

2012

# 'Ohana Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

'Ohana Health Plan

**Please read: This document contains information about the drugs we cover in this plan.**

**Please note that the 'Ohana Health Plan Preferred Drug List is updated quarterly. Providers, please visit our website at <http://www.ohanahealthplan.com/provider/pharmacyservices> to view updates to the preferred drug list.**

**Members, please visit our website at <http://www.ohanahealthplan.com/medicaid/preferreddruglist> to view updates to the preferred drug list.**

Last updated (01/01/2012)





## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>ANTI-HISTAMINE DRUGS</b>				
Derivatives, Miscellaneous	<i>cyproheptadine hcl</i>	2MG/5ML	SYRP	QL (300.00 per 31 days)
	<i>cyproheptadine hcl</i>	4MG	TABS	
Ethanolamine Derivatives	<i>allergy relief childrens</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>altaryl</i>	12.5MG/5ML	SYRP	OTC-Covered w/Rx
	<i>banophen</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>diphenhist</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>diphenhydramine hcl</i>	50MG	CAPS	
	<i>diphenhydramine hcl</i>	50MG, 25MG	TABS, CAPS	OTC-Covered w/Rx
	<i>q-dryl</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>scot-tussin allergy relief formula</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>siladryl allergy</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>total allergy medicine</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
Phenothiazine Derivatives	<i>promethazine hcl</i>	50MG, 25MG, 12.5MG, 6.25MG/5ML, 25MG/ML	TABS, SYRP, SUPP, SOLN	
	<i>promethazine hcl plain</i>	6.25MG/5ML	SYRP	
	<i>promethegan</i>	50MG, 25MG, 12.5MG	SUPP	
Propylamine Derivatives	<i>actanol</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>aller-chlor</i>	4MG	TABS	OTC-Covered w/Rx
	<i>allerfed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>allergy</i>	4MG	TABS	OTC-Covered w/Rx
	<i>allergy relief</i>	4MG	TABS	OTC-Covered w/Rx
	<i>allergy tablets</i>	4MG	TABS	OTC-Covered w/Rx
	<i>altafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	<i>antihistamine/decongestant</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>aprodine</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>bromaline</i>	1MG/5ML/ 15MG/5ML	SOLN	OTC-Covered w/Rx
	<i>brotapp</i>	1MG/5ML/ 15MG/5ML	LIQD	OTC-Covered w/Rx
	<i>chlorhist</i>	4MG	TABS	OTC-Covered w/Rx
	<i>chlorphen</i>	4MG	TABS	OTC-Covered w/Rx
	<i>chlorpheniramine maleate</i>	4MG	TABS	OTC-Covered w/Rx
	<i>cold &amp; allergy</i>	1MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx
	<i>dimaphen children's</i>	1MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx
	<i>genac</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>histaFed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>q-tapp</i>	1MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>silafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	<i>tri-afed allergy/head cold</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>tri-pseudaphed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
Second Generation Antihistamines	<i>alavert allergy/sinus</i>	5MG/ 120MG	TB12	OTC-Covered w/Rx
	<i>allergy</i>	10MG, 10MG	TBDP, TABS	OTC-Covered w/Rx
	<i>allergy relief</i>	10MG, 5MG/5ML	TABS, SYRP	OTC-Covered w/Rx
	<i>allergy relief for kids</i>	5MG/5ML	SYRP	OTC-Covered w/Rx
	<i>allergy relief/nasal decongestant</i>	10MG/ 240MG	TB24	OTC-Covered w/Rx
	<i>cetirizine hcl</i>	5MG/5ML, 1MG/ML	SYRP	QL (300.00 per 31 days)
	<i>cetirizine hcl</i>	5MG, 10MG	TABS, CHEW	OTC-Covered w/Rx
	<i>cetirizine hcl children's</i>	1MG/ML	SOLN	QL (300.00 per 31 days);OTC-Covered w/Rx
	<i>cetirizine hcl children's allergy</i>	5MG/5ML, 1MG/ML	SYRP	QL (300.00 per 31 days);OTC-Covered w/Rx
	<i>cetirizine hcl/pseudoephedrine hcl er</i>	5MG/ 120MG	TB12	OTC-Covered w/Rx
	<i>children's loratadine</i>	5MG/5ML	SYRP	OTC-Covered w/Rx
	<i>clear-ataadine d</i>	10MG/ 240MG	TB24	OTC-Covered w/Rx
	<i>loratadine</i>	10MG	TABS	OTC-Covered w/Rx
	<i>loratadine hives relief</i>	5MG/5ML	SOLN	QL (300.00 per 31 days);OTC-Covered w/Rx
<b>ANTI-INFECTIVE AGENTS</b>				
Anthelmintics	<i>pamix</i>	50MG/ML	SUSP	OTC-Covered w/Rx
	<i>pin-x</i>	50MG/ML	SUSP	OTC-Covered w/Rx
	<i>reeses pinworm medicine</i>	144MG/ML	SUSP	OTC-Covered w/Rx
Aminoglycosides	<i>neomycin sulfate</i>	500MG	TABS	
	TOBI	300MG/5ML	NEBU	PA



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Class	Product Name	Strengths	Form	Coverage Detail
Glycopeptides	VANCOGIN HCL	250MG, 125MG	CAPS	PA
	<i>vancomycin hcl</i>	750MG, 500MG, 1000MG	SOLR	
Lincomycins	CLEOCIN	75MG	CAPS	
	<i>clindamycin hcl</i>	300MG, 150MG	CAPS	
	<i>clindamycin hcl</i>	75MG	CAPS	
	<i>clindamycin palmitate hcl</i>	75MG/5ML	SOLR	QL (2400.00 per 31 days)
	<i>clindamycin phosphate</i>	900MG/6ML, 600MG/4ML, 300MG/2ML, 150MG/ML	SOLN	
	<i>clindamycin phosphate add-vantage</i>	150MG/ML	SOLN	
	<i>clindamycin phosphate pharmacy bulk package</i>	150MG/ML	SOLN	
First Generation Cephalosporins	<i>cefadroxil</i>	1GM, 500MG/5ML, 250MG/5ML, 500MG	TABS, SUSR, CAPS	
	<i>cefazolin sodium</i>	500MG, 1GM	SOLR	
	<i>cephalexin</i>	125MG/5ML, 500MG, 250MG	SUSR, CAPS	
	<i>cephalexin</i>	250MG/5ML	SUSR	QL (300.00 per 31 days)
Second Generation Cephalosporins	<i>cefaclor</i>	500MG, 250MG	CAPS	
	<i>cefprozil</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
	<i>cefuroxime axetil</i>	500MG, 250MG, 125MG/5ML	TABS, SUSR	
Third Generation Cephalosporins	<i>cefdinir</i>	250MG/5ML, 125MG/5ML, 300MG	SUSR, CAPS	
	<i>cefepodoxime proxetil e.e.s. 400</i>	200MG, 100MG, 50MG/5ML, 100MG/5ML	TABS, SUSR	
Erythromycins	<i>e.e.s. 400</i>	400MG	TABS	
	E.E.S. GRANULES	200MG/5ML	SUSR	
	ERYPED 200	200MG/5ML	SUSR	
	ERY-TAB	500MG, 333MG, 250MG	TBEC	
	ERYTHROCIN STEARATE	250MG	TABS	
	<i>erythromycin</i>	250MG	CPEP	
	<i>erythromycin base</i>	500MG, 250MG	TABS	
	<i>erythromycin ethylsuccinate</i>	400MG	TABS	
	<i>erythromycin/sulfisoxazole</i>	200MG/5ML/ 600MG/5ML	SUSR	
	Other Macrolides	<i>azithromycin</i>	200MG/5ML, 100MG/5ML, 2.5GM, 500MG, 600MG	SUSR, SOLR, TABS
<i>azithromycin</i>		250MG	TABS	QL (6.00 per 31 days)
<i>clarithromycin</i>		500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
Aminopenicillins	<i>amoxicillin</i>	200MG/5ML, 125MG/5ML, 250MG, 125MG, 500MG, 875MG	SUSR, CHEW, CAPS, TABS	
	<i>amoxicillin</i>	400MG/5ML, 250MG/5ML	SUSR	QL (300.00 per 31 days)
	<i>amoxicillin/clavulanate potassium</i>	250MG/5ML/ 62.5MG/5ML, 200MG/5ML/ 28.5MG/5ML	SUSR	QL (300.00 per 31 days)
	<i>amoxicillin/clavulanate potassium</i>	875MG/ 125MG, 500MG/ 125MG, 250MG/ 125MG, 600MG/5ML/ 42.9MG/5ML, 400MG/5ML/ 57MG/5ML, 400MG/ 57MG, 200MG/ 28.5MG	TABS, SUSR, CHEW	
	<i>ampicillin</i>	250MG/5ML, 125MG/5ML, 500MG, 250MG	SUSR, CAPS	
Natural Penicillins	BICILLIN C-R	900000UNIT/2ML/ 300000UNIT/2ML, 300000UNIT/ML/ 300000UNIT/ML	SUSP	
	BICILLIN L-A	600000UNIT/ML, 2400000UNIT/4ML, 1200000UNIT/2ML	SUSP	
	PENICILLIN G PROCAINE	600000UNIT/ML	SUSP	
	<i>penicillin v potassium</i>	250MG/5ML	SOLR	QL (300.00 per 31 days)
	<i>penicillin v potassium</i>	500MG, 250MG, 125MG/5ML	TABS, SOLR	
	<i>pfiizerpen-g</i>	5MU, 20MU	SOLR	
Penicillinase-resistant Penicillins	<i>dicloxacillin sodium</i>	500MG, 250MG	CAPS	



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>oxacillin sodium</i>	2GM, 1GM, 10GM	SOLR	
Quinolones	<i>ciprofloxacin hcl</i>	750MG, 500MG, 250MG	TABS	
	<i>levofloxacin</i>	750MG, 500MG, 250MG	TABS	QL (14.00 per 31 days)
Sulfonamides	<i>sulfamethoxazole/trimethoprim</i>	800MG/20ML/ 160MG/20ML, 200MG/5ML/ 40MG/5ML	SUSP	QL (1200.00 per 31 days)
	<i>sulfamethoxazole/trimethoprim</i>	400MG/ 80MG	TABS	
	<i>sulfamethoxazole/trimethoprim ds</i>	800MG/ 160MG	TABS	
	<i>sulfasalazine</i>	500MG	TBEC, TABS	
Tetracyclines	<i>doxycycline hyclate</i>	20MG, 100MG, 50MG	TABS, SOLR, CAPS	
	<i>minocycline hcl</i>	75MG, 50MG, 100MG	CAPS	
	<i>tetracycline hcl</i>	500MG, 250MG	CAPS	
Allylamines	<i>terbinafine hcl</i>	250MG	TABS	
Antifungals, Miscellaneous	GRIFULVIN V	500MG	TABS	
	<i>griseofulvin microsize</i>	125MG/5ML	SUSP	QL (450.00 per 31 days)
	GRIS-PEG	250MG, 125MG	TABS	
Azoles	<i>fluconazole</i>	50MG, 200MG, 150MG, 100MG, 40MG/ML, 10MG/ML	TABS, SUSP	
	<i>ketoconazole</i>	200MG	TABS	
Polyenes	<i>nystatin</i>	100000UNIT/ML	SUSP	QL (300.00 per 31 days)
	<i>nystatin</i>	500000UNIT	TABS	
Antimalarials	<i>atovaquone/proguanil hcl</i>	62.5MG/ 25MG, 250MG/ 100MG	TABS	
	DARAPRIM	25MG	TABS	
	<i>hydroxychloroquine sulfate</i>	200MG	TABS	
	<i>mefloquine hcl</i>	250MG	TABS	
	PRIMAQUINE PHOSPHATE	26.3MG	TABS	
Antiprotozoals, Miscellaneous	MEPRON	750MG/5ML	SUSP	
	<i>metronidazole</i>	500MG, 250MG	TABS	
Adamantanes	<i>rimantadine hcl</i>	100MG	TABS	
HIV Entry and Fusion Inhibitors	FUZEON	90MG	KIT	
	SELZENTRY	300MG, 150MG	TABS	
HIV Protease Inhibitors	APTIVUS	100MG/ML, 250MG	SOLN, CAPS	
	CRIXIVAN	400MG, 200MG, 100MG	CAPS	
	INVIRASE	500MG, 200MG	TABS, CAPS	
	KALETRA	200MG/ 50MG, 100MG/ 25MG, 400MG/5ML/ 100MG/5ML	TABS, SOLN	
	LEXIVA	700MG, 50MG/ML	TABS, SUSP	
	NORVIR	100MG, 80MG/ML	TABS, CAPS, SOLN	
	PREZISTA	75MG, 600MG, 400MG, 150MG	TABS	
	REYATAZ	300MG, 200MG, 150MG, 100MG	CAPS	
	VIRACEPT	625MG, 250MG	TABS	
Integrase Inhibitors	ISENTRESS	400MG	TABS	
Miscellaneous Antiretrovirals	ATRIPLA	600MG/ 200MG/ 300MG	TABS	
	COMPLERA	200MG/ 25MG/ 300MG	TABS	
Nonnucleoside Reverse Transcriptase Inhibitors	EDURANT	25MG	TABS	
	INTELENCE	200MG, 100MG	TABS	
	RESCRIPTOR	200MG, 100MG	TABS	
	SUSTIVA	600MG, 50MG, 200MG	TABS, CAPS	
	VIRAMUNE	200MG, 50MG/5ML	TABS, SUSP	
Nucleoside and Nucleotide Reverse Transcriptase Inhibitors	COMBIVIR	150MG/ 300MG	TABS	
	<i>didanosine</i>	400MG, 250MG, 200MG, 125MG	CPDR	
	EMTRIVA	10MG/ML, 200MG	SOLN, CAPS	
	EPIVIR	300MG, 150MG, 10MG/ML	TABS, SOLN	
	EPIVIR HBV	100MG, 5MG/ML	TABS, SOLN	
	EPZICOM	600MG/ 300MG	TABS	
	<i>stavudine</i>	1MG/ML, 40MG, 30MG, 20MG, 15MG	SOLR, CAPS	
	TRIZIVIR	300MG/ 150MG/ 300MG	TABS	
	TRUVADA	200MG/ 300MG	TABS	
	VIDEX PEDIATRIC	4GM, 2GM	SOLR	
	VIREAD	300MG	TABS	



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Class	Product Name	Strengths	Form	Coverage Detail
	ZERIT	1MG/ML	SOLR	
	ZIAGEN	300MG, 20MG/ML	TABS, SOLN	
	<i>zidovudine</i>	50MG/5ML	SYRP	QL (900.00 per 31 days)
	<i>zidovudine</i>	300MG, 100MG	TABS, CAPS	
Interferons	INFERGEN	9MCG/0.3ML, 15MCG/0.5ML	INJ	
	PEGASYS	180MCG/ML, 180MCG/0.5ML	SOLN, KIT	
	PEGASYS PROCLICK	180MCG/0.5ML, 135MCG/0.5ML	SOLN	
	PEG-INTRON	80MCG/0.5ML, 50MCG/0.5ML, 150MCG/0.5ML, 120MCG/0.5ML	KIT	
	PEG-INTRON REDIPEN	80MCG/0.5ML, 50MCG/0.5ML, 150MCG/0.5ML, 120MCG/0.5ML	KIT	
	PEG-INTRON REDIPEN PAK 4	80MCG/0.5ML, 50MCG/0.5ML, 150MCG/0.5ML, 120MCG/0.5ML	KIT	
Monoclonal Antibodies	SYNAGIS	50MG/0.5ML, 100MG/ML	SOLN	PA
Neuraminidase Inhibitors	RELENZA DISKHALER	5MG/BLISTER	AEPB	
	TAMIFLU	6MG/ML, 12MG/ML, 75MG, 45MG, 30MG	SUSR, CAPS	
Nucleosides and Nucleotides	<i>acyclovir</i>	200MG, 800MG, 400MG	CAPS, TABS	
	<i>acyclovir</i>	200MG/5ML	SUSP	QL (3500.00 per 31 days)
	BARACLUDE	0.05MG/ML	SOLN	QL (700.00 per 31 days)
	BARACLUDE	1MG, 0.5MG	TABS	
	<i>ganciclovir</i>	500MG, 250MG	CAPS	
	HEPSERA	10MG	TABS	
	REBETOL	40MG/ML	SOLN	QL (1000.00 per 31 days)
	<i>ribasphere</i>	200MG	TABS	
	<i>ribavirin</i>	200MG	TABS	
	TYZEKA	600MG	TABS	
	<i>valacyclovir hcl</i>	500MG, 1000MG	TABS	
HCV Protease Inhibitors	INCIVEK	375MG	TABS	
	VICTRELIS	200MG	CAPS	PA; QL (372.00 per 31 days)
Urinary Anti-infectives	<i>nitrofurantoin macrocrystalline</i>	50MG, 100MG	CAPS	
	<i>nitrofurantoin monohydrate</i>	100MG	CAPS	
	<i>trimethoprim</i>	100MG	TABS	
	<i>uretron d/s</i>	0.12MG/ 120MG/ 10.8MG/ 36.2MG/ 40.8MG	TABS	
	<i>uticap</i>	0.12MG/ 120MG/ 10MG/ 36MG/ 40.8MG	CAPS	
<b>ANTINEOPLASTIC AGENTS</b>				
Antineoplastic Agents	<i>adriamycin</i>	50MG, 20MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	<i>adrucil</i>	500MG/10ML	SOLN	PA
	ALKERAN	2MG	TABS	PA
	<i>anastrozole</i>	1MG	TABS	PA
	AVASTIN	400MG/16ML, 100MG/4ML	SOLN	PA
	<i>bleomycin sulfate</i>	30UNIT, 15UNIT	SOLR	PA
	BUSULFEX	6MG/ML	SOLN	PA
	<i>carboplatin</i>	150MG, 600MG/60ML, 50MG/5ML, 450MG/45ML, 150MG/15ML	SOLR, SOLN	PA
	CEENU	40MG, 10MG, 100MG	CAPS	PA
	<i>cisplatin</i>	50MG/50ML, 200MG/200ML, 100MG/100ML	SOLN	PA
	CYCLOPHOSPHAMIDE	50MG, 25MG, 500MG, 2GM, 1GM	TABS, SOLR	
	<i>dactinomycin</i>	0.5MG	SOLR	PA
	<i>daunorubicin hcl</i>	20MG, 5MG/ML	SOLR, INJ	PA
	DAUNOXOME	2MG/ML	INJ	PA
	<i>doxorubicin hcl</i>	2MG/ML	SOLN	PA
	EMCYT	140MG	CAPS	PA
	<i>etoposide</i>	20MG/ML, 50MG	SOLN, CAPS	PA
	<i>fluorouracil</i>	5GM/100ML, 500MG/10ML, 2.5GM/50ML, 1GM/20ML	SOLN	PA
	<i>gemcitabine</i>	2GM/52.6ML, 200MG/5.26ML, 1GM/26.3ML	SOLN	PA
	<i>gemcitabine hcl</i>	2GM, 200MG, 1GM	SOLR	PA



