allowed]
Triamterene - HCTZ	Maxzide	Tablet	37.5-25mg, 75-50mg	[90-day supply allowed]
Hydralazine	Apresoline	Tablet	10mg, 25mg, 50mg, 100mg	[90-day supply allowed]
Isosorbide Dinitrate	Isordil	Chewable Tablet	5mg	[90-day supply allowed]
Isosorbide Dinitrate	Isordil	Tablet	5mg, 10mg, 20mg, 30mg, 40mg	[90-day supply allowed]
Isosorbide Dinitrate	Isordil	Tablet	5mg, 10mg, 20mg, 30mg, 40mg	[90-day supply allowed]
Isosorbide Dinitrate	Isordil	Tablet SL	5mg, 10mg	[90-day supply allowed]
Isosorbide Mononitrate	Imdur	Tablet	20mg, 60mg	[90-day supply allowed]
Nitroglycerin	Various	Ointment	2%	Long Acting not included
Nitroglycerin	Various	Tablet SL	0.3mg, 0.4mg, 0.6mg, 6.5mg	Long Acting not included; [90-day supply allowed]
Acetaminophen - Codeine	Tylenol w/ Codeine	Elixir	120-12mg/5ml	Formulary
Acetaminophen - Codeine #2	Tylenol #2	Tablet	300-15mg	Formulary
Acetaminophen - Codeine #3	Tylenol #3	Tablet	300-30mg	Qty. limited to max qty 45 tabs/fill; max 3 fills in 75 days
Acetaminophen - Codeine #4	Tylenol #4	Tablet	300-60mg	Formulary
APAP - Butalbital - Caffeine	Fioricet	Tablet	325-50-40mg	Formulary
APAP - Dichloralpherazone - Isometheptene	Midrin	Capsule	325-100-65mg	Formulary
Aspirin - Caffeine - Butalbital	Fiorinal	Tablet	324-40-50mg	Formulary
Hydrocodone - Acetaminophen	Norco	Tablet	10-325mg	Qty limited to max 30 tabs/ dispensing
Hydrocodone - Acetaminophen	Vicodin, Vicodin ES	Tablet	5-500mg, 7.5-750mg	Qty limited to max 30 tabs/ dispensing
Codeine Sulfate	Various	Tablet	30mg	Formulary
Fentanyl	Duragesic	Patch	25mcg/hr, 50mcg/hr, 75mcg/hr, 100mg/hr	Restricted to the management of pain in opioid-tolerant patients (dose at 60mg/day) of ORAL morphine or equivalent for 7 days. Do not use for acute, intermittent, or mild pain. HUMC Restriction: Restricted to Fentanyl Patch Guidelines
Hydromorphone	Dilaudid	Rectal Suppository	3mg	Formulary
Hydromorphone	Dilaudid	Tablet	2mg, 4mg	Formulary
Methadone	Various	Oral Solution	5mg/5ml, 10mg/5ml	Restricted to the management of pain in opioid-tolerant patients (dose at 60mg/day) of ORAL morphine or equivalent for 7 days. Do not use for acute, intermittent, or mild pain
Methadone	Various	Tablet	5mg, 10mg	Restricted to the management of pain in opioid-tolerant patients (dose at 60mg/day) of ORAL morphine or equivalent for 7 days. Do not use for acute, intermittent, or mild pain

Generic Name	Brand Name	Form	Strength	Restriction
Morphine	Kadian	Capsule	20mg, 30mg, 50mg, 60mg, 100mg	Restricted to patients with gastrostomy or jujostomy tubes who are unable to swallow tablets
Morphine	MS Contin	Tablet	15mg, 30mg, 60mg, 100mg, 200mg	Formulary
Morphine Sulfate	Morphine	Oral Solution	10mg/5ml, 20mg/5ml	Formulary
Morphine Sulfate	Morphine	Tablet	15mg, 30mg	Formulary
Morphine Sulfate	Morphine	Tablet ER	15mg, 30mg, 60mg, 100mg, 200mg	Formulary
Oxycodone	Oxycontin	Tablet ER	10mg, 20mg, 40mg, 80mg	Restricted to pain service, Hematology/Oncology
Oxycodone - Acetaminophen	Roxilox	Tablet	5-325mg	Formulary
Tramadol	Ultram	Tablet	50mg	Formulary
Buspirone	Buspar	Tablet	5mg, 10mg	Formulary
Chlordiazepoxide Hcl	Librium	Capsule	5mg, 10mg, 25mg	Formulary
Carbamazepine	Tegretol	Chewable Tablet	100mg	[90-day supply allowed]
Carbamazepine	Tegretol	Suspension	100mg/5ml	[90-day supply allowed]
Carbamazepine	Tegretol	Tablet	200mg	[90-day supply allowed]
Diazepam	Diastat	Rectal Gel/Jelly	10mg, 15mg, 20mg	Formulary
Divalproex Sodium	Depakote	Tablet DR	125mg, 250mg, 500mg	[90-day supply allowed]
Divalproex Sodium	Depakote ER	Tablet ER	500mg	[90-day supply allowed]
Divalproex Sodium	Depakote Sprinkles	Sprinkle Capsules	125mg	NTI (Narrow Therapeutic Index)
Ethosuximide	Zarontin	Capsule	250mg	[90-day supply allowed]
Ethosuximide	Zarontin	Syrup	250mg/5ml	[90-day supply allowed]
Gabapentin	Neurontin	Oral Solution	250mg/5ml	Restricted to pediatrics & patients with feeding tubes
Gabapentin	Neurontin	Tablet	100mg, 300mg, 400mg	[90-day supply allowed]
Lacosamide	Vimpat	Oral Solution	10mg/ml	Prior Authorization Required
Lacosamide	Vimpat	Tablet	50mg, 100mg, 150mg, 200mg	Prior Authorization Required
Lamotrigine	Lamictal	Chewable Tablet	5mg, 25mg	Formulary
Lamotrigine	Lamictal	Tablet	25mg, 100mg, 150mg, 200mg	Formulary
Levetiracetam	Keppra	Oral Solution	100mg/ml	Formulary
Levetiracetam	Keppra	Tablet	250mg, 500mg, 750mg, 1000mg	Formulary
Oxcarbazepine	Trileptal	Oral Suspension	300mg/5ml	Formulary
Oxcarbazepine	Trileptal	Tablet	150mg, 300mg, 600mg	Formulary
Phenobarbital	Luminal	Elixir	20mg/5ml	[90-day supply allowed]
Phenobarbital	Luminal	Tablet	15mg, 30mg, 60mg, 100mg	[90-day supply allowed]
Phenytoin	Dilantin	Capsule ER	30mg, 100mg	[90-day supply allowed]
Phenytoin	Dilantin	Chewable Tablet	50mg	[90-day supply allowed]
Phenytoin	Dilantin	Suspension	125mg/5ml	[90-day supply allowed]
Topiramate	Topamax	Capsule	15mg	Formulary
Topiramate	Topamax	Tablet	25mg, 100mg, 200mg	Formulary
Valproic Acid	Depakene	Capsule	250mg	[90-day supply allowed]
Valproic Acid	Depakene	Syrup	250mg/5ml	[90-day supply allowed]
