

2010

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.

Last updated (01/01/2010)



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
ANTIHISTAMINE DRUGS				
Derivatives, Miscellaneous	<i>cyproheptadine hcl</i>	4MG, 2MG/5ML	TABS, SYRP	
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, 25MG	TABS, CAPS	OTC-Covered w/Rx
	<i>diphenhydramine hcl</i>	50MG	CAPS	
	<i>genahist</i>	12.5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>hydramine</i>	12.5MG/5ML	ELIX	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>promethazine vc</i>	5MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine vc plain</i>	5MG/5ML/ 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>allerfrim</i>	60MG/ 2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>aller-time</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>altafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	ANTI HISTAMINE	30MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>antihistamine /decongestant</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>aprodine</i>	60MG/ 2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	OTC-Covered w/Rx
	<i>bpm pe</i>	4MG/5ML/ 7.5MG/5ML	LIQD	
	<i>bromaline</i>	1MG/5ML/ 15MG/5ML	SOLN	
	<i>brotapp</i>	1MG/5ML/ 15MG/5ML	LIQD	
	<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>chlorpheniramine/ pseudoephedrine cr</i>	8MG/ 120MG	CPCR	
	<i>chlor-tablets</i>	4MG	TABS	OTC-Covered w/Rx
	<i>cold & allergy</i>	1MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx
	<i>c-phen</i>	4MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>decongestant</i>	325MG/ 2MG/ 5MG	TABS	OTC-Covered w/Rx
	<i>decongestant /antihistamine</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>dehistine</i>	2MG/5ML/ 1.25MG/5ML/ 10MG/5ML	SYRP	
	<i>dimaphen childrens</i>	1MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx
	<i>duradryl</i>	2MG/5ML/ 1.25MG/5ML/ 10MG/5ML	SYRP	
	<i>genac</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>histafed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>lohist-12d</i>	6MG/ 45MG	TB12	
	<i>phenabid</i>	8MG/ 20MG	TBCR	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>phenylephrine hydrochloride/brompheniramine maleate</i>	6MG/ 7.5MG, 12MG/ 15MG	CP12	
	<i>pse bpm</i>	4MG/5ML/ 60MG/5ML	LIQD	
	<i>q-tapp</i>	1MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>respahist</i>	6MG/ 60MG	CPCR	
	<i>silafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	<i>sildec-pe</i>	4MG/5ML/ 12.5MG/5ML	SYRP	
	<i>sudahist</i>	12MG/ 120MG	TB12	
	<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
	<i>uni-hist</i>	1MG/ML/ 12.5MG/ML	LIQD	
Second Generation Antihistamines	<i>alavert allergy/sinus</i>	5MG/ 120MG	TB12	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, 10MG	CHEW, TABS	OTC-Covered w/Rx
	<i>cetirizine hcl</i>	5MG/5ML, 1MG/ML	SYRP	
	<i>cetirizine hcl childrens</i>	1MG/ML	SOLN	OTC-Covered w/Rx
	<i>cetirizine hcl childrens allergy</i>	5MG/5ML, 1MG/ML	SYRP	OTC-Covered w/Rx
	<i>cetirizine hcl/pseudoephedrine hcl er</i>	5MG/ 120MG	TB12	OTC-Covered w/Rx
	<i>childrens loratadine</i>	5MG/5ML	SYRP	OTC-Covered w/Rx
	<i>clear-atadine childrens</i>	10MG, 5MG/5ML	TBDP, SYRP	OTC-Covered w/Rx
	<i>clear-atadine 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	OTC-Covered w/Rx
ANTI-INFECTIVE AGENTS				
Anthelmintics	<i>ascarel</i>	250MG/5ML	SUSP	OTC-Covered w/Rx
	<i>menbendazole</i>	100MG	CHEW	QL (6.00 per 31 days)
	<i>pamix</i>	50MG/ML	SUSP	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>pin-x</i>	50MG/ML, 250MG/5ML	SUSP	OTC-Covered w/Rx
	<i>reeses pinworm medicine</i>	250MG/5ML	SUSP	OTC-Covered w/Rx
Antimycobacterials	<i>ethambutol</i>	100MG, 400MG	TABS	
Aminoglycosides	<i>neomycin sulfate</i>	500MG	TABS	
	TOBI	300MG/5ML	NEBU	PA
Glycopeptides	VANCOGIN HCL	250MG, 125MG	CAPS	PA
	VANCOMYCIN HCL	750MG, 1000MG	SOLR	
Lincomycins	CLEOCIN	75MG	CAPS	
	CLEOCIN PEDIATRIC GRANULES	75MG/5ML	SOLR	QL (300.00 per 31 days)
	<i>clindamycin hcl</i>	300MG, 150MG	CAPS	
	<i>clindamycin phosphate</i>	900MG/6ML, 600MG/4ML, 300MG/2ML, 150MG/ML	SOLN	
	<i>clindamycin phosphate advantage</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/ 5%, 1GM, 10GM, 20GM, 100GM, 300GM, 500GM, 1GM/ 5%	SOLN, SOLR	
	<i>cephalexin</i>	125MG/5ML, 500MG, 250MG	SUSR, CAPS	
	<i>cephalexin</i>	250MG/5ML	SUSR	QL (400.00 per 31 days)
Second Generation Cephalosporins	<i>cefaclor</i>	375MG/5ML, 500MG, 250MG	SUSR, 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</i>	200MG, 100MG, 50MG/5ML, 100MG/5ML	TABS, SUSR	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
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	500MG, 250MG	TABS	
	<i>erythromycin</i>	250MG	CPEP	
	<i>erythromycin /sulfoxazole</i>	200MG/5ML/ 600MG/5ML	SUSR	
	<i>erythromycin base</i>	500MG, 250MG	TABS	
	<i>erythromycin ethylsuccinate</i>	400MG	TABS	
Other Macrolides	<i>azithromycin</i>	600MG, 500MG, 200MG/5ML, 100MG/5ML, 2.5GM	TABS, SUSR, SOLR	
	<i>azithromycin</i>	250MG	TABS	QL (6.00 per 31 days)
	<i>clarithromycin</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
Natural Penicillins	BICILLIN C-R	900000UNIT/ML/ 300000UNIT/ML, 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>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SOLR	
	<i>veetids</i>	500MG, 125MG/5ML	TABS, SOLR	
Aminopenicillins	<i>amoclan</i>	400MG/5ML/ 57MG/5ML, 200MG/5ML/ 28.5MG/5ML	SUSR	
	<i>amoxicillin</i>	200MG/5ML, 125MG/5ML, 400MG, 250MG, 200MG, 125MG, 500MG, 250MG, 875MG, 500MG, 400MG/5ML	TABS, SUSR, CHEW, CAPS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>amoxicillin</i>	250MG/5ML	SUSR	QL (300.00 per 31 days)
	<i>amoxicillin/clavulanate potassium</i>	250MG/5ML/ 62.5MG/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, 200MG/5ML/ 28.5MG/5ML, 400MG/ 57MG, 200MG/ 28.5MG	TABS, SUSR, CHEW	
	<i>ampicillin</i>	250MG/5ML, 125MG/5ML, 500MG, 250MG	SUSR, CAPS	
Penicillinase-resistant Penicillins	<i>dicloxacillin sodium</i>	500MG, 250MG	CAPS	
	OXACILLIN SODIUM	2GM, 1GM, 10GM	SOLR	
Quinolones	<i>ciprofloxacin hcl</i>	750MG, 500MG, 250MG	TABS	
	LEVAQUIN	750MG, 500MG, 250MG	TABS	QL (14.00 per 31 days)
Sulfonamides	GANTRISIN PEDIATRIC	500MG/5ML	SUSP	
	<i>sulfamethoxazole /trimethoprim</i>	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	
	<i>sulfatrim</i>	200MG/5ML/ 40MG/5ML	SUSP	QL (1200.00 per 31 days)
	<i>trimethoprim/sulfamethoxazole ds</i>	800MG/ 160MG	TABS	
Tetracyclines	<i>doxycycline hyclate</i>	20MG, 100MG, 50MG	TABS, SOLR, CAPS	
	<i>doxycycline monohydrate</i>	50MG, 100MG	CAPS	
	<i>minocycline hcl</i>	75MG, 50MG, 100MG	CAPS	
	<i>tetracycline hcl</i>	500MG, 250MG	CAPS	
Allylamines	<i>terbinafine hcl</i>	250MG	TABS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Antifungals, Miscellaneous	GRIFULVIN V	500MG	TABS	
	<i>griseofulvin microsize</i>	125MG/5ML	SUSP	
	GRIS-PEG	250MG, 125MG	TABS	
Azoles	<i>fluconazole</i>	50MG, 200MG, 150MG, 100MG, 40MG/ML, 10MG/ML	TABS, SUSR	
	<i>ketoconazole</i>	200MG	TABS	
Polyenes	<i>nystatin</i>	500000UNIT, 100000UNIT/ML	TABS, SUSP	
Antituberculosis Agents	<i>isoniazid</i>	300MG, 100MG, 100MG/ML	TABS, SOLN	
	MYCOBUTIN	150MG	CAPS	
	<i>pyrazinamide</i>	500MG	TABS	
	<i>rifampin</i>	600MG, 300MG, 150MG	SOLR, CAPS	
Antimalarials	DARAPRIM	25MG	TABS	
	<i>hydroxychloroquine sulfate</i>	200MG	TABS	
	MALARONE	62.5MG/ 25MG, 250MG/ 100MG	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	250MG	CAPS	
	CRIXIVAN	400MG, 333MG, 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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	NORVIR	80MG/ML, 100MG	SOLN, CAPS	
	PREZISTA	75MG, 600MG, 400MG, 150MG	TABS	
	REYATAZ	300MG, 200MG, 150MG, 100MG	CAPS	
	VIRACEPT	625MG, 250MG	TABS	
Integrase Inhibitors	ISENTRESS	400MG	TABS	
Nonnucleoside Reverse Transcriptase Inhibitors	INTELENCE	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	
	ZIAGEN	300MG, 20MG/ML	TABS, SOLN	
	<i>zidovudine</i>	300MG, 50MG/5ML, 100MG	TABS, SYRP, CAPS	
Miscellaneous Antiretrovirals	ATRIPLA	600MG/ 200MG/ 300MG	TABS	
Interferons	PEGASYS	180MCG/ML, 180MCG/0.5ML	SOLN, KIT	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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	12MG/ML, 75MG, 45MG, 30MG	SUSR, CAPS	
Nucleosides and Nucleotides	<i>acyclovir</i>	200MG, 800MG, 400MG	TABS, CAPS	
	<i>acyclovir</i>	200MG/5ML	SUSP	QL (3500.00 per 31 days)
	BARACLUDE	1MG, 0.5MG	TABS	
	GANCICLOVIR	500MG, 250MG	CAPS	
	HEPSERA	10MG	TABS	
	<i>ribavirin</i>	200MG	TABS	
	<i>valacyclovir hcl</i>	500MG, 1000MG	TABS	QL (62.00 per 31 days)
Urinary Anti-infectives	<i>nitrofurantoin macrocrystalline</i>	50MG, 100MG	CAPS	
	<i>nitrofurantoin monohydrate</i>	100MG	CAPS	
	<i>trimethoprim</i>	100MG	TABS	
	URETRON D/S	0.12MG/ 120MG/ 10.8MG/ 36.2MG/ 40.8MG	TABS	
	<i>uticap</i>	0.12MG/ 120MG/ 10MG/ 36MG/ 40.8MG	CAPS	
ANTINEOPLASTIC AGENTS				
Antineoplastic Agents	<i>adriamycin</i>	50MG, 20MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	<i>adrucil</i>	50MG/ML	SOLN	PA
	ALKERAN	2MG	TABS	PA



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ARIMIDEX	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>	50MG, 450MG, 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
	COSMEGEN	0.5MG	SOLR	PA
	CYCLOPHOSPHAMIDE	50MG, 25MG, 500MG, 2GM, 1GM	TABS, SOLR	
	<i>daunorubicin hcl</i>	20MG, 5MG/ML	SOLR, INJ	PA
	DAUNOXOME	2MG/ML	INJ	PA
	<i>doxorubicin hcl</i>	50MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	ELIGARD	7.5MG, 45MG, 30MG, 22.5MG	KIT	PA
	ELOXATIN	200MG/40ML, 100MG/20ML, 50MG/10ML	SOLN	PA
	EMCYT	140MG	CAPS	PA
	<i>etoposide</i>	20MG/ML, 50MG	SOLN, CAPS	PA
	<i>fluorouracil</i>	5GM/100ML, 50MG/ML, 500MG/10ML, 2.5GM/50ML, 1GM/20ML	SOLN	PA
	GEMZAR	200MG, 1GM	SOLR	PA
	GLEEVEC	400MG, 100MG	TABS	PA
	HEXALEN	50MG	CAPS	PA
	<i>hydroxyurea</i>	500MG	CAPS	PA