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Class	Product Name	Strengths	Form	Coverage Detail
	GLEEVEC	400MG, 100MG	TABS	PA
	HEXALEN	50MG	CAPS	PA
	<i>hydroxyurea</i>	500MG	CAPS	PA
	INTRON-A	6000000UNIT/ML, 10MU/ML, 5MU/0.2ML, 3MU/0.2ML, 10MU/0.2ML	SOLN, KIT	
	INTRON-A W/DILUENT	50MU, 18MU, 10MU	SOLR	
	IXEMPRA KIT	45MG, 15MG	SOLR	PA
	LEUKERAN	2MG	TABS	PA
	LYSODREN	500MG	TABS	PA
	<i>melphalan hydrochloride</i>	50MG	SOLR	PA
	<i>mercaptopurine</i>	50MG	TABS	
	<i>methotrexate</i>	2.5MG	TABS	
	<i>methotrexate sodium</i>	1GM, 25MG/ML	SOLR, SOLN	
	<i>mitomycin</i>	5MG, 40MG, 20MG	SOLR	PA
	MYLERAN	2MG	TABS	PA
	<i>oxaliplatin</i>	50MG, 100MG, 50MG/10ML, 100MG/20ML	SOLR, SOLN	PA
	REVLIMID	5MG, 25MG, 15MG, 10MG	CAPS	PA
	SPRYCEL	80MG, 70MG, 50MG, 20MG, 140MG, 100MG	TABS	PA
	SUTENT	50MG, 25MG, 12.5MG	CAPS	PA
	TABLOID	40MG	TABS	PA
	TARCEVA	25MG, 150MG, 100MG	TABS	PA
	TASIGNA	200MG, 150MG	CAPS	PA
	TEMODAR	5MG, 250MG, 20MG, 180MG, 140MG, 100MG	CAPS	PA
	<i>toposar</i>	20MG/ML	SOLN	PA
	TRELSTAR DEPOT	3.75MG	SUSR	PA
	TRELSTAR DEPOT MIXJECT	3.75MG	SUSR	PA
	TRELSTAR LA	11.25MG	SUSR	PA
	TRELSTAR LA MIXJECT	11.25MG	SUSR	PA
	TRELSTAR MIXJECT	22.5MG	SUSR	PA
	TYKERB	250MG	TABS	PA
	VANDETANIB	300MG, 100MG	TABS	
	VINBLASTINE SULFATE	10MG, 1MG/ML	SOLR, SOLN	PA
	<i>vincristine sulfate</i>	1MG/ML	SOLN	PA
	<i>vinorelbine tartrate</i>	50MG/5ML, 10MG/ML	SOLN	PA
	XELODA	500MG, 150MG	TABS	PA
<b>AUTONOMIC DRUGS</b>				
Antimuscarinics/ Antispasmodics	ATROVENT HFA	17MCG/ACT	AERS	
	<i>dicyclomine hcl</i>	20MG, 10MG/5ML, 10MG	TABS, SOLN, CAPS	
	<i>glycopyrrolate</i>	2MG, 1MG	TABS	
	<i>ipratropium bromide</i>	0.02%	SOLN	QL (480.00 per 31 days)
	<i>ipratropium bromide</i>	0.06%, 0.03%	SOLN	
	<i>propantheline bromide</i>	15MG	TABS	
Autonomic Drugs, Miscellaneous	CHANTIX	1MG, 0.5MG	TABS	QL (186.00 per 365 days)
	CHANTIX		STARTING MONTH PAK	QL (186.00 per 365 days)
	CHANTIX		CONTINUING MONTH PAK	QL (186.00 per 365 days)
	<i>nicorelief</i>	4MG, 2MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/Rx
	<i>nicotine</i>	7MG/24HR, 21MG/24HR, 14MG/24HR	PT24	QL (93.00 per 365 days);OTC-Covered w/RX
	<i>nicotine polacrilex</i>	4MG, 2MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/RX
	<i>nicotine polacrilex</i>	4MG, 2MG	LOZG	QL (960.00 per 365 days);OTC-Covered w/RX
	<i>nicotine polacrilex refill</i>	4MG, 2MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/RX
	<i>nicotine polacrilex starter kit</i>	4MG, 2MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/RX
	NICOTROL INHALER	10MG	INHA	QL (9.00 per 365 days)



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
Parasympathomimetic (Cholinergic)	NICOTROL NS	10MG/ML	SOLN	QL (360.00 per 365 days)
	<i>bethanechol chloride</i>	5MG, 50MG, 25MG, 10MG	TABS	
	<i>donepezil hcl</i>	5MG, 10MG	TABS	
	<i>donepezil hcl odt</i>	5MG, 10MG	TBDP	
	EXELON	9.5MG/24HR, 4.6MG/24HR	PT24	
	MESTINON	60MG/5ML	SYRP	
	MESTINON TIMESPAN	180MG	TBCR	
	<i>pilocarpine hydrochloride</i>	5MG, 7.5MG	TABS	
	PROSTIGMIN	15MG	TABS	
	<i>pyridostigmine bromide</i>	60MG	TABS	
	<i>rivastigmine tartrate</i>	6MG, 4.5MG, 3MG, 1.5MG	CAPS	
Centrally Acting Skeletal Muscle Relaxants	<i>carisoprodol</i>	350MG	TABS	QL (124.00 per 31 days)
	<i>chlorzoxazone</i>	500MG	TABS	
	<i>cyclobenzaprine hcl</i>	5MG, 10MG	TABS	QL (93.00 per 31 days)
	<i>methocarbamol</i>	750MG, 500MG	TABS	
	<i>tizanidine hcl</i>	4MG, 2MG	TABS	
Direct-acting Skeletal Muscle Relaxants	<i>dantrolene sodium</i>	50MG, 25MG, 100MG	CAPS	
GABA-derivative Skeletal Muscle Relaxants	<i>baclofen</i>	20MG, 10MG	TABS	
Sympatholytic (Adrenergic) Blocking	<i>ergoloid mesylates</i>	1MG	TABS	
<b>BLOOD FORMATION, COAGULATION &amp; THROMBOSIS</b>				
Iron Preparations	CENTRATEX	10MG/ 0.8MG/ 15MCG/ 106MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
	<i>fe c plus</i>	250MG/ 25MCG/ 1MG/ 100MG	TABS	
	FEOSOL	200MG	TABS	OTC-Covered w/Rx
	<i>ferrex 150</i>	150MG	CAPS	OTC-Covered w/Rx
	<i>ferrex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	FERROUS GLUCONATE	324MG	TABS	OTC-Covered w/Rx
	<i>ferrous sulfate</i>	15MG/ML	SOLN	
	<i>ferrous sulfate</i>	325MG, 324MG, 220MG/5ML	TBEC, TABS, ELIX	OTC-Covered w/Rx
	<i>iferex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>multigen</i>	150MG/ 2MG/ 10MCG/ 50MG/ 70MG/ 75MG	TABS	
	<i>myferon 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>poly-iron 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>slow release iron</i>	160MG	TBCR	OTC-Covered w/Rx
	Coumarin Derivatives	<i>jantoven</i>	7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG, 10MG	TABS
<i>warfarin sodium</i>		7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG, 10MG	TABS	
Direct Factor Xa Inhibitors	<i>fondaparinux sodium</i>	10MG/0.8ML	SOLN	QL (11.20 per 31 days)
	<i>fondaparinux sodium</i>	2.5MG/0.5ML	SOLN	QL (16.00 per 31 days)
	<i>fondaparinux sodium</i>	5MG/0.4ML	SOLN	QL (5.60 per 31 days)
	<i>fondaparinux sodium</i>	7.5MG/0.6ML	SOLN	QL (8.40 per 31 days)
Heparins	<i>enoxaparin sodium</i>	100MG/ML, 150MG/ML	SOLN	QL (28.00 per 31 days)
	<i>enoxaparin sodium</i>	120MG/0.8ML, 80MG/0.8ML	SOLN	QL (22.40 per 31 days)
	<i>enoxaparin sodium</i>	40MG/0.4ML, 30MG/0.3ML	SOLN	QL (8.40 per 31 days)
	<i>enoxaparin sodium</i>	60MG/0.6ML	SOLN	QL (16.80 per 31 days)
	LOVENOX	300MG/3ML	SOLN	QL (24.00 per 31 days)
Platelet-Aggregation Inhibitors	PLAVIX	75MG	TABS	
Platelet-reducing Agents	<i>anagrelide hydrochloride</i>	1MG, 0.5MG	CAPS	
Hematopoietic Agents	NEUPOGEN	480MCG/1.6ML, 480MCG/0.8ML, 300MCG/ML, 300MCG/0.5ML	SOLN	PA
	PROCRIT	4000UNIT/ML, 4000UNIT/ML, 3000UNIT/ML, 2000UNIT/ML, 2000UNIT/ML, 1000UNIT/ML	SOLN	PA
Hemorrhologic Agents	<i>pentoxifylline er</i>	400MG	TBCR	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>CARDIOVASCULAR DRUGS</b>				
alpha-Adrenergic Blocking Agents	<i>doxazosin mesylate</i>	8MG, 4MG, 2MG, 1MG	TABS	
	<i>prazosin hcl</i>	5MG, 2MG, 1MG	CAPS	
	<i>tamsulosin hcl</i>	0.4MG	CAPS	
	<i>terazosin hcl</i>	5MG, 2MG, 1MG, 10MG	CAPS	
Bile Acid Sequestrants	<i>cholestyramine</i>	4GM/DOSE, 4GM	POWD, PACK	
	<i>cholestyramine light</i>	4GM	PACK	
	<i>cholestyramine light</i>	4GM/DOSE	POWD	QL (756.00 per 31 days)
Fibric Acid Derivatives	<i>fenofibrate</i>	54MG, 160MG	TABS	
	<i>fenofibrate micronized</i>	67MG, 200MG, 134MG	CAPS	
	<i>gemfibrozil</i>	600MG	TABS	
HMG-CoA Reductase Inhibitors	<i>atorvastatin calcium</i>	80MG, 40MG, 20MG, 10MG	TABS	ST
	<i>lovastatin</i>	40MG, 20MG, 10MG	TABS	
	<i>pravastatin sodium</i>	80MG, 40MG, 20MG, 10MG	TABS	
	<i>simvastatin</i>	80MG, 5MG, 40MG, 20MG, 10MG	TABS	
beta-Adrenergic Blocking Agents	<i>atenolol</i>	50MG, 25MG, 100MG	TABS	
	<i>atenolol/chlorthalidone</i>	50MG/ 25MG, 100MG/ 25MG	TABS	
	<i>bisoprolol fumarate</i>	5MG, 10MG	TABS	
	<i>bisoprolol fumarate/hydrochlorothiazide</i>	5MG/ 6.25MG, 2.5MG/ 6.25MG, 10MG/ 6.25MG	TABS	
	<i>carvedilol</i>	6.25MG, 3.125MG, 25MG, 12.5MG	TABS	
	<i>labetalol hcl</i>	300MG, 200MG, 100MG, 5MG/ML	TABS, SOLN	
	<i>metoprolol succinate er</i>	50MG, 25MG, 200MG, 100MG	TB24	
	<i>metoprolol tartrate</i>	50MG, 25MG, 100MG, 1MG/ML	TABS, SOLN	
	<i>nadolol</i>	80MG, 40MG, 20MG	TABS	
	<i>pindolol</i>	5MG, 10MG	TABS	
	<i>propranolol hcl</i>	80MG, 60MG, 40MG, 20MG, 10MG, 1MG/ML	TABS, SOLN	
	<i>propranolol hcl er</i>	80MG, 60MG, 160MG, 120MG	CP24	
	<i>propranolol/ hydrochlorothiazide</i>	80MG/ 25MG, 40MG/ 25MG	TABS	
	<i>sorine</i>	80MG, 240MG, 160MG, 120MG	TABS	
	<i>sotalol hcl</i>	80MG, 240MG, 160MG, 120MG	TABS	
	<i>sotalol hcl (af)</i>	80MG, 160MG, 120MG	TABS	
	<i>timolol maleate</i>	5MG, 20MG, 10MG	TABS	
Calcium-Channel Blocking Agents, Misc	<i>cartia xt</i>	300MG, 240MG, 180MG, 120MG	CP24	
	<i>diltiazem cd</i>	300MG, 240MG, 180MG, 120MG	CP24	
	<i>diltiazem hcl</i>	90MG, 60MG, 30MG, 120MG, 50MG/10ML, 25MG/5ML, 125MG/25ML, 360MG, 300MG, 240MG, 180MG	TABS, SOLN, CP24	
	<i>diltiazem hcl er</i>	420MG, 300MG, 240MG, 180MG, 120MG, 90MG, 60MG	CP24, CP12	
	<i>matzim la</i>	420MG, 360MG, 300MG, 240MG, 180MG	TB24	
	<i>verapamil hcl</i>	80MG, 40MG, 120MG	TABS	
	<i>verapamil hcl er</i>	240MG, 180MG, 120MG, 300MG, 200MG, 100MG	TBCR, CP24	
	<i>verapamil hcl sr</i>	360MG, 240MG, 180MG, 120MG	CP24	
	<i>amlodipine besylate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>nifediac cc</i>	90MG, 60MG, 30MG	TB24	
Dihydropyridines	<i>nifedical xl</i>	60MG, 30MG	TB24	
	<i>nifedipine</i>	10MG	CAPS	
	<i>nifedipine er</i>	90MG, 60MG, 30MG	TB24	
	<i>disopyramide phosphate</i>	150MG, 100MG	CAPS	
	<i>NORPACE CR</i>	150MG	CP12	
Class Ia Antiarrhythmics	<i>procainamide hcl</i>	500MG/ML, 100MG/ML	SOLN	
	<i>quinidine gluconate</i>	80MG/ML	SOLN	



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>quinidine gluconate cr</i>	324MG	TBCR	
	<i>quinidine gluconate er</i>	324MG	TBCR	
	<i>quinidine sulfate</i>	300MG	TABS	
Class Ib Antiarrhythmics	<i>lidocaine hcl</i>	20MG/ML	SOLN	
	<i>mexiletine hcl</i>	250MG, 200MG, 150MG	CAPS	
Class Ic Antiarrhythmics	<i>flecainide acetate</i>	50MG, 150MG, 100MG	TABS	
	<i>propafenone hcl</i>	300MG, 225MG, 150MG	TABS	
Class III Antiarrhythmics	<i>amiodarone hcl</i>	400MG, 200MG, 50MG/ML, 150MG/3ML	TABS, SOLN	
Cardiotonic Agents	<i>digoxin</i>	0.25MG, 0.125MG, 0.25MG/ML, 0.05MG/ML	TABS, SOLN	
Central Alpha-Agonists	<i>clonidine hcl</i>	0.3MG, 0.2MG, 0.1MG	TABS	
	<i>guanfacine hcl</i>	2MG, 1MG	TABS	
	KAPVAY	0.1MG	TB12	
	<i>methyl dopa</i>	500MG, 250MG	TABS	
	<i>methyl dopa/ hydrochlorothiazide</i>	25MG/ 250MG, 15MG/ 250MG	TABS	
Direct Vasodilators	<i>hydralazine hcl</i>	50MG, 25MG, 10MG, 100MG, 20MG/ML	TABS, SOLN	
	<i>minoxidil</i>	2.5MG, 10MG	TABS	
Angiotensin II Receptor Antagonists	<i>losartan potassium</i>	50MG, 25MG, 100MG	TABS	QL (31.00 per 31 days)
	<i>losartan potassium/hydrochlorothiazide</i>	100MG/25MG, 50MG/12.5MG, 100MG/12.5MG	TABS	QL (31.00 per 31 days)
Angiotensin-Converting Enzyme Inhibitors	<i>benazepril hcl</i>	5MG, 40MG, 20MG, 10MG	TABS	
	<i>benazepril hcl/hydrochlorothiazide</i>	5MG/ 6.25MG, 20MG/ 25MG, 20MG/ 12.5MG, 10MG/ 12.5MG	TABS	
	<i>captopril</i>	50MG, 25MG, 12.5MG, 100MG	TABS	
	<i>captopril/hydrochlorothiazide</i>	50MG/ 25MG, 50MG/ 15MG, 25MG/ 25MG, 25MG/ 15MG	TABS	
	<i>enalapril maleate</i>	5MG, 20MG, 2.5MG, 10MG	TABS	
	<i>enalapril maleate/hydrochlorothiazide</i>	5MG/ 12.5MG, 10MG/ 25MG	TABS	
	<i>fosinopril sodium</i>	40MG, 20MG, 10MG	TABS	
	<i>lisinopril</i>	5MG, 40MG, 30MG, 20MG, 2.5MG, 10MG	TABS	
	<i>lisinopril/hydrochlorothiazide</i>	20MG/ 25MG, 20MG/ 12.5MG, 10MG/ 12.5MG	TABS	
	<i>quinapril hcl</i>	5MG, 40MG, 20MG, 10MG	TABS	
	<i>ramipril</i>	5MG, 2.5MG, 10MG, 1.25MG	CAPS	
Mineralocorticoid (Aldost)	<i>spironolactone</i>	50MG, 25MG, 100MG	TABS	
	<i>spironolactone/ hydrochlorothiazide</i>	25MG/ 25MG	TABS	
Nitrates and Nitrites	<i>isosorbide dinitrate</i>	5MG, 30MG, 20MG, 10MG, 5MG, 2.5MG	TABS, SUBL	
	<i>isosorbide dinitrate er</i>	40MG	TBCR	
	<i>isosorbide mononitrate</i>	20MG, 10MG	TABS	
	<i>isosorbide mononitrate er</i>	60MG, 30MG, 120MG	TB24	
	NITRO-BID	2%	OINT	
	<i>nitroglycerin transdermal</i>	0.6MG/HR, 0.4MG/HR, 0.2MG/HR, 0.1MG/HR	PT24	
	NITROSTAT	0.6MG, 0.4MG, 0.3MG	SUBL	
Phosphodiesterase Type 5 Inhibitors	ADCIRCA	20MG	TABS	PA
Vasodilating Agents, Miscellaneous	<i>dipyridamole</i>	75MG, 50MG, 25MG, 5MG/ML	TABS, SOLN	
	LETAIRIS	5MG, 10MG	TABS	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>				
Analgesics and Antipyretics, Misc	<i>acephen</i>	650MG, 325MG, 120MG	SUPP	OTC-Covered w/Rx
	<i>acetamin</i>	500MG	TABS	OTC-Covered w/Rx
	<i>acetaminophen</i>	500MG, 325MG, 650MG, 160MG/5ML, 80MG	TABS, CAPS, SUPP, SOLN, CHEW,	OTC-Covered w/Rx
	<i>apap</i>	325MG	TABS	OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>apap drops</i>	100MG/ML	SOLN	OTC-Covered w/Rx
	<i>apap extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>apra</i>	160MG/5ML	ELIX	OTC-Covered w/Rx
	<i>bupap</i>	50MG/ 650MG	TABS	QL (93.00 per 31 days)
	<i>butalbital/acetaminophen</i>	50MG/ 325MG	TABS	QL (186.00 per 31 days)
	<i>butalbital/acetaminophen/caffeine</i>	50MG/ 500MG/ 40MG	TABS	QL (124.00 per 31 days)
	<i>butalbital/acetaminophen/caffeine cephadyn</i>	50MG/ 325MG/ 40MG	TABS, CAPS	QL (186.00 per 31 days)
	<i>children's non-aspirin</i>	160MG/5ML, 80MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>children's non-aspirin pain relief</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>children's non-aspirin pain reliever</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>children's pain reliever</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>children's pain/fever</i>	80MG/0.8ML	SUSP	OTC-Covered w/Rx
	<i>children's silapap</i>	160MG/5ML	LIQD	OTC-Covered w/Rx
	<i>children's tactualinal</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>ed-apap</i>	160MG/5ML	LIQD	OTC-Covered w/Rx
	<i>feverall</i>	650MG, 325MG, 120MG	SUPP	OTC-Covered w/Rx
	FEVERALL INFANTS	80MG	SUPP	OTC-Covered w/Rx
	<i>infantaire</i>	100MG/ML	SOLN	OTC-Covered w/Rx
	<i>infant's mapap</i>	80MG/0.8ML	SUSP	OTC-Covered w/Rx
	<i>infant's silapap</i>	100MG/ML	SOLN	OTC-Covered w/Rx
	<i>junior mapap rapid tabs</i>	160MG	TBDP	OTC-Covered w/Rx
	<i>mapap</i>	500MG, 325MG, 160MG/5ML, 80MG	TABS, LIQD, CHEW	OTC-Covered w/Rx
	<i>mapap arthritis pain</i>	650MG	TBCR	OTC-Covered w/Rx
	<i>mapap children's</i>	160MG/5ML	SUSP	OTC-Covered w/Rx
	<i>maxapap maximum strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>maxapap regular strength</i>	325MG	TABS	OTC-Covered w/Rx
	<i>non-aspirin</i>	325MG	TABS	OTC-Covered w/Rx
	<i>non-aspirin extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>non-aspirin pain relief</i>	325MG	TABS	OTC-Covered w/Rx
	<i>nortemp</i>	160MG/5ML	SUSP, SOLN	OTC-Covered w/Rx
	<i>pain &amp; fever children's</i>	160MG/5ML	SOLN	OTC-Covered w/Rx
	<i>pain relief</i>	500MG	TABS	OTC-Covered w/Rx
	<i>pain relief children's</i>	160MG/5ML	SUSP	OTC-Covered w/Rx
	<i>pain relief extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>pharbetol</i>	325MG	TABS	OTC-Covered w/Rx
	<i>pharbetol extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>q-pap</i>	325MG, 160MG/5ML	TABS, LIQD	OTC-Covered w/Rx
	<i>q-pap children's</i>	160MG/5ML	SUSP	OTC-Covered w/Rx
	<i>q-pap extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>q-pap infant's</i>	80MG/0.8ML	SOLN	OTC-Covered w/Rx
	<i>tacticalinal</i>	325MG	TABS	OTC-Covered w/Rx
	<i>tacticalinal extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>un-aspirin</i>	500MG	TABS	OTC-Covered w/Rx
	<i>zebutal</i>	500MG/ 50MG/ 40MG	CAPS	
Cyclooxygenase-2 (COX-2) Other Nonsteroidal Anti-inflammatory Agents	CELEBREX	50MG, 400MG, 200MG, 100MG	CAPS	QL (62.00 per 31 days); ST; Must fail preferred NSAID
	<i>children's ibuprofen</i>	40MG/ML, 100MG/5ML	SUSP	OTC-Covered w/Rx
	<i>diclofenac potassium</i>	50MG	TABS	
	<i>diclofenac sodium</i>	75MG	TBEC	
	<i>diclofenac sodium dr</i>	50MG	TBEC	
	<i>diclofenac sodium ec</i>	50MG, 25MG	TBEC	
	<i>diclofenac sodium er</i>	100MG	TB24	
	<i>diclofenac sodium xr</i>	100MG	TB24	
	DIFLUNISAL	500MG	TABS	
	<i>etodolac</i>	500MG, 400MG, 300MG, 200MG	TABS, CAPS	
	<i>fenoprofen calcium</i>	600MG	TABS	
	<i>flurbiprofen</i>	50MG, 100MG	TABS	
	<i>ibuprofen</i>	100MG/5ML, 200MG	SUSP, TABS	OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>ibuprofen</i>	100MG/5ML, 800MG, 600MG, 400MG	SUSP, TABS	
	<i>ibuprofen junior strength</i>	100MG	CHEW	OTC-Covered w/Rx
	<i>indomethacin</i>	50MG, 25MG	CAPS	
	<i>ketoprofen</i>	75MG, 50MG	CAPS	
	<i>ketorolac tromethamine</i>	10MG	TABS	QL (20.00 per 31 days)
	<i>meloxicam</i>	7.5MG, 15MG	TABS	
	<i>nabumetone</i>	750MG, 500MG	TABS	
	<i>naproxen</i>	125MG/5ML	SUSP	QL (2000.00 per 31 days)
	<i>naproxen</i>	500MG, 375MG, 250MG	TABS	
	<i>naproxen dr</i>	500MG	TBEC	
	<i>naproxen sodium</i>	550MG, 275MG	TABS	
	<i>oxaprozin</i>	600MG	TABS	
	<i>piroxicam</i>	20MG, 10MG	CAPS	
	<i>sulindac</i>	200MG, 150MG	TABS	
	<i>tolmetin sodium</i>	400MG	CAPS	
Salicylates	<i>aspirin</i>	325MG, 81MG, 325MG, 600MG, 300MG	TBEC, CHEW, TABS, SUPP	OTC-Covered w/Rx
	<i>aspirin children's</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>aspirin ec</i>	325MG	TBEC	OTC-Covered w/Rx
	<i>aspirin low dose</i>	81MG	TABS	OTC-Covered w/Rx
	<i>bufpirin</i>	325MG	TABS	OTC-Covered w/Rx
	<i>butalbital compound</i>	50MG/325MG/ 40MG	TABS	
	<i>butalbital/aspirin/caffeine</i>	50MG/325MG/ 40MG	TABS, CAPS	
	<i>children's aspirin low strength</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>choline magnesium trisalicylate</i>	750MG, 500MG, 1000MG, 500MG/5ML	TABS, LIQD	
	<i>ecpirin</i>	325MG	TBEC	OTC-Covered w/Rx
	<i>enteric coated aspirin</i>	325MG	TBEC	OTC-Covered w/Rx
	<i>norwich aspirin</i>	325MG	TABS	OTC-Covered w/Rx
	<i>salsalate</i>	750MG, 500MG	TABS	
	<i>tri-buffered aspirin</i>	325MG/ 158MG/ 34MG/ 63MG, 325MG	TABS	OTC-Covered w/Rx
	<i>triple buffered aspirin</i>	325MG	TABS	OTC-Covered w/Rx
Opiate Agonists	<i>acetaminophen/codeine</i>	120MG/5ML/ 12MG/5ML	SOLN	
	<i>acetaminophen/codeine #2</i>	300MG/ 15MG	TABS	QL (248.00 per 31 days)
	<i>acetaminophen/codeine #3</i>	300MG/ 30MG	TABS	QL (248.00 per 31 days)
	<i>acetaminophen/codeine #4</i>	300MG/ 60MG	TABS	QL (248.00 per 31 days)
	<i>ascomp/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>butalbital/acetaminophen/caffeine/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	QL (186.00 per 31 days)
	<i>butalbital/aspirin/caffeine/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>codeine phosphate</i>	30MG/ML, 15MG/ML	SOLN	
	<i>codeine sulfate</i>	60MG, 30MG, 15MG	TABS	QL (248.00 per 31 days)
	<i>co-gesic</i>	5MG/ 500MG	TABS	QL (248.00 per 31 days)
	<i>DILAUDID-5</i>	1MG/ML	LIQD	
	<i>endocet</i>	7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 325MG, 10MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>endodan</i>	325MG/ 4.835MG	TABS	QL (248.00 per 31 days)
	<i>fentanyl</i>	75MCG/HR, 50MCG/HR, 25MCG/HR, 12MCG/HR, 100MCG/HR	PT72	PA; QL (10.00 per 31 days)
	<i>hydrocodone</i>			
	<i>bitartrate/acetaminophen</i>	10MG/ 750MG	TABS	QL (248.00 per 31 days)
	<i>hydrocodone/acetaminophen</i>	500MG/15ML/ 7.5MG/15ML	SOLN	QL (3720.00 per 31 days)
	<i>hydrocodone/acetaminophen</i>	7.5MG/ 750MG, 7.5MG/ 650MG, 7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 500MG, 5MG/ 325MG, 2.5MG/ 500MG, 10MG/ 660MG, 10MG/ 650MG, 10MG/ 500MG,		
	<i>hydrocodone/acetaminophen</i>	10MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>hydrogesic</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>hydromorphone hcl</i>	3MG	SUPP	