Zonisamide	Zonegran	Capsule	25mg, 50mg, 100mg	Restricted to Neurology & Neurosurgery for treatment failure/ intolerance/ contraindication to first line agent(s)
Amitriptyline	Elavil	Tablet	10mg, 25mg, 50mg, 75mg, 100mg	Formulary
Bupropion	Wellbutrin	Tablet	75mg, 100mg	Formulary
Bupropion	Wellbutrin SR	Tablet SR	100mg, 150mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Bupropion	Wellbutrin XL	Tablet SR	150mg, 300mg	Prior Authorization Required
Clomipramine	Anafranil	Capsule	25mg, 50mg, 100mg	Restricted to Psychiatry
Desipramine	Norpramin	Tablet	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Formulary
Doxepin	Sinequan	Capsule	10mg, 25mg, 50mg, 75mg, 100mg	Formulary
Imipramine	Tofranil	Tablet	10mg, 25mg, 50mg	Formulary
Isocarboxazid	Marplan	Tablet	10mg	Prior Authorization Required
Mirtazapine	Remeron	Disintegrating Tablet	15mg, 30mg, 45mg	Formulary
Mirtazapine	Remeron	Tablet	15mg, 30mg, 45mg	Formulary
Nortriptyline	Pamelor	Capsule	10mg, 25mg, 50mg	Formulary
Phenelzine	Nardil	Tablet	15mg	Formulary
Tranlycypromine Sulfate	Parnate	Tablet	10mg	Prior Authorization Required
Trazodone	Desyrel	Tablet	50mg, 100mg, 150mg	Formulary
Venlafaxine	Effexor	Tablet	25mg, 37.5mg, 50mg, 75mg, 100mg	Formulary
Venlafaxine	Effexor XR	Capsule ER	37.5mg, 75mg, 150mg	Step Therapy: Restricted to patients who have experienced any one of the following: - Significant drug-drug interactions with preferred antidepressants, -Intolerable side effects with preferred antidepressants, - Lack of response to at least two preferred
Citalopram	Celexa	Oral Solution	10mg/5ml	Formulary
Citalopram	Celexa	Tablet	10mg, 20mg, 40mg	Formulary
Escitalopram	Lexapro	Tablet	10mg, 20mg	Step Therapy: Restricted to patients who have experienced any one of the following: - Significant drug-drug interactions with preferred antidepressants, -Intolerable side effects with preferred antidepressants, - Lack of response to at least two preferred
Fluoxetine	Prozac	Capsule	10mg, 20mg	Formulary
Fluoxetine	Prozac	Oral Liquid	20mg/5ml	Formulary
Fluvoxamine	Luvox	Tablet	25mg, 50mg, 100mg	Formulary
Paroxetine	Paxil	Tablet	10mg, 20mg, 30mg, 40mg	Formulary
Sertraline	Zoloft	Tablet	25mg, 50mg, 100mg	Formulary
dronabinol	Marinol	Capsule	2.5mg, 5mg, 10mg	Restricted to Oncology and HIV Services, & palliative patients
Hydroxyzine	Atarax	Syrup	10mg/5ml	Formulary
Hydroxyzine	Atarax	Tablet	10mg, 25mg, 50mg	Formulary
Meclizine	Antivert	Tablet	25mg	Formulary
Metoclopramide	Reglan	Syrup	5mg/5ml	Formulary
Metoclopramide	Reglan	Tablet	5mg, 10mg	Formulary
Prochlorperazine	Compazine	Suppositories	5mg, 25mg	Formulary
Prochlorperazine	Compazine	Syrup	5mg/5ml	Formulary
Prochlorperazine	Compazine	Tablet	5mg, 10mg	Formulary
Amphetamine/ Dextroamphetamine	Adderall	Tablet	5mg, 7.5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Restricted to treatment of Attention Deficit Hyperactivity Disorder (ADHD) individuals between four (4) and sixteen (16) years of age
Amphetamines, Mixed Salts	Adderall XR	Tablet	5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Qty. limited to max daily dose 1 tab/day
Dextroamphetamine	Dexedrine	Spansules	10mg	Formulary
Dextroamphetamine	Dexedrine	Tablet	5mg, 10mg	Formulary
Methylphenidate	Concerta	Tablet OSM	18mg, 27mg, 36mg, 54mg	Qty. limited to max daily dose 1 tab/day Restricted to treatment of Attention Deficit Hyperactivity Disorder (ADHD) individuals between four (4) and sixteen (16) years of age
Methylphenidate	Ritalin	Tablet	5mg, 10mg	

Generic Name	Brand Name	Form	Strength	Restriction
Methylphenidate	Ritalin SR	Tablet SR	20mg	Restricted to treatment of Attention Deficit Hyperactivity Disorder (ADHD) individuals between four (4) and sixteen (16) years of age
Ergoloid Mesylates	Hydergine	Tablet	1mg	Formulary
Ergotamine Tartrate	Ergomar	Tablet SL	2mg	Formulary
Ergotamine Tartrate - Caffeine	Cafergot	Tablet	1-100mg	Formulary
Rizatriptan	Maxalt	Tablet	5mg, 10mg	Restricted to Neurology for sumatriptan (Imitrex) refractory patients. Outpatient dispensing limited to no more than 9 tabs/30 days supply
Rizatriptan	Maxalt-MLT	Disintegrating Tablet	5mg, 10mg	Restricted to Neurology for sumatriptan (Imitrex) refractory patients. Outpatient dispensing limited to no more than 9 tabs/30 days supply
Sumatriptan	Imitrex	Tablet	25mg, 50mg, 100mg	Outpatient dispensing limited to no more than 9 tabs/30 days supply
Valproic Acid	Depakene	Capsule	250mg	Formulary
Valproic Acid	Depakene	Syrup	250mg/5ml	Formulary
Amantadine	Symmetrel	Capsule	100mg	Formulary
Amantadine	Symmetrel	Oral Solution	50mg/ml	Formulary
Benztropine Mesylate	Cogentin	Tablet	0.5mg, 1mg, 2mg	Formulary
Bromocriptine	Parlodel	Capsule	5mg	Formulary
Bromocriptine	Parlodel	Tablet	2.5mg	Formulary
Carbidopa - Levodopa	Sinemet	Tablet	10/100mg, 25/100mg, 25/250mg	[90-day supply allowed]
Entacapone	Comtan	Tablet	200mg	Restricted to Neurology
Levodopa	Dopar	Capsule	100mg, 250mg, 500mg	Formulary
Levodopa	Larodopa	Tablet	100mg, 250mg, 500mg	Formulary
