



WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Drug Formulary by Generic Name

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
ACAMPROSATE	CAMPRAL*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
ACEBUTOLOL	SECTRAL 200MG CAPSULE		
ACEBUTOLOL	SECTRAL 400MG CAPSULE		
ACETAMINOPHEN/CAFFEINE	FIORICET TABLET		
ACETAMINOPHEN/CODEINE	TYLENOL W/CODEINE #2 TABLET		
ACETAMINOPHEN/CODEINE	TYLENOL W/CODEINE #3 TABLET		
ACETAMINOPHEN/CODEINE	TYLENOL W/CODEINE #4 TABLET		
ACETAMINOPHEN/CODEINE	TYLENOL W/CODEINE ELIXIR		
ACETAMINOPHEN/PROPOXYPHENE	WYGESIC 65/650 TABLET		
ACETAZOLAMIDE	DIAMOX 125MG TABLET		
ACETAZOLAMIDE	DIAMOX 250MG TABLET		
ACETIC ACID	VOSOL HC OTIC DROPS		
ACETIC ACID	VOSOL OTIC SOLUTION		
ACETIC ACID/ALUMINUM	DOMEBORO OTIC DROPS		
ACYCLOVIR	ZOVIRAX 200 MG CAPSULE		
ACYCLOVIR	ZOVIRAX 400 MG TABLET		
ACYCLOVIR	ZOVIRAX 5% OINTMENT		
ACYCLOVIR	ZOVIRAX 800 MG TABLET		
ALBUTEROL HFA	PROAIR HFA 90 MCG INHALER		QL (2/MONTH)
ALBUTEROL	VENTOLIN 0.83MG/ML SOLUTION		
ALBUTEROL SULFATE	VENTOLIN 2MG TABLET		
ALBUTEROL SULFATE	VENTOLIN 2MG/5ML SYRUP		
ALBUTEROL SULFATE	VENTOLIN 4MG TABLET		
ALENDRONATE SODIUM	FOSAMAX 70 MG TABLET		QL (4/MONTH)
ALLOPURINOL	ZYLOPRIM 100MG TABLET		
ALLOPURINOL	ZYLOPRIM 300MG TABLET		
ALPRAZOLAM	XANAX 0.25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
ALPRAZOLAM	XANAX 0.5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
ALPRAZOLAM	XANAX 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
ALPRAZOLAM	XANAX 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
ALPRAZOLAM XR	XANAX XR*	Plan A ONLY - use mihealth card	
ALTRETAMINE	HEXALEN 50MG CAPSULE	Plan A ONLY - use WHP card	
ALUMINUM HYDROX/MAGN.HYDROX.	MAALOX LIQUID	Plan A ONLY - use WHP card	OTC
AMANTADINE	SYMMETREL 100 MG TABLET		
AMANTADINE HCL	SYMMETREL 50MG/5ML SYRUP		
AMINOPHYLLINE	AMINOPHYLLINE 100MG TABLET		
AMINOPHYLLINE	AMINOPHYLLINE 105MG/5ML LIQ		
AMINOPHYLLINE	AMINOPHYLLINE 200MG TABLET		
AMIODARONE	CORDARONE 200 MG TABLET		
AMITRIPTYLINE HCL	ELAVIL 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE HCL	ELAVIL 25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE HCL	ELAVIL 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE HCL	ELAVIL 75MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE HCL	ELAVIL 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE HCL	ELAVIL 150MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE/PERPHENAZINE	ETRAFON 2-10 TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE/PERPHENAZINE	ETRAFON 2-25 TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE/PERPHENAZINE	ETRAFON A 4-10 TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE/PERPHENAZINE	ETRAFON FORTE 4-25 TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMITRIPTYLINE/PERPHENAZINE	TRIAVIL 4-50 TABLET	Plan A (mihealth card); Plan B (WHP Card)	
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 125 MG CHEWABLE TABLETS		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 125 MG/5 ML SUSPENSION		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 200 MG CHEWABLE TABLET		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 200 MG/5 ML SUSPENSION		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 250 MG CHEWABLE TABLET		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 250 MG TABLET		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 250 MG/5 ML SUSPENSION		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 400 MG CHEWABLE TABLET		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 400 MG/5 ML SUSPENSION		

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AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 500 MG TABLET		
AMOX/POTASSIUM CLAVULANATE	AUGMENTIN 875 MG TABLET		
AMOXAPINE	ASENDI*	Plan A ONLY - use mihealth card	
AMOXICILLIN	AMOXIL 250MG CAPSULE		
AMOXICILLIN	AMOXIL 250MG TABLET CHEW		
AMOXICILLIN	AMOXIL 250MG/5ML SUSPENSION		
AMOXICILLIN	AMOXIL 400 MG/5 ML SUSPENSION		
AMOXICILLIN	AMOXIL 500 MG CAPSULE/TABLET		
AMOXICILLIN	AMOXIL 875 MG TABLET		
AMPHETAMINE SALTS	ADDERALL XR*	Plan A ONLY - use mihealth card	
AMPHETAMINE SALTS	ADDERALL*	Plan A ONLY - use mihealth card	
AMPICILLIN	PRINCIPEN 250MG CAPSULE		
AMPICILLIN	PRINCIPEN 250MG/5ML SUSP		
AMPICILLIN	PRINCIPEN 500MG CAPSULE		
ANASTROZOLE	ARIMIDEX 1MG TABLET	Plan A ONLY - use WHP card	
APAP/ISOMETHEPTENE/D	MIDRIN CAPSULE		
ARIPIRAZOLE	ABILIFY*	Plan A ONLY - use mihealth card	
ASPIRIN/CAFFEINE/BUTALBITAL	FIORINAL CAPSULE		
ASPIRIN/CAFFEINE/BUTALBITAL	FIORINAL TABLET		
ASA/CAFFEIN/BUTALBITAL/CODEINE	FIORINAL/CODEINE #3 CAPSULE		
ATENOLOL	TENORMIN 25 MG TABLET		
ATENOLOL	TENORMIN 50 MG TAB		
ATENOLOL	TENORMIN 100 MG TABLET		
ATOMOXETINE HCL	STRATTERA*	Plan A ONLY - use mihealth card	
ATROPINE	ISOPTO ATROPINE EYE DROPS		
AZACITIDINE	VIDAZA 100MG VIAL	Plan A ONLY - use WHP card	
AZATHIOPRINE	IMURAN 50MG TABLET		
AZITHROMCYIN	ZITHROMAX 200 MG/5 ML SUSPENSION		
AZITHROMCYIN	ZITHROMAX 250 MG TABLETS		QL (limit 6 pills)
BACITRACIN	BACITRACIN 500U/GM EYE OINT		
BACITRACIN	BACITRACIN OINTMENT		
BACLOFEN	LIORESAL 10MG TABLET		
BACLOFEN	LIORESAL 20MG TABLET		
BECLOMETHASONE DIPROPIONATE	QVAR 40 MCG INHALER		QL (2/MONTH)
BECLOMETHASONE DIPROPIONATE	QVAR 80 MCG INHALER		QL (2/MONTH)
BELLADONNA	DONNATAL ELIXIR		
BELLADONNA	DONNATAL TABLET		
BENZONATATE	TESSALON PERLE 100MG CAP		
BENZTROPINE MESYLATE	COGENTIN 0.5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BENZTROPINE MESYLATE	COGENTIN 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BENZTROPINE MESYLATE	COGENTIN 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BETAMETHASONE	DIPROSONE 0.05% CREAM		
BETAMETHASONE	DIPROSONE 0.05PC LOTION		
BETAMETHASONE	DIPROSONE 0.05PC OINTMENT		
BETAMETHASONE	VALISONE 0.1PC CREAM		
BETAMETHASONE	VALISONE 0.1PC LOTION		
BETAMETHASONE	VALISONE 0.1PC OINTMENT		
BETAMETHASONE/CLOTRIMAZOLE	LOTRISONE CREAM		
BETAMETHASONE/CLOTRIMAZOLE	LOTRISONE LOTION		
BEXAROTENE	TARGRETIN 75MG SOFTGEL	Plan A ONLY - use WHP card	
BIAXIN	CLARITHROMYCIN 250 MG TABLET		
BIAXIN	CLARITHROMYCIN 500 MG TABLET		
BICALUTAMIDE	CASODEX 50MG TABLET	Plan A ONLY - use WHP card	
BUMETANIDE	BUMEX 0.5MG TABLET		
BUMETANIDE	BUMEX 1MG TABLET		
BUMETANIDE	BUMEX 2MG TABLET		
BUPRENORPHINE	SUBOXONE*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
BUPROPION	WELLBUTRIN 75 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUPROPION	WELLBUTRIN 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUPROPION SR	WELLBUTRIN SR 100 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUPROPION SR	WELLBUTRIN SR 150 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUPROPION XL	WELLBUTRIN XL*	Plan A ONLY - use mihealth card	