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>hydromorphone hcl</i>	8MG, 4MG, 2MG	TABS	QL (248.00 per 31 days)
	<i>methadone hcl</i>	5MG/5ML, 10MG/5ML	SOLN	
	<i>methadone hcl</i>	5MG, 10MG	TABS	QL (248.00 per 31 days)
	<i>methadose</i>	5MG, 10MG	TABS	
	<i>morphine sulfate</i>	5MG, 30MG, 20MG, 10MG, 8MG/ML, 5MG/ML, 50MG/ML, 25MG/ML, 20MG/ML, 20MG/5ML, 1MG/ML, 15MG/ML, 10MG/ML, 10MG/5ML, 0.5MG/ML	SUPP, SOLN	
	<i>morphine sulfate</i>	30MG, 15MG	TABS	QL (248.00 per 31 days)
	<i>morphine sulfate er</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	QL (248.00 per 31 days)
	<i>oxycodone hcl</i>	5MG, 30MG, 15MG, 20MG/ML	TABS, CAPS, CONC	QL (248.00 per 31 days)
	<i>oxycodone/acetaminophen</i>	7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 325MG, 10MG/ 325MG, 5MG/ 500MG	TABS, CAPS	QL (248.00 per 31 days)
	<i>oxycodone/aspirin</i>	325MG/ 4.835MG	TABS	QL (248.00 per 31 days)
	<i>roxicet</i>	5MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>tramadol hcl</i>	50MG	TABS	QL (248.00 per 31 days)
Opiate Partial Agonists	<i>buprenorphine hcl</i>	8MG, 2MG	SUBL	PA
	<i>butorphanol tartrate</i>	10MG/ML	SOLN	QL (3.00 per 31 days)
	<i>pentazocine/haloxone hcl</i>	0.5MG/ 50MG	TABS	
	SUBOXONE	8MG/ 2MG, 2MG/ 0.5MG	FILM	PA
Amphetamines	<i>amphetamine/dextroamphetamine</i>	5MG, 7.5MG, 10MG, 12.5MG, 15MG, 20MG, 25MG, 30MG	TABS, CP24	
	<i>dextroamphetamine sulfate</i>	5MG, 10MG	TABS	
	<i>dextroamphetamine sulfate er</i>	5MG, 15MG, 10MG	CP24	
	<i>methamphetamine hcl</i>	5MG	TABS	
	VYVANSE	70MG, 60MG, 50MG, 40MG, 30MG, 20MG	CAPS	
Anorexigenics & Resp & Cereb Stim, Misc	DAYTRANA	30MG/9HR, 20MG/9HR, 15MG/9HR, 10MG/9HR	PTCH	
	<i>dexmethylphenidate hcl</i>	5MG, 2.5MG, 10MG	TABS	
	FOCALIN XR	5MG, 30MG, 20MG, 15MG, 10MG	CP24	
	METADATE CD	60MG, 50MG, 40MG, 30MG, 20MG, 10MG	CPCR	
	<i>metadate er</i>	20MG	TBCR	
	METHYLIN	5MG, 2.5MG, 10MG	CHEW	
	<i>methylphenidate hcl</i>	5MG, 20MG, 10MG	TABS	
	<i>methylphenidate hcl er</i>	54MG, 36MG, 27MG, 20MG, 18MG, 10MG	TBCR	
	<i>methylphenidate hcl sr</i>	20MG	TBCR	
	<i>methylphenidate hydrochloride</i>	5MG/5ML, 10MG/5ML	SOLN	
	RITALIN LA	40MG, 30MG, 20MG, 10MG	CP24	
Anticonvulsants, Miscellaneous	BANZEL	40MG/ML	SUSP	
	BANZEL	200MG	TABS	QL (310.00 per 31 days)
	BANZEL	400MG	TABS	QL (248.00 per 31 days)
	<i>carbamazepine</i>	100MG	CHEW	QL (310.00 per 31 days)
	<i>carbamazepine</i>	100MG/5ML	SUSP	QL (2500.00 per 31 days)
	<i>carbamazepine</i>	200MG	TABS	QL (248.00 per 31 days)
	<i>carbamazepine er</i>	100MG	CP12	QL (310.00 per 31 days)
	<i>carbamazepine er</i>	300MG	CP12	
	<i>carbamazepine er</i>	200MG	TB12, CP12	QL (248.00 per 31 days)
	<i>carbamazepine er</i>	400MG	TB12	
	<i>divalproex sodium</i>	250MG, 125MG	TBEC, TB24, CPSP	QL (310.00 per 31 days)
	<i>divalproex sodium</i>	500MG	TBEC, TB24	QL (261.00 per 31 days)
	<i>divalproex sodium dr</i>	250MG, 125MG	TBEC	QL (310.00 per 31 days)
	<i>divalproex sodium dr</i>	500MG	TBEC	QL (261.00 per 31 days)
	<i>divalproex sodium er</i>	250MG	TB24	QL (310.00 per 31 days)
	<i>divalproex sodium er</i>	500MG	TB24	QL (261.00 per 31 days)
	<i>epitol</i>	200MG	TABS	QL (248.00 per 31 days)



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	EQUETRO	300MG, 200MG, 100MG	CP12	
	<i>felbamate</i>	400MG	TABS	QL (279.00 per 31 days)
	<i>felbamate</i>	600MG	TABS	
	FELBATOL	600MG/5ML	SUSP	QL (1000.00 per 31 days)
	<i>gabapentin</i>	100MG	CAPS	QL (310.00 per 31 days)
	<i>gabapentin</i>	300MG	CAPS	QL (372.00 per 31 days)
	<i>gabapentin</i>	400MG	CAPS	QL (279.00 per 31 days)
	<i>gabapentin</i>	250MG/5ML	SOLN	QL (2500.00 per 31 days)
	<i>gabapentin</i>	800MG, 600MG	TABS	
	GABITRIL	16MG, 12MG	TABS	
	GABITRIL	4MG, 2MG	TABS	QL (310.00 per 31 days)
	LAMICTAL ODT	200MG, 100MG	TBDP	
	LAMICTAL ODT	50MG, 25MG	TBDP	QL (310.00 per 31 days)
	LAMICTAL ODT		KIT	
	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE		KIT	
	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE		KIT	
	LAMICTAL STARTER/TAKING VALPROATE	25MG	KIT	
	LAMICTAL XR	250MG, 200MG, 100MG	TB24	
	LAMICTAL XR	50MG, 25MG	TB24	QL (310.00 per 31 days)
	LAMICTAL XR		KIT	
	<i>lamotrigine</i>	5MG, 25MG	CHEW, TABS	QL (310.00 per 31 days)
	<i>lamotrigine</i>	200MG, 150MG, 100MG	TABS	
	<i>levetiracetam</i>	100MG/ML	SOLN	QL (4500.00 per 31 days)
	<i>levetiracetam</i>	750MG, 500MG, 1000MG, 500MG/5ML	TABS, SOLN	
	<i>levetiracetam</i>	250MG	TABS	QL (372.00 per 31 days)
	<i>levetiracetam er</i>	750MG, 500MG	TB24	
	<i>oxcarbazepine</i>	300MG/5ML	SUSP	QL (1500.00 per 31 days)
	<i>oxcarbazepine</i>	150MG	TABS	QL (310.00 per 31 days)
	<i>oxcarbazepine</i>	300MG	TABS	QL (248.00 per 31 days)
	<i>oxcarbazepine</i>	600MG	TABS	
	SABRIL	500MG	TABS, PACK	
	STAVZOR	250MG, 125MG	CPDR	QL (310.00 per 31 days)
	STAVZOR	500MG	CPDR	QL (261.00 per 31 days)
	TEGRETOL-XR	100MG	TB12	QL (310.00 per 31 days)
	<i>topiramate</i>	100MG, 50MG, 25MG, 15MG	TABS, CPSP	QL (310.00 per 31 days)
	<i>topiramate</i>	200MG	TABS	QL (248.00 per 31 days)
	TRILEPTAL	300MG/5ML	SUSP	QL (1500.00 per 31 days)
	<i>valproate sodium</i>	100MG/ML	SOLN	
	<i>valproic acid</i>	250MG	CAPS	QL (310.00 per 31 days)
	<i>valproic acid</i>	250MG/5ML	SYRP, SOLN	QL (2600.00 per 31 days)
	VIMPAT	50MG, 200MG, 150MG, 100MG, 200MG/20ML, 10MG/ML	TABS, SOLN	
	<i>zonisamide</i>	100MG	CAPS	
	<i>zonisamide</i>	25MG	CAPS	QL (310.00 per 31 days)
	<i>zonisamide</i>	50MG	CAPS	QL (372.00 per 31 days)
Barbiturates	<i>primidone</i>	250MG	TABS	QL (248.00 per 31 days)
	<i>primidone</i>	50MG	TABS	QL (310.00 per 31 days)
Benzodiazepines	<i>clonazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>clonazepam odt</i>	2MG, 1MG, 0.5MG, 0.25MG, 0.125MG	TBDP	
Hydantoin	DILANTIN	30MG	CAPS	QL (310.00 per 31 days)
	DILANTIN INFATABS	50MG	CHEW	QL (372.00 per 31 days)
	<i>fosphenytoin sodium</i>	500MG PE/10ML, 100MG PE/2ML	SOLN	
	PEGANONE	250MG	TABS	QL (372.00 per 31 days)
	<i>phenytoin</i>	125MG/5ML	SUSP	QL (900.00 per 31 days)
	<i>phenytoin sodium</i>	50MG/ML	SOLN	
	<i>phenytoin sodium extended</i>	300MG, 200MG, 100MG	CAPS	
Succinimides	CELONTIN	300MG	CAPS	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>ethosuximide</i>	250MG	CAPS	
	<i>ethosuximide</i>	250MG/5ML	SOLN	QL (1000.00 per 31 days)
Antimanic Agents	<i>lithium carbonate</i>	300MG, 600MG, 150MG	TABS, CAPS	
	<i>lithium carbonate er</i>	450MG, 300MG	TBCR	
	<i>lithium citrate</i>	8MEQ/5ML	SYRP, SOLN	
Antimigraine Agents, Miscellaneous	<i>ergotamine tartrate/caffeine</i>	1MG/ 100MG	TABS	
Selective Serotonin Agonists	<i>sumatriptan</i>	5MG/ACT, 20MG/ACT	SOLN	QL (12.00 per 31 days)
	<i>sumatriptan succinate</i>	50MG, 25MG, 100MG, 6MG/0.5ML, 4MG/0.5ML	TABS, SOLN	QL (9.00 per 31 days)
	<i>sumatriptan succinate refill</i>	6MG/0.5ML, 4MG/0.5ML	SOLN	QL (9.00 per 31 days)
	TREXIMET	500MG/ 85MG	TABS	PA
Adamantanes	<i>amantadine hcl</i>	50MG/5ML, 100MG	SYRP, CAPS	
Anticholinergic Agents	<i>benztropine mesylate</i>	2MG, 1MG, 0.5MG	TABS	
	<i>trihexyphenidyl hcl</i>	5MG, 2MG, 0.4MG/ML	TABS, ELIX	
Dopamine Precursors	<i>carbidopa/levodopa</i>	25MG/ 250MG, 25MG/ 100MG, 10MG/ 100MG	TABS	
	<i>carbidopa/levodopa cr</i>	25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa er</i>	50MG/ 200MG, 25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa sr</i>	50MG/ 200MG, 25MG/ 100MG	TBCR	
Ergot-derivative Dopamine Receptor Agonists	<i>bromocriptine mesylate</i>	2.5MG, 5MG	TABS, CAPS	
Nonergot-derivative Dopamine Receptor Agonists	<i>pramipexole dihydrochloride</i>	1MG, 1.5MG, 0.75MG, 0.5MG, 0.25MG, 0.125MG	TABS	
	<i>ropinirole hcl</i>	5MG, 4MG, 3MG, 2MG, 1MG, 0.5MG, 0.25MG	TABS	
Monoamine Oxidase B Inhibitors	EMSAM	9MG/24HR, 6MG/24HR, 12MG/24HR	PT24	
	<i>selegiline hcl</i>	5MG, 5MG	TABS, CAPS	
Anxiolytics, Sedatives, & Hypnotics Misc	<i>buspirone hcl</i>	7.5MG, 5MG, 30MG, 15MG, 10MG	TABS	
	<i>hydroxyzine hcl</i>	10MG/5ML	SYRP, SOLN	QL (450.00 per 31 days)
	<i>hydroxyzine hcl</i>	50MG, 25MG, 10MG	TABS	
	<i>hydroxyzine pamoate</i>	50MG, 25MG, 100MG	CAPS	
	<i>meprobamate</i>	400MG, 200MG	TABS	
	<i>zolpidem tartrate</i>	5MG, 10MG	TABS	AL (min: 18y); QL (31.00 per 31 days)
Barbiturates	MEBARAL	100MG	TABS	
	MEBARAL	32MG	TABS	QL (310.00 per 31 days)
	MEBARAL	50MG	TABS	QL (372.00 per 31 days)
	<i>phenobarbital</i>	20MG/5ML	ELIX	QL (2000.00 per 31 days)
	<i>phenobarbital</i>	15MG	TABS	QL (310.00 per 31 days)
	<i>phenobarbital</i>	16.2MG	TABS	QL (383.00 per 31 days)
	<i>phenobarbital</i>	97.2MG, 64.8MG, 60MG, 32.4MG, 30MG, 100MG	TABS	
	<i>phenobarbital sodium</i>	65MG/ML, 130MG/ML	SOLN	
Benzodiazepines	<i>alprazolam</i>	2MG, 1MG, 0.5MG, 0.25MG	TABS	
	<i>alprazolam er</i>	3MG, 2MG, 1MG, 0.5MG	TB24	
	<i>alprazolam odt</i>	2MG, 1MG, 0.5MG, 0.25MG	TBDP	
	<i>alprazolam xr</i>	3MG, 2MG, 1MG, 0.5MG	TB24	
	<i>chlordiazepoxide hcl</i>	5MG, 25MG, 10MG	CAPS	
	<i>clorazepate dipotassium</i>	7.5MG, 3.75MG, 15MG	TABS	AL (min: 9y)
	<i>diazepam</i>	20MG, 2.5MG, 10MG	KIT	
	<i>diazepam</i>	1MG/ML	SOLN	QL (1200.00 per 31 days)
	<i>diazepam</i>	5MG, 2MG, 10MG, 5MG/ML	TABS, SOLN	
	<i>estazolam</i>	2MG, 1MG	TABS	
	<i>flurazepam hcl</i>	30MG	CAPS	
	<i>lorazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>lorazepam</i>	4MG/ML, 2MG/ML	SYRINGE	
	LORAZEPAM INTENSOL	2MG/ML	CONC	
	<i>oxazepam</i>	30MG, 15MG, 10MG	CAPS	
	<i>temazepam</i>	30MG, 15MG	CAPS	
	<i>triazolam</i>	0.25MG, 0.125MG	TABS	AL (min: 18y)