Pramipexole	Mirapex	Tablet	0.125mg, 0.25mg, 1mg, 1.5mg	Formulary
Procyclidine	Kemadrin	Tablet	5mg	Prior Authorization Required
Rotigotine	Neupro	Patch	4mg/24hr, 6mg/24hr	Prior Authorization Required
Selegiline	Eldepryl	Tablet	5mg	Formulary
Selegiline	Emsam	Patch	6mg/24hr, 9mg/24hr, 12mg/24hr	Prior Authorization required
Trihexyphenidyl	Artane	Oral Liquid	2mg/5ml	Formulary
Trihexyphenidyl	Artane	Tablet	2mg, 5mg	Formulary
Aripipazole	Abilify	Tablet	10mg, 15mg, 20mg, 30mg	Restricted
Asenapine	Saphris	Subl Tablet	5mg, 10mg	Prior Authorization Required
Chlorpromazine	Thorazine	Tablet	10mg, 25mg, 50mg, 100mg, 200mg	Formulary
Clozapine	Clozaril	Tablet	25mg, 100mg	Restricted to Psychiatry & Neurology; HUMC Restriction: Restricted to Psychiatry Faculty MD & Neurology
Fluphenazine	Prolixin	Tablet	1mg, 2.5mg, 5mg, 10mg	Formulary
Haloperidol	Haldol	Tablet	0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Restricted
Haloperidol Lactate	Haldol	Oral Solution	2mg/ml	Restricted
Lithium Carbonate	Lithobid	Capsule	150mg, 300mg, 600mg	[90-day supply allowed]
Lithium Carbonate	Lithobid	Tablet SR	300mg, 450mg	[90-day supply allowed]
Lithium Citrate	Various	Oral Liquid	300mg/5ml	[90-day supply allowed]
Loxapine Succinate	Loxitane	Capsule	10mg, 25mg, 50mg	Formulary
Mesoridazine Mesylate	Serentil	Tablet	10mg, 25mg, 50mg, 100mg	Prior authorization Required

Generic Name	Brand Name	Form	Strength	Restriction
Molindone	Moban	Tablet	5mg, 10mg, 25mg, 50mg, 100mg	Restricted to Psychiatry
Olanzapine	Zyprexa	Tablet	2.5mg, 5mg, 7.5mg, 10mg	Restricted
Olanzapine	Zyprexa Zydis	Disintegrating Tablet	5mg, 10mg, 15mg, 20mg	Restricted
Olanzapine/ Fluoxetine	Symbyax	Capsule	3/25mg, 6/25mg, 12/25mg, 6/50mg, 12/50mg	Prior Authorization Required
Paliperidone	Invega	Tablet ER	3mg, 6mg, 9mg	Prior Authorization Required
Perphenazine	Trilafon	Tablet	2mg, 4mg, 8mg, 16mg	Formulary
Pimozide	Orap	Tablet	2mg	Restricted to Psychiatry
Promazine HCl	Sparine	Oral Syrup	10mg/5ml	Prior Authorization Required
Quetiapine	Seroquel	Tablet	25mg, 100mg, 200mg, 300mg, 400mg	Restricted Restricted to Psychiatry & Neurology and inpatient critical care units for treatment of acute delirium
Risperidone	Risperdal	Tablet	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	Restricted to Psychiatry & Neurology for Inpatient & Psych ED use only
Risperidone	Risperdal M- Tab	Disintegrating Tablet	0.5mg, 1mg, 2mg	
Thioridazine	Mellaril	Tablet	10mg, 25mg, 50mg, 100mg	Prior Authorization Required
Thiothixene	Navane	Capsule	1mg, 2mg, 5mg, 10mg	Formulary
Trifluoperazine	Stelazine	Tablet	1mg, 2mg, 5mg, 10mg	Prior Authorization Required
Trifluoperazine	Vesprin	Oral Liquid	10mg/ml	Prior Authorization Required
Valproic Acid	Depakene	Capsule	250mg	[90-day supply allowed]
Valproic Acid	Depakene	Syrup	250mg/5ml	[90-day supply allowed]
Ziprasidone	Geodon	Capsule	20mg, 40mg, 60mg, 80mg	Restricted
Primidone	Mysoline	Suspension	200mg/5ml	[90-day supply allowed]
Primidone	Mysoline	Tablet	50mg, 250mg	[90-day supply allowed]
Alprazolam	Xanax	Tablet	0.25mg, 5mg, 1mg, 2mg	Formulary
Chlordiazepoxide HCl	Librium	Capsule	5mg, 10mg, 25mg	Formulary
Clonazepam	Klonopin	Tablet	0.5mg, 1mg, 2mg	Formulary
Clorazepate Dipotassium	Tranxene	Capsule	3.75mg, 7.5mg	Formulary
Clorazepate Dipotassium	Tranxene	Tablet	7.5mg	Formulary
Diazepam	Valium	Oral Solution	5mg/5ml	Formulary
Diazepam	Valium	Tablet	2mg, 5mg, 10mg	Formulary
Lorazepam	Ativan	Tablet	0.5mg, 1mg, 2mg	Formulary
Oxazepam	Serax	Capsule	10mg, 15mg, 30mg	Formulary
Temazepam	Restoril	Capsule	15mg, 30mg	Formulary
Cevimeline	Evoxac	Capsule	30mg	Prior Authorization Required: Restricted to Rheumatology, Head & Neck Service
Donepezil	Aricept	Tablet	5mg, 10mg	Formulary
Galantamine	Razadyne	Tablet	4mg, 8mg, 12mg	Formulary
Galantamine	Razadyne ER	Capsule ER	8mg, 16mg, 24mg	Formulary
Rivastigmine	Exelon	Capsule	1.5mg, 3mg, 4.5mg, 6mg	Formulary
Rivastigmine	Exelon	Oral Solution	2mg/ml	Formulary
Riluzole	Rilutek	Tablet	50mg	Formulary
Memantine	Namenda	Tablet	5mg, 10mg	Restricted to Psychiatrists & Neurologists specializing in dementia and geriatrics
Diclofenac Potassium	Cataflam	Tablet	50mg	Formulary
Diclofenac Sodium	Voltaren	Tablet EC	25mg, 50mg, 75mg	Formulary
Diclofenac Sodium	Voltaren-XR	Tablet ER	100mg	Formulary
Ibuprofen	Motrin	Tablet	200mg, 400mg, 600mg, 800mg	[90-day supply allowed] (RX Only)
Indomethacin	Indocin	Capsule	25mg, 50mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Indomethacin	Indocin	Suppositories	50mg	Formulary
Naproxen	Naprosyn	Suspension	25mg/5ml	Formulary
Naproxen	Naprosyn	Tablet	250mg, 375mg, 500mg	[90-day supply allowed]
Naproxen Sodium	Anaprox	Tablet	550mg	Formulary
Piroxicam	Feldene	Capsule	10mg, 20mg	Formulary
Salsalate	Disalcid	Tablet	500mg, 750mg	[90-day supply allowed]
Sulindac	Clinoril	Tablet	150mg, 200mg	Formulary
Chloral Hydrate	Noctec	Syrup	500mg/5ml	Formulary
Temazepam	Restoril	Capsule	15mg, 30mg	Formulary
Zolpidem	Ambien	Tablet	5mg, 10mg	Formulary
Disulfiram	Antabuse	Tablet	250mg, 500mg	Formulary