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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>megestrol acetate</i>	40MG/ML	SUSP	QL (600.00 per 31 days)
	<i>megestrol acetate</i>	40MG, 20MG	TABS	
	<i>mercaptopurine</i>	50MG	TABS	
	<i>methotrexate</i>	2.5MG	TABS	
	<i>methotrexate sodium</i>	1GM, 50MG/2ML, 25MG/ML, 250MG/10ML, 1GM/40ML	SOLR, SOLN	PA
	<i>mitomycin</i>	5MG, 40MG, 20MG	SOLR	PA
	MYLERAN	2MG	TABS	PA
	<i>oxaliplatin</i>	50MG/10ML, 100MG/20ML	SOLN	PA
	SPRYCEL	70MG, 50MG, 20MG, 100MG	TABS	PA
	SUTENT	50MG, 25MG, 12.5MG	CAPS	PA
	TABLOID	40MG	TABS	PA
	<i>tamoxifen citrate</i>	20MG, 10MG	TABS	
	TARCEVA	25MG, 150MG, 100MG	TABS	PA
	TASIGNA	200MG	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	TRELSTAR LA	11.25MG	SUSR	PA
	TRELSTAR LA MIXJECT	11.25MG	SUSR	PA
	TYKERB	250MG	TABS	PA
	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
AUTONOMIC DRUGS				
Antimuscarinics/Antispasmodics	ATROVENT HFA	17MCG/ACT	AERS	
	<i>dicyclomine hcl</i>	20MG, 10MG/ML, 10MG/5ML, 10MG	TABS, SOLN, CAPS	
	<i>glycopyrrolate</i>	2MG, 1MG	TABS	
	<i>hyomax -dt</i>	0.375MG	TBCR	
	<i>hyomax-ft</i>	0.125MG	TBDP	
	<i>hyomax-sl</i>	0.125MG	SUBL	
	<i>hyomax-sr</i>	0.375MG	TB12	
	<i>hyoscyamine</i>	0.15MG	TABS	
	<i>hyoscyamine sulfate</i>	0.125MG, 0.375MG, 0.125MG/ML, 0.125MG/5ML	TBDP, TB12, TABS, SOLN, ELIX	
	<i>hyoscyamine sulfate tr</i>	0.375MG	TB12	
	<i>ipratropium bromide</i>	0.02%	SOLN	QL (480.00 per 31 days)
	<i>ipratropium bromide</i>	0.06%, 0.03%	SOLN	
	PROPANTHELINE BROMIDE	15MG	TABS	
	SYMAX DUOTAB	0.375MG	TBCR	
	<i>symax fastabs</i>	0.125MG	TBDP	
<i>symax-sr</i>	0.375MG	TB12		
Autonomic Drugs, Miscellaneous	CHANTIX	1MG, 0.5MG	TABS	QL (186.00 per 93 days)
	<i>nicorelief</i>	4MG, 2MG	GUM	QL (960.00 per 93 days);OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>nicotine</i>	7MG/24HR, 21MG/24HR, 14MG/24HR	PT24	QL (93.00 per 93 days);OTC-Covered w/Rx
	<i>nicotine polacrilex</i>	4MG, 2MG	GUM	QL (960.00 per 93 days);OTC-Covered w/Rx
	<i>nicotine polacrilex refill</i>	4MG, 2MG	GUM	QL (960.00 per 93 days);OTC-Covered w/Rx
	<i>nicotine polacrilex starter kit</i>	4MG, 2MG	GUM	QL (960.00 per 93 days);OTC-Covered w/Rx
	NICOTROL INHALER	10MG	INHA	QL (9.00 per 93 days)
	NICOTROL NS	10MG/ML	SOLN	QL (120.00 per 93 days)
Parasympathomimetic Cholinergic	ARICEPT	5MG, 10MG	TABS	
	ARICEPT ODT	5MG, 10MG	TBDP	
	<i>bethanechol chloride</i>	5MG, 50MG, 25MG, 10MG	TABS	
	EXELON	2MG/ML, 6MG, 4.5MG, 3MG, 1.5MG	SOLN, CAPS	
	MESTINON	60MG/5ML	SYRP	
	MESTINON TIMESPAN	180MG	TBCR	
	<i>pilocarpine hcl</i>	7.5MG	TABS	
	<i>pilocarpine hydrochloride</i>	5MG	TABS	
	PROSTIGMIN	15MG	TABS	
	<i>pyridostigmine bromide</i>	60MG	TABS	
Centrally Acting Skeletal Muscle Relaxants	<i>carisoprodol</i>	350MG	TABS	
	<i>carisoprodol /aspirin</i>	200MG/ 325MG	TABS	
	<i>chlorzoxazone</i>	500MG	TABS	
	<i>cyclobenzaprine hcl</i>	5MG, 10MG	TABS	
	<i>methocarbamol</i>	750MG, 500MG	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	
Neuromuscular Blocking Agents	<i>tizanidine hcl</i>	4MG, 2MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Sympatholytic Adrenergic Block	<i>ergoloid mesylates</i>	1MG	TABS	
	ERGOMAR	2MG	SUBL	
	MIGRANAL	4MG/ML	SOLN	QL (4.00 per 31 days)
Sympathomimetic Adrenergic	LUSONAL	7.5MG/5ML	LIQD	
	ADVAIR DISKUS	500MCG/DOSE/ 50MCG/DOSE, 250MCG/DOSE/ 50MCG/DOSE, 100MCG/DOSE/ 50MCG/DOSE	MISC	
	ADVAIR HFA	45MCG/ACT/ 21MCG/ACT, 230MCG/ACT/ 21MCG/ACT, 115MCG/ACT/ 21MCG/ACT	AERO	
	<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>	4MG, 2MG, 2MG/5ML	TABS, SYRP	
	<i>albuterol sulfate er</i>	8MG, 4MG	TB12	
	COMBIVENT	103MCG/ACT/ 18MCG/ACT	AERO	
	<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	
	<i>terbutaline sulfate</i>	5MG, 2.5MG, 1MG/ML	TABS, SOLN	
	VENTOLIN HFA	108MCG/ACT	AERS	
	<i>children's nasal decongestant</i>	30MG/5ML	LIQD	OTC-Covered w/Rx
	<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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	EPIPEN	1:1000	DEVI	
	EPIPEN 2-PAK	1:1000	DEVI	
	EPIPEN-JR	1:2000	DEVI	
	EPIPEN-JR 2-PAK	1:2000	DEVI	
	<i>genaphed</i>	30MG	TABS	OTC-Covered w/Rx
	<i>kodet-se</i>	30MG	TABS	OTC-Covered w/Rx
	<i>pseudoephedrine hcl</i>	60MG, 30MG, 30MG/5ML	TABS, SYRP	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>sudogest childrens</i>	15MG/5ML	LIQD	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
	<i>uni-sed</i>	30MG	TABS	OTC-Covered w/Rx
BLOOD FORMATION, COAGULATION & THROMBOSIS				
Iron Preparations	<i>fe c plus</i>	250MG/ 25MCG/ 1MG/ 100MG	TABS	
	FEOSOL	200MG	TABS	OTC-Covered w/Rx
	<i>fer-gen-sol</i>	15MG/0.6ML	SOLN	OTC-Covered w/Rx
	<i>fer-iron</i>	15MG/0.6ML	SOLN	OTC-Covered w/Rx
	<i>ferrex 150</i>	150MG	CAPS	OTC-Covered w/Rx
	<i>ferrex 150</i>	150MG	CAPS	
	<i>ferrex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	FERROUS GLUCONATE	324MG, 225MG	TABS	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>ferrous sulfate</i>	325MG, 324MG, 15MG/0.6ML, 220MG/5ML	TBEC, TABS, SOLN, ELIX	OTC-Covered w/Rx
	<i>ferrous sulfate cr</i>	160MG	TBCR	OTC-Covered w/Rx
	HEMOCYTE PLUS	10MG/ 0.8MG/ 15MCG/ 324MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
	<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>reocyte plus</i>	10MG/ 0.8MG/ 15MCG/ 324MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
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	
Heparins	LOVENOX	100MG/ML, 150MG/ML	SOLN	QL (28.00 per 31 days)
	LOVENOX	120MG/0.8ML, 80MG/0.8ML	SOLN	QL (22.40 per 31 days)
	LOVENOX	300MG/3ML	SOLN	QL (24.00 per 31 days)
	LOVENOX	40MG/0.4ML, 30MG/0.3ML	SOLN	QL (8.40 per 31 days)
	LOVENOX	60MG/0.6ML	SOLN	QL (16.80 per 31 days)
Miscellaneous Anticoagulants	ARIXTRA	10MG/0.8ML	SOLN	PA; QL (8.00 per 31 days)
	ARIXTRA	2.5MG/0.5ML	SOLN	PA; QL (5.00 per 31 days)
	ARIXTRA	5MG/0.4ML	SOLN	PA; QL (4.00 per 31 days)
	ARIXTRA	7.5MG/0.6ML	SOLN	PA; QL (6.00 per 31 days)
Platelet-Aggregation Inhibitors	PLAVIX	75MG	TABS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
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, 40000UNIT/ML, 3000UNIT/ML, 2000UNIT/ML, 20000UNIT/ML, 10000UNIT/ML	SOLN	PA
Hemorrhologic Agents	<i>pentoxifylline er</i>	400MG	TBCR	
CARDIOVASCULAR DRUGS				
alpha-Adrenergic Blocking Agents	<i>doxazosin mesylate</i>	8MG, 4MG, 2MG, 1MG	TABS	
	<i>prazosin hcl</i>	5MG, 2MG, 1MG	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>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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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, 160MG	TABS	
	PINDOLOL	5MG, 10MG	TABS	
	<i>propranolol/hydrochlorothiazide</i>	80MG/ 25MG, 40MG/ 25MG	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>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, 120MG	TABS, SOLN, CP24	
	<i>diltiazem hcl er</i>	420MG, 300MG, 240MG, 180MG, 120MG, 90MG, 60MG	CP24, CP12	
	<i>diltiazem xr</i>	240MG	CP24	
	<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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Dihydropyridines	<i>amlodipine besylate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>amlodipine besylate/benazepril hydrochloride</i>	5MG/ 20MG, 5MG/ 10MG, 2.5MG/ 10MG, 10MG/ 20MG	CAPS	
	<i>nifediac cc</i>	90MG, 60MG, 30MG	TB24	
	<i>nifedical xl</i>	60MG, 30MG	TB24	
	<i>nifedipine</i>	10MG	CAPS	
	<i>nifedipine er</i>	90MG, 60MG, 30MG	TB24	
	NISOLDIPINE	20MG	TB24	
Class Ia Antiarrhythmics	<i>disopyramide phosphate</i>	150MG, 100MG	CAPS	
	NORPACE CR	150MG	CP12	
	PROCAINAMIDE HCL	500MG/ML, 100MG/ML	SOLN	
	QUINIDINE GLUCONATE	80MG/ML	SOLN	
	<i>quinidine gluconate cr</i>	324MG	TBCR	
	<i>quinidine gluconate er</i>	324MG	TBCR	
	<i>quinidine gluconate sa</i>	324MG	TBCR	
	<i>quinidine sulfate</i>	300MG	TABS	
Class Ib Antiarrhythmics	<i>lidocaine hcl</i>	20MG/ML	SOLN	
	MEXILETINE HCL	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, 450MG/9ML	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	
	<i>methyl dopa</i>	500MG, 250MG	TABS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>methyldopa/ hydrochlorothiazide</i>	25MG/ 250MG, 15MG/ 250MG	TABS	
Direct Vasodilators	<i>hydralazine/ hydrochlorothiazide</i>	50MG/ 50MG, 25MG/ 25MG	CAPS	
	<i>hydralazine hcl</i>	50MG, 25MG, 10MG, 100MG, 20MG/ML	TABS, SOLN	
	<i>minoxidil</i>	2.5MG, 10MG	TABS	
Angiotensin II Receptor Antagonists	BENICAR	5MG, 40MG, 20MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
	BENICAR HCT	40MG/ 25MG, 40MG/ 12.5MG, 20MG/ 12.5MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
	COZAAR	50MG, 25MG, 100MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
	HYZAAR	100MG/25MG, 100MG/12.5MG, 50MG/12.5MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
	MICARDIS	80MG, 40MG, 20MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
	MICARDIS HCT	80MG/ 25MG, 80MG/ 12.5MG, 40MG/ 12.5MG	TABS	QL (31.00 per 31 days); ST; Must fail preferred ACE inhibitor
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>lisinopril</i>	30MG, 20MG, 2.5MG, 10MG, 5MG, 40MG	TABS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>lisinopril /hydrochlorothiazide</i>	20MG/ 25MG, 20MG/ 12.5MG, 10MG/ 12.5MG	TABS	
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, 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</i>	0.6MG, 0.4MG, 0.3MG, 0.6MG/HR, 0.4MG/HR, 0.2MG/HR	SUBL, PT24	
	<i>nitroglycerin transdermal</i>	0.6MG/HR, 0.4MG/HR, 0.2MG/HR, 0.1MG/HR	PT24	
Phosphodiesterase Inhibitors	ADCIRCA	20MG	TABS	PA
Vasodilating Agents, Miscellaneous	<i>dipyridamole</i>	75MG, 50MG, 25MG, 5MG/ML	TABS, SOLN	
	LETAIRIS	5MG, 10MG	TABS	PA
CENTRAL NERVOUS SYSTEM AGENTS				
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>	80MG, 120MG, 325MG, 500MG, 650MG, 160MG/5ML	SUPP, SOLN, ELIX, CHEW, CAPS	OTC-Covered w/Rx
	<i>anolor 300</i>	50MG/325MG/ 40MG	CAPS	
	<i>apap</i>	500MG, 325MG	TABS	OTC-Covered w/Rx
	<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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>butalbital /acetaminophen /caffeine</i>	50MG/325MG/ 40MG, 50MG/ 500MG/ 40MG	TABS, CAPS	
	<i>butalbital/acetaminophen</i>	50MG/ 325MG	TABS	
	<i>cephadyn</i>	50MG/ 650MG	TABS	
	<i>children's non-aspirin</i>	80MG, 160MG/5ML	CHEW, SUSP	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 relief</i>	160MG/5ML	SUSP	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 tactual</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>genapap</i>	80MG	CHEW	OTC-Covered w/Rx
	<i>genapap extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>genebs</i>	500MG	TABS	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 pain relief</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>	80MG, 500MG, 325MG, 160MG/5ML	TABS, LIQD, CHEW	OTC-Covered w/Rx
	<i>mapap arthritis pain</i>	650MG	TBCR	OTC-Covered w/Rx
	<i>mapap childrens</i>	160MG/5ML	SUSP	OTC-Covered w/Rx
	<i>margesic</i>	50MG/325MG/ 40MG	CAPS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>marten-tab</i>	50MG/ 325MG	TABS	
	<i>masophen</i>	500MG	TABS	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 relief</i>	500MG	TABS	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 childrens</i>	160MG/5ML	SUSP	OTC-Covered w/Rx
	<i>q-pap extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>q-pap infants</i>	80MG/0.8ML	SOLN	OTC-Covered w/Rx
	<i>repan</i>	50MG/325MG/ 40MG	TABS	
	<i>tactinal</i>	325MG	TABS	OTC-Covered w/Rx
	<i>tactinal extra strength</i>	500MG	TABS	OTC-Covered w/Rx
	<i>tencet</i>	50MG/325MG/ 40MG	CAPS	
	<i>tylophen</i>	325MG	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) Inhibitors	CELEBREX	50MG, 400MG, 200MG, 100MG	CAPS	QL (62.00 per 31 days); ST; Must fail preferred NSAID
Salicylates	<i>aspirin</i>	325MG, 81MG, 600MG, 300MG	TBEC, TABS, SUPP, CHEW	OTC-Covered w/Rx
	<i>aspirin childrens</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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>aspir-trin</i>	325MG	TBEC	OTC-Covered w/Rx
	<i>buffered aspirin</i>	325MG/ 158MG/ 34MG/ 63MG	TABS	OTC-Covered w/Rx
	<i>bufpirin</i>	325MG	TABS	OTC-Covered w/Rx
	<i>butalbital /aspirin /caffeine</i>	50MG/325MG/ 40MG	TABS, CAPS	
	<i>butalbital compound</i>	50MG/325MG/ 40MG	TABS, CAPS	
	<i>childrens aspirin</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>childrens 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>	500MG, 325MG	TABS	OTC-Covered w/Rx
	<i>salsalate</i>	750MG, 500MG	TABS	
	<i>triple buffered aspirin</i>	325MG	TABS	OTC-Covered w/Rx
	<i>uni-tren</i>	325MG	TBEC	OTC-Covered w/Rx
Other Nonsteroidal Anti-inflammatory Agents	<i>childrens 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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>ibuprofen</i>	100MG/5ML, 200MG	TABS, SUSP	OTC-Covered w/Rx
	<i>ibuprofen</i>	100MG/5ML, 800MG, 600MG, 400MG	TABS, SUSP	
	<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, 7.5MG/5ML	TABS, SUSP	
	<i>nabumetone</i>	750MG, 500MG	TABS	
	<i>naproxen</i>	125MG/5ML	SUSP	ST; QL (2000.00 per 31 days)
	<i>naproxen</i>	500MG, 375MG, 250MG	TABS, SUSP	
	<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>	150MG	TABS	
	<i>sulindac</i>	200MG, 150MG	TABS	
	<i>tolmetin sodium</i>	400MG	CAPS	
Opiate Agonists	<i>acetaminophen /codeine</i>	120MG/5ML/ 12MG/5ML	SOLN	
	<i>acetaminophen/codeine</i>	300MG/ 60MG, 300MG/ 15MG, 120MG/5ML/ 12MG/5ML	TABS, SOLN	
	<i>acetaminophen/codeine #2</i>	300MG/ 15MG	TABS	
	<i>acetaminophen/codeine #3</i>	300MG/ 30MG	TABS	
	<i>acetaminophen/codeine #4</i>	300MG/ 60MG	TABS	
	<i>ascomp/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>butal /asa /caff /cod</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>butalbital /apap /caffeine /codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	CODEINE PHOSPHATE	30MG/ML, 15MG/ML	SOLN	