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
Central Nervous System Agents, Misc	CAMPRAL	333MG	TBEC	QL (186.00 per 31 days)
	INTUNIV	4MG, 3MG, 2MG, 1MG	TB24	
	NAMENDA	5MG, 10MG, 10MG/5ML	TABS, SOLN	
	NAMENDA TITRATION PAK		TABS	
	STRATTERA	80MG, 60MG, 40MG, 25MG, 18MG, 10MG, 100MG	CAPS	
Fibromyalgia Agents	SAVELLA	50MG, 25MG, 12.5MG, 100MG	TABS	
	SAVELLA TITRATION PACK		MISC	
Opiate Antagonists	<i>naltrexone hcl</i>	50MG	TABS	
	VIVITROL	380MG	SUSR	
Miscellaneous Antidepressants	APLENZIN	522MG, 348MG	TB24	
	<i>budeprion sr</i>	150MG, 100MG	TB12	
	<i>budeprion xl</i>	300MG, 150MG	TB24	
	<i>buproban</i>	150MG	TB12	
	<i>bupropion hcl</i>	75MG, 100MG	TABS	
	<i>bupropion hcl sr</i>	200MG, 150MG, 100MG	TB12	
	<i>bupropion hcl xl</i>	300MG	TB24	
	<i>mirtazapine</i>	15MG, 7.5MG, 45MG, 30MG	TBDP, TABS	
	<i>mirtazapine odt</i>	45MG, 30MG	TBDP	
Monoamine Oxidase Inhibitors	MARPLAN	10MG	TABS	
	<i>phenelzine sulfate</i>	15MG	TABS	
	<i>tranylcypromine sulfate</i>	10MG	TABS	
Selective Serotonin- and Norepinephrine-reuptake Inhibitors	CYMBALTA	60MG, 30MG, 20MG	CPEP	
	PRISTIQ	50MG, 100MG	TB24	
	<i>venlafaxine hcl</i>	75MG, 50MG, 37.5MG, 25MG, 100MG	TABS	
	VENLAFAXINE HCL ER	225MG	TB24	
	<i>venlafaxine hcl er</i>	75MG, 37.5MG, 150MG	TB24, CP24	
Selective Serotonin-reuptake Inhibitors	<i>citalopram hydrobromide</i>	40MG, 20MG, 10MG, 10MG/5ML	TABS, SOLN	
	<i>fluoxetine dr</i>	90MG	CPDR	
	<i>fluoxetine hcl</i>	20MG, 10MG, 40MG, 20MG/5ML,	TABS, CAPS, SOLN	
	FLUOXETINE HCL	60MG	TABS	
	<i>fluvoxamine maleate</i>	50MG, 25MG, 100MG	TABS	
	LEXAPRO	5MG, 20MG, 10MG, 5MG/5ML	TABS, SOLN	
	LUVOX CR	150MG, 100MG	CP24	
	<i>paroxetine hcl</i>	40MG, 30MG, 20MG, 10MG	TABS	
	<i>paroxetine hcl er</i>	37.5MG, 25MG, 12.5MG	TB24	
	PAXIL	10MG/5ML	SUSP	
	PEXEVA	40MG, 30MG, 20MG, 10MG	TABS	
	SARAFEM	20MG	TABS	
	<i>sertraline hcl</i>	50MG, 25MG, 100MG, 20MG/ML	TABS, CONC	
	SYMBYAX	50MG/ 6MG, 50MG/ 12MG, 25MG/ 6MG, 25MG/ 3MG, 25MG/ 12MG	CAPS	
	Serotonin Modulators	<i>nefazodone hcl</i>	50MG, 250MG, 200MG, 150MG, 100MG	TABS
OLEPTRO		300MG, 150MG	TB24	
<i>trazodone hcl</i>		50MG, 300MG, 150MG, 100MG	TABS	
VIIBRYD		40MG, 20MG, 10MG	TABS	
Tricyclics and Other Norepinephrine-reuptake Inhibitors	<i>amitriptyline hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	AMOXAPINE	50MG, 25MG, 150MG, 100MG	TABS	
	<i>chlordiazepoxide/amitriptyline</i>	5MG/ 12.5MG, 10MG/ 25MG	TABS	
	<i>clomipramine hcl</i>	75MG, 50MG, 25MG	CAPS	
	<i>desipramine hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>doxepin hcl</i>	10MG/ML, 75MG, 50MG, 25MG, 150MG, 10MG, 100MG	CONC, CAPS	
	<i>imipramine hcl</i>	50MG, 25MG, 10MG	TABS	
	<i>imipramine pamoate</i>	75MG, 150MG, 125MG, 100MG	CAPS	
	<i>maprotiline hcl</i>	75MG, 50MG, 25MG	TABS	
	<i>nortriptyline hcl</i>	10MG/5ML, 75MG, 50MG, 25MG, 10MG	SOLN, CAPS	
	<i>perphenazine/ amitriptyline</i>	4MG/ 50MG, 4MG/ 25MG, 4MG/ 10MG, 2MG/ 25MG, 2MG/ 10MG	TABS	
	<i>protriptyline hcl</i>	5MG, 10MG	TABS	
	SURMONTIL	50MG, 25MG, 100MG	CAPS	
	Atypical Antipsychotics	ABILIFY	5MG, 30MG, 2MG, 20MG, 15MG, 10MG, 9.75MG/1.3ML, 1MG/ML	TABS, SOLN
ABILIFY DISCMELT		15MG, 10MG	TBDP	
<i>clozapine</i>		50MG, 25MG, 200MG, 100MG	TABS	
FANAPT		8MG, 6MG, 4MG, 2MG, 1MG, 12MG, 10MG	TABS	
FANAPT TITRATION PACK			TABS	
FAZACLO		25MG, 200MG, 150MG, 12.5MG, 100MG	TBDP	
GEODON		20MG, 80MG, 60MG, 40MG	SOLR, CAPS	
INVEGA		9MG, 6MG, 3MG, 1.5MG	TB24	
INVEGA SUSTENNA		78MG/0.5ML, 39MG/0.25ML, 234MG/1.5ML, 156MG/ML, 117MG/0.75ML	SUSP	
LATUDA		80MG, 40MG	TABS	
<i>olanzapine</i>		7.5MG, 5MG, 20MG, 2.5MG, 15MG, 10MG	TABS	
<i>olanzapine odt</i>		5MG, 20MG, 15MG, 10MG	TBDP	
RISPERDAL CONSTA		50MG, 37.5MG, 25MG, 12.5MG	SUSR	
<i>risperidone</i>		4MG, 3MG, 2MG, 1MG, 0.5MG, 0.25MG, 1MG/ML	TABS, SOLN	
<i>risperidone m-tab</i>		4MG, 3MG, 2MG, 1MG, 0.5MG	TBDP	
<i>risperidone odt</i>		0.25MG	TBDP	
SAPHRIS		5MG, 10MG	SUBL	
SEROQUEL		50MG, 400MG, 300MG, 25MG, 200MG, 100MG	TABS	
SEROQUEL XR		50MG, 400MG, 300MG, 200MG, 150MG	TB24	
ZYPREXA RELPREVV		405MG, 300MG, 210MG	SUSR	
Butyrophenones	HALDOL DECANOATE 50	50MG/ML	SOLN	
	<i>haloperidol</i>	5MG, 2MG, 20MG, 1MG, 10MG, 0.5MG, 2MG/ML	TABS, CONC	
	<i>haloperidol decanoate</i>	50MG/ML, 100MG/ML	SOLN	
	<i>haloperidol lactate</i>	5MG/ML	SOLN	
Miscellaneous Antipsychotics	<i>loxapine succinate</i>	5MG, 50MG, 25MG, 10MG	CAPS	
	ORAP	2MG, 1MG	TABS	
Phenothiazines	<i>chlorpromazine hcl</i>	50MG, 25MG, 200MG, 10MG, 100MG	TABS	
	<i>fluphenazine decanoate</i>	25MG/ML	SOLN	
	<i>fluphenazine hcl</i>	5MG, 2.5MG, 1MG, 10MG, 2.5MG/5ML, 5MG/ML	TABS, ELIX, CONC	
	<i>perphenazine</i>	8MG, 4MG, 2MG, 16MG	TABS	
	<i>prochlorperazine</i>	25MG	SUPP	
	<i>prochlorperazine maleate</i>	5MG, 10MG	TABS	
	<i>thioridazine hcl</i>	50MG, 25MG, 10MG, 100MG	TABS	
<i>trifluoperazine hcl</i>	5MG, 2MG, 1MG, 10MG	TABS		
Thioxanthenes	<i>thiothixene</i>	5MG, 2MG, 1MG, 10MG	CAPS	
<b>DEVICES</b>				
Devices	ACCU-CHEK ACTIVE CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION		LIQD	OTC-Covered w/Rx
	ACCU-CHEK ADVANTAGE DIABETES CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK AVIVA		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK AVIVA		SOLN	OTC-Covered w/Rx
	ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)		SOLN	OTC-Covered w/Rx
	ACCU-CHEK COMPACT BLUE CONTROL SOLUTION (2 LEVELS)		LIQD	OTC-Covered w/Rx
	ACCU-CHEK COMPACT PLUS CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK MULTICLIX LANCET DEVICE KIT		KIT	OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCET DEVICE		MISC	OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT		KIT	OTC-Covered w/Rx
	ACE AEROSOL CLOUD ENHANCER		MISC	QL (2.00 per 365 days)
	AEROCHAMBER MV		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/LARGE MASK		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/MASK		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/SMALL MASK		MISC	QL (2.00 per 365 days)
	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU		MISC	QL (2.00 per 365 days)
	AEROCHAMBER Z-STAT PLUS/FLWSIGNAL		MISC	QL (2.00 per 365 days)
	AEROCHAMBER/FLWSIGNAL		MISC	QL (2.00 per 365 days)
	ALCOHOL SWABS		PADS	OTC-Covered w/Rx
	EASIVENT		MISC	QL (2.00 per 365 days)
	E-Z SPACER		DEVI	QL (2.00 per 365 days)
	FREESTYLE FREEDOM LITE		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	IN-CHECK DIAL			
	INSPIRATORYFLOW TRAINER		DEVI	QL (2.00 per 365 days)
	INHALER COMPANIONS		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	INSULIN SYRINGES		MISC	QL (100.00 per 31 days); OTC-Covered w/Rx
	LANCETS		MISC	Accu-Chek Multiclix lancets: QL (204.00 per 31 days); OTC Covered w/Rx All other lancets: QL (200.00 per 31 days);OTC Covered w/Rx
	MICROCHAMBER		MISC	QL (2.00 per 365 days)
	MICROSPACER		MISC	QL (2.00 per 365 days)
	NOVOPEN 3 INSULIN DELIVERY SYSTEM		MISC	
	OPTICHAMBER ADVANTAGE		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/LARGE MASK		MISC	QL (2.00 per 365 days)



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/SMALL FACE MASK		MISC	QL (2.00 per 365 days)
	OPTICHAMBER FACE MASK/LARGE		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTICHAMBER FACE MASK/MEDIUM		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTICHAMBER FACE MASK/SMALL		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTIHALER		MISC	QL (2.00 per 365 days)
	OPTIHALER MDI DRUG DELIVERY SYSTEM		DEVI	QL (2.00 per 365 days)
	PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PEN NEEDLES		MISC	OTC-Covered w/Rx
	PERSONAL BEST FULL RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PERSONAL BEST LOW RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PFLEX		MISC	QL (2.00 per 365 days)
	POCKET CHAMBER		DEVI	QL (2.00 per 365 days)
	POCKET CHAMBER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKET PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKET SPACER		DEVI	QL (2.00 per 365 days)
	POCKETPEAK PEAK FLOW METER LOW RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PRECISION XTRA		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	THRESHOLD IMT		MISC	QL (2.00 per 365 days)
	THRESHOLD PEP		DEVI	QL (2.00 per 365 days)
	TRUZONE PEAK FLOW METER		DEVI	QL (2.00 per 365 days)
	WATCHHALER		DEVI	QL (2.00 per 365 days)
	WINDMILL TRAINER		MISC	QL (2.00 per 365 days)
<b>DIAGNOSTIC AGENTS</b>				
Diabetes Mellitus	ACCU-CHEK ACTIVE STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK AVIVA PLUS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK COMFORT CURVE TEST STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK COMPACT STRIPS		STRP	QL (102.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK COMPACT TEST DRUM		STRP	QL (102.00 per 31 days);OTC-Covered w/Rx
	FREESTYLE LITE TEST STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	FREESTYLE TEST STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
Ketones	KETOSTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
Sugar	CLINISTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	DIASTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>				
Alkalinizing Agents	<i>cytra-2</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	<i>cytra-3</i> <i>sodium citrate</i>	334MG/5ML/ 550MG/5ML/ 500MG/5ML	SYRP GRAN	QL (3600.00 per 31 days) OTC-Covered w/Rx
Ammonia Detoxicants	<i>generlac</i>	10GM/15ML	SOLN	QL (2000.00 per 31 days)
	<i>lactulose</i>	10GM/15ML	SOLN	QL (2000.00 per 31 days)
Loop Diuretics	<i>bumetanide</i>	2MG, 1MG, 0.5MG, 0.25MG/ML	TABS, SOLN	
	<i>furosemide</i>	80MG, 40MG, 20MG, 8MG/ML, 10MG/ML	TABS, SOLN	
Potassium-sparing Diuretics	<i>amiloride/hydrochlorothiazide</i>	5MG/ 50MG	TABS	
	<i>triamterene/hydrochlorothiazide</i>	75MG/ 50MG, 37.5MG/ 25MG	TABS, CAPS	
Thiazide Diuretics	<i>chlorothiazide</i>	500MG, 250MG	TABS	
	<i>hydrochlorothiazide</i>	50MG, 25MG, 12.5MG	TABS, CAPS	
Thiazide-like Diuretics	<i>chlorthalidone</i>	50MG, 25MG	TABS	
	<i>indapamide</i>	2.5MG, 1.25MG	TABS	
	<i>metolazone</i>	5MG, 2.5MG, 10MG	TABS	
Phosphate-removing Agents	REVELA	800MG, 2.4GM, 0.8GM	TABS, PACK	
Potassium-removing Agents	<i>kionex</i>		POWD	QL (454.00 per 31 days)
	<i>sodium polystyrene sulfonate</i>		POWD	
	<i>sps</i>	15GM/60ML	SUSP	
Irrigating Solutions	<i>curity sterile saline</i>	0.9%	SOLN	
	<i>sodium chloride</i>	0.9%	SOLN	QL (1000.00 per 31 days)
Replacement Preparations	<i>calcitrate</i>	315MG/ 250UNIT	TABS	OTC-Covered w/Rx
	<i>calcium 250+d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>calcium acetate</i>	667MG	CAPS	QL (360.00 per 31 days)
	<i>calcium carbonate</i>	600MG, 1500MG, 1250MG, 1250MG/5ML	TABS, SUSP	OTC-Covered w/Rx
	<i>calcium carbonate/vitamin d</i>	600MG/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>calcium citrate + d</i>	315MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>calcium lactate</i>	650MG	TABS	OTC-Covered w/Rx
	<i>calcium/vitamin d</i>	500MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>CAL-LAC</i>	500MG	CAPS	OTC-Covered w/Rx
	<i>ed k+10</i>	10MEQ	TBCR	
	<i>ELIPHOS</i>	667MG	TABS	QL (360.00 per 31 days)
	<i>klor-con</i>	20MEQ	PACK	
	<i>klor-con 10</i>	10MEQ	TBCR	
	<i>klor-con 8</i>	8MEQ	TBCR	
	<i>klor-con m10</i>	10MEQ	TBCR	
	<i>klor-con m20</i>	20MEQ	TBCR	
	<i>mag64</i>	535MG	TBCR	OTC-Covered w/Rx
	<i>mag-delay</i>	64MG	TBCR	OTC-Covered w/Rx
	<i>magnesium</i>	250MG	TABS	OTC-Covered w/Rx
	<i>magnesium</i>	500MG	TABS	
	<i>magnesium oxide</i>	400MG	TABS	OTC-Covered w/Rx
	<i>magnesium oxide</i>	420MG	TABS	
	<i>mag-sr</i>	535MG	TBCR	OTC-Covered w/Rx
	<i>mag-sr plus calcium</i>	535MG	TBCR	OTC-Covered w/Rx
	<i>NEUTRA-PHOS</i>	250MG/75ML/ 278MG/75ML/ 164MG/75ML	SOLR	OTC-Covered w/Rx
	<i>normal saline flush</i>	0.9%	SOLN	QL (310.00 per 31 days)
	<i>oralyte</i>	35MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L/ 7.8MG/L	SOLN	QL (4000.00 per 31 days);OTC-Covered w/Rx
	<i>oralyte freezer pops</i>	35MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days);OTC-Covered w/Rx
	<i>orazinc</i>	220MG	CAPS	OTC-Covered w/Rx
	<i>os-cal 500 + d</i>	500MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>oysco 500+d</i>	500MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>oysco d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>oyst-cal d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>oyst-cal-d 500</i>	500MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>oyster calcium/vitamin d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>oyster shell calcium + d</i>	400UNIT/ 500MG	TABS	OTC-Covered w/Rx
	<i>oyster shell calcium + vitamin d</i>	200UNIT/ 500MG	TABS	OTC-Covered w/Rx
	<i>oyster shell calcium 500 + d</i>	500MG/ 125UNIT, 200UNIT/ 500MG	TABS	OTC-Covered w/Rx
	<i>oyster shell calcium/d</i>	500MG/ 200UNIT, 250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>oyster shell calcium/vitamin d</i>	250MG/ 125UNIT, 200UNIT/ 500MG	TABS	OTC-Covered w/Rx
	<i>oyster-d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	PHOS-NAK POWDER CONCENTRATE	250MG/ 280MG/ 160MG	PACK	OTC-Covered w/Rx
	<i>potassium chloride</i>	40MEQ/100ML, 30MEQ/100ML, 2MEQ/ML, 10MEQ/100ML, 10%, 0.4MEQ/ML, 20%	SOLN, LIQD	
	<i>potassium chloride cr</i>	10MEQ	TBCR	
	<i>potassium chloride er</i>	8MEQ, 20MEQ, 10MEQ	TBCR, CPCR	
	<i>potassium chloride sr</i>	8MEQ	TBCR	
	<i>saline flush</i>	0.9%	SOLN	QL (310.00 per 31 days)
	<i>sodium chloride</i>	0.9%	SYRINGE	QL (310.00 per 31 days)
	<i>sodium chloride</i>	0.9%	VIAL	
	<i>sodium chloride</i>	1GM	TABS	OTC-Covered w/Rx
	<i>zinc sulfate</i>	220MG	CAPS	OTC-Covered w/Rx
	<i>zinc sulfate</i>	220MG	CAPS	
	<i>zinc-220</i>	220MG	CAPS	OTC-Covered w/Rx
	<i>zincate</i>	220MG	CAPS	
Uricosuric Agents	<i>probenecid</i>	500MG	TABS	
<b>ENZYMES</b>				
Enzymes	PULMOZYME	1MG/ML	SOLN	PA
<b>EYE, EAR, NOSE &amp; THROAT PREPARATIONS</b>				
Antiallergic Agents	<i>alaway</i>	0.025%	SOLN	OTC-Covered w/Rx
	<i>azelastine hcl</i>	137MCG/SPRAY	SOLN	
	<i>cromolyn sodium</i>	5.2MG/ACT	AERS	OTC-Covered w/Rx
	<i>cromolyn sodium</i>	4%	SOLN	
	<i>ketotifen fumarate</i>	0.025%	SOLN	OTC-Covered w/Rx
alpha-Adrenergic Agonists	ALPHAGAN P	0.1%	SOLN	
	<i>brimonidine tartrate</i>	0.2%	SOLN	
beta-Adrenergic Blocking Agents	<i>betaxolol hcl</i>	0.5%	SOLN	
	BETOPTIC-S	0.25%	SUSP	
	<i>carteolol hcl</i>	1%	SOLN	
	<i>levobunolol hcl</i>	0.5%, 0.25%	SOLN	
	<i>metipranolol</i>	0.3%	SOLN	
	<i>timolol maleate</i>	0.5%, 0.25%	SOLN	
	<i>timolol maleate ophthalmic gel forming</i>	0.5%, 0.25%	SOLG	
Carbonic Anhydrase Inhibitors	<i>acetazolamide</i>	250MG, 125MG	TABS	
	AZOPT	1%	SUSP	
	<i>dorzolamide hcl</i>	2%	SOLN	
	<i>dorzolamide hcl/timolol maleate</i>	22.3MG/ML/ 6.8MG/ML	SOLN	
	<i>methazolamide</i>	50MG, 25MG	TABS	
Prostaglandin Analogs	<i>latanoprost</i>	0.005%	SOLN	QL (5.00 per 31 days)
Antibacterials	<i>ak-poly-bac</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>ak-tob</i>	0.3%	SOLN	
	<i>bacitracin/polymyxin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>ciprofloxacin hcl oph</i>	0.3%	SOLN	
	<i>erythromycin</i>	5MG/GM	OINT	
	<i>gentamicin sulfate</i>	0.3%	SOLN	
	<i>neomycin/bacitracin/polymyxin</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>neomycin/polymyxin/gramicidin</i>	0.025MG/ML/ 1.75MG/ML/ 10000UNIT/ML	SOLN	
	<i>ofloxacin otic</i>	0.3%	SOLN	