Acamprosate Calcium	Campral	Tablet EC	333mg	Prior Authorization required
Buprenorphine	Subutex	Subl Tablet	2mg, 8mg	Prior Authorization Required
Buprenorphine - Naloxone	Suboxone	Subl Tablet	2mg-0.5mg, 8mg-2mg	Prior Authorization Required
Naltrexone	ReVia	Tablet	50mg	Formulary
Nicotine	Nicoderm CQ	Patches	7mg/24hr, 14mg/24hr, 21mg/24hr	Outpatient- Restricted to evidence of enrollment in a smoking cessation program and a completed prior authorization form; initial six (6) week supply may be dispensed by DHS outpatient pharmacies
Nicotine	Nicorette	Gum	2mg, 4mg	Restricted
Ketoconazole	Nizoral	Topical Cream	2%	Formulary
Lidocaine	Various	Gel/Jelly	2%	Formulary
Lidocaine	Various	Solution	4%	Formulary
Benzoyl Peroxide	Benzac	Gel/Jelly	5%, 10%	RX Only
Benzoyl Peroxide - Erythromycin	Benzamycin	Topical Gel	50-30mg/gm	Restricted to Dermatology
Clindamycin	Cleocin	Topical Lotion	1%	Formulary
Clindamycin	Cleocin	Topical Solution	1%	Formulary
Erythromycin	Eryderm	Topical Solution	2%	Formulary
Erythromycin	Eryderm	Topical Swab	2%	Formulary
Isotretinoin	Accutane	Capsule	10mg, 40mg	Restricted to Dermatology
Metronidazole	Metrocream	Topical Cream	0.75%	Formulary
Metronidazole	Metrogel	Topical Gel/Jelly	0.75%	Formulary
Sulfacetamide - Sulfur	Sulfacet R	Topical Lotion	10%-5%	Formulary
Tretinoin	Retin-A	Topical Cream	0.025%, 0.1%, 0.05%	Diagnosis must be indicated on each prescription prior to pharmacy dispensing. Restricted to treatment of acne vulgaris. Covered through age 21
Aluminum Sulfate - Calcium Acetate	Domeboro	Topical Powder	1191mg - 938mg/packet	Formulary
Bacitracin	Baciquent	Topical Ointment	500u/gm	Formulary
Gentamicin	Garamycin	Topical Cream	0.1%	Formulary
Mupirocin	Bactroban	Topical Ointment	2%	Prior Authorization Required- Restricted to Pediatrics, Dermatology, Infectious Disease
Silver Sulfadiazine	Silvadene	Topical Cream	1%	Formulary
Clotrimazole		Topical Cream	1%	Formulary
Clotrimazole		Topical Solution	1%	Formulary
Clotrimazole	Mycelex	Troche	10mg	Formulary
Econazole	Spectazole	Topical Cream	1%	Restricted to Dermatology
Nystatin - Triamcinolone	Mycolog II	Topical Cream	0.1%	Formulary
Nystatin - Triamcinolone	Mycolog II	Topical Ointment	0.1%	Formulary
Pramoxine - Hydrocortisone	Proctofoam-HC	Rectal Foam	1%-1%	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Fluorouracil	Efudex	Topical Cream	5%	Restricted to Hematology/Oncology, topical restricted to Dermatology
Fluorouracil	Fluoroplex	Topical Solution, Topical Cream	1%	Restricted to Hematology/Oncology, topical restricted to Dermatology
Tacrolimus	Protopic	Topical Ointment	0.03%, 0.1%	Restricted to Dermatology, Allergy/Immunology. Second-line therapy for patients that failed or cannot tolerate topical steroids
Betamethasone Dipropionate	Diprolene	Topical Lotion	0.05%	Formulary
Betamethasone Dipropionate	Diprosone	Topical Cream	0.05%	Formulary
Betamethasone Dipropionate	Diprosone	Topical Lotion	0.05%	Formulary
Betamethasone Dipropionate	Diprosone	Topical Ointment	0.05%	Formulary
Betamethasone Dipropionate Augmented	Diprolene	Topical Cream	0.05%	Formulary
Betamethasone Dipropionate Augmented	Diprolene	Topical Gel	0.05%	Formulary
Betamethasone Dipropionate Augmented	Diprolene	Topical Ointment	0.05%	Formulary
Clobetasol	Temovate	Topical Solution	0.05%	Restricted to dermatological conditions of the scalp
Clobetasol	Temovate Scalp Ap	Topical Solution	0.05%	Restricted to dermatological conditions of the scalp
Clobetasol Propionate	Temovate	Topical Cream	0.05%	Restricted to Dermatology and OB-GYN
Clobetasol Propionate	Temovate	Topical Gel	0.05%	Restricted to Dermatology and OB-GYN
Clobetasol Propionate	Temovate	Topical Ointment	0.05%	Restricted to Dermatology and OB-GYN
Desonide	Desowen	Topical Cream	0.05%	Formulary
Desonide	Desowen	Topical Lotion	0.05%	Formulary
Desonide	Desowen	Topical Ointment	0.05%	Formulary
Fluocinolone	Derma-Smooth F/S	Topical Oil	0.01%	Restricted to Dermatology
Fluocinolone	Synalar	Topical Solution	0.01%	Restricted to Dermatology
Fluocinonide	Lidex-E	Emoillent Cream	0.05%	Formulary
Hydrocortisone	Hytone	Topical Cream	2.5%	Formulary
Hydrocortisone	Various	Rectal Enema	100mg/60ml	Formulary
Hydrocortisone Valreate	Westcort	Topical Ointment	2%	Formulary
Mometasone	Elocon	Topical Cream	0.1%	Formulary
Mometasone	Elocon	Topical Lotion	0.1%	Formulary
Mometasone	Elocon	Topical Ointment	0.1%	Formulary
Triamcinolone	Kenalog	Topical Cream	0.025%, 0.1%, 0.5%	Formulary
Triamcinolone	Kenalog	Topical Ointment	0.1%, 0.5%, 0.025%	Formulary
Pimecrolimus	Elidel	Topical Cream	1%	Restricted to Dermatology, Allergy/Immunology. Second-line therapy for patients that failed or cannot tolerate topical steroids
Podofilox	Condylox	Topical Gel	0.5%	Restricted to patients unable to tolerate resin Prior Authorization Required: Need a note, letter, or progress notes stating "medical necessity" (from provider) due to photosensitivity
Sunscreen	Various	Lotion	SPF15	
Tazarotene	Tazorac	Topical Gel	0.1%	Restricted to Dermatology attending