	<i>codeine sulfate</i>	60MG, 30MG	TABS	
	<i>co-gesic</i>	5MG/ 500MG	TABS	QL (248.00 per 31 days)
	DILAUDID-5	1MG/ML	LIQD	
	<i>dolacet</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>endocet</i>	5MG/ 325MG, 7.5MG/ 325MG, 10MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>endodan</i>	325MG/ 4.5MG/ 0.38MG	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 /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, 10MG/ 325MG, 500MG/15ML/ 7.5MG/15ML	TABS, SOLN	QL (248.00 per 31 days)
	<i>hydrocodone /acetaminophen-hs</i>	2.5MG/ 500MG	TABS	QL (248.00 per 31 days)
	<i>hydrocodone bitartrate/acetaminophen</i>	10MG/ 750MG	TABS	QL (248.00 per 31 days)
	<i>hydrogesic</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>hydromorphone hcl</i>	8MG, 4MG, 2MG, 3MG	TABS, SUPP	
	<i>margesic-h</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>meperidine hcl</i>	50MG, 100MG, 50MG/5ML	TABS, SOLN	
	<i>meperitab</i>	50MG, 100MG	TABS	
	<i>methadone hcl</i>	40MG, 5MG, 10MG, 5MG/5ML, 10MG/5ML, 10MG/ML	TBSO, TABS, SOLN, CONC	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	METHADONE HCL INTENSOL	10MG/ML	CONC	
	<i>methadose</i>	40MG, 5MG, 10MG, 10MG/ML	TBSO, TABS, CONC	
	<i>morphine sulfate</i>	30MG, 15MG, 5MG, 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	TABS, SUPP, SOLN	
	<i>morphine sulfate cr</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	
	<i>morphine sulfate er</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	
	<i>oxycodone /acetaminophen</i>	5MG/ 325MG, 5MG/ 500MG, 7.5MG/ 325MG, 10MG/ 325MG	TABS, CAPS	QL (248.00 per 31 days)
	<i>oxycodone /aspirin</i>	325MG/ 4.5MG/ 0.38MG	TABS	QL (248.00 per 31 days)
	<i>oxycodone hcl</i>	5MG, 30MG, 15MG, 5MG/5ML, 20MG/ML, 5MG	TABS, SOLN, CONC, CAPS	QL (248.00 per 31 days)
	<i>propoxyphene /acetaminophen</i>	65MG/ 650MG	TABS	
	<i>propoxyphene hcl</i>	65MG	CAPS	
	<i>propoxyphene-n /acetaminophen</i>	50MG/ 325MG, 100MG/ 650MG, 100MG/ 500MG	TABS	
	<i>roxicet</i>	5MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>tramadol hcl</i>	50MG	TABS	
Opiate Partial Agonists	<i>butorphanol tartrate</i>	10MG/ML	SOLN	QL (3.00 per 31 days)
	<i>pentazocine/naloxone hcl</i>	0.5MG/ 50MG	TABS	
	SUBOXONE	8MG/ 2MG, 2MG/ 0.5MG	SUBL	PA
Amphetamines	ADDERALL XR	5MG, 10MG, 15MG, 20MG, 25MG, 30MG	CP24	
	<i>amphetamine /dextroamphetamine</i>	5MG, 10MG, 20MG, 30MG	TABS	
	DESOXYN	5MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>dextroamphetamine sulfate</i>	5MG, 10MG	TABS	
	<i>dextroamphetamine sulfate er</i>	5MG, 15MG, 10MG	CP24	
	VYVANSE	70MG, 60MG, 50MG, 40MG, 30MG, 20MG	CAPS	
Anorexigenics & Resp & Cereb Stim, Misc	CONCERTA	54MG, 36MG, 27MG, 18MG	TBCR	
	DAYTRANA	30MG/9HR, 20MG/9HR, 15MG/9HR, 10MG/9HR	PTCH	
	<i>dexmethylphenidate hcl</i>	5MG, 2.5MG, 10MG	TABS	
	FOCALIN XR	5MG, 20MG, 15MG, 10MG	CP24	
	MERIDIA	5MG, 15MG, 10MG	CAPS	PA
	METADATE CD	60MG, 50MG, 40MG, 30MG, 20MG, 10MG	CPCR	
	<i>metadate er</i>	20MG	TBCR	
	<i>methylin</i>	5MG, 20MG, 10MG, 2.5MG	TABS, CHEW	
	<i>methylin er</i>	20MG, 10MG	TBCR	
	<i>methylphenidate hcl</i>	5MG, 20MG, 10MG	TABS	
	<i>methylphenidate hcl sr</i>	20MG	TBCR	
		RITALIN LA	40MG, 30MG, 20MG, 10MG	CP24
Anticonvulsants, Miscellaneous	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>	200MG	TABS	QL (248.00 per 31 days)
	<i>carbamazepine</i>	100MG/5ML	SUSP	QL (2500.00 per 31 days)
	<i>carbamazepine er</i>	200MG	TB12	QL (248.00 per 31 days)
	<i>carbamazepine er</i>	400MG	TB12	
	CARBATROL	100MG	CP12	QL (310.00 per 31 days)
	CARBATROL	200MG	CP12	QL (248.00 per 31 days)
	CARBATROL	300MG	CP12	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>divalproex sodium</i>	250MG	TB24	QL (310.00 per 31 days)
	<i>divalproex sodium</i>	500MG	TB24, TBEC	QL (261.00 per 31 days)
	<i>divalproex sodium</i>	125MG	CPSP	QL (310.00 per 31 days)
	<i>divalproex sodium</i>	250MG, 125MG	TBEC	QL (310.00 per 31 days)
	<i>epitol</i>	200MG	TABS	QL (248.00 per 31 days)
	EQUETRO	200MG	CP12	
	FELBATOL	600MG/5ML	SUSP	QL (1000.00 per 31 days)
	FELBATOL	600MG	TABS	
	FELBATOL	400MG	TABS	QL (279.00 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>	800MG, 600MG	TABS	
	GABITRIL	2MG, 4MG	TABS	QL (310.00 per 31 days)
	GABITRIL	16MG, 12MG	TABS	
	KEPPRA XR	750MG, 500MG	TB24	
	LAMICTAL ODT	50MG, 25MG	TBDP	QL (310.00 per 31 days)
	LAMICTAL ODT	200MG, 100MG	TBDP	
	LAMICTAL ODT		KIT	
	LAMICTAL XR	50MG, 25MG	TB24	QL (310.00 per 31 days)
	LAMICTAL XR	200MG, 100MG	TB24	
	LAMICTAL XR		KIT	
	<i>lamotrigine</i>	5MG, 25MG	TBDP	QL (310.00 per 31 days)
	<i>lamotrigine</i>	25MG	TABS	QL (310.00 per 31 days)
	<i>lamotrigine</i>	200MG, 150MG, 100MG	TBDP, TABS	
	<i>lamotrigine starter/not taking carbamazepine</i>		KIT	
	<i>lamotrigine starter/taking carbamazepine/not taking valproat</i>		KIT	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>levetiracetam</i>	100MG/ML	SOLN	QL (4500.00 per 31 days)
	<i>levetiracetam</i>	250MG	TABS	QL (372.00 per 31 days)
	<i>levetiracetam</i>	750MG, 500MG, 1000MG	TABS	
	NEURONTIN	250MG/5ML	SOLN	QL (2500.00 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, 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>	50MG, 25MG, 100MG	TABS	QL (310.00 per 31 days)
	<i>topiramate</i>	200MG	TABS	QL (248.00 per 31 days)
	<i>topiramate</i>	25MG, 15MG	CPSP	QL (310.00 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/5ML	SYRP	QL (2600.00 per 31 days)
	<i>valproic acid</i>	250MG	CAPS	QL (310.00 per 31 days)
	<i>zonisamide</i>	25MG	CAPS	QL (310.00 per 31 days)
	<i>zonisamide</i>	50MG	CAPS	QL (372.00 per 31 days)
	<i>zonisamide</i>	100MG	CAPS	
Barbiturates	<i>primidone</i>	50MG	TABS	QL (310.00 per 31 days)
	<i>primidone</i>	250MG	TABS	QL (248.00 per 31 days)
Benzodiazepines	<i>clonazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>clonazepam orally disintegrating</i>	2MG, 1MG, 0.5MG, 0.25MG, 0.125MG	TBDP	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Hydantoins	DILANTIN	30MG	CAPS	QL (310.00 per 31 days)
	DILANTIN INFATABS	50MG	CHEW	QL (372.00 per 31 days)
	PEGANONE	250MG	TABS	QL (372.00 per 31 days)
	PHENYTEK	300MG, 200MG	CAPS	
	<i>phenytoin</i>	125MG/5ML	SUSP	QL (900.00 per 31 days)
	<i>phenytoin sodium</i>	50MG/ML	SOLN	
	<i>phenytoin sodium extended</i>	100MG	CAPS	
Succinimides	CELONTIN	300MG	CAPS	
	<i>ethosuximide</i>	250MG/5ML	SOLN	QL (1000.00 per 31 days)
	<i>ethosuximide</i>	250MG	CAPS	
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, KIT	QL (9.00 per 31 days)
	<i>sumatriptan succinate refill</i>	6MG/0.5ML, 4MG/0.5ML	KIT	QL (9.00 per 31 days)
Adamantanes	AMANTADINE HCL	100MG, 50MG/5ML, 100MG	TABS, 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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>carbidopa/levodopa cr</i>	25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa er</i>	50MG/ 200MG, 25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa odt</i>	25MG/ 250MG, 10MG/ 100MG	TBDP	
	<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	MIRAPEX	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	
	SELEGILINE HCL	5MG, 5MG	TABS, CAPS	
Anxiolytics, Sedatives, & Hypnotics Misc	<i>buspirone hcl</i>	7.5MG, 5MG, 30MG, 15MG, 10MG	TABS	
	<i>diphenhydramine hcl</i>	50MG	TABS	OTC-Covered w/Rx
	<i>hydroxyzine hcl</i>	50MG, 25MG, 10MG, 10MG/5ML	TABS, SYRP	
	<i>hydroxyzine pamoate</i>	50MG, 25MG, 100MG	CAPS	
	<i>meprobamate</i>	400MG, 200MG	TABS	
	<i>zolpidem tartrate</i>	5MG, 10MG	TABS	QL (31.00 per 31 days);ST; Must fail preferred benzodiazepine
Barbiturates	<i>mephobarbital</i>	100MG	TABS	
	<i>mephobarbital</i>	32MG	TABS	QL (310.00 per 31 days)
	<i>mephobarbital</i>	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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	PHENOBARBITAL SODIUM	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 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	
	DIASTAT ACUDIAL	20MG, 10MG	GEL	
	DIASTAT PEDIATRIC	2.5MG	GEL	
	DIAZEPAM	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, 4MG/ML, 2MG/ML	TABS, SOLN	
	<i>oxazepam</i>	30MG, 15MG, 10MG	CAPS	
	<i>temazepam</i>	30MG, 15MG	CAPS	
	<i>triazolam</i>	0.25MG, 0.125MG	TABS	
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	ST; Must fail preferred Aricept, Exelon
	NAMENDA TITRATION PAK		TABS	ST; Must fail preferred Aricept, Exelon
	STRATTERA	80MG, 60MG, 40MG, 25MG, 18MG, 10MG, 100MG	CAPS	
Opiate Antagonists	<i>naltrexone hcl</i>	50MG	TABS	
Monoamine Oxidase Inhibitors	MARPLAN	10MG	TABS	
	NARDIL	15MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>tranylcypromine sulfate</i>	10MG	TABS	
Selective Serotonin- and Norepinephrine reuptake Inhibitors	CYMBALTA	60MG, 30MG, 20MG	CPEP	
	EFFEXOR XR	75MG, 37.5MG, 150MG	CP24	
	PRISTIQ	50MG, 100MG	TB24	
	<i>venlafaxine hcl</i>	75MG, 50MG, 37.5MG, 25MG, 100MG	TABS	
	VENLAFAXINE HCL ER	75MG, 37.5MG, 225MG, 150MG	TB24	
Selective Serotonin-reuptake Inhibitors	<i>citalopram hydrobromide</i>	40MG, 20MG, 10MG, 10MG/5ML	TABS, SOLN	
	<i>fluoxetine hcl</i>	20MG, 20MG/5ML, 40MG, 10MG	TABS, SOLN, CAPS	
	<i>fluvoxamine maleate</i>	50MG, 25MG, 100MG	TABS	
	LEXAPRO	5MG, 20MG, 10MG, 5MG/5ML	TABS, SOLN	
	LUVOX CR	150MG	CP24	
	<i>paroxetine hcl</i>	40MG, 30MG, 20MG, 10MG, 10MG/5ML	TABS, SUSP	
	<i>paroxetine hcl er</i>	37.5MG, 25MG, 12.5MG	TB24	
	PEXEVA	40MG, 30MG, 20MG, 10MG	TABS	
	PROZAC WEEKLY	90MG	CPDR	
	SARAFEM	20MG, 15MG	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	NEFAZODONE HCL	50MG, 250MG, 200MG, 150MG, 100MG	TABS	
	<i>trazodone hcl</i>	50MG, 300MG, 150MG, 100MG	TABS	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Tricyclics and Other Norepinephrine-reuptake Inhibitors	<i>amitriptyline /chlordiazepoxide</i>	5MG/ 12.5MG, 10MG/ 25MG	TABS	
	<i>amitriptyline hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	AMOXAPINE	50MG, 25MG, 150MG, 100MG	TABS	
	<i>clomipramine hcl</i>	75MG, 50MG, 25MG	CAPS	
	<i>desipramine hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	<i>doxepin hcl</i>	10MG/ML, 75MG, 50MG, 25MG, 150MG, 10MG, 100MG	CONC, CAPS	
	<i>imipramine hcl</i>	50MG, 25MG, 10MG	TABS	
	IMIPRAMINE PAMOATE	75MG, 150MG, 125MG, 100MG	CAPS	
	MAPROTILINE HCL	75MG, 50MG, 25MG	TABS	
	<i>nortriptyline hcl</i>	10MG/5ML, 75MG, 50MG, 25MG, 10MG	SOLN, CAPS	
	PERPHENAZINE /AMITRIPTYLINE	4MG/ 50MG, 4MG/ 25MG, 4MG/ 10MG, 2MG/ 25MG, 2MG/ 10MG	TABS	
	<i>protriptyline hcl</i>	5MG, 10MG	TABS	
	SURMONTIL	50MG, 25MG, 100MG	CAPS	
	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, 15MG	TBDP, TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mirtazapine odt</i>	45MG, 30MG	TBDP	
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	
	FAZACLO	12.5MG	TBDP	
	GEODON	20MG, 80MG, 60MG, 40MG	SOLR, CAPS	
	INVEGA	9MG, 6MG, 3MG	TB24	
	INVEGA SUSTENNA	78MG/0.5ML, 39MG/0.25ML, 234MG/1.5ML, 156MG/ML, 117MG/0.75ML	SUSP	
	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>	2MG, 0.5MG	TBDP	
	SEROQUEL	50MG, 400MG, 300MG, 25MG, 200MG, 100MG	TABS	
	SEROQUEL XR	50MG, 400MG, 300MG, 200MG, 150MG	TB24	
	ZYPREXA	7.5MG, 5MG, 20MG, 2.5MG, 15MG, 10MG	TABS, SOLR	
	ZYPREXA ZYDIS	5MG, 20MG, 15MG, 10MG	TBDP	
	Butyrophenones	<i>haloperidol</i>	5MG, 2MG, 20MG, 1MG, 10MG, 0.5MG, 2MG/ML	TABS, CONC
<i>haloperidol decanoate</i>		50MG/ML, 100MG/ML	SOLN	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>haloperidol lactate</i>	5MG/ML	SOLN	
Phenothiazines	<i>chlorpromazine hcl</i>	50MG, 25MG, 200MG, 10MG, 100MG	TABS	
	<i>fluphenazine decanoate</i>	25MG/ML	SOLN	
	<i>fluphenazine hcl</i>	5MG/ML	CONC	QL (2500.00 per 31 days)
	<i>fluphenazine hcl</i>	5MG, 2.5MG, 1MG, 10MG, 2.5MG/5ML	TABS, ELIX	
	<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	
Miscellaneous Antipsychotics	<i>loxapine succinate</i>	5MG, 50MG, 25MG, 10MG	CAPS	
	MOBAN	5MG, 50MG, 25MG, 10MG	TABS	
	ORAP	2MG, 1MG	TABS	
DEVICES				
Devices	ACCU-CHEK ACTIVE CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	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 COMFORT CURVE CONTROL SOLUTION (2 LEVELS)		SOLN	OTC-Covered w/Rx
	ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION		LIQD	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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 MULTICLIX LANCETS		MISC	QL (204.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK SOFT TOUCH LANCETS		MISC	QL (200.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCET DEVICE		MISC	OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCETS		MISC	QL (200.00 per 31 days);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/FLOWSIGNAL		MISC	QL (2.00 per 365 days)
	AEROCHAMBER/ FLOWSIGNAL		MISC	QL (2.00 per 365 days)
	AIMSCO ULTRA THIN AUTO LANCET		MISC	QL (200.00 per 31 days);OTC-Covered w/Rx
	AIMSCO ULTRA THIN LANCETS		MISC	QL (200.00 per 31 days);OTC-Covered w/Rx
	ALCOHOL PREP		PADS	OTC-Covered w/Rx
	ALCOHOL PREP PADS	70%	PADS	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ALCOHOL PREPS		PADS	OTC-Covered w/Rx
	BD SINGLE USE SWABS REG		PADS	OTC-Covered w/Rx
	CURITY ALCOHOL PREPS	70%	PADS	OTC-Covered w/Rx
	CURITY ALCOHOL PREPS/MEDIUM/2 PLY	70%	PADS	OTC-Covered w/Rx
	CURITY 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)
	E-Z SPACER MASK		DEVI	QL (2.00 per 365 days)
	E-Z SPACER/MASK		DEVI	QL (2.00 per 365 days)
	FREESTYLE FREEDOM LITE		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	FREESTYLE LANCETS		MISC	QL (200.00 per 31 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
	MEDISENSE THIN LANCETS		MISC	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)