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Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
BUSPIRONE	BUSPAR 5 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUSPIRONE	BUSPAR 10 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUSPIRONE	BUSPAR 15 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUSPIRONE	BUSPAR 30 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
BUSULFAN	MYLERAN 2MG TABLET	Plan A ONLY - use WHP card	
BUTABARBITAL SODIUM	BUTISOL SODIUM*	Plan A ONLY - use mihealth card	
CAPECITABINE	XELODA 150MG TABLET	Plan A ONLY - use WHP card	
CAPECITABINE	XELODA 500MG TABLET	Plan A ONLY - use WHP card	
CAPTOPRIL	CAPOTEN 12.5MG TABLET		
CAPTOPRIL	CAPOTEN 25MG TABLET		
CAPTOPRIL	CAPOTEN 50MG TABLET		
CAPTOPRIL	CAPOTEN 100MG TABLET		
CARAMIPHEN/PHENYLPROPANOLAMINE	ORDRINE AT CAPSULE SA		
CARBAMAZEPINE	TEGRETOL 100 MG TAB CHW	Plan A (mihealth card); Plan B (WHP Card)	
CARBAMAZEPINE	TEGRETOL 200 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CARBAMAZEPINE	TEGRETOL XR*	Plan A ONLY - use mihealth card	
CARBIDOPA/LEVODOPA	SINEMET- 10/100 TABLET		
CARBIDOPA/LEVODOPA	SINEMET-25/100 TABLET		
CARBIDOPA/LEVODOPA	SINEMET-25/250 TABLET		
CARISOPRODOL	SOMA 350MG TABLET		
CARISOPRODOL/ASPIRIN	SOMA COMPOUND TABLET		
CARVEDILOL	COREG 3.125 MG TABLET		
CARVEDILOL	COREG 6.25 MG TABLET		
CARVEDILOL	COREG 12.5 MG TABLET		
CARVEDILOL	COREG 25 MG TABLET		
CASANTHRANOL DOCUSATE SODIUM	PERICOLACE CAPSULE	Plan A ONLY - use WHP card	OTC
CEFACLOR	CECLOR 250MG PULVULE		
CEFACLOR	CECLOR 250MG/5ML SUSPENSION		
CEFACLOR	CECLOR 375MG/5ML SUSPENSION		
CEFACLOR	CECLOR 500MG PULVULE		
CEFADROXIL	DURICEF 500MG CAPSULE		
CEPHALEXIN	KEFLEX 250MG PULVULE		
CEPHALEXIN	KEFLEX 250MG/5ML ORAL SUSP		
CEPHALEXIN	KEFLEX 500MG PULVULE		
CETIRIZINE	ZYRTEC OTC 10 MG TABLET		OTC/QL 30/MONTH
CHLORAL HYDRATE	SOMNOTE*	Plan A ONLY - use mihealth card	
CHLORAMBUCIL	LEUKERAN 2MG TABLET	Plan A ONLY - use WHP card	
CHLORDIAZEPOXIDE HCL	LIBRIUM 5MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
CHLORDIAZEPOXIDE HCL	LIBRIUM 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
CHLORDIAZEPOXIDE HCL	LIBRIUM 25MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	LIMBITROL DS TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	LIMBITROL TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORHEXIDINE	PERIDEX 0.12% LIQUID		
CHLOROTHIAZIDE	DIURIL 250MG TABLET		
CHLOROTHIAZIDE	DIURIL 500MG TABLET		
CHLORPHENIRAMINE MALEATE	CHLOR-TRIMETON 4 MG TABLET	Plan A ONLY - use WHP card	OTC
CHLORPHENIRAMINE MALEATE	CHLOR-TRIMETON 8 MG TABLET	Plan A ONLY - use WHP card	OTC
CHLORPROMAZINE HCL	THORAZINE 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORPROMAZINE HCL	THORAZINE 25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORPROMAZINE HCL	THORAZINE 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORPROMAZINE HCL	THORAZINE 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORPROMAZINE HCL	THORAZINE 200MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CHLORPROPAMIDE	DIABINESE 100MG TABLET		
CHLORPROPAMIDE	DIABINESE 250MG TABLET		
CHLORTHALIDONE	HYGROTON 25MG TABLET		
CHLORTHALIDONE	HYGROTON 50MG TABLET		
CHLORTHALIDONE/ATENO	TENORETIC 100 TABLET		
CHLORTHALIDONE/ATENO	TENORETIC 50 TABLET		
CHLORZOXAZONE	PARAFLEX 250MG TABLET		
CHLORZOXAZONE	PARAFON FORTE DSC 500MG CPT		
CHOLESTYRAMINE/ASPAR	QUESTRAN LIGHT POWDER		
CHOLESTYRAMINE/SUCRO	QUESTRAN POWDER		

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CHOLINE/MAGNESIUM/TRISALICYLATE	TRILISATE 500MG TABLET		
CHOLINE/MAGNESIUM/TRISALICYLATE	TRILISATE 750MG TABLET		
CHOLINE/MAGNESIUM/TRISALICYLATE	TRILISATE 1000MG TABLET		
CIMETADINE	TAGAMET 300 MG TABLET		
CIMETIDINE	TAGAMET 200 MG TABLET	Plan A ONLY - use WHP card	OTC
CIMETIDINE	TAGAMET 300MG/5ML LIQUID		
CIMETIDINE	TAGAMET 400MG TABLET		
CIPROFLOXACIN	CIPRO 250 MG TABLET		
CIPROFLOXACIN	CIPRO 250 MG/5 ML SUSPENSION		
CIPROFLOXACIN	CIPRO 500 MG TABLET		
CIPROFLOXACIN	CIPRO 500 MG/5 ML SUSPENSION		
CIPROFLOXACIN	CIPRO 750 MG TABLET		
CIPROFLOXACIN	CIPRODEX 0.3% OTIC SUS.		
CITALOPRAM	CELEXA 10 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CITALOPRAM	CELEXA 20 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CITALOPRAM	CELEXA 40 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CLEMASTINE FUMARATE	TAVIST 1.34 MG TABLET		
CLEMASTINE FUMARATE	TAVIST 2.68 MG TABLET		
CLIDINIUM/CL-DIAZEPOXIDE	LIBRAX CAPSULE		
CLINDAMYCIN	CLEOCIN HCL 150MG CAPSULE		
CLINDAMYCIN	CLEOCIN T 1% SOLUTION		
CLOBETASOL	TEMOVATE 0.05% CREAM		
CLOBETASOL	TEMOVATE 0.05% OINTMENT		
CLOBETASOL	TEMOVATE 0.05% SOLUTION		
CLOMIPRAMINE	ANAFRANIL*	Plan A ONLY - use mihealth card	
CLONAZEPAM	KLONOPIN 0.5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CLONAZEPAM	KLONOPIN 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CLONAZEPAM	KLONOPIN 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
CLONIDINE HCL	CATAPRES 0.1MG TABLET		
CLONIDINE HCL	CATAPRES 0.2MG TABLET		
CLONIDINE HCL	CATAPRES 0.3MG TABLET		
CLOPIDOGREL	PLAVIX 75 MG TABLET		
CLORAZEPATE	TRANXENE TAB 7.5MG	Plan A (mihealth card); Plan B (WHP Card)	
CLORAZEPATE	TRANXENE TAB 15MG	Plan A (mihealth card); Plan B (WHP Card)	
CLORAZEPATE	TRANXENE TAB 3.75MG	Plan A (mihealth card); Plan B (WHP Card)	
CLOTRIMAZOLE	LOTRIMIN 1% CREAM	Plan A ONLY - use WHP card	OTC
CLOTRIMAZOLE	LOTRIMIN 1% SOLUTION	Plan A ONLY - use WHP card	OTC
CLOXACILLIN SODIUM	TEGOPEN 250 MG CAPSULE		
CLOZAPINE	CLOZARIL*	Plan A ONLY - use mihealth card	
CODEINE	AMBENYL SYRUP		
CODEINE	ASPIRIN/CODEINE #4 TABLET		
CODEINE	ASPIRIN/CODEINE 325/30 TAB		
CODEINE/PHEN/GUAIFENESIN	ROBITUSSIN AC		
CODEINE/PROMETHAZINE	PHENERGAN W/CODEINE SYRUP		
COLCHICINE	COLCHICINE 0.6MG TABLET		
CROMOLYN SODIUM	INTAL NEBULIZER SOLUTION		
CYCLOBENZAPRINE HCL	FLEXERIL 10MG TABLET		
CYCLOPHOSPHAMIDE	CYTOXAN 25MG TABLET	Plan A ONLY - use WHP card	
CYCLOPHOSPHAMIDE	CYTOXAN 50MG TABLET	Plan A ONLY - use WHP card	
CYPROHEPTADINE	PERIACTIN 2MG/5ML SYRU		
CYPROHEPTADINE	PERIACTIN 4MG TABLET		
CYTARABINE	CYTOSAR-U 100MG VIAL	Plan A ONLY - use WHP card	
CYTARABINE	CYTOSAR-U 1GM VIAL	Plan A ONLY - use WHP card	
CYTARABINE	CYTOSAR-U 2GM VIAL	Plan A ONLY - use WHP card	
CYTARABINE	CYTOSAR-U 500MG VIAL	Plan A ONLY - use WHP card	
CYTARABINE	TARABINE PFS 20MG/ML VIAL	Plan A ONLY - use WHP card	
CYTARABINE LIPOSOME	DEPOCYT 50MG/5ML VIAL	Plan A ONLY - use mihealth card	
DASATINIB	SPRYCEL 20 MG TABLET	Plan A ONLY - use WHP card	
DASATINIB	SPRYCEL 50 MG TABLET	Plan A ONLY - use WHP card	
DASATINIB	SPRYCEL 70 MG TABLET	Plan A ONLY - use WHP card	
DESIPRAMINE	NORPRAMIN 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DESIPRAMINE	NORPRAMIN 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	