Permethrin	Acticin	Topical Cream	5%	Formulary
Permethrin	Nix Rinse	Topical Liquid	1%	Prior Authorization required
Crotamiton	Eurax	Topical Cream	10%	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Fluoxymesterone	Halotestin	Tablet	2mg, 5mg, 10mg	Formulary Restricted to HIV Medical Director only for patients with documented hypogonadism, Burn Unit, Pediatric Endocrinology for growth promotion in Turner Syndrome patients being treated with growth hormone
Oxandrolone	Oxandrine	Tablet	2.5mg	
Insulin Glargine	Lantus Solostar	Prefilled Pen Syringe	300units/3mL	Prior Authorization Required Restricted to Endocrinology; Prior Authorization Required for Pen Vials & Cartridges
Insulin, Glargine	Lantus	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Humulin 50/50	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Humulin L	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Humulin R	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Humulin U	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Iletin I	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Iletin II	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Novolin 70/30	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Human	Novolin N	Vial		Prior Authorization Required for Pen Vials & Cartridges
Insulin, Lispro	Humalog	Vial		Prior Authorization Required for Pen Vials & Cartridges
Glucagon	Glucagon Kit	Kit		Formulary
Glucometer	TrueTrack	Kit		Preferred Product
Glucose Blood Strips	TrueTrack	Test Strips		Qty. limited to 50 strips if no insulin; limit 100 strips with insulin
Insulin, Syringes	Various	Syringes		Quantity Limited
Chlorpropamide	Diabinese	Tablet	100mg, 250mg	Formulary
Glimepiride	Amaryl	Tablet	2mg, 4mg	[90-day supply allowed]
Glipizide	Glucotrol	Tablet	5mg, 10mg	[90-day supply allowed]
Glyburide	Diabeta, Micronase	Tablet	1.25mg, 2.5mg, 5mg	Restricted to pregnancy or refill prescriptions only, [90-day supply allowed]
Glyburide - Metformin	Glucovance	Tablet	1.25-250mg, 2.5-500mg, 5-500mg, 500mg, 850mg, 1000mg	Restricted to pregnancy or refill prescriptions only, [90-day supply allowed]
Metformin	Glucophage	Tablet		[90-day supply allowed]
Pioglitazone	Actos	Tablet	15mg, 30mg, 45mg	Restricted; Quantity Limited to max daily dose 1 tab/day
Tolazamide	Tolinase	Tablet	100mg, 250mg, 500mg	[90-day supply allowed]
Tolbutamide	Orinase	Tablet	250mg, 500mg	[90-day supply allowed]
Mifepristone	Mifeprex	Tablet	200mg	Restricted
Methimazole	Tapazole	Tablet	5mg, 10mg	Formulary
Potassium Iodide Saturated Solution	SSKI	Solution	1gm/ml	Formulary
Propylthiouracil	PTU	Tablet	50mg	Formulary
Alendronate Sodium	Fosamax	Tablet	70mg	Formulary
Cinacalcet HCl	Sensipar	Tablet	30mg, 60mg, 90mg	Restricted
Ethinyl Estradiol - Ethynodiol Diacetate	Zovia 1/50e	Tablet	50mcg-1mg	Formulary
Ethinyl Estradiol - Etonogestrel	Nuvaring	Vaginal Insert	0.15-0.12mg/24hr	Prior Authorization Required
Ethinyl Estradiol - Norelgestromin	Ortho Evra	Patch	0.02-0.15mg/24hr	Prior Authorization Required

Generic Name	Brand Name	Form	Strength	Restriction
Ethinyl Estradiol/ Norgestimate	Ortho Tri- Cyclen, Ortho Tri-Cyclen Lo	Tablet		Formulary
Desogestrel - Ethinyl Estradiol	Apri	Tablet	0.15-0.03mg	Restricted to Family PACT program
Ethinyl Estradiol - Levonorgestrel	Lutera	Tablet	0.02mg-0.1mg	Formulary
Ethinyl Estradiol - Norethindrone	Necon 0.5/35	Tablet	35mcg- 0.5mg	Formulary
Ethinyl Estradiol - Norethindrone	Necon 1/35	Tablet	35mcg- 1mg	Formulary
Ethinyl Estradiol - Norethindrone	Necon 7/7/7	Tablet		Formulary
Norethindrone - Mestranol	Necon 1/50 Plan B, Next Choice	Tablet	0.05mg- 1mg	Formulary
Levonorgestrel	Nor-QD	Tablet	0.75mg	Formulary
Norethindrone	Nor-QD	Tablet	35mg	Formulary
Progesterone	Crinone	Vaginal Gel	8%	Formulary
Progesterone	Prometrium	Capsule	100mg, 200mg	Formulary
Dexamethasone	Decadron	Elixir	0.5mg/5ml	Formulary
Dexamethasone	Decadron	Tablet	0.5mg, 0.75mg, 4mg	Formulary
Hydrocortisone	Cortef	Tablet	10mg, 20mg	[90-day supply allowed]
Hydrocortisone Retention Enema	Cortenema	Enema	100mg/60ml	Formulary
Prednisolone	Prelone	Syrup	15mg/5ml	Formulary
Prednisolone	Prelone	Tablet	5mg	Formulary
Prednisone	Orasone	Tablet	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	[90-day supply allowed]
Dienestrol	Ortho Dienestrol	Vaginal Cream	0.01%	Formulary Prior Authorization Required; Restricted to postmenopausal women with vasomotor symptoms intolerant to oral estrogens or patients with hepatic disease
Estradiol	Climara	Patch	0.25mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg	Prior Authorization Required; Restricted to postmenopausal women with vasomotor symptoms intolerant to oral estrogens or patients with hepatic disease
Estradiol	Climara Pro	Patch	0.045mg/0.015mg	
Estradiol	Estrace	Tablet	0.5mg, 1mg, 2mg	[90-day supply allowed]
Estrogens, Conjugated	Premarin	Tablet	0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg, 2.5mg	[90-day supply allowed]
Estrogens, Conjugated	Premarin	Vaginal Cream	0.625mg/gm	Formulary