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	OPTICHAMBER ADVANTAGE		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/LARGE MASK		MISC	QL (2.00 per 365 days)
	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
	PFLEX		MISC	QL (2.00 per 365 days)
	PHARMACIST CHOICE ALCOHOL PREP PADS		PADS	OTC-Covered w/Rx
	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

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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)
	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)
	ULTILET ALCOHOL SWAB		PADS	OTC-Covered w/Rx
	ULTILET ALCOHOL SWABS		PADS	OTC-Covered w/Rx
	VORTEX HOLDING CHAMBER/MASK/ADULT		DEVI	QL (2.00 per 365 days)
	VORTEX HOLDING CHAMBER/MASK/CHILDS		DEVI	QL (2.00 per 365 days)
	VORTEX HOLDING CHAMBER/MASK/TODDLER		DEVI	QL (2.00 per 365 days)
	VORTEX VALVED HOLDING CHAMBER		DEVI	QL (2.00 per 365 days)
	WATCHHALER		DEVI	QL (2.00 per 365 days)
	WEBCOL ALCOHOL PREP LARGE 1 PLY	70%	PADS	OTC-Covered w/Rx
	WEBCOL ALCOHOL PREP LARGE 2 PLY	70%	PADS	OTC-Covered w/Rx
	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	70%	PADS	OTC-Covered w/Rx
	WINDMILL TRAINER		MISC	QL (2.00 per 365 days)
	ZOEY OPTICHAMBER ADVANTAGE		MISC	QL (2.00 per 365 days)



