

**Pharmacy Benefit Management (PBM) Program
 FORMULARY/PRODUCT RESTRICTIONS**

Key:

- B** Available as brand name only
- G** Available as a generic equivalent

- \$** Average cost < \$50 per prescription
- \$\$** Average cost \$50 to \$99 per prescription
- \$\$\$** Average cost \$100 to \$249 per prescription
- \$\$\$\$** Average cost \$250 to \$499 per prescription
- \$\$\$\$\$** Average cost > \$499 per prescription

- F** Formulary: Indicates that the product is available without prior authorization.
- N/F** Non-Formulary: Indicates that the product is not available. An alternative F (Formulary) or PA (Prior Authorization) agent must be selected.
- PA** Prior Authorization: Indicates that the product require prior approval by WSI before being dispensed to the injured worker.

07 Aminoglycosides	Description	Brand Name	B/G	Cost	Status
<i>0700 Aminoglycosides</i>					
	Neomycin Oral Soln 125mg/5ml	Neo-Fradin	B		N/F
	Neomycin Tab 500mg		G		F
	Paromomycin Cap 250mg		G		N/F
	Tobramycin Inh Cap 28mg	TOBI Podhaler	B		N/F
	Tobramycin Inh Soln 300mg/5ml	Kitabis, Tobi	G		N/F