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>polycin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>polymyxin b sulfate/trimethoprim sulfate</i>	10000UNIT/ML/ 0.1%	SOLN	
	<i>sulfacetamide sodium</i>	10%	SOLN	
	<i>tobramycin sulfate</i>	0.3%	SOLN	
Antivirals	<i>trifluridine</i>	1%	SOLN	
EENT Anti-infectives, Miscellaneous	<i>auro eardrops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>chlorhexidine gluconate oral rinse</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>ear drops earwax removal aid</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>ear wax drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>e-r-o ear drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>e-r-o ear wax removal system</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>h.e.a.r.</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>murine ear</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>murine for ear wax removal system</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>oral peroxide</i>	10%	SOLN	OTC-Covered w/Rx
	<i>otix</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>perio gard</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>thera-ear</i>	6.5%	SOLN	OTC-Covered w/Rx
Corticosteroids	CIPRODEX	0.3%/ 0.1%	SUSP	ST; AL (max: 8y);Preferred for members 8 years old and younger; Members 9 years old and older: Covered w/step edit: Trial and Failure of Ofloxacin 0.3% ear drops
	<i>dexamethasone sodium phosphate</i>	0.1%	SOLN	
	<i>flunisolide</i>	29MCG/ACT, 0.025%	SOLN	
	<i>fluorometholone</i>	0.1%	SUSP	
	<i>fluor-op</i>	0.1%	SUSP	
	<i>fluticasone propionate</i>	50MCG/ACT	SUSP	
	FML FORTE	0.25%	SUSP	
	LOTEMAX	0.5%	SUSP	
	MAXIDEX	0.1%	SUSP	
	<i>neomycin/polymyxin/ dexamethasone</i>	0.1%/ 3.5MG/ML/ 10000UNIT/ML, 0.1%/ 3.5MG/GM/ 10000UNIT/GM	SUSP, OINT	
	<i>neomycin/polymyxin/ hydrocortisone</i>	1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>poly-dex</i>	0.1%/ 3.5MG/GM/ 10000UNIT/GM	OINT	
	PRED-G	0.3%/ 1%	SUSP	
	<i>prednisolone acetate</i>	1%	SUSP	
	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	0.23%/ 10%	SOLN	
	TOBRADEX	0.1%/ 0.3%	OINT	
	VEXOL	1%	SUSP	
EENT Anti-inflammatory Agents, Misc	RESTASIS	0.05%	EMUL	
Nonsteroidal Anti-inflammatory Agents	<i>diclofenac sodium</i>	0.1%	SOLN	
	<i>flurbiprofen sodium</i>	0.03%	SOLN	
EENT Drugs, Miscellaneous	<i>acetic acid/aluminum acetate</i>	2%	SOLN	
	<i>altamist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>artificial tears</i>	1.4%	SOLN, OINT	OTC-Covered w/Rx
	<i>ayr</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>deep sea nasal spray</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>humist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>hypotears</i>	1%/ 1%	SOLN	OTC-Covered w/Rx
	<i>liquitears</i>	1.4%	SOLN	OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>little noses saline</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>nasal moist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>nasal moisturizer</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>na-zone</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>ocean for kids</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>optics eye wash</i>	0.9%	SOLN	OTC-Covered w/Rx
	<i>polyvinyl alcohol</i>	1.4%	SOLN	OTC-Covered w/Rx
	<i>saline mist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>saline nasal spray</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>sea soft nasal mist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>tears again</i>	0.01%/ 0.05%/ 0.3%	SOLN, OINT	OTC-Covered w/Rx
	<i>ultra fresh pm</i>	0.5%/ 2%/ 42.5%/ 55%	OINT	OTC-Covered w/Rx
Local Anesthetics	<i>antipyrine/benzocaine</i>	54MG/ML/ 14MG/ML, 5.4%/ 1.4%	SOLN	
	<i>lidocaine viscous</i>	2%	SOLN	
	<i>oticin</i>	1MG/ML/ 10MG/ML	LIQD	
Mydriatics	<i>atropine sulfate</i>	1%	SOLN, OINT	
	CYCLOMYDRIL	0.2%/ 1%	SOLN	QL (2.00 per 365 days)
	ISOPTO HYOSCINE	0.25%	SOLN	
Vasoconstrictors	AK-CON	0.1%	SOLN	
	NAPHCN-A	0.025%/ 0.3%	SOLN	OTC-Covered w/Rx
	OPCON-A	0.027%/ 0.315%	SOLN	OTC-Covered w/Rx
	VASOCLEAR	0.02%	SOLN	OTC-Covered w/Rx
<b>GASTROINTESTINAL DRUGS</b>				
Antacids and Adsorbents	<i>almacone</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>almacone-ii double strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<i>aluminum hydroxide</i>	320MG/5ML, 600MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML, 500MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>antacid anti-gas maximum strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid anti-gas regular strength</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid i</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid iii</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<i>calcium antacid</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>calcium antacid extra strength</i>	750MG	CHEW	OTC-Covered w/Rx
	<i>calcium carbonate</i>	648MG, 500MG	TABS, CHEW	OTC-Covered w/Rx
	<i>cal-gest antacid</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>chewable antacid</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>chooz</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>geri-lanta</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>maalox advanced</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>maalox max</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<i>maalox regular strength</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>milantex</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>milantex extra strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<i>sodium bicarbonate</i>	650MG, 325MG	TABS	OTC-Covered w/Rx
Antidiarrhea Agents	<i>anti-diarrheal</i>	1MG/5ML	LIQD	OTC-Covered w/Rx
	<i>bismatrol</i>	262MG/15ML, 262MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>bismuth</i>	262MG	CHEW	OTC-Covered w/Rx
	<i>diotame</i>	262MG	CHEW	OTC-Covered w/Rx
	<i>diphenoxylate/atropine</i>	0.025MG/ 2.5MG, 0.025MG/5ML/ 2.5MG/5ML	TABS, LIQD	



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>kaopectate</i>	262MG/15ML	SUSP	OTC-Covered w/Rx
	<i>kao-tin</i>	262MG/15ML	SUSP	OTC-Covered w/Rx
	<i>lonox</i>	0.025MG/ 2.5MG	TABS	
	<i>loperamide hcl</i>	2MG	CAPS	
	<i>loperamide hcl</i>	1MG/5ML	LIQD	OTC-Covered w/Rx
	<i>paregoric</i>	2MG/5ML	TINC	
	<i>pink bismuth</i>	262MG/15ML, 262MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>pink bismuth regular strength</i>	262MG/15ML	SUSP	OTC-Covered w/Rx
	<i>stomach relief</i>	527MG/30ML, 262MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>stomach relief plus</i>	525MG/15ML	SUSP	OTC-Covered w/Rx
5-HT3 Receptor Antagonists	<i>ondansetron hcl</i>	4MG/5ML, 8MG, 4MG	SOLN, TABS	
	<i>ondansetron hcl</i>	24MG	TABS	QL (31.00 per 31 days)
	<i>ondansetron odt</i>	8MG, 4MG	TBDP	
Antihistamines	<i>dimenhydrinate</i>	50MG	TABS	OTC-Covered w/Rx
	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	OTC-Covered w/Rx
	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	
	<i>medi-meclizine</i>	25MG	TABS	OTC-Covered w/Rx
	<i>travel sickness</i>	25MG	CHEW	OTC-Covered w/Rx
Antiflatulents	<i>mi-acid gas relief</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>mytab gas</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>simethicone</i>	80MG	CHEW	OTC-Covered w/Rx
Anti-inflammatory Agents	APRISO	0.375GM	CP24	
	<i>balsalazide disodium</i>	750MG	CAPS	
	<i>mesalamine</i>	4GM	ENEM	QL (1800.00 per 31 days)
Histamine H2-Antagonists	<i>acid reducer</i>	75MG	TABS	OTC-Covered w/Rx
	<i>cimetidine</i>	200MG	TABS	OTC-Covered w/Rx
	<i>cimetidine</i>	800MG, 400MG, 300MG	TABS	
	<i>cimetidine hcl</i>	300MG/5ML, 150MG/ML	SOLN	
	<i>famotidine</i>	10MG/ML, 40MG, 20MG	SOLN, TABS	
	<i>famotidine</i>	10MG	TABS	OTC-Covered w/Rx
	<i>famotidine premixed</i>	0.4MG/ML/ 0.9%	SOLN	
	<i>ranitidine 75</i>	75MG	TABS	OTC-Covered w/Rx
	<i>ranitidine acid reducer</i>	75MG	TABS	OTC-Covered w/Rx
	<i>ranitidine hcl</i>	50MG/2ML, 25MG/ML, 150MG/6ML, 300MG, 150MG	SOLN, CAPS, TABS	
	<i>ranitidine hcl</i>	15MG/ML	SYRP	QL (600.00 per 31 days)
Prostaglandins	<i>misoprostol</i>	200MCG, 100MCG	TABS	
Protectants	CARAFATE	1GM/10ML	SUSP	QL (1200.00 per 31 days)
	<i>sucralfate</i>	1GM	TABS	
Proton-pump Inhibitors	<i>omeprazole</i>	40MG, 20MG, 10MG	CPDR	
	<i>pantoprazole sodium</i>	40MG, 20MG	TBEC	
Cathartics and Laxatives	<i>bisac-evac</i>	5MG, 10MG	TBEC, SUPP	OTC-Covered w/Rx
	<i>bisacodyl</i>	10MG	SUPP	OTC-Covered w/Rx
	<i>bisacodyl ec</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>biscolax</i>	10MG	SUPP	OTC-Covered w/Rx
	<i>carters little pills</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>citrate of magnesia</i>		SOLN	OTC-Covered w/Rx
	<i>correct</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>diocto</i>	50MG/5ML	LIQD	OTC-Covered w/Rx
	<i>disposable enema</i>	19GM/118ML/ 7GM/118ML	ENEM	OTC-Covered w/Rx
	<i>doc-q-lace</i>	150MG/15ML	LIQD	OTC-Covered w/Rx
	<i>doc-q-lax</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>docu</i>	150MG/15ML	LIQD	OTC-Covered w/Rx
	<i>docusate calcium</i>	240MG	CAPS	OTC-Covered w/Rx
	<i>docusate sodium</i>	100MG, 250MG	TABS, CAPS	OTC-Covered w/Rx
	<i>docusate sodium w/sennosides</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>dok plus</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>ducodyl</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>enema disposable</i>	19GM/118ML/ 7GM/118ML	ENEM	OTC-Covered w/Rx
	<i>enemeez mini</i>	283MG	ENEM	OTC-Covered w/Rx
	EX-LAX	15MG	CHEW	OTC-Covered w/Rx
	<i>fleet laxative</i>	5MG	TBEC	OTC-Covered w/Rx
	FLEET PEDIATRIC	3.5GM/59ML/ 9.5GM/59ML	ENEM	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>gavilyte-g</i>	236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM	SOLR	QL (4000.00 per 31 days)
	<i>gavilyte-n/ flavor pack</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
	<i>gentle laxative</i>	5MG	TBEC	OTC-Covered w/Rx
	GOLYTELY PACKET	227.1GM/ 2.82GM/ 6.36GM/ 5.53GM/ 21.5GM	SOLR	QL (1.00 per 31 days)
	<i>konsyl</i>	28.3%	POWD	OTC-Covered w/Rx
	<i>laxmar</i>	50%	POWD	OTC-Covered w/Rx
	<i>laxmar natural vegetable laxative</i>	58.6%	POWD	OTC-Covered w/Rx
	<i>magic bullets</i>	10MG	SUPP	OTC-Covered w/Rx
	<i>metafiber</i>	58.6%, 48.57%, 48%, 30.9%	POWD	OTC-Covered w/Rx
	METAMUCIL	0.52GM	WAFR, CAPS	OTC-Covered w/Rx
	<i>metamucil multihealth fiber</i>	58.6%	POWD	OTC-Covered w/Rx
	<i>metamucil original texture</i>	30.9%	POWD	OTC-Covered w/Rx
	<i>metamucil smooth texture</i>	58.6%, 28.3%	POWD	OTC-Covered w/Rx
	<i>milk of magnesia</i>	7.75%, 400MG/5ML, 1200MG/15ML	SUSP	OTC-Covered w/Rx
	<i>mineral oil</i>		OIL	OTC-Covered w/Rx
	<i>mineral oil heavy</i>		OIL	OTC-Covered w/Rx
	<i>natural fiber therapy</i>	48.57%, 30.9%	POWD	OTC-Covered w/Rx
	<i>natural psyllium fiber</i>	58.6%	POWD	OTC-Covered w/Rx
	<i>natural vegetable fiber</i>	48.57%	POWD	OTC-Covered w/Rx
	<i>peg 3350/electrolytes</i>	240GM/ 2.98GM/ 6.72GM/ 5.84GM/ 22.72GM, 236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM	SOLR	QL (4000.00 per 31 days)
	<i>peg-3350/nacl/na bicarbonate/kcl</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
	<i>peri-colace</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>phillips milk of magnesia</i>	7.75%	SUSP	OTC-Covered w/Rx
	<i>phillips milk of magnesia regular</i>	7.75%	SUSP	OTC-Covered w/Rx
	<i>polyethylene glycol 3350</i>		POWD	QL (527.00 per 31 days)
	<i>reguloid</i>	50%	POWD	OTC-Covered w/Rx
	<i>senexon</i>	8.6MG, 8.8MG/5ML	TABS, LIQD	OTC-Covered w/Rx
	<i>senna</i>	8.6MG, 8.8MG/5ML	TABS, SYRP	OTC-Covered w/Rx
	<i>senna lax</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senna laxative</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senna plus</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>senna s</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>sennacon</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senna-docusate sodium</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>senna-gen</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senna-lax</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>sennalax-s</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>senna-s</i>	50MG/ 8.6MG	TABS	OTC-Covered w/Rx
	<i>senna-tabs</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senno</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>silace</i>	150MG/15ML	LIQD	OTC-Covered w/Rx
	<i>sorbitol</i>	70%	SOLN	QL (1500.00 per 31 days);OTC-Covered w/Rx
	<i>trilyte</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
Cholelitholytic Agents	<i>ursodiol</i>	300MG	CAPS	
		82000UNIT/ 15000UNIT/ 51000UNIT, 55000UNIT/ 10000UNIT/ 34000UNIT, 27000UNIT/ 5000UNIT/ 17000UNIT, 16000UNIT/ 3000UNIT/ 10000UNIT, 136000UNIT/ 25000UNIT/ 85000UNIT, 109000UNIT/ 20000UNIT/ 68000UNIT		
Digestants	ZENPEP		CPEP	
GI Drugs, Miscellaneous	XENICAL	120MG	CAPS	PA