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ZOEY PERSONAL BEST FULL RANGE PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	ZOEY PERSONAL BEST LOW RANGE PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
DIAGNOSTIC AGENTS				
Diabetes Mellitus	ACCU-CHEK ACTIVE STRIPS		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	ACCU-CHEK AVIVA		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
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
ELECTROLYTIC, CALORIC, AND WATER BALANCE				
Alkalinizing Agents	<i>cytra-2</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	<i>cytra-3</i>	334MG/5ML/ 550MG/5ML/ 500MG/5ML	SYRP	QL (3600.00 per 31 days)
	<i>liqui-dualcitra</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	SODIUM CITRATE		GRAN	OTC-Covered w/Rx
Ammonia Detoxicants	<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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Potassium-sparing Diuretics	<i>amiloride /hydrochlorothiazide</i>	5MG/ 50MG	TABS	
	<i>triamterene /hydrochlorothiazide</i>	75MG/ 50MG, 37.5MG/ 25MG, 50MG/ 25MG	TABS, CAPS	
Thiazide Diuretics	<i>chlorothiazide</i>	500MG, 250MG	TABS	
	<i>hydrochlorothiazide</i>	50MG, 25MG, 12.5MG, 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	FOSRENOL	750MG, 500MG, 1000MG	CHEW	
Potassium-removing Agents	<i>kionex</i>		POWD	
	<i>sodium polystyrene sulfonate</i>	50GM/200ML, 30GM/120ML	SUSP, POWD	
	<i>sps</i>	15GM/60ML	SUSP	
Irrigating Solutions	<i>curity sterile saline</i>	0.9%	SOLN	
	<i>sodium chloride</i>	0.9%	SOLN	
	<i>sodium chloride 0.9%</i>	0.9%	SOLN	
Replacement Preparations	<i>bd posiflush</i>	0.9%	SOLN	QL (310.00 per 31 days)
	<i>calcitrate/vitamin d</i>	315MG/ 200UNIT	TABS	OTC-Covered w/Rx
	<i>calcium 250+d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>calcium 500/vitamin d</i>	500MG/ 200UNIT	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, 600MG/ 125UNIT	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	CAL-LAC	500MG	CAPS	OTC-Covered w/Rx
	<i>ed k+10</i>	10MEQ	TBCR	
	ELIPHOS	667MG	TABS	
	<i>kaon-cl-10</i>	10MEQ	TBCR	
	<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>k-vescent</i>	20MEQ	PACK	
	<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>mag-sr</i>	535MG	TBCR	OTC-Covered w/Rx
	<i>mag-sr plus calcium</i>	535MG	TBCR	OTC-Covered w/Rx
	NEUTRA-PHOS	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/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days);OTC-Covered w/Rx
	<i>oralyte freezer pops</i>	35MEQ/L/ 30MEQ/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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>oysco d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>oyst-cal d</i>	250MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<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
	PEDIALYTE FREEZER POPS	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days);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, 0.4MEQ/ML, 20MEQ, 20%, 10%	SOLN, PACK, LIQD	
	<i>potassium chloride 0.15% nacl 0.9%</i>	0.15%/ 0.9%	SOLN	PA
	<i>potassium chloride 0.15% w/nacl 0.9% viaflex</i>	0.15%/ 0.9%	SOLN	PA
	<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	0.3%/ 0.9%	SOLN	PA
	<i>potassium chloride cr</i>	20MEQ, 10MEQ	TBCR	
	<i>potassium chloride er</i>	8MEQ, 20MEQ, 10MEQ, 10MEQ	TBCR, CPCR	
	<i>potassium chloride sr</i>	8MEQ	TBCR	
	<i>potassium phosphate</i>	3MMOLE/ML	SOLN	PA



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>revital liquid squeezers</i>	35MEQ/L/30MEQ/L/ 25GM/L/20MEQ/L/ 45MEQ/L		QL (4000.00 per 31 days);OTC-Covered w/Rx
	<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%, 1GM	TABS, SOLN, VIAL	
	<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	
	<i>probenecid/colchicine</i>	0.5MG/ 500MG	TABS	
ENZYMES				
Enzymes	PULMOZYME	1MG/ML	SOLN	PA
EYE, EAR, NOSE & THROAT PREPARATIONS				
Antiallergic Agents	<i>alaway</i>	0.025%	SOLN	OTC-Covered w/Rx
	ASTELIN	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	0.15%, 0.1%	SOLN	
	<i>brimonidine tartrate</i>	0.2%	SOLN	
beta-Adrenergic Blocking Agents	BETAXOLOL HCL	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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Carbonic Anhydrase Inhibitors	<i>acetazolamide</i>	250MG, 125MG	TABS	
	AZOPT	1%	SUSP	
	<i>dorzolamide hcl</i>	2%	SOLN	
	<i>dorzolamide hcl/timolol maleate</i>	2%/ 0.5%	SOLN	
	<i>methazolamide</i>	50MG, 25MG	TABS	
Prostaglandin Analogs	LUMIGAN	0.03%	SOLN	QL (5.00 per 31 days)
	TRAVATAN	0.004%	SOLN	QL (5.00 per 31 days)
	TRAVATAN Z	0.004%	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 opth</i>	0.3%	SOLN	
	<i>erythromycin</i>	5MG/GM	OINT	
	<i>gentak</i>	0.3%	SOLN	
	<i>gentamicin sulfate</i>	0.3%	SOLN, OINT	
	<i>neocin</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>neocin-pg</i>	0.025MG/ML/ 2.5MG/ML/ 10000UNIT/ML	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	
	<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		

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>tobrasol</i>	0.3%	SOLN	
	<i>trimethoprim sulfate/polymyxin b sulfate</i>	10000UNIT/ML/ 0.1%	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>dents ear wax drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>ear drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<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>mollifene</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>murine ear</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>oral peroxide</i>	10%	SOLN	OTC-Covered w/Rx
	<i>periogard</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>perisol</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>thera-ear</i>	6.5%	SOLN	OTC-Covered w/Rx
Corticosteroids	<i>acetazol hc</i>	2%/ 1%	SOLN	
	<i>cortomycin</i>	1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>dexamethasone sodium phosphate</i>	0.1%	SOLN	
	<i>dexasol</i>	0.1%	SOLN	
	<i>dexasporin</i>	0.1%/ 0.5%/ 10000UNIT/ML	SUSP	
	<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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	MAXIDEX	0.1%	SUSP	
	<i>methadex</i>	1MG/ML/ 3.5MG/ML/ 10000UNIT/ML	SUSP	
	<i>neomycin /polymyxin /dexamethasone</i>	0.1%/ 5MG/ML/ 10000UNIT/ML, 0.1%/ 5MG/GM/ 10000UNIT/GM, 0.1%/ 0.35%/ 10000UNIT/GM	SUSP, OINT	
	<i>neomycin /polymyxin /hc</i>	1%/ 3.5MG/ML/ 10000UNIT/ML	SOLN	
	<i>neomycin /polymyxin /hydrocortisone</i>	1%/ 3.5MG/ML/ 10000UNIT/ML, 1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>poly-dex</i>	0.1%/ 0.5%/ 10000UNIT/ML, 0.1%/ 0.5%/ 10000UNIT/GM	SUSP, OINT	
	POLY-PRED	0.35%/ 10000UNIT/ML/ 0.5%	SUSP	
	PRED-G	0.3%/ 1%	SUSP	
	<i>prednisolone acetate</i>	1%	SUSP	
	PREDNISOLONE SODIUM PHOSPHATE	1%	SOLN	
	<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>ketorolac tromethamine</i>	0.4%	SOLN	
	<i>ketorolac tromethamine</i>	0.5%	SOLN	
	<i>flurbiprofen sodium</i>	0.03%	SOLN	
EENT Drugs, Miscellaneous	<i>acetic acid/aluminum acetate</i>	2%	SOLN	
	AKWA TEARS	0.5%	OINT	OTC-Covered w/Rx
	<i>akwa tears</i>	1.4%	SOLN, OINT	OTC-Covered w/Rx
	<i>altamist</i>	0.65%	SOLN	OTC-Covered w/Rx
	<i>artificial tears</i>		OINT	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>artificial tears</i>	1.4%	SOLN	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
	<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>nasal spray</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>		OINT	OTC-Covered w/Rx
	<i>tears again</i>	0.01%/ 0.05%/ 0.3%	SOLN	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>auroguard</i>	54MG/ML/ 14MG/ML	SOLN	
	<i>chloroxylenol /pramoxine</i>	1MG/ML/ 10MG/ML	LIQD	
	<i>lidocaine viscous</i>	2%	SOLN	
	PR OTIC SOLUTION	0.01%/ 5.4%/ 1.4%/ 0.01%	SOLN	
	<i>re chlorphenylcaine</i>	5%/ 5%/ 0.25%	SOLN	
Mydriatics	<i>atropine sulfate</i>	1%	SOLN, OINT	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	CYCLOMYDRIL	0.2%/ 1%	SOLN	QL (2.00 per 365 days)
	<i>cyclopentolate hcl</i>	1%	SOLN	
	<i>cylate</i>	1%	SOLN	
	ISOPTO HYOSCINE	0.25%	SOLN	
Vasoconstrictors	<i>ak-con</i>	0.1%	SOLN	
	<i>naphazoline hcl</i>	0.1%	SOLN	
	NAPHCON	0.012%	SOLN	OTC-Covered w/Rx
	NAPHCON-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
GASTROINTESTINAL DRUGS				
Antacids and Adsorbents	<i>alamag</i>	225MG/5ML/ 200MG/5ML	SUSP	OTC-Covered w/Rx
	<i>aldroxicon i</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>aldroxicon ii</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx
	<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>alternagel</i>	600MG/5ML	SUSP	OTC-Covered w/Rx
	<i>aluminum hydroxide</i>	320MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>antacid</i>	225MG/5ML/ 200MG/5ML, 200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid anti-gas maximum strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/5ML	SUSP	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>antacid anti-gas regular strength</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>antacid double strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/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
	CALCIUM CARBONATE	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>gaviscon acid breakthrough formula</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>geri-lanta</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>liquid antacid</i>	225MG/5ML/ 200MG/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>magnesium-oxide</i>	400MG	TABS	OTC-Covered w/Rx
	<i>mag-oxide</i>	400MG	TABS	OTC-Covered w/Rx
	<i>mi-acid</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mi-acid maximum strength</i>	400MG/5ML/ 400MG/5ML/ 40MG/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>mintox</i>	200MG/5ML/ 200MG/5ML/ 20MG/5ML	SUSP	OTC-Covered w/Rx
	<i>mintox maximum 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>	690MG/30ML, 524MG/30ML, 262MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>bismuth</i>	262MG	CHEW	OTC-Covered w/Rx
	<i>diotame</i>	524MG/30ML, 262MG	SUSP, CHEW	OTC-Covered w/Rx
	<i>diphenoxylate/atropine</i>	0.025MG/ 2.5MG, 0.025MG/5ML/ 2.5MG/5ML	TABS, LIQD	
	<i>imogen</i>	1MG/5ML	LIQD	OTC-Covered w/Rx
	<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>	1MG/5ML	LIQD	OTC-Covered w/Rx
	<i>loperamide hcl</i>	2MG	CAPS	
	<i>maalox total stomach relief maximum strength</i>	525MG/15ML	SUSP	OTC-Covered w/Rx
	<i>paregoric</i>	2MG/5ML	TINC	
	<i>peptic relief</i>	527MG/30ML, 300MG	SUSP, CHEW	OTC-Covered w/Rx

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>pink bismuth</i>	527MG/30ML, 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	SOLN	
	<i>ondansetron hcl</i>	8MG, 4MG, 24MG	TABS	QL (62.00 per 31 days)
	<i>ondansetron odt</i>	8MG, 4MG	TBDP	QL (12.00 per 31 days)
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>genasyme</i>	80MG	CHEW	OTC-Covered w/Rx
	<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	ASACOL	400MG	TBEC	ST
	<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, 200MG	TABS	
	<i>cimetidine hcl</i>	300MG/5ML, 150MG/ML	SOLN	
	<i>famotidine</i>	10MG/ML, 40MG, 20MG	TABS, SOLN	
	<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

