

HPCSWF Supplemental Formulary

Requests for payment for prescriptions not on the Florida ADAP formulary or this HPCSWF Supplemental Formulary should be forwarded to HPCSWF. The requests will be considered based on funding availability.

DRUG NAME	Common Name
ACETAMINOPHEN W/CODINE	Tylenol 3
ALBUTEROL INHALER	Ventolin
ALDARA	Imiquimod
AMLODIPINE	Norvasc
AMOXACILLIN	Amoxil
AMOXICILLAM / CLAVULINIC ACID	Augmentin
APAP / ISOMETHEPTENE / DICHLORAPHENAZONE	Midrin
ATENOLOL	Tenormin
BUPROPRON	Wellbutrin
CAPOTOPRIL	Capoten
CARBAMAZEPINE	Tegretol
CENTRIZINE	Zyrtec
CEPHALEXIN	Keflex
CLINDAMYCIN	Cleocin
CLOBETASOL PROPIONATE	Temovate
CYCLOBENAZPINE	Flexeril
CYPROHEPTADINE	Periactin
DICYCLOMINE	Bentyl
DIFENOXIN HCL W/ATROPINE	Motofen
DIGOXIN	Lanoxin
DIOVAN	Valsartan
DOXAZOSIN	Cardura
ENALAPRIL	Vasotec
ERYTHROMYCIN	
FLUOXETINE	Prozac
FLUVASTATIN	Lescol XL
FUROSEMIDE	Lasix
HYDROCHLOROTHIAZIDE	Esidrix, HCTZ, Diazide
HYDROCONDE / ACETAMINOPHEN	Lorcet
HYDROXYZINE	Ataraz, Vistaril
HYOSCYAMINE, ATROPINE & PHENOBARBITAL	Donnatal
IBUPROFEN	Motrin

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DRUG NAME	Common Name
IPRATROPIUM	
LEVOFLOXACIN	Levaquin
LOPERMIDE	Immodium
LORATIDINE	Claritin
LORAZEPAM	Ativan
METHOCARBAMOL	Robaxin
MIRTAZAPINE	Remeron
MONTELUKAST SODIUM	Singular
NASALCORT INHALER	Flonase
NYSTATIN/LIDOCAINE/DIPHENHYDRAMINE	Majic Mouthwash
OMEPRAZOLE	Prilosec
PREDNISONE TAPER	Medrol
RANTITIDINE	Zantac
ROSIGLITAZONE	Avandia
SPIRONOLACTONE	Aldactone
TRAZODONE	Desyrel
TRIAMCINOLONE INHALER	Azmacort, Advir
VALCYCLOVIR	Valtrex
VERAPAMIL	Calan