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail	
Prokinetic Agents	<i>metoclopramide hcl</i>	5MG/5ML	SOLN	QL (1500.00 per 31 days)	
	<i>metoclopramide hcl</i>	5MG, 10MG	TABS		
<b>GOLD COMPOUNDS</b>					
Gold Compounds	RIDAURA	3MG	CAPS		
<b>HEAVY METAL ANTAGONISTS</b>					
Heavy Metal Antagonists	<i>deferoxamine mesylate</i>	500MG, 2GM	SOLR		
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>					
Adrenals	<i>a-methapred</i>	40MG, 125MG	SOLR		
	ASMANEX 120 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 14 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 30 METERED DOSES	220MCG/INH, 110MCG/INH	AEPB		
	ASMANEX 60 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 7 METERED DOSES	110MCG/INH	AEPB		
	<i>budesonide</i>	0.5MG/2ML, 0.25MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)	
	CELESTONE	0.6MG/5ML	SOLN		
	<i>cortisone acetate</i>	25MG	TABS		
	<i>dexamethasone</i>	6MG, 4MG, 2MG, 1MG, 1.5MG, 0.75MG, 0.5MG, 0.5MG/5ML	TABS, SOLN, ELIX		
	<i>dexamethasone sodium phosphate</i>	4MG/ML, 10MG/ML	SOLN		
	FLOVENT DISKUS	50MCG/BLIST, 250MCG/BLIST, 100MCG/BLIST	AEPB		
	FLOVENT HFA	44MCG/ACT, 220MCG/ACT, 110MCG/ACT	AERO		
	<i>fludrocortisone acetate</i>	0.1MG	TABS		
	<i>hydrocortisone</i>	5MG, 20MG, 10MG	TABS		
	<i>methylprednisolone</i>	8MG, 4MG, 32MG, 16MG	TABS		
	<i>methylprednisolone acetate</i>	80MG/ML, 40MG/ML	SUSP		
	<i>methylprednisolone sodium succinate</i>	40MG, 1GM, 125MG, 1000MG	SOLR		
	<i>prednisolone</i>	15MG/5ML	SOLN		
	<i>prednisolone sodium phosphate</i>	6.7MG/5ML, 5MG/5ML, 15MG/5ML	SOLN		
	<i>prednisone</i>	5MG, 50MG, 20MG, 2.5MG, 1MG, 10MG, 5MG/5ML	TABS, SOLN		
	PULMICORT	1MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)	
	QVAR	80MCG/ACT, 40MCG/ACT	AERS		
	Androgens	<i>danazol</i>	50MG, 200MG, 100MG	CAPS	
		METHITEST	10MG	TABS	
		<i>oxandrolone</i>	2.5MG, 10MG	TABS	PA
		TESTIM	1%	GEL	PA
<i>testosterone cypionate</i>		200MG/ML, 100MG/ML	OIL		
<i>testosterone enanthate</i>		200MG/ML	OIL		
Alpha-Glucosidase Inhibitors	<i>acarbose</i>	50MG, 25MG, 100MG	TABS		
Biguanides	<i>metformin hcl</i>	850MG, 500MG, 1000MG	TABS		
	<i>metformin hcl er</i>	750MG, 500MG	TB24		
	RIOMET	500MG/5ML	SOLN	QL (900.00 per 31 days)	
Dipeptidyl Peptidase-4 (DPP-4)	JANUMET	50MG/ 500MG, 50MG/ 1000MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet	
	JANUVIA	50MG, 25MG, 100MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet	
	JUVISYNC	40MG/ 100MG, 20MG/ 100MG, 10MG/ 100MG	TABS	ST	
Insulins	HUMALOG	100UNIT/ML	SOLN	QL (60.00 per 31 days)	
	HUMALOG KWIKPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)	
	HUMALOG MIX 50/50	50%/ 50%	SUSP	QL (60.00 per 31 days)	
	HUMALOG MIX 50/50 KWIKPEN	50%/ 50%	SUSP	QL (60.00 per 31 days)	
	HUMALOG MIX 75/25	25%/ 75%	SUSP	QL (60.00 per 31 days)	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	HUMALOG MIX 75/25 KWIKPEN	25%/ 75%	SUSP	QL (60.00 per 31 days)
	HUMULIN 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN 70/30 PEN	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN N	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN N U-100 PEN	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN R	100UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN R U-500 (CONCENTRATED)	500UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	LEVEMIR	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	LEVEMIR FLEXPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLIN 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLIN N	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLIN R	100UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLOG	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLOG FLEXPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLOG MIX 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days)
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30%/ 70%	SUSP	QL (60.00 per 31 days)
	NOVOLOG PENFILL	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	RELION HUMULIN	30%/ 70%	SUSP	QL (60.00 per 31 days); OTC-Covered w/Rx
	RELION HUMULIN R U-100	100UNIT/ML	SUSP	QL (60.00 per 31 days); OTC-Covered w/Rx
Meglitinides	PRANDIMET	2MG/ 500MG, 1MG/ 500MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
	PRANDIN	2MG, 1MG, 0.5MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
Sulfonylureas	<i>chlorpropamide</i>	250MG, 100MG	TABS	
	<i>glimepiride</i>	4MG, 2MG, 1MG	TABS	
	<i>glipizide</i>	5MG, 10MG	TABS	
	<i>glipizide er</i>	5MG, 2.5MG, 10MG	TB24	
	<i>glipizide xl</i>	5MG, 2.5MG, 10MG	TB24	
	<i>glyburide</i>	5MG, 2.5MG, 1.25MG	TABS	
	<i>glyburide micronized</i>	6MG, 3MG, 1.5MG	TABS	
	<i>glyburide/metformin hcl</i>	5MG/ 500MG, 2.5MG/ 500MG, 1.25MG/ 250MG	TABS	
Thiazolidinediones	ACTOPLUS MET	15MG/ 850MG, 15MG/ 500MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
	ACTOS	45MG, 30MG, 15MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
	AVANDAMET	4MG/ 500MG, 2MG/ 500MG, 4MG/ 1000MG, 2MG/ 1000MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
	AVANDARYL	8MG/4MG, 4MG/ 4MG, 8MG/ 2MG, 4MG/ 2MG, 4MG/ 1MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
	AVANDIA	8MG, 4MG, 2MG	TABS	ST; Must fail preferred Metformin, Metformin ER, Riomet
Antihypoglycemic Agents, Miscellaneous	GLUCOSE	4GM	CHEW	OTC-Covered w/Rx
	HY-VEE GLUCOSE	6MG/ 4GM	CHEW	OTC-Covered w/Rx
	ULTILET GLUCOSE	4GM	CHEW	OTC-Covered w/Rx
Glycogenolytic Agents	GLUCAGEN	1MG	SOLR	QL (2.00 per 31 days)
	GLUCAGEN HYPOKIT	1MG	SOLR	QL (2.00 per 31 days)
	GLUCAGON EMERGENCY KIT	1MG	KIT	QL (2.00 per 31 days)
Contraceptives	<i>altavera</i>	0.03MG/ 0.15MG	TABS	
	<i>apri</i>	0.15MG/ 30MCG	TABS	
	<i>aviane</i>	20MCG/ 0.1MG	TABS	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>balziva</i>	35MCG/ 0.4MG	TABS	
	<i>briellyn</i>	35MCG/ 0.4MG	TABS	
	<i>camila</i>	0.35MG	TABS	
	<i>caziant</i>		TABS	
	<i>cryselle-28</i>	30MCG/ 0.3MG	TABS	
	<i>emoquette</i>	0.15MG/ 30MCG	TABS	
	<i>enpresse-28</i>		TABS	
	<i>errin</i>	0.35MG	TABS	
	<i>gianvi</i>	3MG/ 0.02MG	TABS	
	<i>jolivette</i>	0.35MG	TABS	
	<i>junel 1.5/30</i>	30MCG/ 1.5MG	TABS	
	<i>junel 1/20</i>	20MCG/ 1MG	TABS	
	<i>junel fe 1.5/30</i>	30MCG/ 75MG/ 1.5MG	TABS	
	<i>junel fe 1/20</i>	20MCG/ 75MG/ 1MG	TABS	
	<i>kariva</i>		TABS	
	<i>kelnor 1/35</i>	35MCG/ 1MG	TABS	
	<i>lessina-28</i>	20MCG/ 0.1MG	TABS	
	<i>levonorgestrel</i>	0.75MG	TABS	QL (4.00 per 31 days)
	<i>levora 0.15/30-28</i>	30MCG/ 0.15MG	TABS	
	<i>LO/OVRAL-28</i>	30MCG/ 0.3MG	TABS	
	<i>loryna</i>	3MG/ 0.02MG	TABS	
	<i>low-ogestrel</i>	30MCG/ 0.3MG	TABS	
	<i>lutera</i>	20MCG/ 0.1MG	TABS	
	<i>microgestin 1.5/30</i>	30MCG/ 1.5MG	TABS	
	<i>microgestin 1/20</i>	20MCG/ 1MG	TABS	
	<i>microgestin fe</i>	20MCG/ 75MG/ 1MG	TABS	
	<i>microgestin fe 1.5/30</i>	30MCG/ 75MG/ 1.5MG	TABS	
	<i>mononessa</i>	35MCG/ 0.25MG	TABS	
	<i>necon 0.5/35-28</i>	35MCG/ 0.5MG	TABS	
	<i>necon 1/35-28</i>	35MCG/ 1MG	TABS	
	<i>necon 1/50-28</i>	50MCG/ 1MG	TABS	
	<i>necon 7/7/7</i>		TABS	
	<i>next choice</i>	0.75MG	TABS	QL (4.00 per 31 days)
	<i>nora-be</i>	0.35MG	TABS	
	<i>NORDETTE-28</i>	30MCG/ 0.15MG	TABS	
	<i>NOR-QD</i>	0.35MG	TABS	
	<i>nortrel 0.5/35 (28)</i>	35MCG/ 0.5MG	TABS	
	<i>nortrel 1/35 (21)</i>	35MCG/ 1MG	TABS	
	<i>nortrel 1/35 (28)</i>	35MCG/ 1MG	TABS	
	<i>nortrel 7/7/7</i>		TABS	
	<i>NUVARING</i>	0.015MG/24HR/ 0.12MG/24HR	RING	
	<i>ocella</i>	3MG/ 0.03MG	TABS	
	<i>OGESTREL</i>	50MCG/ 0.5MG	TABS	
	<i>portia-28</i>	0.03MG/ 0.15MG	TABS	
	<i>previfem</i>	35MCG/ 0.25MG	TABS	
	<i>quasense</i>	0.03MG/ 0.15MG	TABS	QL (91.00 per 91 days)
	<i>reclipsen</i>	0.15MG/ 30MCG	TABS	
	<i>solia</i>	0.15MG/ 30MCG	TABS	
	<i>sprintec 28</i>	35MCG/ 0.25MG	TABS	
	<i>sronyx</i>	20MCG/ 0.1MG	TABS	
	<i>syeda</i>	3MG/ 0.03MG	TABS	
	<i>trinessa</i>		TABS	
	<i>tri-previfem</i>		TABS	
	<i>tri-sprintec</i>		TABS	
	<i>trivora-28</i>		TABS	
	<i>velivet</i>		TABS	
	<i>zovia 1/35e</i>	35MCG/ 1MG	TABS	
	<i>zovia 1/50e</i>	50MCG/ 1MG	TABS	
Estrogen Agonist-Antagonists	<i>EVISTA</i>	60MG	TABS	
	<i>tamoxifen citrate</i>	20MG, 10MG	TABS	
Estrogens	<i>estradiol</i>	2MG, 1MG, 0.5MG, 37.5MCG/24HR, 0.1MG/24HR, 0.075MG/24HR, 0.06MG/24HR, 0.05MG/24HR, 0.025MG/24HR	TABS, PTWK	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>estradiol/norethindrone acetate</i>	1MG/ 0.5MG	TABS	
	<i>estropipate</i>	3MG, 1.5MG, 0.75MG	TABS	
	PREMARIN	1.25MG, 0.9MG, 0.625MG, 0.45MG, 0.3MG, 25MG	TABS, SOLR	
	PREMARIN W/APPLICATOR	0.625MG/GM	CREA	
	PREMPHASE	0.625MG/ 5MG	TABS	
	PREMPRO	0.625MG/ 5MG, 0.625MG/ 2.5MG, 0.45MG/ 1.5MG, 0.3MG/ 1.5MG	TABS	
Parathyroid	<i>calcitonin-salmon</i>	200UNIT/ACT	SOLN	
	FORTICAL	200UNIT/ACT	SOLN	
Pituitary	<i>desmopressin acetate</i>	0.2MG, 0.1MG, 0.01%	TABS, SOLN	
Progestins	ENDOMETRIN	100MG	INST	
	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	100MG	SUPP	
	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	200MG	SUPP	
	FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT	25MG	SUPP	
	FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT	400MG	SUPP	
	FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	50MG	SUPP	
	<i>medroxyprogesterone acetate</i>	150MG/ML	SUSP	QL (1.00 per 93 days)
	<i>medroxyprogesterone acetate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>megestrol acetate</i>	40MG/ML	SUSP	QL (600.00 per 31 days)
	<i>megestrol acetate</i>	40MG, 20MG	TABS	
	<i>norethindrone acetate</i>	5MG	TABS	
Somatotropin Agonists	TEV-TROPIN	5MG	SOLR	PA
Anti thyroid Agents	<i>methimazole</i>	5MG, 10MG	TABS	
	<i>propylthiouracil</i>	50MG	TABS	QL (558.00 per 31 days)
	SSKI	1GM/ML	SOLN	
Thyroid Agents	ARMOUR THYROID	300MG, 240MG, 180MG, 15MG, 120MG	TABS	
	<i>levothroid</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>levothyroxine sodium</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 500MCG	TABS, SOLR	
	<i>liothyronine sodium</i>	5MCG, 50MCG, 25MCG	TABS	
	NATURE-THROID	97.5MG, 65MG, 48.75MG, 32.5MG, 260MG, 195MG, 16.25MG, 130MG	TABS	
	NATURE-THROID NT-2.5	162.5MG	TABS	
	<i>np thyroid 30</i>	30MG	TABS	
	<i>np thyroid 60</i>	60MG	TABS	
	<i>np thyroid 90</i>	90MG	TABS	
	THYROLAR-1	60MG	TABS	
	THYROLAR-1/2	30MG	TABS	
	THYROLAR-1/4	15MG	TABS	
	THYROLAR-2	120MG	TABS	
	THYROLAR-3	180MG	TABS	
	<i>unithroid</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>unithroid direct</i>	150MCG	TABS	
	WESTHROID	97.5MG, 65MG, 48.75MG, 325MG, 32.5MG, 260MG, 195MG, 16.25MG, 130MG	TABS	



# 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>LOCAL ANESTHETICS</b>				
Local Anesthetics	<i>lidocaine hcl</i>	2%, 1.5%, 1%, 0.5%	SOLN	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>				
5-alpha-Reductase Inhibitors	AVODART	0.5MG	CAPS	
	<i>finasteride</i>	5MG	TABS	
Alcohol Deterrents	<i>disulfiram</i>	500MG, 250MG	TABS	
Antidotes	<i>acetylcysteine</i>	20%, 10%	SOLN	
	<i>leucovorin calcium</i>	5MG, 25MG, 350MG, 200MG, 100MG, 10MG/ML	TABS, SOLR, SOLN	
Antigout Agents	<i>allopurinol</i>	300MG, 100MG	TABS	
	<i>allopurinol sodium</i>	500MG	SOLR	
	COLCRYS	0.6MG	TABS	
Biologic Response Modifiers	COPAXONE	20MG/ML	KIT	PA
	EXTAVIA	0.3MG	SOLR	PA
	REBIF	44MCG/0.5ML, 22MCG/0.5ML	SOLN	PA
	REBIF TITRATION PACK		SOLN	PA
	THALOMID	50MG, 200MG, 150MG, 100MG	CAPS	PA
Bone Resorption Inhibitors	<i>alendronate sodium</i>	70MG, 5MG, 40MG, 35MG, 10MG	TABS	
Cariostatic Agents	<i>cavarest</i>	1.1%	GEL	
	<i>controlrx</i>	1.1%	CREA	
	<i>denta 5000 plus</i>	1.1%	CREA	
	<i>dentagel</i>	1.1%	GEL	
	<i>fluoridex daily defense</i>	1.1%	GEL	
	<i>fluoritab</i>	0.125MG/DROP	SOLN	
	<i>karigel</i>	1.1%	GEL	
	<i>karigel-n</i>	1.1%	GEL	
	<i>nafrinse drops</i>	0.125MG/DROP	SOLN	
	<i>neutragard advanced</i>	1.1%	GEL	
	<i>phos-flur</i>	1.1%	GEL	
	<i>sf</i>	1.1%	GEL	
	<i>sf 5000 plus</i>	1.1%	CREA	
	<i>sodium fluoride</i>	0.5MG/ML, 2.2MG, 1MG, 0.5MG, 0.25MG	SOLN, CHEW	
Disease-modifying Antirheumatic Agents	HUMIRA	40MG/0.8ML, 20MG/0.4ML	KIT	PA
	HUMIRA PEN	40MG/0.8ML	KIT	PA
	HUMIRA PEN-CROHNS DISEASE STARTER	40MG/0.8ML	KIT	PA
	<i>leflunomide</i>	20MG, 10MG	TABS	
	SIMPONI	50MG/0.5ML	SOLN	PA
Immunosuppressive Agents	<i>azathioprine</i>	50MG	TABS	
	<i>azathioprine sodium</i>	100MG	SOLR	
	CELLCEPT	200MG/ML	SUSR	
	CELLCEPT INTRAVENOUS	500MG	SOLR	
	<i>cyclosporine</i>	50MG/ML, 100MG/ML, 25MG, 100MG	SOLN, CAPS	
	<i>cyclosporine modified</i>	100MG/ML, 50MG, 25MG, 100MG	SOLN, CAPS	
	<i>gengraf</i>	100MG/ML, 25MG, 100MG	SOLN, CAPS	
	<i>mycophenolate mofetil</i>	500MG, 250MG	TABS, CAPS	
	MYFORTIC	360MG, 180MG	TBEC	
	NULOJIX	250MG	SOLR	
	PROGRAF	5MG/ML	SOLN	
	RAPAMUNE	2MG, 1MG, 0.5MG, 1MG/ML	TABS, SOLN	
	<i>tacrolimus</i>	5MG, 1MG, 0.5MG	CAPS	
	ZORTRESS	0.75MG, 0.5MG, 0.25MG	TABS	
Other Miscellaneous Therapeutic Agents	CALAFOL RX	600MG/ 400UNIT/ 1.6MG/ 425MCG/ 5MG/ 25MG	TABS	
	<i>levocarnitine</i>	330MG, 200MG/ML, 1GM/10ML	TABS, SOLN	
	SUPARTZ	25MG/2.5ML	SOLN	PA
<b>OXYTOCICS</b>				
Oxytocics	<i>methylergonovine maleate</i>	0.2MG, 0.2MG/ML	TABS, SOLN	
<b>RESPIRATORY TRACT AGENTS</b>				



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Class	Product Name	Strengths	Form	Coverage Detail
Leukotriene Modifiers	SINGULAIR	10MG, 4MG, 5MG	TABS, PACK, CHEW	PA; ST
	<i>zafirlukast</i>	20MG, 10MG	TABS	
Mast-cell Stabilizers	<i>cromolyn sodium</i>	20MG/2ML	NEBU	
Expectorants ("Please refer to Medicaid Cough Cold Drug List")	<i>fenesin ir</i>	400MG	TABS	OTC-Covered w/Rx
Mucolytic Agents	<i>broncho saline</i>	0.9%	AERS	OTC-Covered w/Rx
	<i>sodium chloride</i>	0.9%	NEBU	OTC-Covered w/Rx
	<i>sodium chloride</i>	0.9%	NEBU	
Respiratory Tract Agents, Miscellaneous	XOLAIR	150MG	SOLR	PA
<b>SERUMS, TOXOIDS AND VACCINES</b>				
Vaccines	CERVARIX		SUSP	PA
	GARDASIL		SUSP	PA
<b>SKIN AND MUCOUS MEMBRANE PREPARATIONS</b>				
Antibacterials	<i>bacitracin</i>	500UNIT/GM	OINT	OTC-Covered w/Rx
	<i>bacitracin zinc</i>	500UNIT/GM	OINT	OTC-Covered w/Rx
	<i>bacitracin/neomycin/polymyxin</i>	400UNIT/GM/ 5MG/GM/ 5000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>clindamycin phosphate</i>	1%, 2%	SOLN, LOTN, GEL, CREA	
	<i>double antibiotic</i>	500UNIT/GM/ 10000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>ery</i>	2%	PADS	
	<i>erythromycin</i>	2%	SOLN, GEL	
	<i>erythromycin/benzoyl peroxide</i>	5%/ 3%	GEL	
	<i>gentamicin sulfate</i>	0.1%	OINT, CREA	
	<i>metronidazole</i>	0.75%	CREA	
	<i>metronidazole vaginal</i>	0.75%	GEL	
	<i>mupirocin</i>	2%	OINT	
	<i>neoporacin</i>	400UNIT/GM/ 5MG/GM/ 5000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>sulfacetamide sodium</i>	10%	SUSP	
	<i>triple antibiotic</i>	400UNIT/GM/ 5MG/GM/ 5000UNIT/GM, 400UNIT/GM/ 3.5MG/GM/ 5000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>vandazole</i>	0.75%	GEL	
	Azoles	<i>clotrimazole</i>	1%	CREA, SOLN
<i>clotrimazole</i>		10MG, 1%	TROC, LOZG, SOLN, CREA	
<i>clotrimazole 3 day</i>		2%	CREA	OTC-Covered w/Rx
<i>clotrimazole anti-fungal</i>		1%	CREA	OTC-Covered w/Rx
<i>econazole nitrate</i>		1%	CREA	
GYNE-LOTRIMIN		100MG, 1%	TABS, CREA	OTC-Covered w/Rx
GYNE-LOTRIMIN 3		2%	CREA	OTC-Covered w/Rx
<i>ketoconazole</i>		2%	SHAM, CREA	
<i>miconazole</i>		2%	CREA	OTC-Covered w/Rx
MICONAZOLE 3		200MG	SUPP	
<i>miconazole 3 combo pack</i>			KIT	OTC-Covered w/Rx
<i>miconazole 7</i>		100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
<i>miconazole nitrate</i>		100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
MONISTAT 1 COMBO PACK			KIT	OTC-Covered w/Rx
MONISTAT 3		4%	CREA	OTC-Covered w/Rx
MONISTAT 3 COMBINATION PACK			KIT	OTC-Covered w/Rx
MONISTAT 7		100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
MONISTAT 7 COMBINATION PACK			KIT	OTC-Covered w/Rx
<i>terconazole</i>	80MG, 0.8%, 0.4%	SUPP, CREA		
Hydroxypyridones	<i>ciclopirox</i>	0.77%	SUSP, GEL	
	<i>ciclopirox nail lacquer</i>	8%	SOLN	
	<i>ciclopirox olamine</i>	0.77%	CREA	
Polyenes	<i>nystatin</i>	100000UNIT/GM	POWD, OINT, CREA	
	NYSTATIN VAGINAL	100000UNIT	TABS	
Antivirals	DENAVIR	1%	CREA	
Local Anti-infectives, Miscellaneous	<i>acne medication 10</i>	10%	GEL	OTC-Covered w/Rx