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>ranitidine acid reducer</i>	75MG	TABS	OTC-Covered w/Rx
	<i>ranitidine hcl</i>	50MG/2ML, 25MG/ML, 150MG/6ML, 300MG, 150MG	TABS, SYRP, SOLN	
	<i>ranitidine hcl</i>	15MG/ML	SYRP	QL (600.00 per 31 days)
	<i>ranitidine hcl</i>	75MG	TABS	OTC-Covered w/Rx
Prostaglandins	<i>misoprostol</i>	200MCG, 100MCG	TABS	
Protectants	CARAFATE	1GM/10ML	SUSP	
	<i>sucralfate</i>	1GM	TABS	
Proton-pump Inhibitors	<i>omeprazole</i>	40MG, 20MG, 10MG	CPDR	
	<i>lansoprazole</i>	15MG, 30MG	CPDR	ST; Must fail preferred omeprazole
	ZEGERID	40MG/ 1680MG, 20MG/ 1680MG, 40MG/ 1100MG, 20MG/ 1100MG	PACK, CAPS	
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>colace adult</i>	3GM	SUPP	OTC-Covered w/Rx
	<i>colace pediatric</i>	1.5GM	SUPP	OTC-Covered w/Rx
	<i>correct</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>diocto</i>	50MG/5ML, 150MG/15ML	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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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
	EX-LAX	15MG	CHEW	OTC-Covered w/Rx
	FLEET BABYLAX	4ML	ENEM	OTC-Covered w/Rx
	<i>fleet laxative</i>	5MG, 10MG	TBEC, SUPP	OTC-Covered w/Rx
	FLEET PEDIATRIC	3.5GM/59ML/ 9.5GM/59ML	ENEM	OTC-Covered w/Rx
	<i>gentle laxative</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>glycerin adult</i>	3GM	SUPP	OTC-Covered w/Rx
	<i>glycerin child</i>	1.5GM	SUPP	OTC-Covered w/Rx
	<i>glycerin infant</i>	1.5GM	SUPP	OTC-Covered w/Rx
	GOLYTELY	236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM, 227.1GM/ 2.82GM/ 6.36GM/ 5.53GM/ 21.5GM	SOLR	QL (4000.00 per 31 days)
	<i>konsyl</i>	28.3%	POWD	OTC-Covered w/Rx
	<i>laxmar</i>	50%, 33%	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>	48%, 30.9%	POWD	OTC-Covered w/Rx
	<i>metafiber</i>	48.57%	POWD	OTC-Covered w/Rx
	<i>metafiber</i>	58.6%	POWD	OTC-Covered w/Rx
	METAMUCIL	1.7GM, 0.52GM	WAFR, CAPS	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	MINERAL OIL		OIL	OTC-Covered w/Rx
	MINERAL OIL HEAVY		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
	NULYTELY/FLAVOR PACKS	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
	PEDIA-LAX	2.3GM/2.3ML	ENEM	OTC-Covered w/Rx
	<i>peg 3350/electrolytes</i>	240GM/ 2.98GM/ 6.72GM/ 5.84GM/ 22.72GM	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>phosphate enema</i>	7GM/118ML/ 19GM/118ML	ENEM	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>reliable gentle laxative</i>	5MG	TBEC	OTC-Covered w/Rx
	<i>sani-supp glycerin adult</i>	3GM	SUPP	OTC-Covered w/Rx
	<i>sani-supp infant</i>	1.5GM	SUPP	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 concentrate</i>	8.6MG	TABS	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>sennagen</i>	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>sennatural</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>senno</i>	8.6MG	TABS	OTC-Covered w/Rx
	<i>sen-o-tabs</i>	187MG	TABS	OTC-Covered w/Rx
	<i>silace</i>	150MG/15ML	LIQD	OTC-Covered w/Rx
	SORBITOL	70%	SOLN	QL (1500.00 per 31 days);OTC-Covered w/Rx
	<i>uni-cenna</i>	8.6MG	TABS	OTC-Covered w/Rx
Cholelitholytic Agents	<i>ursodiol</i>	300MG	CAPS	
Digestants	<i>lipase concentrate-hp</i>	600UNIT	CAPS	OTC-Covered w/Rx
	PANCREASE MT 20	56000UNIT/ 20000UNIT/ 44000UNIT	CPEP	
	PANCRELIPASE	30000UNIT/ 8000UNIT/ 30000UNIT	TABS	
GI Drugs, Miscellaneous	CIMZIA	200MG/ML, 200MG	KIT	PA
	XENICAL	120MG	CAPS	PA
Prokinetic Agents	<i>metoclopramide hcl</i>	5MG/5ML	SOLN	QL (1500.00 per 31 days)
	<i>metoclopramide hcl</i>	5MG, 10MG	TABS	
GOLD COMPOUNDS				
Gold Compounds	RIDAURA	3MG	CAPS	
HEAVY METAL ANTAGONISTS				
Heavy Metal Antagonists	CUPRIMINE	125MG	CAPS	
	<i>deferoxamine mesylate</i>	500MG, 2GM	SOLR	
HORMONES AND SYNTHETIC SUBSTITUTES				
Adrenals	<i>a-methapred</i>	40MG, 125MG	SOLR	
	ASMANEX 120 METERED DOSES	220MCG/INH	AEPB	
	ASMANEX 14 METERED DOSES	220MCG/INH	AEPB	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ASMANEX 30 METERED DOSES	220MCG/INH, 110MCG/INH	AEPB	
	ASMANEX 60 METERED DOSES	220MCG/INH	AEPB	
	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 sodiumsuccinate</i>	40MG, 1GM, 125MG, 1000MG	SOLR	
	<i>prednisolone</i>	15MG/5ML	SYRP, 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, 0.5MG/2ML, 0.25MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)
	QVAR	80MCG/ACT, 40MCG/ACT	AERS	
	SYMBICORT	80MCG/ACT/ 4.5MCG/ACT, 160MCG/ACT/ 4.5MCG/ACT	AERO	
Androgens	ANDROXY	10MG	TABS	
	<i>danazol</i>	50MG, 200MG, 100MG	CAPS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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	
Antidiabetic Agents, Miscellaneous	JANUMET	50MG/ 500MG, 50MG/ 1000MG	TABS	PA
Biguanides	<i>metformin hcl</i>	850MG, 500MG, 1000MG	TABS	
	<i>metformin hcl er</i>	750MG, 500MG	TB24	
	RIOMET	500MG/5ML	SOLN	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	JANUVIA	50MG, 25MG, 100MG	TABS	PA
Insulins	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)
	NOVOLIN N	100UNIT/ML	SUSP	QL (60.00 per 31 days)
	NOVOLIN R	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	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)
Meglitinides	PRANDIMET	2MG/ 500MG, 1MG/ 500MG	TABS	
	PRANDIN	2MG, 1MG, 0.5MG	TABS	
Sulfonylureas	<i>chlorpropamide</i>	250MG, 100MG	TABS	
	<i>glimepiride</i>	4MG, 2MG, 1MG	TABS	
	<i>glipizide</i>	5MG, 10MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	
	ACTOS	45MG, 30MG, 15MG	TABS	
	AVANDAMET	4MG/ 500MG, 2MG/ 500MG, 4MG/ 1000MG, 2MG/ 1000MG	TABS	
	AVANDARYL	8MG/4MG, 4MG/ 4MG, 8MG/ 2MG, 4MG/ 2MG, 4MG/ 1MG	TABS	
	AVANDIA	8MG, 4MG, 2MG	TABS	
Antihypoglycemic Agents, Miscellaneous	GLUCOSE	4GM	CHEW	OTC-Covered w/Rx
	HY-VEE GLUCOSE	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>apri</i>	0.15MG/ 30MCG	TABS	
	<i>aviane</i>	20MCG/ 0.1MG	TABS	
	<i>balziva</i>	35MCG/ 0.4MG	TABS	
	<i>camila</i>	0.35MG	TABS	
	<i>cryselle-28</i>	30MCG/ 0.3MG	TABS	
	<i>enpresse-28</i>		TABS	
	<i>errin</i>	0.35MG	TABS	
	<i>jolivette</i>	0.35MG	TABS	
	<i>junel 1.5/30</i>	30MCG/ 1.5MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>levora 0.15/30-28</i>	30MCG/ 0.15MG	TABS	
	LO/OVRAL-28	30MCG/ 0.3MG	TABS	
	LOESTRIN 24 FE	20MCG/ 75MG/ 1MG	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	
	MIRENA	20MCG/24HR	IUD	
	<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	
	NORDETTE-28	30MCG/ 0.15MG	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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	NUVARING	0.015MG/24HR/ 0.12MG/24HR	RING	
	<i>ocella</i>	3MG/ 0.03MG	TABS	
	OGESTREL	50MCG/ 0.5MG	TABS	
	ORTHO EVRA	20MCG/24HR/ 150MCG/24HR	PTWK	
	<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>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	EVISTA	60MG	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	
	<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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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	
	FORTEO	600MCG/2.4ML	SOLN	PA
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>norethindrone acetate</i>	5MG	TABS	
Somatotropin Agonists	TEV-TROPIN	5MG	SOLR	PA
Antithyroid 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	90MG, 60MG, 30MG, 300MG, 240MG, 180MG, 15MG, 120MG	TABS	
	<i>levothroid</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>levothyroxine sodium</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 500MCG, 200MCG	TABS, SOLR	
	<i>levoxyol</i>	88MCG, 75MCG, 50MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>liothyronine sodium</i>	5MCG, 50MCG, 25MCG	TABS	
	NATURE-THROID	65MG, 32.5MG, 195MG, 16.25MG, 130MG	TABS	
	<i>thyroid</i>	65MG, 32.5MG, 195MG, 130MG	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, 125MCG, 112MCG, 100MCG	TABS	
	<i>unithroid direct</i>	150MCG	TABS	
	WESTHROID	65MG, 32.5MG, 130MG	TABS	
LOCAL ANESTHETICS				
Local Anesthetics	<i>lidocaine hcl</i>	2%, 1.5%, 1%, 0.5%	SOLN	
MISCELLANEOUS THERAPEUTIC AGENTS				
5-alpha-Reductase Inhibitors	AVODART	0.5MG	CAPS	
	<i>finasteride</i>	5MG	TABS	
Alcohol Deterrents	ANTABUSE	500MG, 250MG	TABS	
Antidotes	<i>acetylcysteine</i>	20%, 10%	SOLN	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	
	<i>colchicine</i>	0.6MG	TABS	
Biologic Response Modifiers	BETASERON	0.3MG	SOLR	PA
	COPAXONE	20MG/ML	KIT	PA
	REBIF	44MCG/0.5ML, 22MCG/0.5ML	SOLN	PA
	REBIF TITRATION PACK		SOLN	PA
	REVLIMID	5MG, 25MG, 15MG, 10MG	CAPS	
	THALOMID	50MG, 200MG, 150MG, 100MG	CAPS	
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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>sodium fluoride</i>	0.5MG/ML, 0.125MG/DROP, 2.2MG, 1MG, 0.5MG, 0.25MG	SOLN, CHEW	
	SODIUM FLUORIDE PLAIN	1%	GEL	
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	
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>mycophenolate mofetil</i>	500MG, 250MG	TABS, CAPS	
	PROGRAF	5MG/ML	SOLN	
	<i>tacrolimus</i>	5MG, 1MG, 0.5MG	CAPS	
Other Miscellaneous Therapeutic Agents	CALAFOL RX	600MG/ 400UNIT/ 1.6MG/ 425MCG/ 5MG/ 25MG	TABS	
	HYALGAN	20MG/2ML	SOLN	PA
	<i>levocarnitine</i>	330MG, 200MG/ML, 1GM/10ML	TABS, SOLN	
OXYTOCICS				
Oxytocics	ERGOTRATE MALEATE	0.2MG, 0.2MG/ML	TABS, SOLN	
	METHERGINE	0.2MG, 0.2MG/ML	TABS, SOLN	
RESPIRATORY TRACT AGENTS				
Leukotriene Modifiers	SINGULAIR	10MG, 4MG, 5MG	TABS, PACK, CHEW	PA; ST
Mast-cell Stabilizers	<i>cromolyn sodium</i>	20MG/2ML	NEBU	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Antitussives	<i>andehist dm nr</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>benzonatate</i>	200MG, 100MG	CAPS	
	<i>betavent</i>	20MG/5ML/ 100MG/5ML	LIQD	
	<i>biotuss pediatric</i>	5MG/ML/ 50MG/ML/ 2.5MG/ML	LIQD	
	<i>bromaline dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>bromfed dm</i>	2MG/5ML/ 10MG/5ML/ 30MG/5ML	SYRP	
	<i>bromphenex dm</i>	4MG/5ML/ 30MG/5ML/ 60MG/5ML	SYRP	OTC-Covered w/Rx
	<i>broncotron</i>	10MG/5ML/ 100MG/5ML	LIQD	QL (900.00 per 31 days);OTC-Covered w/Rx
	<i>brotapp dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	LIQD	OTC-Covered w/Rx
	<i>carbodex dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>ceron-dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>cheratussin ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>cheratussin dac</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>clear cough dm</i>	15MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>codeine phosphate 10mg/guai 300mg</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>coldcough</i>	2MG/5ML/ 7.5MG/5ML/ 15MG/5ML	SYRP	
	<i>coldec dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>c-phen dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>decon dm</i>	2MG/5ML/ 10MG/5ML/ 30MG/5ML	SYRP	
	DELSYM	30MG/5ML	LQCR	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>dex pc</i>	2MG/5ML/ 15MG/5ML/ 6MG/5ML	SYRP	
	<i>dexatrex d nasal</i>	10MG/5ML/ 20MG/5ML	ELIX	OTC-Covered w/Rx
	<i>dex-tuss</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>dimaphen dm cold/cough childrens</i>	1MG/5ML/ 5MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx
	<i>dm 10mg/guai 300mg</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>ed-a-hist dm</i>	4MG/5ML/ 15MG/5ML/ 10MG/5ML	LIQD	
	<i>execlear-dm</i>	15MG/5ML/ 150MG/5ML/ 30MG/5ML	SYRP	
	EXPECTUSS	20MG/5ML/ 75MG/5ML	LIQD	
	<i>gani-tuss nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>genebrom dm</i>	2MG/5ML/ 10MG/5ML/ 30MG/5ML	SYRP	
	<i>genedotuss-dm</i>	20MG/5ML/ 200MG/5ML	LIQD	
	<i>gfn 1200/dm 60</i>	60MG/ 1200MG	TB12	
	<i>giltuss tr</i>	14MG/ 288MG/ 7MG	CAPS	
	<i>guaifenesin /dextromethorphan</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>guaifenesin/codeine</i>	10MG/ 300MG	TABS	
	<i>guaifenesin/codeine phosphate</i>	10MG/5ML/ 100MG/5ML	SOLN	
	<i>guaifenesin-dm nr</i>	10MG/5ML/ 100MG/5ML	LIQD	QL (900.00 per 31 days)
	<i>hydromet</i>	1.5MG/5ML/ 5MG/5ML	SYRP	
	<i>iophen c-nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>iophen dm-nr</i>	10MG/5ML/ 100MG/5ML	LIQD	QL (900.00 per 31 days)
	<i>mintuss dr</i>	2MG/5ML/ 15MG/5ML/ 6MG/5ML	SYRP	
	MUCINEX DM	30MG/ 600MG	TB12	OTC-Covered w/Rx
	<i>mucinex dm maximum strength</i>	60MG/ 1200MG	TB12	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mucusrelief dm</i>	20MG/ 400MG	TABS	OTC-Covered w/Rx
	<i>myci-gc</i>	10MG/5ML/ 100MG/5ML	SOLN	OTC-Covered w/Rx
	<i>mytussin ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>mytussin dac</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>neotuss</i>	30MG/5ML/ 200MG/5ML	LIQD	QL (900.00 per 31 days);OTC-Covered w/Rx
	<i>nortuss-ex</i>	20MG/5ML/ 200MG/5ML	LIQD	
	<i>novagest expectorant/codeine</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>pe-hist dm</i>	2MG/5ML/ 15MG/5ML/ 5MG/5ML	SYRP	
	<i>promethazine /codeine</i>	10MG/5ML/ 6.25MG/5ML	SYRP	QL (900.00 per 31 days)
	<i>promethazine /dextromethorphan</i>	15MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine vc/codeine</i>	10MG/5ML/ 5MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine-dm</i>	15MG/5ML/ 6.25MG/5ML	SYRP	
	<i>pse brom dm</i>	4MG/5ML/ 30MG/5ML/ 60MG/5ML	SYRP	
	<i>pulexn dm</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>pulmari-gp</i>	20MG/5ML/ 100MG/5ML	LIQD	
	<i>q-tapp dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>q-tussin dm</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>reme tussin dm</i>	2MG/5ML/ 15MG/5ML/ 5MG/5ML	SYRP	
	<i>robafen ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>robafen dm</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>robafen dm clear</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>romilar ac</i>	10MG/5ML/ 100MG/5ML	SOLN	
	<i>sildec dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>sildec pe-dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML	SYRP	
	<i>trital dm</i>	4MG/5ML/ 15MG/5ML/ 10MG/5ML	LIQD	
	TUSSIONEX PENNKINETIC EXTENDED RELEASE	8MG/5ML/ 10MG/5ML	LQCR	
	<i>tustan 12s</i>	30MG/5ML/ 4MG/5ML	SUSP	
Expectorants	<i>bidex</i>	400MG	TABS	OTC-Covered w/Rx
	<i>crantex</i>	100MG/5ML/ 7.5MG/5ML	SYRP	
	<i>despec</i>	100MG/5ML/ 5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>diabetic tussin ex</i>	100MG/5ML	LIQD, SYRP	QL (3600.00 per 31 days);OTC-Covered w/Rx
	<i>fenesin ir</i>	400MG	TABS	OTC-Covered w/Rx
	<i>gandidin nr</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days)
	<i>gg 200 nr</i>	200MG	TABS	OTC-Covered w/Rx
	<i>guaifenesin</i>	100MG/5ML, 400MG	TABS, SYRP	OTC-Covered w/Rx
	<i>guaifenesin</i>	200MG	TABS	
	<i>guaifenesin /phenylephrine</i>	100MG/5ML/ 7.5MG/5ML	LIQD	
	<i>guaifenesin nr</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days)
	<i>humibid maximum strength</i>	1200MG	TB12	OTC-Covered w/Rx
	<i>iophen-nr</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days)
	<i>liquibid</i>	400MG	TABS	OTC-Covered w/Rx
	MUCINEX	600MG	TB12	OTC-Covered w/Rx
	MUCINEX D	1200MG/ 120MG, 600MG/ 60MG	TB12	OTC-Covered w/Rx
	<i>mucinex for kids</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days);OTC-Covered w/Rx
	<i>mucinex maximum strength</i>	1200MG	TB12	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mucus relief</i>	400MG	TABS	OTC-Covered w/Rx
	<i>mucus relief childrens</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days);OTC-Covered w/Rx
	<i>organ-i nr</i>	200MG	TABS	
	<i>phenydex pediatric</i>	50MG/ML/ 5MG/ML	LIQD	
	PSEUDOEPHEDRINE /GUAIFENESIN	200MG/5ML/ 40MG/5ML	SYRP	
	<i>refenesen</i>	200MG	TABS	OTC-Covered w/Rx
	<i>refenesen 400</i>	400MG	TABS	OTC-Covered w/Rx
	<i>scot-tussin expectorant</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days);OTC-Covered w/Rx
	<i>siltussin das</i>	100MG/5ML	LIQD	QL (3600.00 per 31 days);OTC-Covered w/Rx
	<i>xpect</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
Respiratory Tract Agents, Miscellaneous	XOLAIR	150MG	SOLR	PA
SKIN AND MUCOUS MEMBRANE PREPARATIONS				
Antibacterials	<i>bacitracin</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>bacitracin zinc</i>	500UNIT/GM	OINT	OTC-Covered w/Rx
	<i>bacitracin/polymyxin</i>	500UNIT/GM/ 10000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>clindamycin phosphate</i>	1%, 2%	CREA, SOLN, LOTN, GEL	
	<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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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%	SOLN, CREA	OTC-Covered w/Rx
	<i>clotrimazole</i>	10MG, 1%	TROC, SOLN, LOZG, CREA	
	<i>clotrimazole 3 day</i>	2%	CREA	OTC-Covered w/Rx
	<i>clotrimazole/betamethasone dipropionate</i>	0.05%/ 1%	LOTN, CREA	
	<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>kuric</i>	2%	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	200MG/5GM	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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Hydroxypyridones	<i>ciclopirox</i>	0.77%	SUSP, GEL , CREA	
	<i>ciclopirox nail lacquer</i>	8%	SOLN	PA
	<i>ciclopirox olamine</i>	0.77%	CREA	
Polyenes	<i>nystatin</i>	100000UNIT/GM	POWD, OINT, CREA	
	NYSTATIN VAGINAL	100000UNIT	TABS	
Local Anti-infectives, Miscellaneous	<i>benzoyl peroxide</i>	5%, 10%	LOTN, GEL	OTC-Covered w/Rx
	<i>benzoyl peroxide</i>	5%, 10%	GEL	
	<i>benzoyl peroxide 10</i>	10%	LIQD, GEL	
	<i>benzoyl peroxide 5</i>	5%	LIQD, GEL	
	<i>benzoyl peroxide cleanser</i>	8.5%/ 10%, 6.5%/ 10%, 4.5%/ 10%	LIQD	
	<i>benzoyl peroxide creamy wash</i>	8%, 4%	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>pharmadine swabs</i>	10%	SWAB	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)
<i>ssd af</i>	1%	CREA	QL (400.00 per 31 days)	
Scabicides and Pediculicides	<i>a-200</i>	0.5%	AERO	QL (60.00 per 31 days);OTC-Covered w/Rx
	<i>acticin</i>	5%	CREA	QL (60.00 per 31 days)
	EURAX	10%	LOTN, CREA	
	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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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 emollient</i>	0.05%	CREA	
	CORTISPORIN	400UNIT/GM/ 1%/ 0.5%/ 5000UNIT/GM	OINT	
	<i>demarest dricort</i>	1%	CREA	OTC-Covered w/Rx
	DERMA-SMOOTH/FS BODY OIL	0.01%	OIL	
	DERMA-SMOOTH/FS SCALP OIL	0.01%	OIL	
	<i>desonide</i>	0.05%	OINT, LOTN, CREA	
	<i>desoximetasone</i>	0.05%	CREA	
	<i>diflorasone diacetate</i>	0.05%	OINT, CREA	
	FLUOCINOLONE ACETONIDE	0.01%, 0.025%	SOLN, OINT, CREA	
	<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>	1%, 2.5%	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	