Estrogens, Conjugated - Medroxyprogesterone	Prempro	Tablet	0.3-1.5mg, 0.625- 2.5mg, 0.625-5mg	Formulary
Estrogens, Conjugated - Medroxyprogesterone	Prempro Low Dose	Tablet	0.45-1.5mg 0.02mg, 0.05mg, 0.5mg	Formulary
Ethinyl Estradiol	Estinyl	Tablet		Formulary
Misoprostol	Cytotec	Tablet	100mcg, 200mcg	Restricted to OB/GYN, Gastroenterology, Surgery
Desmopressin	DDAVP	Nasal Spray	0.01mg/ actuation	Formulary
Desmopressin	DDAVP	Tablet	0.1mg, 0.2mg	Formulary
Medroxyprogesterone	Provera	Tablet	2.5mg, 5mg, 10mg	[90-day supply allowed]
Megesterol	Megace	Tablet	20mg, 40mg	Restricted to Hematology/Oncology, HIV Services, and OB/GYN
Megestrol	Megace	Suspension	40mg/ml	Restricted to Hematology/Oncology, HIV Services, and OB/GYN
Norethindrone Acetate	Aygestin	Tablet	5mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Raloxifene	Evista	Tablet	60mg 0.025mg, 0.05mg, 0.075mg, 0.088mg, 0.1mg, 0.112mg, 0.125mg, 0.137mg, 0.15mg, 0.175mg, 0.2mg, 0.3mg	Restricted [90-day supply allowed]
Levothyroxine	Levothroid	Tablet	30mg, 60mg, 90mg, 120mg	[90-day supply allowed]
Thyroid	Armour Thyroid	Tablet		[90-day supply allowed]
Acetic Acid - Aluminum Acetate	Domeboro Otic	Otic Solution	2%-7.9%	RX Only
Ofloxacin	Floxin	Otic Solution	0.3%	Formulary
Bacitracin	AK-Tracin	Ophthalmic Ointment	500u/gm	Formulary
Bacitracin - Polymyxin B	AK-Poly-Bac	Ophthalmic Ointment	500u/gm- 10000u/gm	Formulary
Ciprofloxacin	Ciloxan	Ophthalmic Solution	0.3%	Restricted to Ophthalmology. Ophthalmic as hydrochloride 3.5mg/ml (5ml)
Erythromycin	Ilotycin	Ophthalmic Ointment	5mg/gm	Formulary
Gentamicin	Garamycin	Ophthalmic Ointment	3mg/gm	Formulary
Gentamicin	Garamycin	Ophthalmic Solution	3mg/ml	Formulary
Neomycin - Bacitracin - Polymyxin B	Neosporin	Ophthalmic Ointment	3.5mg-400u- 10000u/gm	Formulary
Neomycin - Bacitracin - Polymyxin B	Neosporin	Ophthalmic Solution	1.75mg- 0.25mg- 10000u/gm	Formulary
Polymyxin B - Bacitracin	Polysporin	Ophthalmic Ointment	10000u-500u/gm	Formulary
Sulfacetamide Sodium	Bleph-10	Ophthalmic Ointment	10%	Formulary
Sulfacetamide Sodium	Bleph-10	Ophthalmic Solution	10%	Formulary
Tetracycline	Teramycin	Ophthalmic Ointment	1%	Formulary
Tobramycin	Tobrex	Ophthalmic Solution	0.3%	Formulary
Trimethoprim - Polymyxin B	Polytrim	Ophthalmic Solution	1mg - 10000u/ml	Formulary
Ipratropium	Atrovent	Nasal Spray	0.3%, 0.6%	Formulary
Brimonidine Acetonide	Alphagan P	Ophthalmic Solution	0.15%	Restricted to Ophthalmology
Brinzolamide	Azopt	Ophthalmic Suspension	1%	Restricted to Ophthalmology
Dipivefrin	Propine	Ophthalmic Solution	0.1%	Formulary
Dorzolamide	Trusopt	Ophthalmic Drops	2%	Restricted to Ophthalmology
Epinephrine	Epifrin	Ophthalmic Drops	2%	Formulary
Latanoprost	Xalatan	Ophthalmic Solution	0.005%	Restricted to Ophthalmology
Levobunolol	Betagan, AK- Beta	Ophthalmic Solution	0.5%	Formulary
Methazolamide	Neptazane	Tablet	25mg, 50mg	Formulary
Pilocarpine	Pilocar	Ophthalmic Solution	1%, 2%, 4%	Formulary
Timolol Maleate	Timoptic	Ophthalmic Solution	0.25%, 0.5%	Formulary
Ketotifen	Zaditor	Ophthalmic Solution	0.025%	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Cyclosporine Emulsion	Restasis	Ophthalmic Emulsion	0.5% (4ml)	Prior Authorization Required: Restricted to Ophthalmology Attending Staff
Dexamethasone-Neomycin- Polymyxin B	Maxitrol	Ophthalmic Suspension	0.1%-3.5mg-10000u/ml	Formulary
Prednisolone-Neomycin- Polymyxin B	Poly Pred	Ophthalmic Suspension	0.5%-0.35%- 10000u/ml	Formulary
Prednisolone-Sulfacetamide	Blephamide	Ophthalmic Suspension	0.2%-10%	Restricted to Ophthalmology
Acetic Acid - Hydrocortisone	Acetasol HC	Otic Solution	2%-1%	Formulary
Carbamide Peroxide	Debrox	Otic Solution	6.5%	Formulary
Ciprofloxacin-Dexamethasone	Ciprodex	Otic Suspension	0.3%-0.1%	Formulary
HC- Neomycin-Polymyxin B	Cortisporin	Otic Suspension	1%-0.35%-10000u/ml	Formulary
Hydrocortisone-Polymyxin B	Otobiotic	Otic Solution	0.5%-10000u/ml	Formulary
Trifluridine	Viroptic	Ophthalmic Solution	1%	Restricted to Ophthalmology
Vidarabine	Vira-A	Ophthalmic Ointment	3%	Formulary
Fluoromethalone	FML	Ophthalmic Suspension	0.1%	Restricted to Ophthalmology
Prednisolone	PredForte	Ophthalmic Solution	1%	Formulary
Flunisolide	Nasarel	Nasal Spray	0.025mg	Formulary
Fluticasone	Flonase	Nasal Spray	0.05mg	Formulary
Phenylephrine	Neosynephrine	Nasal Solution	0.25%, 1%	Formulary
Proparacaine	Ophthacaine	Ophthalmic Solution	0.5%	Formulary
Antipyrine- Benzocaine	Auralgan	Otic Solution	54mg-14mg/ml	Formulary
Proparacaine	Alcaine	Ophthalmic Solution	0.5%	Formulary
Sodium Chloride	Muro 128	Ophthalmic Ointment	5%	Formulary
Sodium Chloride	Muro 128	Ophthalmic Solution	2%, 5%	Formulary
Cromolyn Sodium	Intal	Nasal Spray	5.2mg/ actuation	Prior Authorization Required
Atropine Sulfate	Atropine	Ophthalmic Solution	1%	Formulary
Cyclopentolate	AK-Pentolate	Ophthalmic Solution	1%	Formulary
Homatropine HBr	Isopto Homatropin	Ophthalmic Solution	2%, 5%	Formulary
Phenylephrine HCl	Neosynephrine	Ophthalmic Solution	2.5%, 10%	Formulary
Ketorolac	Acular	Ophthalmic Solution	0.5%	Restricted to Ophthalmology
