

GPA MEDICAL DRUG FORMULARY

The following drug classes/products are covered under the GPA Medical Formulary as of 10-1-98. Over-the-counter products within these categories, with the exception of insulin, are not covered.

All anti-anxiety agents

All non-steroidal anti-inflammatory (NSAIDS) agents

All anti-depressant agents

All anti-psychotic agents

All anti-hypertensive agents

All cardiovascular agents

All anti-diabetic agents (including testing machines, strip, syringes, lancets)

All anti-ulcer agents

All cholesterol-lowering agents

All thyroid agents

All sedative/hypnotic agents

All analgesic agents

All muscle relaxant agents

All hormone replacement agents

All anti-convulsant agents

All respiratory/asthma agents (including oral inhalers)

All topical steroid agents

All anti-fungal creams

All anti-Parkinson agents

All glaucoma agents

All anti-biotic/anti-fungal agents (oral only)

All uricosuric agents

All anti-thrombolytic agents

Interferon-Prior Authorization required