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mometasone furoate</i>	0.1%	OINT, CREA	
	<i>nystatin/triamcinolone</i>	100000UNIT/GM/ 0.1%	OINT, CREA	
	<i>triamcinolone acetonide</i>	0.1%, 0.025%, 0.5%	OINT, CREA	
	<i>triamcinolone in orabase</i>	0.1%	PSTE	
Antipruritics and Local Anesthetics	<i>lidocaine</i>	5%, 3%	OINT, LOTN, CREA	
	<i>lidocaine hcl</i>	4%, 2%	SOLN, GEL	
	<i>lidocaine hcl jelly</i>	2%	GEL	
	<i>lidocaine/prilocaine</i>	2.5%/ 2.5%	CREA	
	<i>phenazopyridine hcl</i>	200MG, 100MG	TABS	
	<i>pramoxine hcl</i>	1%	FOAM	OTC-Covered w/Rx
	PROCTOFOAM HC	1%/ 1%	FOAM	
	<i>prudoxin</i>	5%	CREA	QL (45.00 per 31 days)
Astringents	ALUMINUM ACETATE		SOLN	OTC-Covered w/Rx
Cell Stimulants and Proliferants	<i>avita</i>	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)
Pigmenting Agents	OXSORALEN	1%	LOTN	PA
	OXSORALEN ULTRA	10MG	CAPS	PA
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