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WHP DRUG FORMULARY (Plan A and Plan B)
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DESIPRAMINE	NORPRAMIN 150MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DESIPRAMINE	NORPRAMIN 25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DESIPRAMINE	NORPRAMIN 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DESIPRAMINE	NORPRAMIN 75MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DESONIDE/L.S.B.	DES-OWEN 0.05% CREAM		
DESOXIMETASONE	TOPICORT 0.25% CREAM		
DESOXIMETASONE	TOPICORT 0.25PC OINTMENT		
DESOXIMETASONE	TOPICORT LP 0.05PC CREAM		
DEXAMETHASONE	DECADRON 0.5MG TABLET		
DEXAMETHASONE	DECADRON 0.5MG/5ML ELIXIR		
DEXAMETHASONE	DECADRON 0.75MG TABLET		
DEXAMETHASONE	DECADRON 1 MG TABLET		
DEXAMETHASONE	DECADRON 1.5MG TABLET		
DEXAMETHASONE	DECADRON 2 MG TABLET		
DEXAMETHASONE	DECADRON 4MG TABLET		
DEXAMETHASONE	DECADRON 6MG TABLET		
DEXAMETHASONE SODIUM	DECADRON 0.1PC OPHTH DROPS		
DEXCHLORPHENIRAMINE	POLARAMINE 2MG/5ML SYRUP		
DEXCHLORPHENIRAMINE	POLARAMINE REPETAB 4MG		
DEXCHLORPHENIRAMINE	POLARAMINE REPETAB 6MG		
DEXMETHYLPHENIDATE HCL	FOCALIN*	Plan A ONLY - use mihealth card	
DEXTROAMPHETAMINE SULFATE	DEXEDRINE*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
DEXTROMETHORPHAN	PHENERGAN W/DM SYRUP		
DEXTROMETHORPHAN/GUAIFENESIN	ROBITUSSIN DM SYRUP	Plan A ONLY - use WHP card	OTC
DIAZEPAM	DIASAT KIT*	Plan A ONLY - use mihealth card	
DIAZEPAM	VALIUM 2 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DIAZEPAM	VALIUM 5 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DIAZEPAM	VALIUM 10 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DICLOFENAC SODIUM	VOLTAREN 25MG TABLET EC		
DICLOFENAC SODIUM	VOLTAREN 50MG TABLET EC		
DICLOFENAC SODIUM	VOLTAREN 75MG TABLET EC		
DICLOXACILLIN SODIUM	DYNAPEN 250MG CAPSULE		
DICLOXACILLIN SODIUM	DYNAPEN 500MG CAPS		
DICYCLOMINE	BENTYL 10MG CAPSULE		
DICYCLOMINE	BENTYL 20MG TABLET		
DIFLUNISAL	DOLOBID 250MG TABLET		
DIFLUNISAL	DOLOBID 500MG TABLET		
DIGOXIN	LANOXIN 0.05 MG/ML ELIXER		
DIGOXIN	LANOXIN 0.125 MG TABLET		
DIGOXIN	LANOXIN 0.25 MG TABLET		
DIGOXIN	LANOXIN 0.5 MG TABLET		
DILTIAZEM	CARDIZEM 30MG TABLET		
DILTIAZEM	CARDIZEM 60MG TABLET		
DILTIAZEM	CARDIZEM 90MG TABLET		
DILTIAZEM	CARDIZEM 120MG TABLET		
DILTIAZEM	CARDIZEM CD 120MG CAP.SR 24 HOUR		
DILTIAZEM	CARDIZEM CD 180MG CAP.SR 24 HOUR		
DILTIAZEM	CARDIZEM CD 240MG CAP.SR 24 HOUR		
DILTIAZEM	CARDIZEM CD 300MG CAP.SR 24 HOUR		
DILTIAZEM	CARDIZEM SR 60MG CAPSULE		
DILTIAZEM	CARDIZEM SR 90MG CAPSULE		
DILTIAZEM	CARDIZEM SR 120MG CAPSULE		
DIPHENHYDRAMINE HCL	BENADRYL 50MG CAPSULE		
DIPHENOXYLATE	LOMOTIL LIQUID		
DIPHENOXYLATE/ATROP	LOMOTIL TABLET		
DIPIVEFRIN	PROPINE 0.1% EYE DROPS		
DIPYRIDAMOLE	PERSANTINE 25MG TABLET	Plan A ONLY - use WHP card	
DIPYRIDAMOLE	PERSANTINE 50MG TABLET	Plan A ONLY - use WHP card	
DIPYRIDAMOLE	PERSANTINE 75MG TABLET	Plan A ONLY - use WHP card	
DISOPYRAMIDE	NORPACE 100MG CAPSULE		
DISOPYRAMIDE	NORPACE 150MG CAPSULE		
DISULFIRAM	ANTABUSE 250MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	

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DISULFIRAM	ANTABUSE 500MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
DIVALPROEX SODIUM	DEPAKOTE 125MG TABLET E.C.	Plan A (mihealth card); Plan B (WHP Card)	
DIVALPROEX SODIUM	DEPAKOTE 250MG TABLET EC	Plan A (mihealth card); Plan B (WHP Card)	
DIVALPROEX SODIUM	DEPAKOTE 500MG TABLET EC	Plan A (mihealth card); Plan B (WHP Card)	
DIVALPROEX SODIUM	DEPAKOTE ER*	Plan A ONLY - use mihealth card	
D-METHORPHAN/P-EPHEDRINE	CARDEC-DM DROPS		
DOCUSATE SODIUM	COLACE CAPSULE	Plan A ONLY - use WHP card	OTC
DOCUSATE SODIUM	COLACE LIQUID/SYRUP	Plan A ONLY - use WHP card	OTC
DONEPEZIL	ARICEPT*	Plan A ONLY - use mihealth card	
DOXAZOSIN	CARDURA 1 MG TABLET		
DOXAZOSIN	CARDURA 2 MG TABLET		
DOXAZOSIN	CARDURA 4 MG TABLET		
DOXAZOSIN	CARDURA 8 MG TABLET		
DOXEPIN	SINEQUAN 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 10MG/ML ORAL CONC	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 25MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 50MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 75MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 100MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXEPIN	SINEQUAN 150MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
DOXYCYCLINE HYCLATE	VIBRAMYCIN 50MG CAPSULE		
DOXYCYCLINE HYCLATE	VIBRAMYCIN 100MG CAPSULE		
DOXYCYCLINE HYCLATE	VIBRA-TABS 100MG TABLET		
DYPHYLLINE	LUFYLLIN 100MG/15ML ELIXIR		
DYPHYLLINE	LUFYLLIN 200MG TABLET		
ENALAPRIL MALEATE	VASOTEC 10MG TABLET		
ENALAPRIL MALEATE	VASOTEC 2.5MG TABLET		
ENALAPRIL MALEATE	VASOTEC 20MG TABLET		
ENALAPRIL MALEATE	VASOTEC 5MG TABLET		
EPINEPHRINE	EPIPEN 0.3 MG INJECTION		QL (2 injections/rx)
EPINEPHRINE	EPIPEN JR 0.15 MG INJECTION		QL (2 injections/rx)
ERGOCALCIFEROL	VITAMIN D 50000 IU CAPSULE		
ERGOLOID MESYLATES	HYDERGINE 1MG ORAL TABLET		
ERGOLOID MESYLATES	HYDERGINE 1MG TB SL		
ERLOTINIB HCL	TARCEVA 100 MG TABLET	Plan A ONLY - use WHP card	
ERLOTINIB HCL	TARCEVA 150 MG TABLET	Plan A ONLY - use WHP card	
ERLOTINIB HCL	TARCEVA 25 MG TABLET	Plan A ONLY - use WHP card	
ERYTHROMYCIN	ERYPED 400MG/5ML GRANULES		
ERYTHROMYCIN	ERYTHROCIN 250MG FILMTAB		
ERYTHROMYCIN	ERYTHROCIN 500MG FILMTAB		
ERYTHROMYCIN	E.E.S 400 FILMTAB		
ERYTHROMYCIN	E.E.S 400MG/5ML SUSPENSION		
ERYTHROMYCIN BASE	A/T/S 2% GEL		
ERYTHROMYCIN BASE	A/T/S 2% TOPICAL SOLUTION		
ERYTHROMYCIN BASE	E-MYCIN 333MG TABLET EC		
ERYTHROMYCIN BASE	ERYC 250MG CAPSULE		
ERYTHROMYCIN BASE	ERYTHROMYCIN 2% SOLUTION		
ERYTHROMYCIN BASE	ILOTYCIN 5MG/GM OINTMENT		
ESCITALOPRAM	LEXAPRO*	Plan A ONLY - use mihealth card	
ESTAZOLAM	PROSOM*	Plan A ONLY - use mihealth card	
ESTRADIOL	ESTRACE 0.5MG TABLET		
ESTRADIOL	ESTRACE 1MG TABLET		
ESTRADIOL	ESTRACE 2MG TABLET		
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT 140MG CAPSULE	Plan A ONLY - use WHP card	
ESTROPIPATE	OGEN 0.625MG TABLET		
ESTROPIPATE	OGEN 1.25MG TABLET		
ESTROPIPATE	OGEN 3 MG TABLET		
ESZOPICLONE	LUNESTA*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
ETOPOSIDE	VEPESID 50MG CAPSULE	Plan A ONLY - use WHP card	
EXEMESTANE	AROMASIN 25MG TABLET	Plan A ONLY - use WHP card	
FAMOTIDINE	PEPCID 10 MG TABLET	Plan A ONLY - use WHP card	
FAMOTIDINE	PEPCID 20 MG TABLET		

Note: Brand names are listed for reference only. If available, only the generic product is covered.



WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
FAMOTIDINE	PEPCID AC 10 MG TABLET		OTC
FENOPROFEN CALCIUM	NALFON 600 MG TABLET		
FEXOFENADINE	ALLEGRA 60 MG CAPSULE/TABLET	Plan A ONLY - use WHP card	
FLUCONAZOLE	DIFLUCAN 150MG TABLET		
FLUOCINOLONE	SYNALAR 0.01% SOLUTION		
FLUOCINOLONE	SYNALAR 0.025% CREAM		
FLUOCINOLONE	SYNALAR 0.025% OINTMENT		
FLUOCINONIDE	LIDEX 0.05% CREAM		
FLUOCINONIDE	LIDEX 0.05% GEL		
FLUOCINONIDE	LIDEX 0.05% OINTMENT		
FLUOCINONIDE	LIDEX 0.05% SOLUTION		
FLUOCINONIDE/EMOLLIENT	LIDEX-E 0.05% CREAM		
FLUOROMETHOLONE	FML LIQUIFILM 0.1% EYE DROP		
FLUOROURACIL	ADRUCIL	Plan A ONLY - use mihealth card	
FLUOXETINE HYDROCHLORIDE	PROZAC 10 MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
FLUOXETINE HYDROCHLORIDE	PROZAC 20 MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
FLUPHENAZINE	PROLIXIN 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
FLUPHENAZINE	PROLIXIN 2.5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
FLUPHENAZINE	PROLIXIN 5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
FLURAZEPAM	DALMANE 15MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
FLURAZEPAM HCL	DALMANE 30MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
FLURBIPROFEN	ANSAID 50MG TABLET		
FLURBIPROFEN	ANSAID 100MG TABLET		
FLURBIPROFEN	OCUFEN 0.03% EYE GTTS		
FLUTAMIDE	EULEXIN 125MG CAPSULE	Plan A ONLY - use WHP card	
FLUTICASONE PROPRIONATE	FLOVENT HFA INHALER 110 MCG		
FLUTICASONE PROPRIONATE	FLONASE NASAL SPRAY		
FLUVOXAMINE MALEATE	LUVOX*	Plan A ONLY - use mihealth card	
FOLIC ACID	FOLIC ACID 1MG TABLET		
FUROSEMIDE	LASIX 10MG/ML SOLUTION		
FUROSEMIDE	LASIX 20MG TABLET		
FUROSEMIDE	LASIX 40MG TABLET		
FUROSEMIDE	LASIX 80MG TABLET		
GABAPENTIN	NEURONTIN*	Plan A ONLY - use mihealth card	
GEFITINIB	IRESSA	Plan A ONLY - use WHP card	
GEMCITABINE HCL	GEMZAR 1G VIAL	Plan A ONLY - use WHP card	
GEMCITABINE HCL	GEMZAR 200MG VIAL	Plan A ONLY - use WHP card	
GEMFIBROZIL	LOPID 600MG TABLET		
GENTAMICIN SULFATE	GARAMYCIN 3MG/GM OPTH OINT		
GENTAMICIN SULFATE	GARAMYCIN 3MG/ML EYE DROPS		
GENTAMICIN SULFATE	GENTAMICIN 0.1% CREAM		
GENTAMICIN SULFATE	GENTAMICIN 0.1% OINTMENT		
GIALANTAMINE	REMINYL*	Plan A ONLY - use mihealth card	
GLIPIZIDE	GLUCOTROL 5MG TABLET		
GLIPIZIDE	GLUCOTROL 10MG TABLET		
GLUCAGON	GLUCAGON EMERGENCY KIT		QL (1 kit/rx)
GLUCOMETER	ASCENSIA BREEZE GLUCOMETER	Fax Order Form to 4-D Pharmacy	QL (1 EVERY 2 YRS)
GLUCOMETER	ASCENSIA CONTOUR GLUCOMETER	Fax Order Form to 4-D Pharmacy	QL (1 EVERY 2 YRS)
GLUCOMETER	TRUE TRACK GLUCOMETER		VILLAGE RX
GLYBURIDE	DIABETA 1.25MG TABLET		
GLYBURIDE	DIABETA 2.5MG TAB		
GLYBURIDE	DIABETA 5MG TABLET		
GLYBURIDE	GLYNASE 1.5MG PRESTAB		
GLYBURIDE	GLYNASE 6MG PRESTAB		
GLYBURIDE	MICRONASE 1.25MG TABLET		
GLYBURIDE	MICRONASE 2.5MG TABLET		
GLYBURIDE	MICRONASE 5MG TABLET		
GLYBURIDE MICRONIZED	GLYNASE 3MG PRESTAB		
GRISEOFULVIN MICROSIZED	GRIFULVIN V 125 MG/5ML ORAL SUSP		
GRISEOFULVIN MICROSIZED	GRIFULVIN V 500 MG TABLET		
GUAIFENESIN	ORGANIDIN NR 200MG TABLET		
GUAIFENESIN	ROBITUSSIN SYRUP	Plan A ONLY - use WHP card	OTC

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
GUAIFENESIN/P-EPHEDR	DURATUSS HD ELIXIR		
GUAIFENESIN/P-EPHEDR	ROBITUSSIN-DAC SYRUP		
GUAIFENESIN/P-EPHEDRINE	DECOHISTINE EXPECTORANT		
GUAIFENESIN/P-EPHEDRINE	ENTEX PSE 400-120MG SR CAP		
GUAIFENESIN/P-EPHEDRINE	ENTEX PSE 600-60MG SR CAP		
GUAIFENESIN/P-EPHEDRINE	POLY-TUSSIN XP EXPECTORANT		
GUAIFENESIN/PHENYLEPHRINE	DECONSAL II TABLET SA		
GUANABENZ ACETATE	WYTENSIN 4MG TABLET		
GUANABENZ ACETATE	WYTENSIN 8MG TABLET		
GUANFACINE HCL	TENEX 1 MG TABLET		
GUANFACINE HCL	TENEX 2 MG TABLET		
HALOPERIDOL	HALDOL 0.5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
HALOPERIDOL	HALDOL 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
HALOPERIDOL	HALDOL 20 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
HALOPERIDOL	HALDOL 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
HALOPERIDOL	HALDOL 5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
HALOPERIDOL LACTATE	HALDOL 2MG/ML ORAL CONC	Plan A (mihealth card); Plan B (WHP Card)	
HCTZ/TRIAMTERENE	DYAZIDE 37.5/25 CAPSULE		
HCTZ/TRIAMTERENE	DYAZIDE 50/25 CAP		
HCTZ/TRIAMTERENE	MAXZIDE 25MG TABLET		
HCTZ/TRIAMTERENE	MAXZIDE 50/75 TABLET		
HYDRALAZINE HCL	APRESOLINE 10MG TABLET		
HYDRALAZINE HCL	APRESOLINE 25MG TABLET		
HYDRALAZINE HCL	APRESOLINE 50MG TABLET		
HYDRALAZINE HCL	APRESOLINE 100MG TABLET		
HYDROCHLOROTHIAZIDE	HYDRODIURIL 25MG TABLET		
HYDROCHLOROTHIAZIDE	HYDRODIURIL 50MG TABLET		
HYDROCHLOROTHIAZIDE/AMILORIDE	MODURETIC 5/50 TABLET		
HYDROCODONE	LORCET HD CAPSULE		
HYDROCODONE/ACETAMINOPHIN	LORCET 10/650 TABLET		
HYDROCODONE/ACETAMINOPHIN	LORCET PLUS 7.5/650 TABLET		
HYDROCODONE/ACETAMINOPHIN	LORTAB 10/500 TABLET		
HYDROCODONE/ACETAMINOPHIN	LORTAB 7.5/500 TABLET		
HYDROCODONE/ACETAMINOPHIN	NORCRO 5/325 MG TABLET		
HYDROCODONE/ACETAMINOPHIN	NORCRO 7.5/325 MG TABLET		
HYDROCODONE/ACETAMINOPHIN	VICODIN 5/500 TABLET		
HYDROCODONE/ACETAMINOPHIN	VICODIN ES 7.5/750 TABLET		
HYDROCODONE/APAP ELIXIR	LORTAB ELIXIR		
HYDROCODONE/HOMATROP	HYCODAN SYRUP		
HYDROCODONE/IBUPROFEN	VICOPROFEN 7.5/200 TABLET		
HYDROCORTISONE	ANUCORT-HC 25MG SUPPOSITORY		
HYDROCORTISONE	HYDROCORTISONE 1% LOTION		
HYDROCORTISONE	HYDROCORTISONE 1% OINTMENT		
HYDROCORTISONE	HYTONE 1PC CREAM		
HYDROCORTISONE	HYTONE 2.5% OINTMENT		
HYDROCORTISONE	HYTONE 2.5PC CREAM		
HYDROCORTISONE	HYTONE 2.5PC LOTION		
HYDROMORPHONE	DILAUDID 2MG TABLET		
HYDROMORPHONE	DILAUDID 3 MG SUPPOSITORY		
HYDROMORPHONE	DILAUDID 4MG TABLET		
HYDROMORPHONE	DILAUDID 5MG/5ML LIQUID		
HYDROMORPHONE	DILAUDID 8MG TABLET		
HYDROXYCHLOROQUINE	PLAQUENIL 200MG TABLET		
HYDROXYUREA	DROXIA 200MG CAPSULE	Plan A ONLY - use WHP card	
HYDROXYUREA	DROXIA 300MG CAPSULE	Plan A ONLY - use WHP card	
HYDROXYUREA	DROXIA 400MG CAPSULE	Plan A ONLY - use WHP card	
HYDROXYUREA	HYDREA 500MG CAPSULE	Plan A ONLY - use WHP card	
HYDROXYUREA	MYLOCEL 1000MG TABLET	Plan A ONLY - use WHP card	
HYDROXYZINE	ATARAX 10MG TABLET		
HYDROXYZINE	ATARAX 25MG TABLET		
HYDROXYZINE	ATARAX 50MG TABLET		
HYDROXYZINE PAMOATE	VISTARIL 25MG CAPSULE		

