



2007 FORMULARY (List of Covered Drugs)



PREMIERCARE♦ADVANTAGE *Rx*

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN.

FAMILYCARE HEALTH PLANS, INC.
2121 SW BROADWAY, SUITE 300
PORTLAND, OREGON 97201

866-798-CARE (2273)
TTY: 800-735-2900
WWW.FAMILYCAREINC.ORG

PremierCare Advantage Rx

2007 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes PremierCare Advantage Rx partial formulary as of October 14, 2006. For a complete, updated formulary, please visit our Web site at www.familycareinc.org or call 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900.

What is the PremierCare Advantage Rx Formulary?

A formulary is a list of covered drugs selected by FamilyCare Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. FamilyCare Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FamilyCare Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by FamilyCare Health Plans. For a complete listing of all prescription drugs covered by FamilyCare Health Plans, please visit our Web site at www.familycareinc.org or call 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900.

Can the Formulary change?

Generally, if you are taking a drug on our 2007 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of [date]. To get updated information about the drugs covered by FamilyCare Health Plans, please visit our Web site at www.familycareinc.org or call Customer Service at 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular medications". If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 17. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

FamilyCare Health Plans covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** FamilyCare Health Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from FamilyCare Health Plans before you fill your prescriptions. If you don't get approval, FamilyCare Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, FamilyCare Health Plans limits the amount of the drug that FamilyCare Health Plans will cover. For example, FamilyCare Health Plans provides treatment for five days per prescription for ceftriaxone. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, FamilyCare Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FamilyCare Health Plans may not cover drug B unless you try Drug A first. If Drug A does not work for you, FamilyCare Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask FamilyCare Health Plans to make an exception to these restrictions or limits. See the section, "How do I request an exception to the PremierCare Advantage Rx formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so FamilyCare Health Plans may cover your drug. You can contact Customer Service at 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900.

If you learn that FamilyCare Health Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by FamilyCare Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FamilyCare Health Plans.
- You can ask FamilyCare Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject starting January 1, 2007. Call your Medicare Drug Plan for more information.

How do I request an exception to the PremierCare Advantage Rx Formulary?

You can ask FamilyCare Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FamilyCare Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand, Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in the generic, tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, FamilyCare Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization

restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days. After your first 30 day supply, we will cover 1 more refill, as necessary. After you have used all of your refills, we will not pay for those drugs.

If you are a resident of a long-term care facility, we will cover a temporary 31 day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your PremierCare Advantage Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about PremierCare Advantage Rx, please call Customer Service at 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900.) Or visit www.familycareinc.org.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

PremierCare Advantage Rx Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by FamilyCare Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 17. Remember: This is only a partial list of drugs covered by FamilyCare Health Plans. If your prescription is not in this partial formulary, please visit our Web site at www.familycareinc.org or call Customer Service at 866-798-CARE (2273), Monday to Friday, 8:00am to 8:00pm. Extended hours are available during open enrollment. TTY/TDD users should call 800-735-2900 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LASIX) and generic drugs are listed in lower-case italics (e.g. furosemide).

The information in the Requirements/Limits column tells you if PremierCare Advantage Rx has any special requirements for coverage of your drug. The following Abbreviations are used

PA – Prior authorization required (see page 2).

ST – Step Therapy required (see page 2).

QL– Quantity Limit required (see page 2).

PremierCare Advantage Rx

(List of Covered Drugs)

Drug Category	Page
Antihistamine Drugs.....	7
Anti-Infective Agents.....	7
Antineoplastic Agents.....	8
Autonomic Drugs.....	9
Blood Formation, Coagulation & Thrombosis.....	9
Cardiovascular Drugs.....	9
Central Nervous System Agents.....	10
Electrolytic, Caloric and Water Balance.....	12
Enzymes.....	12
Respiratory Tract Agents.....	12
Eye, Ear, Nose and Throat Preparations.....	12
Gastrointestinal Drugs.....	12
Gold Compounds.....	13
Heavy Metal Antagonists.....	13
Hormones and Synthetic Substitutes.....	13
Local Anesthetics.....	14
Serums, Toxoids and Vaccines.....	14
Skin and Mucous Membrane Agents.....	15
Smooth Muscle Relaxants.....	15
Vitamins.....	15
Miscellaneous Therapeutic Agents.....	15
Devices.....	16
Index.....	17