Naphazoline	Vasocon	Ophthalmic Solution	0.1%	Formulary
Belladonna Alkaloids-Phenobarbital	Donnatal	Elixir	16.2mg/5ml	Formulary
Belladonna Alkaloids-Phenobarbital	Donnatal	Tablet	16.2mg	Formulary
Olsalazine	Dipentum	Capsule	250mg	Formulary
Ursodiol	Actigall	Capsule	300mg	Generic Only
Dicyclomine	Bentyl	Capsule	10mg	Formulary
Glycopyrrolate	Robinul	Tablet	1mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Hyoscyamine	Levsin	Capsule ER	0.375mg	Formulary
Hyoscyamine	Levsin	Elixir	0.125mg/5ml	Formulary
Hyoscyamine	Levsin	Oral Liquid	0.125/ml	Formulary
Hyoscyamine	Levsin	Tablet	0.125mg	Formulary
Hyoscyamine	Levsin	Tablet ER	0.375mg	Formulary
Propantheline Bromide	Probanthine	Tablet	15mg	Formulary
Diphenoxylate- Atropine	Lomotil	Oral Solution	0.025-2.5mg/5ml	Formulary
Diphenoxylate- Atropine	Lomotil	Tablet	0.025-2.5mg	Formulary
Granisetron	Kytril	Tablet	1mg	Restricted
ondansetron	Zofran	Oral Solution	4mg/5mL	Restricted
Ondansetron	Zofran	Tablet	4mg, 8mg	Formulary
Ondansetron	Zofran ODT	Disintegrating Tablet	4mg, 8mg	Formulary
Promethazine	Phenergan	Syrup	25mg/5ml, 6.25mg/5ml	Prior Authorization required for patients less than two (2) years of age
Promethazine	Phenergan	Tablet	12.5mg, 25mg	Prior Authorization required for patients less than two (2) years of age
Mesalamine	Asacol	Tablet EC	400mg	Restricted to Gastroenterology
Mesalamine	Pentasa	Capsule ER	250mg	Restricted to Gastroenterology
Mesalamine	Rowasa	Enema	4gm/60ml	Restricted to Gastroenterology
Mesalamine	Rowasa	Suppository	500mg	Restricted to Gastroenterology
Amylase/Lipase/ Protease	Creon	Capsule DR	30KU-6KU-19KU, 120KU-24KU-76KU, 60KU-12KU-38KU	Formulary
Famotidine	Pepcid	Tablet	20mg, 40mg	[90-day supply allowed]
Ranitidine	Zantac	Syrup	15mg/ml	RX Only [90-day supply allowed]
Ranitidine	Zantac	Tablet	150mg, 300mg	RX Only [90-day supply allowed]
Sucralfate	Carafate	Suspension	1gm/10ml	Formulary
Sucralfate	Carafate	Tablet	1gm	Formulary
Lansoprazole	Prevacid	Capsules	15mg, 30mg	Qty. limited to max daily dose 1 tab/day
Lansoprazole	Prevacid SoluTabs	Disintegrating Tablet	15mg, 30mg	Step Therapy: Restricted to 1) Severe GERD not relieved by histamine H2 antagonist; 2) esophagitis, esophageal ulceration, H.Pylori, or peptic stricture (documented or proven by diagnostic imaging); 3) Restricted to patients with feeding tubes
Omeprazole	Prilosec	Capsule DR	10mg, 20mg	Formulary
Sulfasalazine	Azulfidine	Tablet	500mg	Formulary
Sulfasalazine	Azulfidine	Tablet EC	500mg	Restricted to Rheumatology, Gastroenterology
Tamsulosin HCl	Flomax	Capsule	0.4mg	Restricted
Pentosan Polysulfate Sodium	Elmiron	Capsule	100mg	Formulary
Phenazopyridine	Pyridium	Tablet	100mg	Formulary
Metronidazole	Metrogel- Vaginal	Gel/ Jelly	0.75%	Formulary
Bethanechol Chloride	Urecholine	Tablet	5mg, 25mg	Formulary
Oxybutynin	Ditropan	Oral Syrup	5mg/5ml	[90-day supply allowed]
Oxybutynin	Ditropan	Tablet	5mg	[90-day supply allowed]
Tolterodine	Detrol LA	Capsule ER	2mg, 4mg	Restricted
Methylergonovine Maleate	Methergine	Tablet	0.2mg	Formulary
Sevelamer	Renagel	Tablet	400mg, 800mg	Restricted to patients with chronic kidney disease with serum calcium greater than 10mg/dL OR a calcium phosphate product greater than 70
Cyclosporine	Neoral	Capsule	25mg, 100mg	Formulary
Cyclosporine	Neoral	Oral Solution	100mg/ml	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Mycophenolate Mofetil	Cellcept	Capsule	250mg	Formulary
Mycophenolate Mofetil	Cellcept	Tablet	500mg	Formulary
sirolimus	Rapamune	Tablet	0.5mg, 1mg, 2mg	Prior Authorization Required
Tacrolimus	Prograf	Capsule	1mg, 5mg	Formulary
Acetic Acid	Various	Solution for Urinary Bladder	0.25%	Formulary
Sodium Chloride	Normal Saline	Irrigating Solution	0.09%	Formulary
Allopurinol	Zyloprim	Tablet	100mg, 300mg	[90-day supply allowed]
Probenecid	Benemid	Tablet	500mg	[90-day supply allowed]
Auranofin	Ridaura	Capsule	3mg	Restricted to Rheumatology
Azathioprine	Imuran	Tablet	50mg	Formulary
Leflunomide	Arava	Tablet	10mg, 20mg	Restricted to Rheumatology
Penicillamine	Cuprimine	Capsule	250mg	Formulary
Penicillamine	Depen	Tablet	250mg	Formulary
Baclofen	Lioresal	Tablet	10mg, 20mg	Formulary
Cyclobenzaprine	Flexeril	Tablet	10mg	Formulary
Dantrolene Sodium	Dantrium	Capsule	25mg	Formulary
Methocarbamol	Robaxin	Tablet	500mg, 750mg	Formulary
Tizanidine	Zanaflex	Tablet	4mg	Formulary
Levocarnitine	Carnitor	Oral Solution	100mg/ml	Formulary
Levocarnitine	Carnitor	Tablet	330mg	Formulary
Calcium Acetate	Phoslo	Tablet	667mg	Formulary
Sodium Flouride	Various	Chewable Tablets	1.1mg, 2.2mg	Formulary
Sodium Fluoride	Various	Chewable Tablet	1.1mg, 2.2mg	Formulary
Prenatal Vits w/ DSS-Fe Fumarate- FA	Various	Tablet		Not >50% nor >100% of US RDA for pregnant women of A, D, B1, B2, B6, B12, C, Niacin, AND not >200mg elemental Fe, may also contain up to US RDA of E, Folic Acid, Phosphorus, Magnesium, except for Iodine (200mcg) and Zinc (25mg); Limited to Females; RX On