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
HYDROXYZINE PAMOATE	VISTARIL 50MG CAPSULE		
HYDROXYZINE PAMOATE	VISTARIL 100MG CAPSULE		
HYOSCYAMINE SULFATE	LEVBIID 0.375 MG ER TABLET		
HYOSCYAMINE SULFATE	LEVSIN 0.125MG TABLET SL		
HYOSCYAMINE SULFATE	LEVSIN 0.125MG/ML DROPS		
HYOSCYAMINE SULFATE	LEVSINEX 0.375MG CAPSULE SA		
IBUPROFEN	MOTRIN 400MG TABLET		
IBUPROFEN	MOTRIN 600MG TABLET		
IBUPROFEN	MOTRIN 800MG TABLET		
IMATINIB MESYLATE	GLEEVEC 100MG	Plan A ONLY - use WHP card	
IMATINIB MESYLATE	GLEEVEC 400MG	Plan A ONLY - use WHP card	
IMIPRAMINE	TOFRANIL 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
IMIPRAMINE	TOFRANIL 25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
IMIPRAMINE	TOFRANIL 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
INDAPAMIDE	LOZOL 1.25MG TABLET		
INDAPAMIDE	LOZOL 2.5MG TABLET		
INDOMETHACIN	INDOCIN 25MG CAPSULE		
INDOMETHACIN	INDOCIN 50MG CAPSULE		
INSULIN ANALOG	HUMALOG 100 U/ML VIAL		
INSULIN ANALOG	HUMALOG MIX 75/25 100 U/ML VIAL		
INSULIN ASPART	NOVOLOG 100 U/ML VIAL		
INSULIN GLARGINE	LANTUS INSULIN 100 IU/ML VIAL		
INSULIN HM/INSULIN	HUMULIN 70/30 100 U/ML VIAL		
INSULIN HUMAN/REGULAR	HUMULIN 50/50 100 U/ML VIAL		
INSULIN NPH HUMAN	HUMULIN N 100 U/ML VIAL		
INSULIN NPH HUMAN	NOVOLIN N 100 UNITS/ML		
INSULIN REG. HUMAN	HUMULIN R 100 U/ML VIAL		
INSULIN SYRINGES	B-D INSULIN SYRINGES .5CC		
INSULIN SYRINGES	B-D INSULIN SYRINGES 1CC		
INSULIN ZN HUMAN	HUMULIN L 100 U/ML VIAL		
IPRATROPIUM BROMIDE	ATROVENT 0.02% SOLUTION		
IPRATROPIUM BROMIDE	ATROVENT HFA INHALER		
IRON/MULTIVITS/MIN	B-COMPLEX VITAMIN PLUS TAB		
ISONIAZID	ISONIAZID 100MG TABLET		
ISONIAZID	ISONIAZID 300MG TABLET		
ISOPHAE INSULIN (NPH)/INSULIN (REGUL	NOVOLIN 70/30		
ISOPTO ATROPINE EYE DROPS	ATROPINE		
ISOSORBIDE DINITRATE	ISORDIL 2.5MG TABLET SL		
ISOSORBIDE DINITRATE	ISORDIL 5MG TABLET		
ISOSORBIDE DINITRATE	ISORDIL 5MG TABLET SL		
ISOSORBIDE DINITRATE	ISORDIL 10MG TABLET		
ISOSORBIDE DINITRATE	ISORDIL 20MG TABLET		
ISOSORBIDE DINITRATE	ISORDIL 30MG TABLET		
ISOSORBIDE DINITRATE	ISORDIL TEMBIDS 40MG TABS		
ISOSORBIDE MONONITRATE	IMDUR 120 MG TABLET		
ISOSORBIDE MONONITRATE	IMDUR 30 MG TABLET		
ISOSORBIDE MONONITRATE	IMDUR 60 MG TABLET		
ISOXSUPRINE	VASODILAN 10MG TABLET		
ISOXSUPRINE	VASODILAN 20MG TABLET		
KETOPROFEN	ORUDIS 25MG CAPSULE		
KETOPROFEN	ORUDIS 50MG CAPSULE		
KETOPROFEN	ORUDIS 75MG CAPSULE		
LACTULOSE	CEPHULAC 10GM/15ML SYRUP		
LACTULOSE	CHRONULAC 10GM/15ML SYRUP		
LAMOTRIGINE	LAMICTAL*	Plan A ONLY - use mihealth card	
LANCETS	ASCENCIA BREEZE LANCETS		
LANCETS	ASCENCIA CONTOUR LANCETS		
LANCETS	LANCETS B-D ULTRA FINE		
LANCETS	LANCETS E-Z JECT BLOOD		
LANCETS	LANCETS MONLET		
LANCETS	LANCETS TRUE TRACK		
LANCETS	LANCETS ULTRA TLC		

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
LANCETS	TRUE TRACK LANCETS		
LENALIDOMIDE	REVLIMID 10 MG CAPSULE	Plan A ONLY - use WHP card	
LENALIDOMIDE	REVLIMID 15 MG CAPSULE	Plan A ONLY - use WHP card	
LENALIDOMIDE	REVLIMID 25 MG CAPSULE	Plan A ONLY - use WHP card	
LENALIDOMIDE	REVLIMID 5 MG CAPSULE	Plan A ONLY - use WHP card	
LETROZOLE	FEMARA 2.5MG TABLET	Plan A ONLY - use WHP card	
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 15MG TABLET	Plan A ONLY - use WHP card	
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 25MG TABLET	Plan A ONLY - use WHP card	
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 5MG TABLET	Plan A ONLY - use WHP card	
LEUCOVORIN CALCIUM	WELLCOVORIN 5 MG TABLET		
LEVETIRACETAM	KEPPRA*	Plan A ONLY- use mihealth card	
LEVOBUNOLOL	BETAGAN 0.25% OPHTH DROPS		
LEVOBUNOLOL	BETAGAN 0.5% EYE DROPS		
LEVOTHYROXINE SODIUM	SYNTHROID 0.025 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.05 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.075 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.088 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.1 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.112 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.125 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.137 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.150 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.175 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.2 MG TABLET		
LEVOTHYROXINE SODIUM	SYNTHROID 0.3 MG TABLET		
LISINAPRIL	ZESTRIL 10MG TABLET		
LISINAPRIL	ZESTRIL 2.5MG TABLET		
LISINAPRIL	ZESTRIL 20MG TABLET		
LISINAPRIL	ZESTRIL 30MG TABLET		
LISINAPRIL	ZESTRIL 40MG TABLET		
LISINAPRIL	ZESTRIL 5MG TABLET		
LISINAPRIL/HCTZ	ZESTORETIC 10-12.5 MG TABLET		
LISINAPRIL/HCTZ	ZESTORETIC 20-12.5 MG TABLET		
LISINAPRIL/HCTZ	ZESTORETIC 20-25 MG TABLET		
LITHIUM CARBONATE	ESKALITH 300MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
LITHIUM CARBONATE	ESKALITH CL 450*	Plan A ONLY - use mihealth card	
LITHIUM CARBONATE	LITHOTABS 150 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
LITHIUM CARBONATE	LITHOTABS 300MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
LITHIUM CARBONATE	LITHOTABS 450 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
LITHIUM CITRATE	---	Plan A ONLY - use mihealth card	
LOMUSTINE	CEENU 100MG CAPSULE	Plan A ONLY - use WHP card	
LOMUSTINE	CEENU 10MG CAPSULE	Plan A ONLY - use WHP card	
LOMUSTINE	CEENU 40MG CAPSULE	Plan A ONLY - use WHP card	
LOMUSTINE	CEENU DOSE PACK	Plan A ONLY - use WHP card	
LOPERAMIDE HCL	IMODIUM 1MG/5ML LIQUID	Plan A ONLY - use WHP card	
LOPERAMIDE HCL	IMODIUM A-D 2 MG CAPLET	Plan A ONLY - use WHP card	OTC
LORATADINE OTC	CLARITIN OTC 10 MG RAPDIS		OTC
LORATADINE OTC	CLARITIN OTC 10 MG TABLET		OTC
LORATADINE OTC	CLARITIN OTC 5MG/5ML SYRUP		OTC
LORAZEPAM	ATIVAN 0.5MG TABLET	Plan A (mihealth card); Plan B (WHP card)	
LORAZEPAM	ATIVAN 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
LORAZEPAM	ATIVAN 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
LOVASTATIN	MEVACOR 10 MG TABLET		
LOVASTATIN	MEVACOR 20 MG TABLET		
LOVASTATIN	MEVACOR 40 MG TABLET		
LOXAPINE SUCCINATE	LOXITANE 5MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
LOXAPINE SUCCINATE	LOXITANE 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
LOXAPINE SUCCINATE	LOXITANE 25MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
LOXAPINE SUCCINATE	LOXITANE 50MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
MEBENDAZOLE	VERMOX 100MG TABLET CHEW		
MECLIZINE	ANTIVERT 12.5MG TABLET		
MECLIZINE HCL	ANTIVERT 25MG TABLET		