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Class	Product Name	Strengths	Form	Coverage Detail
	<i>benzoyl peroxide</i>	5%, 10%	GEL	
	<i>benzoyl peroxide</i>	5%, 10%	LOTN, GEL	OTC-Covered w/Rx
	<i>lavoclen-4 creamy wash</i>	4%	LIQD	
	<i>lavoclen-8 creamy wash</i>	8%	LIQD	
	<i>operand chlorhexidine gluconate</i>	4%	LIQD	QL (480.00 per 31 days);OTC-Covered w/Rx
	<i>operand povidone/iodine</i>	10%	SOLN	OTC-Covered w/Rx
	<i>povidone-iodine</i>	10%	SOLN	OTC-Covered w/Rx
	<i>selenium sulfide</i>	2.5%	LOTN	
	<i>silver sulfadiazine</i>	1%	CREA	QL (400.00 per 31 days)
	<i>ssd</i>	1%	CREA	QL (400.00 per 31 days)
Scabicides and Pediculicides	<i>acticin</i>	5%	CREA	QL (60.00 per 31 days)
	OVIDE	0.5%	LOTN	QL (59.00 per 31 days)
	<i>permethrin</i>	5%	CREA	QL (60.00 per 31 days)
	<i>permethrin</i>	1%	LOTN	QL (60.00 per 31 days);OTC-Covered w/Rx
Anti-inflammatory Agents	<i>alclometasone dipropionate</i>	0.05%	OINT, CREA	
	<i>amcinonide</i>	0.1%	LOTN, CREA	
	<i>augmented betamethasone dipropionate</i>	0.05%	CREA	
	<i>betamethasone dipropionate</i>	0.05%	OINT, LOTN, CREA	
	<i>betamethasone valerate</i>	0.1%	OINT, LOTN, CREA	
	<i>clobetasol propionate</i>	0.05%	OINT, GEL, CREA	
	<i>clobetasol propionate e</i>	0.05%	CREA	
	<i>clobetasol propionate emollient</i>	0.05%	CREA	
	CORTISPORIN	400UNIT/GM/ 1%/ 0.5%/ 5000UNIT/GM	OINT	
	<i>demarest dricort</i>	1%	CREA	OTC-Covered w/Rx
	<i>desonide</i>	0.05%	OINT, LOTN, CREA	
	<i>diflorasone diacetate</i>	0.05%	OINT, CREA	
	<i>fluocinolone acetonide</i>	0.01%, 0.025%	SOLN, OINT, CREA	
	<i>fluocinolone acetonide body</i>	0.01%	OIL	
	<i>fluocinolone acetonide scalp</i>	0.01%	OIL	
	<i>fluocinonide</i>	0.05%	SOLN, OINT, GEL, CREA	
	<i>fluocinonide emollient base</i>	0.05%	CREA	
	<i>fluocinonide-e</i>	0.05%	CREA	
	<i>fluticasone propionate</i>	0.005%, 0.05%	OINT, CREA	
	<i>hydrocortisone</i>	100MG/60ML	ENEM	
	<i>hydrocortisone</i>	1%, 0.5%	OINT, LOTN, CREA	OTC-Covered w/Rx
	<i>hydrocortisone</i>	2.5%, 1%	OINT, LOTN, CREA	
	<i>hydrocortisone acetate/aloe</i>	0.5%	CREA	OTC-Covered w/Rx
	<i>hydrocortisone maximum strength</i>	1%	CREA	OTC-Covered w/Rx
	<i>hydrocortisone maximum strength plus 12 moisturizers</i>	1%	CREA	OTC-Covered w/Rx
	<i>hydrocortisone valerate</i>	0.2%	OINT, CREA	
	<i>hydroskin</i>	1%	CREA	OTC-Covered w/Rx
	<i>mometasone furoate</i>	0.1%	OINT, CREA	
	<i>nystatin/triamcinolone</i>	100000UNIT/GM/ 0.1%	OINT, CREA	
	<i>proctocream hc</i>	2.5%	CREA	
	<i>proctosol hc</i>	2.5%	CREA	
	<i>proctozone-hc</i>	2.5%	CREA	
	<i>triamcinolone acetoneide</i>	0.1%, 0.025%	OINT	
	<i>triamcinolone acetoneide</i>	0.5%, 0.1%, 0.025%	CREA	
	<i>triamcinolone in orabase</i>	0.1%	PSTE	
Antipruritics and Local Anesthetics	<i>lidocaine</i>	5%	OINT	
	<i>lidocaine hcl</i>	4%, 2%	SOLN, GEL	
	<i>lidocaine hcl jelly</i>	2%	GEL	
	<i>lidocaine /prilocaine</i>	2.5%/ 2.5%	KIT, CREA	
	<i>phenazopyridine hcl</i>	200MG, 100MG	TABS	
Astringents	ALUMINUM ACETATE		SOLN	OTC-Covered w/Rx
	<i>hypercare</i>	20%	SOLN	



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Class	Product Name	Strengths	Form	Coverage Detail
Cell Stimulants and Proliferants	<i>avita</i>	0.025%, 0.025%	GEL , CREA	AL (max: 20y); QL (45.00 per 31 days)
	<i>tretinoin</i>	0.025%, 0.01%, 0.1%, 0.05%	GEL , CREA	AL (max: 20y); QL (45.00 per 31 days)
Basic Lotions and Liniments	<i>amlactin</i>	12%	LOTN	QL (400.00 per 31 days);OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	QL (400.00 per 31 days)
	<i>ammonium lactate</i>	12%	LOTN, CREA	QL (400.00 per 31 days);OTC-Covered w/Rx
Basic Ointments and Protectants	<i>preparation h</i>	50%	PADS	OTC-Covered w/Rx
Keratolytic Agents	CLEAR AWAY PLANTAR SYSTEM	40%	PADS	OTC-Covered w/Rx
	CLEAR AWAY WART REMOVER SYSTEM	40%	PADS	OTC-Covered w/Rx
	COMPOUND W	17%	LIQD	OTC-Covered w/Rx
	<i>compound w one step plantar pads</i>	40%	PADS	OTC-Covered w/Rx
	FREEZONE	17.6%	LIQD	OTC-Covered w/Rx
	<i>remeven</i>	50%	CREA	
	<i>scholls corn removers</i>	40%	PADS	OTC-Covered w/Rx
	<i>urea</i>	40%	CREA	
Skin and Mucous Membrane Agents, Misc				AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>amnesteem</i>	40MG, 20MG, 10MG	CAPS	
	<i>calcipotriene</i>	0.005%	SOLN, OINT	
	<i>capsaicin</i>	0.025%	CREA	OTC-Covered w/Rx
				AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>claravis</i>	40MG, 30MG, 20MG, 10MG	CAPS	
	CONDYLOX	0.5%	GEL	PA
	DOVONEX	0.005%	CREA	
	DRITHO-CREME HP	1%	CREA	
	ELIDEL	1%	CREA	QL (30.00 per 31 days); ST; Must fail preferred topical corticosteroid
	<i>fluorouracil</i>	5%, 2%	SOLN, CREA	PA
	<i>podofilox</i>	0.5%	SOLN	
	SANTYL	250UNIT/GM	OINT	PA
				AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>sotret</i>	30MG, 20MG, 10MG	CAPS	
TAZORAC	0.1%, 0.05%	GEL , CREA	AL (max: 20y); QL (30.00 per 31 days)	
VOLTAREN	1%	GEL	QL (300.00 per 31 days)	
<b>SMOOTH MUSCLE RELAXANTS</b>				
Genitourinary Smooth Muscle Relaxants	<i>oxybutynin chloride</i>	5MG/5ML	SYRP	QL (600.00 per 31 days)
	<i>oxybutynin chloride</i>	5MG	TABS	
	<i>oxybutynin chloride er</i>	5MG, 15MG, 10MG	TB24	
Respiratory Smooth Muscle Relaxants	<i>aminophylline</i>	200MG, 100MG, 25MG/ML	TABS, SOLN	
	<i>theophylline cr</i>	200MG, 100MG	TB12	
	<i>theophylline er</i>	600MG, 400MG, 450MG, 300MG, 200MG, 100MG	TB24, TB12	
<b>SYMPATHOMIMETIC ADRENERGIC AGENTS</b>				
alpha-Adrenergic Agonists	LUSONAL	7.5MG/5ML	LIQD	
	<i>midodrine hcl</i>	5MG, 2.5MG, 10MG	TABS	