Prenatal Vits w/ DSS-Iron Carbonyl- FA	Various	Tablet		Not >50% nor >100% of US RDA for pregnant women of A, D, B1, B2, B6, B12, C, Niacin, AND not >200mg elemental Fe, may also contain up to US RDA of E, Folic Acid, Phosphorus, Magnesium, except for Iodine (200mcg) and Zinc (25mg); Limited to Females; RX On
Prenatal Vits w/ Fe Fumarate- FA	Various	Tablet		Not >50% nor >100% of US RDA for pregnant women of A, D, B1, B2, B6, B12, C, Niacin, AND not >200mg elemental Fe, may also contain up to US RDA of E, Folic Acid, Phosphorus, Magnesium, except for Iodine (200mcg) and Zinc (25mg); Limited to Females; RX On
Potassium Chloride	K-Dur	Tablet	8mEq, 10mEq, 20mEq	[90-day supply allowed]
Potassium Chloride	Various	Capsule ER	8mEq, 10mEq	[90-day supply allowed]
Potassium Chloride	Various	Liquid	20mEq/15ml	Formulary
Potassium Chloride	Various	Tablet	20mEq	Formulary
Folic Acid	Various	Tablet	1mg	Formulary
Calcitriol	Rocaltrol	Capsule	0.25mcg, 0.5mcg	Formulary
Calcitriol	Rocaltrol	Oral Soln	1mcg/mL	Formulary
Dihydroxycholesterol	DHT	Tablet	0.125mg, 0.2mg, 0.4mg	Formulary
Dihydroxycholesterol	DHT Intensol	Oral Solution	0.2mg/ml	Formulary
Dihydroxycholesterol	Hytakerol	Capsule	0.125mg	Formulary
Doxercalciferol	Hectoral	Capsule	0.25mcg, 0.5mcg	Restricted to Nephrology as second line agent
Phytonadione	Mephyton	Tablet	5mg	Formulary
Leucovorin Calcium	Wellcovorin	Tablet	5mg, 25mg	Formulary

Generic Name	Brand Name	Form	Strength	Restriction
Fluticasone- Salmeterol	Advair Diskus	Inhaler	100-50mcg, 250-50mcg	Restricted to patients with moderate to severe asthma in patients < 12 years of age
Sodium Chloride	Broncho Saline	Inhalation Solution	0.9%, 3%, 10%	RX Only
Tiotropium Bromide	Spiriva	Inhalation Capsule	18mcg	Restricted to patients with COPD and FEV1 score less than 60% or FVC scores less than 70%
Montelukast	Singulair	Chewable Tablet	4mg, 5mg	Restricted to Pediatrics, Allergy/Immunology & Pulmonology
Montelukast	Singulair	Tablet	10mg	Restricted to Pediatrics, Allergy/Immunology & Pulmonology
Albuterol	Proair HFA	Inhaler		Formulary
Albuterol	Proventil	Oral Syrup	2mg/5ml	Formulary
Albuterol	Proventil	Tablet	4mg	Formulary
Albuterol	Proventil, Ventolin	Inhalation Solution	0.083%, 0.5%	Formulary
Albuterol	Ventolin	Syrup	2mg/5ml	Formulary
Albuterol	Volmax	Tablet ER	4mg, 8mg	Formulary
Aminophylline	Various	Oral Solution	105mg/5ml	Formulary
Aminophylline	Various	Suppository	250mg, 500mg	Formulary
Aminophylline	Various	Tablet	100mg, 200mg	Formulary
Ipratropium	Foradil Aerolizer	Inhalation Capsule	0.012mg/ actuation	Restricted to Pediatrics, Adult Allergy/Immunology & Pulmonology. Not to be used as monotherapy for the treatment of asthma
	Atrovent	Inhalation Solution	0.02%	Formulary
Metaproterenol	Alupent	Inhalation Solution	0.4%, 0.6%, 5%	Formulary
Metaproterenol	Alupent	Syrup	10mg/5ml	Formulary
Metaproterenol	Alupent	Tablet	10mg, 20mg	[90-day supply allowed]
Mometasone/Formoterol	Dulera	Inhalation Powder	100/5mcg, 200/5mcg	Step Therapy Restricted to Pediatrics, Adult Allergy/Immunology & Pulmonology. Not to be used as monotherapy for the treatment of asthma
Salmeterol Xinafoate	Serevent Diskus	Inhaler	0.046mg/ actuation	
Theophylline	Constant-T	Tablet ER	300mg	Formulary
Theophylline	Theo-24	Capsule ER (24hr)	100mg, 200mg, 300mg	[90-day supply allowed]
Theophylline	Theolair	Elixir	80mg/15ml	Formulary
Theophylline	Various	Capsule ER (12hr)	100mg, 125mg, 200mg, 300mg	[90-day supply allowed]
Beclomethasone	Qvar	Inhaler	0.4mg/ actuation, 0.8mg/ actuation	Preferred inhaled corticosteroid agent
Budesonide	Pulmicort Flexhaler	Inhaler	180mcg/ actuation	Restricted to pregnant patients
Budesonide	Pulmicort Respules	Inhalation Suspension	0.25mg/2ml, 0.5mg/2ml	Restricted to pediatric patients less than 8 years old when nebulized therapy is indicated
Fluticasone	Flovent	Inhaler	0.44mg/ actuation, 0.11mg/ actuation	Prior Authorization Required
Fluticasone	Flovent	Inhaler	0.22mg/ actuation	Restricted to Allergy/Immunology & Pulmonology
Cromolyn	Intal	Nebulized Solution	10mg/mL	Formulary
Tobramycin	Tobi	Inhalation Solution	60mg/ml	Restricted to cystic fibrosis; HUMC Restriction: Restricted to ID, HIV, Peds ID
Dextromethorphan-Promethazine	Phenergan DM	Syrup	15-6.25mg/5ml	Formulary
Cetirizine	Zyrtec	Chewable Tablet	5mg	Qty. limited to max daily dose 1 tab/day
Cetirizine	Zyrtec	Syrup	5mg/5ml	RX Only
Cetirizine	Zyrtec	Tablet	5mg, 10mg	RX Only
Cyproheptadine	Periactin	Tablet	4mg	Formulary
Diphenhydramine	Benadryl	Capsule	25mg, 50mg	RX Only

Generic Name	Brand Name	Form	Strength	Restriction
Fexofenadine	Allegra	Capsule	60mg	Restricted to Allergy/Immunology
Fexofenadine	Allegra	Tablet	30mg, 60mg, 180mg	Restricted to Allergy/Immunology
Loratadine	Claritin	Syrup	5mg/5ml	RX Only
Loratadine	Claritin	Tablet	10mg	RX Only
Codeine- Phenylephrine- Promethazine	Phenergan VC w/ Codeine	Syrup	10-5-6.25mg/5ml	Formulary
Promethazine- Codeine	Phenergan w/ Codeine	Syrup	10-6.25mg/5ml	Formulary
Codeine- Guafenesin	Robitussin AC	Syrup	10-100mg/5ml	Formulary
Succimer Chemet		Capsule	100mg	Formulary