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
MECLOFENAMATE SODIUM	MECLOMEN 50MG CAPSULE		
MECLOFENAMATE SODIUM	MECLOMEN 100MG CAPSULE		
MEDROXYPROGESTERONE	PROVERA 2.5MG TABLET		
MEDROXYPROGESTERONE	PROVERA 5MG TABLET		
MEDROXYPROGESTERONE	PROVERA 10MG TABLET		
MEGESTROL ACETATE	MEGACE 20MG TABLET	Plan A ONLY - use WHP card	
MEGESTROL ACETATE	MEGACE 40MG TABLET	Plan A ONLY - use WHP card	
MELPHALAN	ALKERAN 2MG TABLET	Plan A ONLY - use WHP card	
MEMANTINE HC	NAMENDA*	Plan A ONLY - use mihealth card	
MEPERIDINE HCL	DEMEROL 100MG TABLET		
MEPERIDINE HCL	DEMEROL 50MG TABLET		
MEPERIDINE HCL	DEMEROL 50MG/5ML SYRUP		
MEPROBAMATE	MILTOWN*	Plan A ONLY - use mihealth card	
MERCAPTOPYRINE	PURINETHOL 50MG TABLET	Plan A ONLY - use WHP card	PA Req'd (FHSC)
MESNA	MESNEX 400 MG TABLET	Plan A ONLY - use WHP card	
METAPROTERENOL	ALBUTEROL .5MG/ML		
METAPROTERENOL	ALUPENT 0.6% SOLUTION		
METAPROTERENOL	ALUPENT 10MG TABLET		
METAPROTERENOL	ALUPENT 10MG/5ML SYRUP		
METAPROTERENOL	ALUPENT 20MG TABLET		
METAPROTERENOL	ALUPENT 5% SOLUTION		
METFORMIN HCL	GLUCOPHAGE 1000MG TABLET		
METFORMIN HCL	GLUCOPHAGE 500MG TABLET		
METFORMIN HCL	GLUCOPHAGE 850MG TABLET		
METHAZOLAMIDE	NEPTAZANE 25MG TABLET		
METHAZOLAMIDE	NEPTAZANE 50MG TABLET		
METHENAMINE COMBINATION PRODUCT	URISED TABLET		
METHIMAZOLE	TAPAZOLE 10MG		
METHIMAZOLE	TAPAZOLE 5MG		
METHOCARBAMOL	ROBAXIN 500MG TABLET		
METHOCARBAMOL	ROBAXIN 750 TABLET		
METHOCARBAMOL/ASPIRI	ROBAXISAL TABLET		
METHOTREXATE SODIUM	METHOTREXATE 2.5 MG TABLET		
METHOTREXATE SODIUM	METHOTREXATE 5 MG TABLET		
METHOTREXATE SODIUM	METHOTREXATE 7.5 MG TABLET		
METHOTREXATE SODIUM	METHOTREXATE 10 MG TABLET		
METHOTREXATE SODIUM	METHOTREXATE 15 MG TABLET		
METHOTREXATE SODIUM	METHOTREXATE 25 MG VIAL		
METHOTREXATE SODIUM	TREXALL 10 MG TABLET	Plan A ONLY - use WHP card	
METHOTREXATE SODIUM	TREXALL 15 MG TABLET	Plan A ONLY - use WHP card	
METHOTREXATE SODIUM	TREXALL 5 MG TABLET	Plan A ONLY - use WHP card	
METHOTREXATE SODIUM	TREXALL 7.5 MG TABLET	Plan A ONLY - use WHP card	
METHYLCLOTHIAZIDE	ENDURON 2.5MG TABLET		
METHYLCLOTHIAZIDE	ENDURON 5MG TABLET		
METHYLDOPA	ALDOMET 125MG TABLET		
METHYLDOPA	ALDOMET 250MG TABLET		
METHYLDOPA	ALDOMET 500MG TABLET		
METHYLDOPA/HYDROCHLOROTHIAZIDE	ALDORIL-15 TABLET		
METHYLDOPA/HYDROCHLOROTHIAZIDE	ALDORIL-25 TABLET		
METHYLPHENIDATE HCL	CONCERTA*	Plan A ONLY - use mihealth card	
METHYLPHENIDATE HCL	METADATE CD*	Plan A ONLY - use mihealth card	
METHYLPHENIDATE HCL	RITALIN 5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
METHYLPHENIDATE HCL	RITALIN 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
METHYLPHENIDATE HCL	RITALIN 20MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
METHYLPHENIDATE HCL	RITALIN-SR 20MG TABLET SA	Plan A (mihealth card); Plan B (WHP Card)	
METHYLPREDNISOLONE	MEDROL 4MG DOSEPAK		
METOCLOPRAMIDE	REGLAN 5MG TABLET		
METOCLOPRAMIDE	REGLAN 10MG TABLET		
METOPROLOL TARTRATE	LOPRESSOR 50MG TABLET		
METOPROLOL TARTRATE	LOPRESSOR 100MG TABLET		
METOPROLOL TARTRATE	LOPRESSOR 25 MG TABLET		
METRONIDAZOLE	FLAGYL 250MG TABLET		

Note: Brand names are listed for reference only. If available, only the generic product is covered.



WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
METRONIDAZOLE	FLAGYL 500MG TABLET		
METRONIDAZOLE	METROGEL .75% GEL/LOTION/CREAM		
METRONIDAZOLE	METROGEL 1% GEL/LOTION/CREAM		
METRONIDAZOLE	METROGEL-VAGINAL 0.75% GEL		
MEXILETINE	MEXITIL 150MG CAPSULE		
MEXILETINE	MEXITIL 200MG CAPSULE		
MEXILETINE	MEXITIL 250MG CAPSULE		
MICONAZOLE NITRATE	MONISTAT 3 200MG VAG SUPPOS		
MINOCYCLINE	MINOCIN 50MG PELLETTIZED CAP		
MINOCYCLINE	MINOCIN 100MG PELLETTIZED CP		
MINOXIDIL	LONITEN 10MG TABLET		
MINOXIDIL	LONITEN 2.5MG TABLET		
MIRTAZAPINE	REMERON 15 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
MIRTAZAPINE	REMERON 30 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
MIRTAZAPINE	REMERON 45 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
MITOTANE	LYSODREN 500MG TABLET	Plan A ONLY - use WHP card	
MODAFINAL	PROVIGIL*	Plan A ONLY - use mihealth card	
MOLINDONE	MOBAN*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
MORPHINE SULFATE	MS CONTIN 100 MG TABLET		
MORPHINE SULFATE	MS CONTIN 15 MG TABLET		PA Req'd (WHP)
MORPHINE SULFATE	MS CONTIN 30 MG TABLET		PA Req'd (WHP)
MORPHINE SULFATE	MS CONTIN 60 MG TABLET		PA Req'd (WHP)
MULTIVITAMINS	POLY-VI-FLOR 0.5MG TABLET		PA Req'd (WHP)
MULTIVITAMINS	POLY-VI-FLOR 0.5MG/ML DROPS		
MULTIVITAMINS	POLY-VI-FLOR 1MG TABLET		
MAGNESIUM/CALCIUM	MYLANTA LIQUID	Plan A ONLY - use WHP card	OTC
NADOLOL	CORGARD 20MG TABLET		
NADOLOL	CORGARD 40MG TABLET		
NADOLOL	CORGARD 80MG TABLET		
NADOLOL	CORGARD 120MG TABLET		
NADOLOL	CORGARD 160MG TABLET		
NAPROXEN	NAPROSYN 250MG TABLET		
NAPROXEN	NAPROSYN 375MG TABLET		
NAPROXEN	NAPROSYN 500MG TABLET		
NAPROXEN SODIUM	ANAPROX 275MG TABLET		
NAPROXEN SODIUM	ANAPROX DS 550MG TABLET		
NEFAZODONE	SERZONE*	Plan A ONLY - use mihealth card	
NELARABINE	ARRANON 250 MG VIAL	Plan A ONLY - use WHP card	
NEOMY SULF/POLYMYX B	CORTISPORIN EAR SUSPENSION		
NEOMYCIN	CORTISPORIN EYE DROPS		
NEOMYCIN	CORTOMYCIN OTIC SOLN DROPS		
NEOMYCIN	NEODECADRON DROPS		
NEOMYCIN/BACITRACIN/	CORTISPORIN EYE OINTMENT		
NEOMYCIN/BACITRACIN/POLYMYXIN B	NEOSPORIN OPHTHALMIC OINT		
NEOMYCIN/GRAMCIDIN/POLYMYXIN B	NEOSPORIN EYE DROPS		
NEOMYCIN/POLYMYXIN/DEXAMETHA	MAXITROL EYE OINTMENT		
NICARDIPINE HCL	CARDENE 20MG CAPSULE		
NICARDIPINE HCL	CARDENE 30MG CAPSULE		
NIFEDIPINE	ADALAT 10MG CAPSULE		
NIFEDIPINE	ADALAT 20MG CAPSULE		
NIFEDIPINE	ADALAT CC 30MG TABLET SA		
NIFEDIPINE	ADALAT CC 60MG TABLET SA		
NIFEDIPINE	ADALAT CC 90MG TABLET SA		
NIFEDIPINE	PROCARDIA 10MG CAPSULE		
NIFEDIPINE	PROCARDIA 20MG CAPSULE		
NIFEDIPINE	PROCARDIA XL 30MG		
NIFEDIPINE	PROCARDIA XL 60MG		
NIFEDIPINE	PROCARDIA XL 90MG		
NILUTAMIDE	NILANDRON 150MG TABLET	Plan A ONLY - use WHP card	
NITROFURANTOIN	MACRODANTIN 50MG CAPSULE		
NITROFURANTOIN	MACRODANTIN 100MG CAPSULE		
NITROGLYCERIN	NITRO-BID 2% OINTMENT		

