CLEVELAND COUNTY EMPLOYEE PHARMACY PROGRAM CATEGORY II FORMULARY

INSURED EMPLOYEES/SPOUSES AND DEPENDENTS COST $20

*****NOTE: FORMULARY SUBJECT TO CHANGE BASED ON DRUG COST AND AVAILABILITY*****

1. **ANTIBIOTICS/ ANTIFUNGALS**
   - *ORAL*
     - NITROFURANTOIN (MACRODANTIN) 50MG CAPS (6 HR DOSING)
   - *VAGINAL*
     - CLINDAMYCIN (CLEOCIN) 2% VAGINAL CREAM
     - METRONIDAZOLE (METROGEL) 0.75% GEL

2. **DIABETES**
   - HUMALOG 100UNITS/ML KWIKPEN (1BOX)
   - HUMALOG 100UNITS/ML VIAL (1 VIAL)

3. **COUGH**
   - HYDROCODONE/CHLORPHENIRAMINE 10MG/8MG/5ML (TUSSIONEX) ER SUSPENSION (4 OZ MAX)

4. **PAIN**
   - CELECOXIB (CELEBREX) 200MG CAPSULES
   - VOLTAREN (DICLOFENAC) 1% GEL 100GM

5. **LIPID LOWERING AGENTS**
   - COLESTIPOL (COLESTID) 1GM TABS
   - NIACIN ER (NIASPAN) 500MG & 1000MG TABS

6. **CARDIAC DRUGS AND ANTIHYPERTENSIVES**
   - *ANTI-ARRHYTHMICS*
     - DIGOXIN (LANOXIN) 0.125MG TABS
   - *BETA BLOCKERS*
     - NADOLOL (CORGARD) 20MG, 40MG, & 80MG TABS
     - PROPANOLOL ER (INDERAL LA) 60MG, ER 80MG CAPS
   - *CALCIUM CHANNEL BLOCKERS*
     - NIFEDEIPINE XL (NIFEDICAL XL) 60MG TABS
     - NIFEDIPINE ER (PROCARDIA XL) 90MG CAPS
   - *DIURETICS*
     - METOLAZONE (ZAROXOLYN) 10MG TABS

7. **ANTIDEPRESSANTS/ANTIPSYCOTICS**
   - ARIPIPRAZOLE (ABILIFY) 10MG TABS
   - PAROXETINE ER (PAXIL) 25MG AND 37.5MG TABS

8. **GASTROINTESTINAL**
   - CLIDINIUM/ CHLORDIAZEPOXIDE (LIBRAX) 2.5MG/ 5MG CAPS (LIMIT 30 PER FILL)
   - CYPROHEPTADINE (PERIACTIN) 4MG TABS
   - HYDROCORTISONE ACETATE (ANUCORT) 25MG RECTAL SUPPOSITORY
   - HYDROCORTISONE/PRAOXINE (PROCTOFOAM HC) 1% RECTAL
   - MOVIPREP BOWEL PREP KIT
   - PRAMOXINE/ HYDROCORTISONE (ANALPRAM HC) 1%/2.5% RECTAL CREAM
   - PROMETHAZINE (PHENERGAN) 12.5 AND 25MG RECTAL SUPPOSITORY
   - SUPREP BOWEL PREP KIT

- URSODIOL (ACTIGALL) 500MG TABLETS

9. RESPIRATORY

- LEVALBUTEROL (XOPENEX) HFA 45MCG INHALER
- LEVALBUTEROL (XOPENEX) 0.63 AND 1.25MG-3ML NEBULIZER SOLN

10. ALLERGIES

- AZELASTINE (ASTELIN) 137 MCG/SPRAY NASAL SPRAY
- CYPROHEPTADINE (PERIACTIN) 4MG TABS
- MONTELUKAST (SINGULAIR) 4MG GRANULES

11. OPHTHALMIC/ OTIC MEDS

- FLUOROMETHOLONE (FML OR FLAREX) 0.1% OPHTH SUSP 5ML
- TOBRAMYCIN/ DEXAMETHASONE (TOBRADEX) 0.3-0.1% OPHTH SUSP 2.5ML

12. MIGRAINE

- BUTALBITAL/ ACETAMINOPHEN (BUPAP) 50MG/325MG TABS
- BUTORPHANOL (STADOL) 10MG/1ML NASAL SPRAY
- CYPROHEPTADINE (PERIACTIN) 4MG TABS
- SUMATRIPTAN (IMITREX) 6MG/0.5ML SQ INJECTION

13. CONTRACEPTIVES

- MEDROXYPROGESTERONE (DEPO-PROVERA) 150MG/ML INTRAMUSCULAR INJECTION

14. HORMONES

- *ANDROGEN*
  - TESTOSTERONE (DEPO-TESTOSTERONE) 200MG/ML IM INJ (1 MONTH SUPPLY)
- *ESTROGEN*
  - ESTRADIOL (CLIMARA) 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR WEEKLY PATCH
  - ESTRADIOL (ALORA) 0.01 MG/DAY TWICE WEEKLY PATCH (8)
- *ESTROGEN & ANDROGEN*
  - ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE (ESTRATEST HS) 0.625/1.25 MG TABS
  - ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE (ESTRATEST) 1.25/2.5 MG TABS
- *PROGESTIN*
  - PROGESTERONE (PROMETRIUM) 100MG AND 200MG CAPS (30)

15. IMMUNOSUPPRESSANT

- MYCOPHENOLATE MOFETIL (CELLCEPT) 500MG TABS

16. MISCELLANEOUS TOPICAL

- IMIQUIMOD (ALDARA) 5% CREAM PACKETS

17. ACNE

- TRETINOIN (RETIN A) 0.025% GEL 15GM

18. ORAL CARE

- DUKE'S MAGIC MOUTHWASH

19. ANTIRHEUMATIC

- HYDROXYCHLOROQUINE (PLAQUENIL) 200MG TABS
- METHOTREXATE 2.5MG TABS AND 25MG/ML INJECTION

20. BPH/ ERECTILE DYSFUNCTION

- SILDENAFIL (REVATIO) 20MG TABS (MAX #30/MONTH)

21. MOTION SICKNESS

- SCOPOLOMINE (TRANSDERM-SCOP) 1MG/3DAYS PATCH

22. DRY EYES

- VP-PRECIP SOFTGELS (TEARS AGAIN HYDRATE)

23. INCONTINENCE

- OXYBUTNIN (OXYTROL) ER 10MG TABS
- TOLTERODINE (DETROL) 2MG TABS

24. MISCELLANEOUS STIMULANT

- MODAFINIL (PROVIGIL) 200MG TABS

25. MISCELLANEOUS BLOOD LOSS REDUCTION

- TRANEXAMIC ACID (LYSTEDA) 650MG TABS