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	SCHOLLS CORN REMOVERS	40%	PADS	OTC-Covered w/Rx
	<i>sodium sulfacetamide-sulfur wash w/meratan</i>	5%/ 10%/ 4%/ 5%/ 10%	KIT	
	<i>urea</i>	50%, 40%	CREA	
Skin and Mucous Membrane Agents, Misc	<i>amnesteem</i>	40MG, 20MG, 10MG	CAPS	AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>calcipotriene</i>	0.005%	SOLN	
	<i>capsaicin</i>	0.025%	CREA	OTC-Covered w/Rx
	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	
	<i>sotret</i>	40MG, 30MG, 20MG, 10MG	CAPS	AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	TAZORAC	0.1%, 0.05%	GEL , CREA	AL (max: 20y); QL (30.00 per 31 days)
	VOLTAREN	1%	GEL	
SMOOTH MUSCLE RELAXANTS				
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	
	VESICARE	5MG, 10MG	TABS	
Respiratory Smooth Muscle Relaxants	<i>aminophylline</i>	200MG, 100MG, 25MG/ML	TABS, SOLN	
	<i>theophylline cr</i>	300MG, 200MG, 100MG	TB12	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>theophylline er</i>	600MG, 400MG, 450MG, 300MG, 200MG, 100MG	TB24, TB12	
	<i>theophylline td</i>	300MG, 200MG, 100MG	TB12	
	UNIPHYL	600MG, 400MG	TB24	
VITAMINS				
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>b-50 complex</i>	50MCG/ 50MCG/ 400MCG/ 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/ 100MG	TABS	OTC-Covered w/Rx
	<i>balance b-50</i>	50MCG/ 50MG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 30MG/ 50MG/ 50MG/ 50MG, 50MCG/ 50MG/ 50MCG/ 0.1MG/ 50MG/ 50MG/ 50MG/ 30MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>balanced b complex</i>	0.3MG/ 25MCG/ 25MCG/ 25MG/ 25MG/ 25MG/ 25MG/ 25MG	TABS	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/ 0, 50MCG/ 50MCG/ 50MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 0	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>b-complex vitamin plus</i>	500MG/ 0.15MG/ 0.1MG/ 3MG/ 50MCG/ 27MG/ 0.8MG/ 50MG/ 5MG/ 100MG/ 25MG/ 25MG/ 20MG/ 20MG/ 5000UNIT/ 30UNIT/ 22.5MG	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

'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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 Details
	CENTRUM	60MG/ 30MCG/ 150MCG/ 162MG/ 10MG/ 72MG/ 120MCG/ 2MG/ 6MCG/ 400UNIT/ 18MG/ 400MCG/ 250MCG/ 300MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 109MG/ 25MCG/ 80MG/ 150MCG/ 2MG/ 1.7MG/ 2MG/ 10MCG/ 75MCG/ 20MCG/ 10MCG/ 1.5MG/ 30UNIT/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx
	<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/ 162MG/ 72MG/ 400UNIT/ 120MCG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 250MCG/ 300MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 10MG/ 109MG/ 25MCG/ 80MG/ 150MCG/ 2MG/ 1.7MG/ 2MG/ 150MCG/ 10MCG/ 75MCG/ 20MCG/ 10MCG/ 1.5MG/ 30UNIT/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/ 2.5MG/15ML/ 20MG/15ML/ 10MG/15ML/ 150MCG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 25MCG/15ML/ 1.5MG/15ML/ 30UNIT/15ML/ 2500UNIT/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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>daily multiple vitamins</i>	60MG/ 6MCG/ 400UNIT/ 400MCG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 30UNIT, 60MG/ 6MCG/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 400UNIT/ 30UNIT, 60MG/ 1MCG/ 0.4MG/ 20MG/ 1MG/ 1MG/ 1.7MG/ 1.5MG/ 5000UNIT/ 400UNIT, 50MG/ 7MG/ 1MCG/ 400UNIT/ 20MG/	TABS	OTC-Covered w/Rx
	<i>daily multi-vitamin/minerals</i>	60MG/ 30MG/ 150MCG/ 162MG/ 109MG/ 120MG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 150MCG/ 250MCG/ 100MG/ 2MG/ 75MCG/ 20MG/ 5MCG/ 10MG/ 80MG/ 72MG/ 2MG/ 1.7MG/ 20MCG/ 2MG/ 5MG/ 10MCG/ 10MCG/ 5000UNIT/ 400UNIT/ 30UNIT/ 25MCG/ 15MG	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
	<i>elite-ob</i>	120MG/ 2100UNIT/ 315UNIT/ 1MG/ 15MCG/ 20UNIT/ 1.25MG/ 50MG/ 15MG/ 10MG/ 10MG/ 3.4MG/ 2MG/ 10MG	TABS	
	<i>folbecal</i>	200MG/ 12MCG/ 1MG/ 75MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>formula b plus</i>	500MG/ 0.15MG/ 25MG/ 0.1MG/ 3MG/ 50MCG/ 27MG/ 0.6MG/ 50MG/ 5MG/ 100MG/ 25MG/ 20MG/ 20MG/ 30UNIT/ 5000UNIT/ 22.5MG	TABS	
	<i>formula twenty-one</i>	90MG/ 15MCG/ 9MCG/ 400MCG/ 27MG/ 100MG/ 15MCG/ 20MG/ 10MG/ 3MG/ 2.6MG/ 15MCG/ 2.25MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 0	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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>multi-vitamin /fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.25MG/ 1.05MG/ 2500UNIT/ 15MG	CHEW	
	<i>multi-vitamin drops</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>multi-vitamin/fe</i>	35MG/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>multi-vitamin/fluoride</i>	35MG/ML/ 2MCG/ML/ 400UNIT/ML/ 0.5MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 5UNIT/ML, 35MG/ML/ 2MCG/ML/ 400UNIT/ML/ 0.25MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 5UNIT/ML	SOLN	
	<i>multivitamins</i>	37.5MG/ 20MG/ 1MG/ 0.1MG/ 2MG/ 1.5MG/ 5000UNIT/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>multivitamins/fluoride</i>	60MG/ 4.5MCG/ 400UNIT/ 0.5MG/ 0.3UNIT/ 12.9UNIT/ 10.5UNIT/ 1.6UNIT/ 1.3MG/ 2500UNIT/ 15MG, 60MG/ 4.5MCG/ 1MG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1.05MG/ 2500UNIT/ 400UNIT/ 15MG	CHEW	
	<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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>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>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
	<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	
	<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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>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>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-u</i>	10MG/ 0.8MG/ 15MCG/ 106MG/ 1MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG	CAPS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>pruet dhaec</i>	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 275MG/ 1MG/ 29MG/ 25MG/ 20MG/ 400MG/ 25MG/ 4MG/ 1.8MG/ 3MG/ 25MG	MISC	
	<i>re multivit with fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.25MG/ 1.05MG/ 2500UNIT/ 15UNIT	CHEW	
	<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>re-nata 29 prenatal vitamin</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 1MG/ 29MG/ 20MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<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 Details
	<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, 500MG/ 45MCG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 20MG/ 5MG/ 10MG/ 10MG/ 30UNIT/ 24MG	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>stress w/zinc</i>	600MG/ 45MCG/ 12MCG/ 400MCG/ 27MG/ 100MG/ 20MG/ 5MG/ 15MG/ 15MG/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>stress with 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
	SUPER B-50 B-COMPLEX	50MCG/ 50MCG/ 1MG/ 50MG/ 50MG/ 41MG/ 50MG/ 50MG	CAPS	OTC-Covered w/Rx
	<i>super b-50 complex</i>	300MCG/ 50MG/ 50MCG/ 400MCG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>super b-50 complex plus</i>	0.05MG/ 50MG/ 50MG/ 0.05MG/ 0.1MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	CAPS	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>super multiple</i>	150MG/ 25MG/ 25MG/ 20MCG/ 87MG/ 26MG/ 50MG/ 150MG/ 0.25MG/ 100MCG/ 50MG/ 50MG/ 100MCG/ 25MG/ 5MG/ 250MCG/ 10MG/ 7.2MG/ 6.1MG/ 100MG/ 25MG/ 13.5MG/ 0.13MG/ 25MG/ 25MG/ 25MG/ 25MG/ 25UNIT/ 10000UNIT/ 400UNIT/ 18MG	TABS	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 quints b-50</i>	50MCG/ 0.4MG/ 50MG/ 50MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>tab-a-vite</i>	60MG/ 5000UNIT/ 6MCG/ 400UNIT/ 0.4MG/ 20MG/ 10MG/ 2MG/ 1.7MG/ 1.5MG/ 30UNIT	TABS	OTC-Covered w/Rx
	<i>thera</i>	90MG/ 30MCG/ 9MCG/ 400MCG/ 20MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT	TABS	OTC-Covered w/Rx
	Thera Multi Vit	200MG/5ML/ 5MCG/5ML/ 100MG/5ML/ 18MG/5ML/ 4MG/5ML/ 10MG/5ML/ 10MG/5ML/ 10000UNIT/5ML/ 400UNIT/5ML/ 15UNIT/5ML	LIQD	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>thera vitamin</i>	200MG/ 5MCG/ 100MG/ 18MG/ 4MG/ 10MG/ 10MG/ 10000UNIT/ 400UNIT/ 15UNIT	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
	THERAPEUTIC LIQUID	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/minerals</i>	90MG/ 30MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 20MG/ 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 Details
	<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
	<i>thera-plus</i>	200MG/5ML/ 5MCG/5ML/ 100MG/5ML/ 21.4MG/5ML/ 4.1MG/5ML/ 10MG/5ML/ 10MG/5ML/ 1000UNIT/5ML/ 400UNIT/5ML	LIQD	OTC-Covered w/Rx
	<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



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>therobec</i>	500MG/ 18MG/ 5MCG/ 0.5MG/ 100MG/ 4MG/ 15MG/ 15MG	TABS	
	<i>therobec plus</i>	500MG/ 0.15MG/ 25MG/ 0.1MG/ 3MG/ 50MCG/ 27MG/ 0.8MG/ 50MG/ 5MG/ 100MG/ 25MG/ 20MG/ 20MG/ 30UNIT/ 5000UNIT/ 22.5MG	TABS	
	<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	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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	
	<i>tri-vitamin</i>	35MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>tri-vitamin /iron /fluoride</i>	35UNIT/ML/ 0.25MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<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>ultra b-100 complex</i>	100MCG/ 100MG/ 100MCG/ 100MCG/ 400MCG/ 100MCG/ 100MG/ 100MCG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>vinate az</i>	120MG/ 3000UNIT/ 30MCG/ 150MG/ 8MG/ 400UNIT/ 2.5MG/ 12MCG/ 27MG/ 1MG/ 75MG/ 20MG/ 30MG/ 3.5MG/ 3MG/ 30UNIT/ 15MG	TABS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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/ 25MCG/ 2MG/ 12MCG/ 27MG/ 1MG/ 150MCG/ 25MG/ 5MG/ 25MCG/ 20MG/ 10MG/ 10MG/ 3.4MG/ 20MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 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 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>vitatum complete</i>	60MG/ 30MCG/ 150MCG/ 162MG/ 10MG/ 109MG/ 72MG/ 400UNIT/ 120MCG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 250MCG/ 300MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 25MCG/ 80MG/ 150MCG/ 2MG/ 1.7MG/ 2MG/ 10MCG/ 75MCG/ 20MCG/ 10MCG/ 1.5MG/ 30UNIT/ 3500UNIT/ 15MG	TABS	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/ 1MCG/ 60MG/ 20MG/ 0.5MG/ 3MG/ 3MG/ 60MG	CAPS	OTC-Covered w/Rx
	<i>b complex #1</i>	10MCG/ 30MG/ 50MG/ 20MG/ 8MG/ 10MG/ 30MG	TABS	OTC-Covered w/Rx
	<i>b-complex</i>	5MG/ 50MG/ 20MG/ 10MG/ 3MG/ 10MG, 5MG/ 1MCG/ 60MG/ 20MG/ 0.5MG/ 3MG/ 3MG/ 60MG	CAPS	OTC-Covered w/Rx
	<i>b-complex 100</i>	100MCG/ 100MG/ 100MCG/ 400MCG/ 100MG/ 100MG/ 100MG/ 30MG/ 100MG/ 100MG/ 100MG	TABS	OTC-Covered w/Rx
	<i>b-complex 50</i>	50MCG/ 50MG/ 50MCG/ 100MCG/ 50MG/ 50MG/ 50MG/ 30MG/ 50MG/ 50MG/ 50MG	TABS	OTC-Covered w/Rx
	<i>b-complex natural</i>	1MG/ 70MG/ 10MG/ 100MCG/ 2MG/ 1.5MG/ 100MG	CAPS	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>folic acid</i>	1MG	TABS	
	<i>folic acid</i>	800MCG, 400MCG	TABS	OTC-Covered w/Rx



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>niacin</i>	50MG, 500MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>pyri 500</i>	500MG	TABS	
	<i>pyridoxine hcl</i>	50MG, 25MG, 100MG	TABS	OTC-Covered w/Rx
	<i>pyridoxine hcl</i>	100MG/ML	SOLN	
	<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, 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
	<i>yl vitamin b-6 cr</i>	200MG	TBCR	OTC-Covered w/Rx
Vitamin C	<i>vitamin c</i>	500MG, 250MG, 100MG, 1000MG, 500MG/5ML	TABS, SYRP, CHEW	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, CPCR	OTC-Covered w/Rx
Vitamin D	<i>calcitriol</i>	1MCG/ML, 0.5MCG, 0.25MCG	SOLN, CAPS	



'Ohana Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>vitamin d</i>	400UNIT, 1000UNIT	TABS	OTC-Covered w/Rx
	<i>vitamin d</i>	50000UNIT	CAPS	
	<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