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
NITROGLYCERIN	NITROGLYCERIN 2.5MG CAPS SA		
NITROGLYCERIN	NITROGLYCERIN 6.5MG CAPS SA		
NITROGLYCERIN	NITROGLYCERIN 9MG CAPS SA		
NITROGLYCERIN	NITROSTAT 0.3MG TABLET SL		
NITROGLYCERIN	NITROSTAT 0.4MG TABLET SL		
NITROGLYCERIN	NITROSTAT 0.6MG TABLET SL		
NITROGLYCERIN	TRANSDERM-NITRO PATCH .1MG/HR		
NITROGLYCERIN	TRANSDERM-NITRO PATCH .2MG/HR		
NITROGLYCERIN	TRANSDERM-NITRO PATCH .4MG/HR		
NORTRIPTYLINE	PAMELOR 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
NORTRIPTYLINE	PAMELOR 25MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
NORTRIPTYLINE	PAMELOR 50MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
NORTRIPTYLINE	PAMELOR 75MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
NYSTATIN	NYSTATIN 100000U/GM OINT		
NYSTATIN	NYSTATIN VAGINAL TABLET		
NYSTATIN	MYCOSTATIN 100000U/GM CREAM		
NYSTATIN	MYCOSTATIN 100000U/ML SUSP		
NYSTATIN/TRIAMCIN	MYCOLOG II CREAM		
NYSTATIN/TRIAMCIN	MYCOLOG II OINTMENT		
NYSTATIN/TRIAMCIN	MYCOSTATIN 500000U ORAL TAB		
NYSTATIN/TRIAMCIN	MYDRIACYL 1% DROPS		
OFLOXACIN	OCUFLOX 0.3% EYE DROPS		
OLANZAPINE	ZYPREXA ZYDIS*	Plan A ONLY - use mihealth card	
OLANZAPINE	ZYPREXA*	Plan A ONLY - use mihealth card	
OMEPRAZOLE OTC	PRIOSEC OTC 20MG TABLET		OTC
OXACILLIN SODIUM	BACTOCILL 250MG CAPSULE		
OXACILLIN SODIUM	BACTOCILL 500MG CAPSULE		
OXACILLIN SODIUM	PROSTAPHLIN 250MG/5ML SUSP		
OXALIPLATIN	ELOXATIN 100 MG/20 ML VIAL	Plan A ONLY - use WHP card	
OXALIPLATIN	ELOXATIN 100MG VIAL	Plan A ONLY - use WHP card	
OXALIPLATIN	ELOXATIN 50 MG/10 ML VIAL	Plan A ONLY - use WHP card	
OXALIPLATIN	ELOXATIN 50MG VIAL	Plan A ONLY - use WHP card	
OXAZEPAM	SERAX 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
OXAZEPAM	SERAX 15MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
OXAZEPAM	SERAX 30MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
OXYBUTYNIN CHLORIDE	DITROPAN 5MG TABLET		
OXYCODONE	TYLOX 5/500 CAPSULE		
OXYCODONE HCL	OXYCODONE HCL 5 mg CAPSULE/TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 10/325 TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 10/650 TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 2.5/325 TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 5/325 TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 7.5/325 TABLET		
OXYCODONE/ACETAMINOPHEN	PERCOCET 7.5/500 TABLET		
OXYCODONE/ASPIRIN	PERCODAN TABLET		
PAPAVERINE	PAVABID 150MG CAPSULE SA		
PAROXETINE	PAXIL 10 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PAROXETINE	PAXIL 20 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PAROXETINE	PAXIL 30 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PAROXETINE	PAXIL 40 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PAROXETINE MESYLATE	PEXEVA*	Plan A ONLY - use mihealth card	
PEG 3350/ELECTROLYTE SOLUTION	COLYTE		
PE/HYDROCODONE/CHLOR	HISTUSSIN HC SYRUP (Sugar Free)		
PEMETREXED DISODIUM	ALIMTA 500MG VIAL	Plan A ONLY - use WHP card	
PEMOLINE	CYLERT*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
PENICILLIN V	PENICILLIN VK 250MG TABLET		
PENICILLIN V	PENICILLIN VK 250MG/5ML LIQ		
PENICILLIN V	PENICILLIN VK 500MG TABLET		
P-EPHEDRINE/COD/CHLO	NOVAHISTINE DH LIQUID		
PERMETHRIN	ELIMITE 5% CREAM		
PERPHENAZINE	TRILAFON 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PERPHENAZINE	TRILAFON 4MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLS
PERPHENAZINE	TRILAFON 8MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PERPHENAZINE	TRILAFON 16MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PHENAZOPYRIDINE HCL	PYRIDIUM 100MG TABLET		
PHENAZOPYRIDINE HCL	PYRIDIUM 200MG TABLET		
PHENELZINE SULFATE	NARDIL*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
PHENOBARBITAL	PHENOBARBITAL 15MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PHENOBARBITAL	PHENOBARBITAL 20MG/5ML ELIX	Plan A (mihealth card); Plan B (WHP Card)	
PHENOBARBITAL	PHENOBARBITAL 30MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PHENOBARBITAL	PHENOBARBITAL 60MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PHENOBARBITAL	PHENOBARBITAL 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PHENYLEPH	HISTUSSIN HC SYRUP		
PHENYLEPHRINE/CODEINE	PHENERGAN VC W/CODEINE SYR		
PHENYLEPHRINE/PYRILA	RYNATAN TABLET		
PHENYTOIN	DILANTIN 125MG/5ML SUSP	Plan A (mihealth card); Plan B (WHP Card)	
PHENYTOIN SODIUM	DILANTIN 50MG INFATAB	Plan A (mihealth card); Plan B (WHP Card)	
PHENYTOIN SODIUM	DILANTIN 100MG KAPSEAL	Plan A (mihealth card); Plan B (WHP Card)	
PILOCARPINE HCL	PILOCARPINE 0.5% EYE DROPS		
PILOCARPINE HCL	PILOCARPINE 1% EYE DROPS		
PILOCARPINE HCL	PILOCARPINE 2% EYE DROPS		
PILOCARPINE HCL	PILOCARPINE 3% EYE DROPS		
PILOCARPINE HCL	PILOCARPINE 4% EYE DROPS		
PILOCARPINE HCL	PILOCARPINE 6% EYE DROPS		
PINDOLOL	VISKEN 5MG TABLET		
PINDOLOL	VISKEN 10MG TABLET		
PIROXICAM	FELDENE 10MG CAPSULE		
PIROXICAM	FELDENE 20MG CAPSULE		
PODOFILOX	CONDYLOX 0.5%		
POTASSIUM	K-LYTE ORANGE TABLET EFF		
POTASSIUM CHLORIDE	K TAB 10MEQ TABLET SA		
POTASSIUM CHLORIDE	KAOCHLOR S-F 10% LIQUID		
POTASSIUM CHLORIDE	MICRO-K 10MEQ EXTENCAPS		
POTASSIUM CHLORIDE	SLOW-K 8MEQ TABLET SA		
POTASSIUM GLUCONATE	KAON GRAPE ELIXIR		
PRAZOSIN HCL	MINIPRESS 1MG CAPSULE		
PRAZOSIN HCL	MINIPRESS 2MG CAPSULE		
PRAZOSIN HCL	MINIPRESS 5MG CAPSULE		
PREDNISOLONE	ORAPRED 15 MG/5 ML		
PREDNISOLONE ACETATE	PRED FORTE 1% EYE DROPS		
PREDNISONE	PREDNISONE 1MG TABLET		
PREDNISONE	PREDNISONE 2.5MG TABLET		
PREDNISONE	PREDNISONE 5MG TABLET		
PREDNISONE	PREDNISONE 10MG TABLET		
PREDNISONE	PREDNISONE 20MG TABLET		
PREGABALIN	LYRICA*	Plan A ONLY - use mihealth card	
PRENATAL VIT W/ Fe FUMARATE, FA	-----		
PRIMIDONE	MYSOLINE 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PRIMIDONE	MYSOLINE 250MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
PROBENECID	PROBALAN 500 MG TABLET		
PROBENECID/COLCHICINE	PROBALAN/COLCHICINE		
PROCAINAMIDE HCL	PROCAINAMIDE 750MG TABLET		
PROCAINAMIDE HCL	PRONESTYL 250MG CAPSULE		
PROCAINAMIDE HCL	PRONESTYL 375MG CAPSULE		
PROCAINAMIDE HCL	PRONESTYL 500MG CAPSULE		
PROCAINAMIDE HCL	PRONESTYL-SR 500MG TABLET		
PROCARBAZINE HCL	MATULANE 50MG CAPSULE	Plan A ONLY - use WHP card	
PROCHLORPERAZINE	COMPAZINE 5MG TABLET		
PROCHLORPERAZINE	COMPAZINE 10MG TABLET		
PROMETHAZINE	PHENERGAN 6.25MG/5ML SYRUP		
PROMETHAZINE	PHENERGAN 25MG TABLET		
PROMETHAZINE	PHENERGAN 12.5 MG SUPPOSITORY		
PROMETHAZINE	PHENERGAN 25 MG SUPPOSITORY		
PROMETHAZINE	PHENERGAN 50 MG SUPPOSITORY		

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
PROPANTHELINE	PRO-BANTHINE 15 MG TABLET		
PROPANTHELINE	PRO-BANTHINE 7.5 MG TABLET		
PROPOXYPHENE	DARVOCET-N 100 TABLET		
PROPOXYPHENE	DARVON COMPOUND-65 PULVULE		
PROPOXYPHENE HCL	DARVON 65MG PULVULE		
PROPRANOLOL	INDERAL 20MG TABLET		
PROPRANOLOL	INDERAL 40MG TABLET		
PROPRANOLOL	INDERAL 60MG TABLET		
PROPRANOLOL	INDERAL 80MG TABLET		
PROPRANOLOL HCL	INDERAL 10MG TABLET		
PROPRANOLOL HCL	INDERAL LA 80MG CAPSULE		
PROPRANOLOL HCL	INDERAL LA 120MG CAPSULE SA		
PROPYLTHIOURACIL	PROPYLTHIOURACIL 50 MG TABS		
PROTRIPTYLINE	VICACTIL*	Plan A ONLY - use mihealth card	
PSEUDOEPHEDRINE/COD/	TRIACIN C SYRUP		
PSYLLIUM HUSK	METAMUCIL POWDER	Plan A ONLY - use WHP card	
QUAZEPAM	DORAL*	Plan A ONLY - use mihealth card	OTC
QUETIAPINE	SEROQUEL*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
RAMELTEON	ROZEREM*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
RANITIDINE	ZANTAC 300MG TABLET		
RANITIDINE	ZANTAC 75MG TABLET	Plan A ONLY - use WHP card	
RANITIDINE HCL	ZANTAC 150MG TABLET		OTC
RESERPINE/HYDROCHLOR	RESERPINE/HCTZ 0.125/25 TAB		
RESERPINE/HYDROCHLOR	RESERPINE/HCTZ 50/0.125 TABLET		
RISPERIDONE	RISPERDAL M TAB*	Plan A ONLY - use mihealth card	
RISPERIDONE	RISPERDAL*	Plan A ONLY - use mihealth card	
RIVASTIGMINE	EXELON*	Plan A ONLY - use mihealth card	
SALSALATE	DISALCID 500MG TABLET		
SALSALATE	DISALCID 750MG TABLET		
SELENIUM SULFIDE	SELENIUM SULF 2.5% SHAMPOO		
SERTRALINE	ZOLOFT 100 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
SERTRALINE	ZOLOFT 25 MG TBLET	Plan A (mihealth card); Plan B (WHP Card)	
SERTRALINE	ZOLOFT 50 MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
SILVER SULFADIAZINE	SILVADENE 1% CREAM		
SIMVASTATIN	ZOCOR 10 MG TABLET		
SIMVASTATIN	ZOCOR 20 MG TABLET		
SIMVASTATIN	ZOCOR 40 MG TABLET		
SIMVASTATIN	ZOCOR 5 MG TABLET		
SIMVASTATIN	ZOCOR 80 MG TABLET		
SORAFENIB TOSYLATE	NEXAVAR 200 MG TABLET	Plan A ONLY - use WHP card	
SPIRONOLACTONE	ALDACTONE 100 MG TABLET		
SPIRONOLACTONE	ALDACTONE 25MG TABLET		
SPIRONOLACTONE	ALDACTONE 50 MG TABLET		
SPIRONOLACTONE/HCTZ	ALDACTAZIDE 25/25 TABLET		
SUCRALFATE	CARAFATE 1GM TABLET		
SULFACETAMIDE SODIUM	SOD SULAMYD 10PC OPHTH DROPS		
SULFACETAMIDE SODIUM	SOD SULAMYD 10PC OPHTH OINT		
SULFACETAMIDE/SULFUR	SULFACET-R LOTION		
SULFAMETHOXAZOLE/TRI	BACTRIM 400-80MG TABLET		
SULFAMETHOXAZOLE/TRI	BACTRIM DS TABLET		
SULFAMETHOXAZOLE/TRI	BACTRIM PEDIATRIC ORAL SUSP		
SULFASALAZINE	AZULFIDINE 500MG TABLET		
SULFATHIAZ/SULFACET/	TRIPLE SULFA VAGINAL CREAM		
SULFINPYRAZONE	ANTURANE 200MG CAPSULE		
SULFISOXAZOLE	GANTRISIN 500MG TABLET		
SULINDAC	CLINORIL 150MG TABLET		
SULINDAC	CLINORIL 200MG TABLET		
SUNITINIB MALATE	SUTENT 12.5 MG CAPSULE	Plan A ONLY - use WHP card	
SUNITINIB MALATE	SUTENT 25 MG CAPSULE	Plan A ONLY - use WHP card	
SUNITINIB MALATE	SUTENT 50 MG CAPSULE	Plan A ONLY - use WHP card	
TACRINE	COGNEX*	Plan A ONLY - use mihealth card	
TAMOXIFEN 10MG TABLET	NOLVADEX 10MG TABLET	Plan A ONLY - use WHP card	