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Class	Product Name	Strengths	Form	Coverage Detail
alpha- and beta-Adrenergic Agonists	<i>children's silfedrine</i>	15MG/5ML	LIQD	OTC-Covered w/Rx
	<i>congest aid</i>	30MG	TABS	OTC-Covered w/Rx
	<i>decongestant</i>	30MG	TABS	OTC-Covered w/Rx
	<i>decongestant 60</i>	60MG	TABS	OTC-Covered w/Rx
	<i>epinephrine</i>	0.3MG/0.3ML, 0.15MG/0.15ML	DEVI	
	EPIPEN 2-PAK	0.3MG/0.3ML	DEVI	
	EPIPEN-JR 2-PAK	0.15MG/0.3ML	DEVI	
	<i>genaphed</i>	30MG	TABS	OTC-Covered w/Rx
	<i>nasal decongestant</i>	30MG/5ML	SYRP, LIQD	OTC-Covered w/Rx
	<i>pseudoephedrine hcl</i>	60MG, 30MG	TABS	OTC-Covered w/Rx
	<i>psudatabs</i>	30MG	TABS	OTC-Covered w/Rx
	<i>simply stuffy</i>	30MG	TABS	OTC-Covered w/Rx
	<i>sudafed 12 hour</i>	120MG	TB12	OTC-Covered w/Rx
	<i>sudanyl</i>	30MG	TABS	OTC-Covered w/Rx
	<i>sudogest</i>	60MG, 30MG	TABS	OTC-Covered w/Rx
	<i>sudophed</i>	30MG	TABS	OTC-Covered w/Rx
	<i>suphedrine</i>	30MG	TABS	OTC-Covered w/Rx
<i>unifed</i>	30MG/5ML	LIQD	OTC-Covered w/Rx	
Selective beta-2-Adrenergic Agonists	ADVAIR DISKUS	500MCG/DOSE/ 50MCG/DOSE, 250MCG/DOSE/ 50MCG/DOSE, 100MCG/DOSE/ 50MCG/DOSE	AEPB	QL (60.00 per 30 days)
	ADVAIR HFA	45MCG/ACT/ 21MCG/ACT, 230MCG/ACT/ 21MCG/ACT, 115MCG/ACT/ 21MCG/ACT	AERO	QL (12.00 per 30 days)
	<i>albuterol sulfate</i>	0.083%	NEBU	QL (720.00 per 31 days)
	<i>albuterol sulfate</i>	0.5%	NEBU	QL (60.00 per 31 days)
	<i>albuterol sulfate</i>	1.25MG/3ML, 0.63MG/3ML	NEBU	QL (300.00 per 31 days)
	<i>albuterol sulfate</i>	2MG/5ML	SYRP	QL (2400.00 per 31 days)
	<i>albuterol sulfate</i>	4MG, 2MG	TABS	
	COMBIVENT	103MCG/ACT/ 18MCG/ACT	AERO	
	DULERA	5MCG/ACT/ 200MCG/ACT, 5MCG/ACT/ 100MCG/ACT	AERO	QL (13.00 per 30 days)
	FORADIL AEROLIZER	12MCG	CAPS	QL (60.00 per 30 days)
	<i>ipratropium bromide/albuterol sulfate</i>	2.5MG/3ML/ 0.5MG/3ML	SOLN	QL (720.00 per 31 days)
	<i>metaproterenol sulfate</i>	10MG/5ML	SYRP	
	SEREVENT DISKUS	50MCG/DOSE	AEPB	QL (60.00 per 30 days)
	SYMBICORT	80MCG/ACT/ 4.5MCG/ACT, 160MCG/ACT/ 4.5MCG/ACT	AERO	
	<i>terbutaline sulfate</i>	5MG, 2.5MG, 1MG/ML	TABS, SOLN	
VENTOLIN HFA	108MCG/ACT	AERS		
<b>VITAMINS</b>				
Multivitamin Preparations	<i>b complete</i>	50MCG/ 125MG/ 12.5MCG/ 200MCG/ 125MCG/ 12.5MG/ 50MG/ 25MG/ 5MG/ 7.5MG/ 5MG	TABS	OTC-Covered w/Rx
	<i>b complex</i>	6MCG/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.2MG	TABS	OTC-Covered w/Rx
	<i>b-100</i>	100MCG/ 100MG/ 100MCG/ 100MCG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>b-50</i>	50MCG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>balance b-100</i>	100MCG/ 100MG/ 100MG/ 100MCG/ 200MCG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>balance b-50</i>	50MCG/ 50MG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 30MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>balanced b complex</i>	0.3MG/ 25MCG/ 25MCG/ 25MG/ 25MG/ 25MG/ 25MG/ 25MG	TABS	OTC-Covered w/Rx
	<i>balanced b-100</i>	100MCG/ 100MG/ 100MCG/ 100MCG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>balanced b-50</i>	50MCG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>balanced b-50 complex</i>	50MCG/ 50MCG/ 50MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG, 50MCG/ 50MCG/ 50MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS, CAPS	OTC-Covered w/Rx
	<i>b-complex formula 1</i>	20MG/ 10MCG/ 30MG/ 50MG/ 8MG/ 10MG/ 30MG	TABS	OTC-Covered w/Rx
	<i>better b complex</i>	150MG/ 5MCG/ 15MCG/ 100MG/ 25MG/ 6MG/ 2MG/ 20MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>big 100</i>	100MCG/ 400MCG/ 100MG/ 100MG/ 100MG/ 100MG, 100MCG/ 100MG/ 100MCG/ 400MCG/ 100MCG/ 100MG/ 100MG/ 30MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	CAVAN-ALPHA KIT	120MG/ 3000UNIT/ 230MG/ 800UNIT/ 2MG/ 12MCG/ 200MG/ 1MG/ 220MCG/ 27MG/ 25MG/ 20MG/ 300MG/ 50MG/ 4MG/ 1.8MG/ 3MG/ 25MG	KIT	
	<i>centamin</i>	60MG/15ML/ 300MCG/15ML/ 25MCG/15ML/ 6MCG/15ML/ 9MG/15ML/ 2MG/15ML/ 20MG/15ML/ 10MG/15ML/ 150MCG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 25MCG/15ML/ 1.5MG/15ML/ 30UNIT/15ML/ 2500UNIT/15ML/ 400UNIT/15ML/ 3MG/15ML	LIQD	OTC-Covered w/Rx
	<i>centavite</i>	60MG/15ML/ 300MCG/15ML/ 25MCG/15ML/ 6MCG/15ML/ 150MCG/15ML/ 9MG/15ML/ 2.5MG/15ML/ 25MCG/15ML/ 20MG/15ML/ 10MG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 1.5MG/15ML/ 2500UNIT/15ML/ 400UNIT/15ML/ 30UNIT/15ML/ 3MG/15ML	LIQD	OTC-Covered w/Rx
	<i>centavite a-z complete multivitamin/minerals</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>cerovite</i>	60MG/15ML/ 300MCG/15ML/ 25MCG/15ML/ 6MCG/15ML/ 150MCG/15ML/ 9MG/15ML/ 2.5MG/15ML/ 25MCG/15ML/ 20MG/15ML/ 10MG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 1.5MG/15ML/ 2500UNIT/15ML/ 400UNIT/15ML/ 30UNIT/15ML/ 3MG/15ML	LIQD	OTC-Covered w/Rx
	<i>cerovite advanced formula</i>	60MG/ 30MCG/ 75MCG/ 200MG/ 10MG/ 72MG/ 400UNIT/ 35MCG/ 0.5MG/ 6MCG/ 18MG/ 400MCG/ 50MG/ 2.3MG/ 20MG/ 5MCG/ 20MG/ 25MCG/ 80MG/ 150MCG/ 2MG/ 1.7MG/ 2MG/ 10MCG/ 45MCG/ 55MCG/ 10MCG/ 1.5MG/ 30UNIT/ 3500UNIT/ 11MG	TABS	OTC-Covered w/Rx
	<i>certa plus senior</i>	60MG/ 30MCG/ 200MG/ 10MG/ 72MG/ 400UNIT/ 150MCG/ 2MG/ 25MCG/ 400MCG/ 250MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 48MG/ 10MCG/ 80MG/ 150MCG/ 3MG/ 1.7MG/ 150MCG/ 2MG/ 10MCG/ 75MCG/ 20MCG/ 1.5MG/ 45UNIT/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>certa-vite</i>	60MG/15ML/ 300MCG/15ML/ 400UNIT/15ML/ 25MCG/15ML/ 6MCG/15ML/ 9MG/15ML/ 2MG/15ML/ 20MG/15ML/ 10MG/15ML/ 150MCG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 25MCG/15ML/ 1.5MG/15ML/ 30UNIT/15ML/ 1300UNIT/15ML/ 3MG/15ML	LIQD	OTC-Covered w/Rx
	<i>certa-vite senior/lutein</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>daily multiple vitamins</i>	50MG/ 7MG/ 1MCG/ 400UNIT/ 20MG/ 1MG/ 2.5MG/ 2MG/ 5000UNIT	TABS	OTC-Covered w/Rx
	<i>daily vitamin formula</i>	60MG/ 400UNIT/ 6MCG/ 20MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT	TABS	OTC-Covered w/Rx
	<i>daily vite</i>	60MG/ 6MCG/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 400UNIT/ 30UNIT, 60MG/ 6MCG/ 0.4MG/ 20MG/ 1.7MG/ 5000UNIT/ 400UNIT/ 15UNIT	TABS	OTC-Covered w/Rx
	ELITE-OB	120MG/ 2100UNIT/ 315UNIT/ 1MG/ 15MCG/ 20UNIT/ 1.25MG/ 50MG/ 15MG/ 10MG/ 10MG/ 3.4MG/ 2MG/ 10MG	TABS	
	FOLBECAL	200MG/ 12MCG/ 1MG/ 75MG	TABS	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>formula twenty-one</i>	90MG/ 15MCG/ 9MCG/ 400MCG/ 27MG/ 100MG/ 15MCG/ 20MG/ 10MG/ 3MG/ 2.6MG/ 15MCG/ 2.25MG/ 5000UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>gerivite complete</i>	60MG/ 45MCG/ 162MG/ 34MG/ 15MCG/ 2MG/ 6MCG/ 400MCG/ 150MCG/ 18MG/ 100MG/ 2.5MG/ 15MCG/ 20MG/ 5MCG/ 10MG/ 125MG/ 37.5MG/ 2MG/ 1.7MG/ 15MCG/ 80MCG/ 10MCG/ 1.5MG/ 10MCG/ 6000UNIT/ 400UNIT/ 30UNIT/ 25MCG/ 15MG	TABS	OTC-Covered w/Rx
	<i>golden age vitamin/minerals</i>	60MG/15ML/ 300MCG/15ML/ 25MCG/15ML/ 6MCG/15ML/ 150MCG/15ML/ 9MG/15ML/ 2.5MG/15ML/ 25MCG/15ML/ 20MG/15ML/ 10MG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 1.5MG/15ML/ 2500UNIT/15ML/ 400UNIT/15ML/ 30UNIT/15ML/ 3MG/15ML	LIQD	OTC-Covered w/Rx
	<i>multi-day</i>	60MG/ 5000UNIT/ 6MCG/ 400UNIT/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>multi-vit/fluoride</i>	35MG/ML/ 400UNIT/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML, 35MG/ML/ 400UNIT/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.25MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	<i>multi-vit/iron/fluoride</i>	35MG/ML/ 400UNIT/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.25MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	<i>multi-vitamin</i>	60MG/ 6MCG/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>multivitamin/fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1MG/ 1.05MG/ 15UNIT/ 2500UNIT, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.25MG/ 1.05MG/ 15UNIT/ 2500UNIT, 60MG/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.5MG/ 1.05MG/ 2500UNIT/ 400UNIT/ 15UNIT	CHEW	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>multi-vitamin/fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1MG/ 1.05MG/ 2500UNIT/ 15MG, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.5MG/ 1.05MG/ 2500UNIT/ 15MG, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.25MG/ 1.05MG/ 2500UNIT/ 15UNIT	CHEW	
	<i>multivitamins</i>	37.5MG/ 20MG/ 1MG/ 0.1MG/ 2MG/ 1.5MG/ 5000UNIT/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>mynatal advance</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 50MG/ 1MG/ 90MG/ 30MG/ 20MG/ 20MG/ 3.4MG/ 3MG/ 30UNIT/ 2700UNIT/ 25MG	TABS	
	<i>mynatal-z</i>	70MG/ 200MG/ 2.2MCG/ 65MG/ 1MG/ 100MG/ 17MG/ 175MCG/ 2.2MG/ 1.6MG/ 65MCG/ 1.5MG/ 4000UNIT/ 400UNIT/ 10UNIT/ 15MG	TABS	
	<i>mynate 90 plus</i>	120MG/ 250MG/ 2MG/ 12MCG/ 50MG/ 400UNIT/ 90MG/ 1MG/ 20MG/ 0.15MG/ 20MG/ 3.4MG/ 3MG/ 4000UNIT/ 30UNIT/ 25MG	TBCR	
	<i>nephronex</i>	60MG/ 300MCG/ 0.01MCG/ 1MG/ 20MG/ 10MG/ 10MG/ 1.7MG/ 1.5MG	TABS	
	<i>once daily</i>	50MG/ 1MCG/ 20MG/ 1MG/ 1MG/ 2.5MG/ 2MG/ 5000UNIT/ 400UNIT	TABS	OTC-Covered w/Rx
	ONE-A-DAY ESSENTIAL	60MG/ 6MCG/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>one-daily multi vitamins</i>	50MG/ 75MG/ 400UNIT/ 1MCG/ 20MG/ 1MG/ 1MG/ 2.5MG/ 2MG/ 5000UNIT	TABS	OTC-Covered w/Rx
	<i>polyvitamin</i>	35MG/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin drops</i>	35MG/ML/ 50MCG/ML/ 2MCG/ML/ 8MG/ML/ 3MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>polyvitamin/fluoride</i>	35MG/ML/ 400UNIT/ML/ 2MCG/ML/ 0.5MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	<i>poly-vitamin/fluoride</i>	35MG/ML/ 50MCG/ML/ 2MCG/ML/ 0.25MG/ML/ 8MG/ML/ 3MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	
	<i>polyvitamin/iron</i>	35MG/ML/ 400UNIT/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>poly-vitamin/iron drops</i>	60MG/ML/ 4.5MCG/ML/ 10MG/ML/ 13.5MG/ML/ 1.05MG/ML/ 1.2MG/ML/ 1.05MG/ML/ 2500UNIT/ML/ 400UNIT/ML/ 11UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin/ iron/ fluoride</i>	35MG/ML/ 400UNIT/ML/ 0.5MG/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 5UNIT/ML, 35MG/ML/ 400UNIT/ML/ 0.25MG/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	PR NATAL 400 EC	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 275MG/ 1MG/ 29MG/ 25MG/ 20MG/ 400MG/ 25MG/ 4MG/ 1.8MG/ 3MG/ 25MG	MISC	
	<i>prenatabs obn</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 1MG/ 29MG/ 20MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>prenatabs rx</i>	120MG/ 4000UNIT/ 30MCG/ 200MG/ 400UNIT/ 3MG/ 8MCG/ 1MG/ 29MG/ 100MG/ 20MG/ 7MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>prenatal 19</i>	100MG/ 1000UNIT/ 200MG/ 7MG/ 12MCG/ 25MG/ 29MG/ 1MG/ 6MG/ 20MG/ 3MG/ 3MG/ 400UNIT/ 30UNIT/ 20MG	CHEW	
	<i>prenatal low iron</i>	100MG/ 200MG/ 400UNIT/ 4MCG/ 27MG/ 0.8MG/ 18MG/ 2.6MG/ 1.7MG/ 1.5MG/ 4000UNIT/ 11MG/ 25MG	TABS	OTC-Covered w/Rx
	<i>prenatal plus</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 27MG/ 1MG/ 20MG/ 10MG/ 3MG/ 1.84MG/ 22MG/ 4000UNIT/ 25MG	TABS	
	<i>prenatal plus/iron</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 27MG/ 1MG/ 20MG/ 10MG/ 3MG/ 1.84MG/ 22MG/ 4000UNIT/ 25MG	TABS	
	<i>prenavite multiple vitamin</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 28MG/ 800MCG/ 20MG/ 2.6MG/ 1.7MG/ 1.8MG/ 30UNIT/ 4000UNIT/ 25MG	TABS	OTC-Covered w/Rx
	<i>renal</i>	100MG/ 150MCG/ 6MCG/ 1MG/ 20MG/ 5MG/ 10MG/ 1.7MG/ 1.5MG	CAPS	
	<i>renaphro</i>	100MG/ 150MCG/ 6MCG/ 1MG/ 20MG/ 5MG/ 10MG/ 1.7MG/ 1.5MG	CAPS	
	<i>reno caps</i>	100MG/ 150MCG/ 5MG/ 6MCG/ 1MG/ 20MG/ 10MG/ 1.7MG/ 1.5MG	CAPS	
	<i>stress formula 500/zinc</i>	500MG/ 45MCG/ 20MG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 5MG/ 10MG/ 15MG/ 30UNIT/ 23.9MG	TABS	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>stress formula/zinc</i>	600MG/ 45MG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 20MG/ 5MG/ 10MG/ 15MG/ 30UNIT/ 23.9MG, 500MG/ 45MCG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 20MG/ 5MG/ 10MG/ 15MG/ 30UNIT/ 23.9MG	TABS	OTC-Covered w/Rx
	<i>stress plus zinc</i>	500MG/ 45MCG/ 20MG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 5MG/ 10MG/ 10MG/ 30UNIT/ 23.9MG	TABS	OTC-Covered w/Rx
	<i>super b complex</i>	150MG/ 15MCG/ 25MG/ 5.5MG/ 2MG/ 20MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>super b-50 b-complex</i>	50MCG/ 50MCG/ 1MG/ 50MG/ 50MG/ 41MG/ 50MG/ 50MG	CAPS	OTC-Covered w/Rx
	<i>super nu-thera</i>	83MG/ 8.3MCG/ 41.7MG/ 16.7MG/ 83MCG/ 1.7MCG/ 66.7MCG/ 16.7MG/ 28.3MG/ 250MCG/ 1.7MG/ 5MG/ 8.3MG/ 5MG/ 83MG/ 2.5MG/ 2.5MG/ 833UNIT/ 33UNIT/ 5UNIT/ 1.7MG	TABS	OTC-Covered w/Rx
	<i>super quintis b-50</i>	50MCG/ 0.4MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS	
	<i>thera</i>	90MG/ 30MCG/ 9MCG/ 400MCG/ 20MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT, 90MG/ 30MCG/ 66MG/ 10MG/ 9MCG/ 400UNIT/ 400MCG/ 20MG/ 3MG/ 3.4MG/ 3MG/ 30UNIT/ 5000UNIT	TABS	OTC-Covered w/Rx
	<i>thera vital m</i>	90MG/ 2500UNIT/ 30MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 20MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 2500UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>therabasic-m</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 400UNIT/ 27MG/ 0.4MG/ 150MCG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 30UNIT/ 5000UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>therapeutic</i>	90MG/ 30MCG/ 9MCG/ 400UNIT/ 400MCG/ 20MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 30UNIT/ 5000UNIT	TABS	OTC-Covered w/Rx
	<i>therapeutic liquid</i>	150MG/15ML/ 38MG/15ML/ 6MG/15ML/ 6MG/15ML/ 1MG/15ML/ 60MG/15ML/ 29MG/15ML/ 5MG/15ML/ 1MG/15ML/ 3MG/15ML/ 6MG/15ML/ 10000UNIT/15ML/ 400UNIT/15ML/ 4.5UNIT/15ML	SOLN	OTC-Covered w/Rx
	<i>therapeutic-m</i>	90MG/ 30MCG/ 40MG/ 15MCG/ 2MG/ 9MCG/ 400MCG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 20MG/ 10MG/ 31MG/ 10MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>thera-tabs</i>	90MG/ 30MCG/ 9MCG/ 400MCG/ 20MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>theratrum complete</i>	60MG/ 30MCG/ 150MCG/ 162MG/ 10MG/ 72MG/ 400UNIT/ 120MCG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 150MCG/ 250MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 108MG/ 80MG/ 2MG/ 1.7MG/ 2MG/ 10MCG/ 75MCG/ 20MCG/ 10MCG/ 1.5MG/ 30UNIT/ 5000UNIT/ 25MCG/ 15MG	TABS	OTC-Covered w/Rx
	<i>theratrum complete 50 plus</i>	60MG/ 30MCG/ 150MCG/ 200MG/ 10MG/ 72MG/ 400UNIT/ 150MCG/ 2MG/ 25MCG/ 400MCG/ 250MCG/ 300MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 48MG/ 10MCG/ 80MG/ 150MCG/ 3MG/ 1.7MG/ 2MG/ 75MCG/ 20MCG/ 1.5MG/ 45UNIT/ 10MCG/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>therems</i>	120MG/ 15MG/ 9MCG/ 30MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 5500UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>therems m</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>total formula 3</i>	100MG/ 5000UNIT/ 10MG/ 300MCG/ 100MG/ 400UNIT/ 10MG/ 200MCG/ 2MG/ 25MCG/ 400MCG/ 10MG/ 10MG/ 100MCG/ 100MG/ 6MG/ 100MCG/ 25MG/ 25MG/ 8MG/ 25MG/ 25MG/ 15MG/ 10MG/ 25MCG/ 2.4MG/ 15MG/ 30UNIT/ 25MCG/ 5000UNIT/ 70MCG/ 30MG	TABS	OTC-Covered w/Rx
	<i>trinatal rx 1</i>	80MG/ 400UNIT/ 30MCG/ 200MG/ 400UNIT/ 3MG/ 2.5MCG/ 60MG/ 1MG/ 100MG/ 17MG/ 7MG/ 4MG/ 1.6MG/ 1.5MG/ 15UNIT/ 3600UNIT/ 25MG	TABS	
	TRINATE	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 28MG/ 1MG/ 25MG/ 20MG/ 25MG/ 4MG/ 1.8MG/ 22MG/ 25MG	TABS	
	<i>triveen-u</i>	10MG/ 0.8MG/ 15MCG/ 106.5MG/ 1MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG	CAPS	
	TRI-VI-SOL/IRON	35MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>tri-vit/fluoride</i>	35MG/ML/ 400UNIT/ML/ 0.25MG/ML/ 1500UNIT/ML	SOLN	
	<i>tri-vit/fluoride/iron</i>	35MG/ML/ 0.25MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>tri-vitamin/fluoride</i>	35MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML, 35MG/ML/ 0.25MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<i>tri-vitamins</i>	35MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	ULTIMATECARE COMBO	100MG/ 35MCG/ 45MCG/ 1.3MG/ 12MCG/ 260MG/ 50MG/ 40MG/ 30MG/ 1MG/ 30MG/ 30MG/ 50MCG/ 20MG/ 330MG/ 7MG/ 50MG/ 3.4MG/ 75MCG/ 35MG/ 3MG/ 30UNIT/ 90MCG/ 11MG	MISC	
	<i>vinate az</i>	120MG/ 3000UNIT/ 30MCG/ 150MG/ 8MG/ 400UNIT/ 2.5MG/ 12MCG/ 27MG/ 1MG/ 75MG/ 20MG/ 30MG/ 3.5MG/ 3MG/ 30UNIT/ 15MG	TABS	
	VINATE AZ EXTRA	120MG/ 3000UNIT/ 30MCG/ 8MG/ 400UNIT/ 12MCG/ 29MG/ 1MG/ 75MG/ 20MG/ 50MG/ 3.5MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>vinate ii</i>	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 29MG/ 1MG/ 25MG/ 20MG/ 25MG/ 4MG/ 1.8MG/ 30UNIT/ 25MG	TABS	
	<i>vinate m</i>	120MG/ 30MCG/ 200MG/ 10MG/ 400UNIT/ 25MCG/ 2MG/ 12MCG/ 27MG/ 1MG/ 25MG/ 5MG/ 20MG/ 150MCG/ 10MG/ 3.4MG/ 25MCG/ 20MCG/ 3MG/ 30UNIT/ 5000UNIT/ 25MG	TABS	
	<i>vision vitamins</i>	60MG/ 2MG/ 40MCG/ 30UNIT/ 5000UNIT/ 40MG	TABS	OTC-Covered w/Rx
	<i>vitamin b complex-c</i>	300MG/ 10MG/ 50MG/ 5MG/ 10.2MG/ 15MG	CAPS	OTC-Covered w/Rx
	<i>vitamin c tr</i>	1000MG/ 100MG	TBCR	OTC-Covered w/Rx
	<i>vitamins a/c/d/fluoride</i>	35MG/ML/ 400UNIT/ML/ 0.25MG/ML/ 1500UNIT/ML	SOLN	
	<i>vitamins for hair</i>	400MCG/ 100MG/ 250MG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 125MG/ 150MCG/ 5MG/ 100MG/ 15MG, 111MCG/ 100MG/ 250MG/ 6MCG/ 400MCG/ 5MG/ 50MG/ 0.15MG/ 15MG/ 10MG/ 35MG/ 30MG/ 5UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>vitrum senior</i>	60MG/ 30MCG/ 150MCG/ 200MG/ 10MG/ 48MG/ 72MG/ 400UNIT/ 150MCG/ 2MG/ 25MCG/ 400MCG/ 250MCG/ 300MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 10MCG/ 80MG/ 150MCG/ 3MG/ 1.7MG/ 2MG/ 10MCG/ 75MCG/ 20MCG/ 1.5MG/ 45UNIT/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<i>yl balanced b-100</i>	100MCG/ 100MCG/ 400MCG/ 100MG/ 100MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
Vitamin A	<i>vitamin a</i>	8000UNIT, 10000UNIT	CAPS	OTC-Covered w/Rx
Vitamin B Complex	<i>b-complex</i>	5MG/ 50MG/ 20MG/ 10MG/ 3MG/ 10MG, 5MG/ 1MCG/ 60MG/ 20MG/ 0.5MG/ 3MG/ 3MG/ 60MG	CAPS	OTC-Covered w/Rx



## 'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>b-complex 50</i>	50MCG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 50MG/ 30MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>b-complex with b-12</i>	0.1MG/ 5MCG/ 20MG/ 1MG/ 2MG/ 3MG	TABS	OTC-Covered w/Rx
	<i>cyanocobalamin</i>	1000MCG/ML	SOLN	
	<i>endur-acin</i>	500MG	TBCR	
	<i>folic acid</i>	1MG, 800MCG, 400MCG	TABS	OTC-Covered w/Rx
	<i>folic acid</i>	1MG	TABS	
	<i>niacin</i>	50MG, 500MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>niacin sr</i>	500MG	CPCR	
	<i>niacin td</i>	500MG	TBCR	
	<i>niacin tr</i>	500MG	TBCR, CPCR	
	<i>pyri 500</i>	500MG	TABS	OTC-Covered w/Rx
	<i>pyridoxine hcl</i>	100MG/ML	SOLN	
	<i>pyridoxine hcl</i>	50MG, 25MG, 100MG	TABS	OTC-Covered w/Rx
	<i>SLO-NIACIN</i>	500MG	TBCR	
	<i>thiamine hcl</i>	100MG/ML	SOLN	
	<i>thiamine hcl</i>	100MG	TABS	OTC-Covered w/Rx
	<i>vitamin b complex</i>	2MCG/ 15MG/ 5MG/ 2MG/ 2MG/ 2MG, 10MG/ 10MG/ 0.2MG/ 2MG/ 1.5MG, 5MG/ 1MCG/ 60MG/ 20MG/ 0.5MG/ 3MG/ 3MG/ 60MG	TABS, CAPS	OTC-Covered w/Rx
	<i>vitamin b-1</i>	50MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>vitamin b-12</i>	500MCG, 250MCG, 1000MCG	TABS, SUBL	OTC-Covered w/Rx
	<i>vitamin b-12 cr</i>	1000MCG	TBCR	OTC-Covered w/Rx
	<i>vitamin b-12 tr</i>	1000MCG	TBCR	OTC-Covered w/Rx
	<i>vitamin b-6</i>	200MG, 50MG, 500MG, 25MG, 250MG, 100MG	TBCR, TABS	OTC-Covered w/Rx
	<i>vitamin b-6 tr</i>	200MG	TBCR	OTC-Covered w/Rx
	<i>yl vitamin b-6</i>	100MG	TABS	OTC-Covered w/Rx
Vitamin C	<i>vitamin c</i>	500MG, 250MG, 100MG, 1000MG, 500MG/5ML	TABS, CHEW, SYRP	OTC-Covered w/Rx
	<i>vitamin c cr</i>	500MG	TBCR, CPCR	OTC-Covered w/Rx
	<i>vitamin c sr</i>	500MG	CPCR	OTC-Covered w/Rx
	<i>vitamin c tr</i>	500MG, 1500MG, 1000MG	TBCR, CPCR	OTC-Covered w/Rx
	<i>vitamin c tr/rose hips</i>	500MG	TBCR	OTC-Covered w/Rx
	<i>vitamin c/rose hips</i>	500MG, 250MG, 1000MG	TABS, CHEW	OTC-Covered w/Rx
	<i>vitamin c/rose hips cr</i>	500MG, 1500MG, 1000MG	TBCR	OTC-Covered w/Rx
	<i>vitamin c/rose hips tr</i>	500MG, 1500MG, 1000MG	TBCR	OTC-Covered w/Rx
Vitamin D	<i>calcitriol</i>	1MCG/ML, 0.5MCG, 0.25MCG	SOLN, CAPS	
	<i>vitamin d</i>	50000UNIT	CAPS	
	<i>vitamin d</i>	400UNIT, 1000UNIT	TABS	OTC-Covered w/Rx
	<i>vitamin d3</i>	400UNIT, 1000UNIT, 2000UNIT	TABS, CAPS	OTC-Covered w/Rx
	<i>vitamin d-400</i>	400UNIT	TABS	OTC-Covered w/Rx
Vitamin E	<i>alph-e</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>e400</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>formula e 400</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>vitamin e</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>vitamin e water soluble</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>vitamin e/d-alpha</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>vitamin e/d-alpha natural</i>	400UNIT	CAPS	OTC-Covered w/Rx
	<i>vitamin e-400</i>	400UNIT	CAPS	OTC-Covered w/Rx