COUNTY MEDICAL SERVICES (CMS) PROGRAM
QUICK REFERENCE FORMULARY

Analgesics – NSAIDs

Fenoprofen (Nalfon)	$
Ibuprofen (Motrin)	$
Indomethacin (Indocin)	$
Naproxen (Naprosyn)	$
Naproxen Sod (Anaprox)	$
Sulindac (Clinoril)	$
Aspirin (Ecotrin)	$
Diclofenac (Cataflam)	$$

Anti-Infective Agents

Amoxicillin (Amoxil)	$
Ampicillin (Principen)	$
Penicillin (Pen VK)	$
Cephalexin (Keflex)	$
Erythromycin base (E-mycin)	$
Erythromycin ethyl succinate (EES)	$
Doxycycline (Vibramycin)	$
Tetracycline (Sumycin)	$
Metronidazole (Flagyl)	$
TMP/SMX (Bactrim)	$
Dicloxacillin	$$
Amox/Clav (Augmentin)	$$$
Clindamycin (Cleocin)	$$$

Cardiovascular Agents

ACE Inhibitors	
Benazepril (Lotensin	$
Captopril (Capoten)	
Enalipril (Vasotec)	
Lisinopril (Prinivil)	$
Antiarrhythmics	
Mexiletine (Mexitil)	$
Propafenone (Rythmol)	$$
Amiodarone (Cordarone)	$$
Moricizine (Ethmozine)	$$$
Disopyramide (Norpace)	$$$
Procainamide (Pronestyl)	$$$
Quinidine gluconate/sulfate	$$$
Flecainide (Tambocor)	$$$
Dofetilide (Tikosyn)	$$$
Sotalol (Betapace)	$$$
Beta-Blockers (Cardioselective)	
Atenolol (Tenormin)	$
Metoprolol (Lopressor)	$
Beta-Blockers (Non-selective)	
Propranolol (Inderal)	$
Calcium Channel Blockers	
Diltiazem (Cardizem, SR/CD, Tiazac)	$
Verapamil (Isoptin, Isoptin SR)	$
Nifedipine (Procardia XL, Adalat CC)	$$
Felodipine (Plendil)	$$
Lipid Lowering Agents	
Gemfibrozil (Lopid)	$
Lovastatin (Mevacor)	$$
Atorvastatin (Lipitor – ½ tablets)	$$

Dermatological Agents

Antibiotics (Topical)	
Bacitracin/Polymyxin (Polysporin)	$
Neo/Bac/Poly (Neosporin)	$
Bacitracin (Baciguent)	$

Dermatological Agents (continued)

Antifungals (Topical)	
Clotrimazole (Lotrimin) – cream, lotion	$
Ketoconazole (Nizoral – shampoo, cream,	$
Miconazole (Monistat) – aerosol, powder	$
Nystatin/Triamcinolone (Mycolog) - oint	$
Clotrimazole/Betamethasone (Lotrisone) - cream	$
Tolnaftate (Tolnaftin) – powder	$
Corticosteroids (Topical)	
Betamethasone dipropionate cream 0.05%	$
Fluocinolone acetonide	$
Fluocinonide	$
Hydrocortisone	$
Hydrocortisone acetonide	$
Triamcinolone acetonide	$-$$
Desoximetasone	$$

Diabetic Agents

Metformin (Glucophage/Glucophage XR)	$
Metformin SR	$
Sulfonylureas	
Glipizide (Glucotrol)	$
Glyburide (Diabeta)	$
Tolazamide (Tolinase)	$
Tolbutamide	$

Gastrointestinal Agents

H-2 Antagonists	
Cimetidine (Tagamet)	$
Ranitidine (Zantac)	$
Proton Pump Inhibitors	
Omeprazole magnesium (Prilosec OTC)	$
Anti-Ulcer Misc.	
Sucralfate (Carafate)	$$

Narcotic Analgesics

APAP w/ Codeine #3 (Limited to #60 per month)	$
Hydrocodone/APAP (Limited to #60 per month)	$
Morphine Sulfate (Limited to #100 per month)	
Methadone (Limited to #100 per month)	

Respiratory Agents

Adrenergics	
Albuterol (Proventil – inhaler, nebs, tabs, syrup)	$
Salmeterol (Serevent)	$$$
Mast Cell Stabilizers	
Cromolyn (Intal)	$$
Nedocromil (Tilade)	$$
Anticholinergics	
Ipratropium (Atrovent)	$$
Corticosteroids (Inhaled)	
Budesonide (Pulmicort inh)	$$$
Triamcinolone (Azmacort)	$$
Fluticasone (Flovent HFA)	$$-$$$

Relative Cost Key per prescription

$ =	$0-30
$$ =	$31-60
$$$ =	$61+