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
TAMOXIFEN 20MG TABLET	NOLVADEX 20MG TABLET	Plan A ONLY - use WHP card	
TAMOXIFEN CITRATE	SOLTAMOX 10 MG/5 ML SOLN	Plan A ONLY - use WHP card	
TEMAZEPAM	RESTORIL 15MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
TEMAZEPAM	RESTORIL 30MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
TEMOZOLOMIDE	TEMODAR 100MG CAPSULE	Plan A ONLY - use WHP card	
TEMOZOLOMIDE	TEMODAR 20MG CAPSULE	Plan A ONLY - use WHP card	
TEMOZOLOMIDE	TEMODAR 250MG CAPSULE	Plan A ONLY - use WHP card	
TEMOZOLOMIDE	TEMODAR 5MG CAPSULE	Plan A ONLY - use WHP card	
TERAZOSIN	HYTRIN 1 MG CAPSULE		
TERAZOSIN	HYTRIN 10 MG CAPSULE		
TERAZOSIN	HYTRIN 2 MG CAPSULE		
TERAZOSIN	HYTRIN 5 MG CAPSULE		
TEST STRIPS	ASCENCIA BREEZE TEST STRIPS		
TEST STRIPS	ASCENCIA CONTOUR TEST STRIPS		
TEST STRIPS	TRUE TRACK TEST STRIPS		
TETRACYCLINE	SUMYCIN 125MG/5ML ORAL SUSP		
TETRACYCLINE	SUMYCIN 500MG CAPSULE		
TETRACYCLINE	SUMYCIN V 250MG CAPSULE		
THEOPHYLLINE	ELIXOPHYLLIN 80MG/15ML ELIX		
THEOPHYLLINE	SLO-BID 125 GYROCAPS		
THEOPHYLLINE	SLO-BID 200 GYROCAPS		
THEOPHYLLINE	SLO-BID 300 GYROCAPS		
THEOPHYLLINE	THEO-DUR 100MG TABLET SA		
THEOPHYLLINE	THEO-DUR 200MG TABLET SA		
THEOPHYLLINE	THEO-DUR 300MG TABLET SA		
THIORIDAZINE HC1	MELLARIL*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
THIOTHIXENE	NAVANE 1MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
THIOTHIXENE	NAVANE 2MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
THIOTHIXENE	NAVANE 5MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
THIOTHIXENE	NAVANE 5MG/ML ORAL CONC		
THIOTHIXENE	NAVANE 10MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
THYROID	ARMOUR THYROID 120 MG TABLET		
THYROID	ARMOUR THYROID 30MG TABLET		
THYROID	ARMOUR THYROID 60 MG TABLET		
TIAGABINE	GABITRIL*	Plan A ONLY - use mihealth card	
TIMOLOL MALEATE	BLOCADREN 5MG TABLET		
TIMOLOL MALEATE	BLOCADREN 10MG TABLET		
TIMOLOL MALEATE	BLOCADREN 20MG TABLET		
TIMOLOL MALEATE	TIMOPTIC 0.25% EYE DROPS		
TIMOLOL MALEATE	TIMOPTIC 0.5% EYE DROPS		
TIMOLOL MALEATE	TIMOPTIC OPTH OCUDOSE 0.25%		
TIMOLOL MALEATE	TIMOPTIC OPTH OCUDOSE 0.5%		
TOBRAMYCIN SULFATE	TOBREX 0.3% EYE DROPS		
TOLAZAMIDE	TOLINASE 100MG TABLET		
TOLAZAMIDE	TOLINASE 250MG TABLET		
TOLAZAMIDE	TOLINASE 500MG TABLET		
TOLBUTAMIDE	ORINASE 500MG TABLET		
TOLMETIN SODIUM	TOLECTIN 200MG TABLET		
TOLMETIN SODIUM	TOLECTIN DS 400MG CAPSULE		
TOLMETIN SODIUM	TOLMETIN 600MG TABLET		
TOPIRAMATE	TOPAMAX*	Plan A ONLY - use mihealth card	
TOREMIFENE CITRATE	FARESTON 60MG TABLET	Plan A ONLY - use WHP card	
TRAMADOL	ULTRAM 50 MG TABLET		
TRAZODONE	DESYREL 50MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRAZODONE	DESYREL 100MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRAZODONE HCL	DESYREL 150MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRETINOIN	VESANOID 10MG CAPSULE	Plan A ONLY - use WHP card	
TRIAMCINOLONE	KENALOG-ORABASE 0.1% PASTE		
TRIAMCINOLONE/ACETONIDE/L.S.B.	ARISTOCORT A 0.025% CREAM/OINTMENT		
TRIAMCINOLONE/ACETONIDE/L.S.B.	ARISTOCORT A 0.1% CREAM/OINTMENT		
TRIAMCINOLONE/ACETONIDE/L.S.B.	ARISTOCORT A 0.5% CREAM/OINT		
TRIAZOLAM	HALCION 0.125MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	

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WHP DRUG FORMULARY (Plan A and Plan B)
Effective 11/1/2008

Generic Name	Brand Name	Refer to Drug Formulary Key	Prior Auths, OTC, QLs
TRIAZOLAM	HALCION 0.25MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIFLUOPERAZINE HCL	STELAZINE 10MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIFLUOPERAZINE HCL	STELAZINE 1MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIFLUOPERAZINE HCL	STELAZINE 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIFLUOPERAZINE HCL	STELAZINE 5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIHEXYPHENIDYL HCL	ARTANE 2MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIHEXYPHENIDYL HCL	ARTANE 2MG/5ML ELIXIR	Plan A (mihealth card); Plan B (WHP Card)	
TRIHEXYPHENIDYL HCL	ARTANE 5MG TABLET	Plan A (mihealth card); Plan B (WHP Card)	
TRIMETHOPRIM	PROLOPRIM 100MG TABLET		
TRIMETHOPRIM	PROLOPRIM 200MG TABLET		
VALPROIC ACID	DEPAKENE 250MG CAPSULE	Plan A (mihealth card); Plan B (WHP Card)	
VALSARTAN	DIOVAN 160 MG TABLET		
VALSARTAN	DIOVAN 320 MG TABLET		QL (1 tab daily)
VALSARTAN	DIOVAN 40 MG TABLET		QL (1 tab daily)
VALSARTAN	DIOVAN 80 MG TABLET		QL (1 tab daily)
VALSARTAN/HCTZ	DIOVAN HCT 160 MG/12.5 MG TABLETS		QL (1 tab daily)
VALSARTAN/HCTZ	DIOVAN HCT 160 MG/25 MG TABLETS		QL (1 tab daily)
VALSARTAN/HCTZ	DIOVAN HCT 80 MG/12.5 MG TABLETS		QL (1 tab daily)
VENLAFAXINE	EFFEXOR XR*	Plan A ONLY - use mihealth card	
VENLAFAXINE	EFFEXOR*	Plan A ONLY - use mihealth card	
VERAPAMIL HCL	CALAN 40MG TABLET		
VERAPAMIL HCL	CALAN 80MG TABLET		
VERAPAMIL HCL	CALAN 120MG TABLET		
VERAPAMIL HCL	CALAN SR 120MG CAPLET		
VERAPAMIL HCL	CALAN SR 180MG CAPLET		
VERAPAMIL HCL	CALAN SR 240MG CAPLET SA		
VITAMIN B COMP W-C	BEROCCA TABLET		
VORINOSTAT	ZOLINZA 100 MG CAPSULE	Plan A ONLY - use WHP card	
WARFARIN SODIUM	COUMADIN 2.5 MG TABLET		
WARFARIN SODIUM	COUMADIN 5MG TABLET		
WARFARIN SODIUM	COUMADIN 7.5MG TABLET		
WARFARIN SODIUM	COUMADIN 1 MG TABLET		
WARFARIN SODIUM	COUMADIN 10MG TABLET		
WARFARIN SODIUM	COUMADIN 2 MG TABLET		
WARFARIN SODIUM	COUMADIN 3 MG TABLET		
WARFARIN SODIUM	COUMADIN 6 MG TABLET		
ZADITOR EYE DROPS	ZADITOR		OTC
ZALEPON	SONATA*	Plan A ONLY - use mihealth card	
ZIPRASIDONC HCL	GEODON*	Plan A ONLY - use mihealth card	PA Req'd (FHSC)
ZOLPIDEM TARTRATE	AMBIEN	Plan A (mihealth card); Plan B (WHP Card)	QL (10/MONTH)
ZONISAMIDE	ZONEGRAN*	Plan A ONLY - use mihealth card	

Note: Brand names are listed for reference only. If available, only the generic product is covered.