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
04000000 Antihistamine Drugs			EPIVIR HBV	3	
ALLEGRA-D 24 HOUR	3	(STC)	EPZICOM	3	
<i>diphenhydramine hcl</i>	2		<i>erythromycin ethylsuccinate</i>	2	
<i>fxofenadine hcl</i>	2	(STC)	<i>erythromycin stearate</i>	2	
<i>promethazine hcl</i>	2		<i>erythromycin-sulfisoxazole</i>	2	
SEMPREX-D	3		<i>ethambutol hcl</i>	2	
ZYRTEC	3	(STC)	FANSIDAR	3	
ZYRTEC-D	3	(STC)	FLUMADINE	3	(QL)
08000000 Anti-infective Agents			FUZEON	4	(PA)
ABELCET	3	(PA)	<i>fluconazole</i>	2	
AGENERASE	3		<i>foscarnet sodium</i>	2	(PA)
AMBISOME	3	(PA)	GEOCILLIN	3	
AMPHOTEC	3	(PA)	<i>ganciclovir</i>	2	
ANCOBON	3		HEPSERA	3	(PA)
APTIVUS	3		HIVID	3	
AVELOX	3	(QL)(STC)	<i>hydroxychloroquine sulfate</i>	2	
AVELOX ABC	3	(QL)(STC)	INVANZ	3	(PA)
<i>acyclovir</i>	2		INVIRASE	3	
<i>acyclovir sodium</i>	2	(PA)	<i>isoniazid</i>	2	
<i>amantadine hcl</i>	2		<i>itraconazole</i>	2	(PA)
<i>amoxicillin</i>	2		KALETRA	3	
<i>amoxicillin & pot clavulanate</i>	2		KETEK	3	(PA)
<i>amphotericin b</i>	2	(PA)	KETEK PAK	3	(PA)
<i>ampicillin</i>	2		<i>ketoconazole</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	(PA)	LAMISIL	3	(PA)
<i>ampicillin sodium</i>	2	(PA)	LEVAQUIN	3	(QL)(STC)
<i>azithromycin</i>	2	(QL)	LEVAQUIN LEVA-PAK	3	(QL)(STC)
BILTRICIDE	3		LEXIVA	3	
COMBIVIR	3		MEPRON	3	
CRIXIVAN	3		MERREM	3	(PA)
CYTOVENE	3	(PA)	MINTEZOL	3	
<i>cefaclor</i>	2		<i>mebendazole</i>	2	
<i>cefadroxil</i>	2		<i>mefloquine hcl</i>	2	
<i>cefprozil</i>	2	(QL)	<i>metronidazole</i>	2	
<i>ceftriaxone sodium</i>	4	(QL)	NORVIR	3	
<i>cefuroxime axetil</i>	2		<i>nafcillin sodium</i>	2	(PA)
<i>cephalexin</i>	2		<i>neomycin sulfate</i>	2	
<i>chloroquine phosphate</i>	2		<i>nitrofurantoin macrocrystal</i>	2	
<i>ciprofloxacin hcl</i>	2		<i>nitrofurantoin monohyd macro</i>	2	
<i>clarithromycin</i>	2	(PA)(QL)	<i>nystatin (mouth-throat)</i>	2	
<i>clindamycin hcl</i>	2		OMNI-PAC	3	(PA)(QL)
DARAPRIM	3		OMNICEF	3	(PA)(QL)
<i>dicloxacillin sodium</i>	2		<i>oxacillin sodium</i>	2	(PA)
<i>didanosine</i>	2		PEG-INTRON	4	(PA)
<i>doxycycline hyclate</i>	2		PEG-INTRON REDIPEN	4	(PA)
EMTRIVA	3		PEG-INTRON REDIPEN PAK 4	4	(PA)
EPIVIR	3		PEGASYS	4	(PA)
			PREZISTA	3	
			PRIMAXIN IV	3	(PA)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PRIMAXIN IV ADD-VANTAGE	3	(PA)	DAUNOXOME	3	
<i>penicillin v potassium</i>	2		DOXIL	3	(PA)
<i>primaquine phosphate</i>	2		<i>doxorubicin hcl</i>	2	(PA)
<i>pyrazinamide</i>	2		ELIGARD	4	(PA)
RESCRIPTOR	3		ELLENC	4	
RETROVIR	3		ELOXATIN	4	(PA)
REYATAZ	3		EMCYT	3	
<i>ribavirin (hepatitis c)</i>	2	(PA)	FARESTON	3	
<i>rifampin</i>	2		FASLODEX	4	
<i>rimantadine hydrochloride</i>	2	(QL)	FEMARA	3	
SPORANOX	3	(PA)	<i>floxuridine</i>	2	(PA)
SUSTIVA	3		<i>fludarabine phosphate</i>	4	
<i>sulfadiazine</i>	2		<i>fluorouracil</i>	2	(PA)
<i>sulfamethoxazole-trimethoprim</i>	2		<i>flutamide</i>	2	
<i>sulfasalazine</i>	2		GEMZAR	4	
TAMIFLU	3		GLEEVEC	3	(PA)
TRIZIVIR	3		HEXALEN	3	
TRUVADA	3		<i>hydroxyurea</i>	2	
<i>tetracycline hcl</i>	2		INTRON-A	4	(PA)
<i>trimethoprim</i>	2		IRESSA	3	
VALCYTE	3	(PA)	LEUKERAN	3	
VALTREX	3	(STC)	LUPRON DEPOT INJ	4	(PA)
VFEND	3	(PA)	LYSODREN	3	
VFEND IV	3	(PA)	MATULANE	3	
VIDEX	3		MYLOTARG	4	
VIDEX EC	3		<i>megestrol acetate</i>	2	(PA)
VIRACEPT	3		<i>mercaptopurine</i>	2	
VIRAMUNE	3		<i>methotrexate sodium</i>	2	
VISTIDE	4	(PA)	<i>mitoxantrone hcl</i>	4	(PA)
<i>vancomycin hcl</i>	2	(PA)	NEXAVAR	3	
YODOXIN	3		NILANDRON	3	
ZERIT	3		ONTAK	4	
ZIAGEN	3		PROLEUKIN	4	
ZITHROMAX	3	(QL)	RITUXAN	3	
ZMAX	3	(QL)	ROFERON-A	4	(PA)
ZYVOX	3	(PA)	SPRYCEL	3	
<i>zidovudine</i>	2		SUTENT	3	
1000000 Antineoplastic Agents			TARCEVA	3	
ADRIAMYCIN	3	(PA)	TARGRETIN	3	
ARIMIDEX	3		TESLAC	3	
AROMASIN	3		TREXALL	3	
<i>bleomycin sulfate</i>	2	(PA)	TRISENOX	4	
CAMPTOSAR	4	(PA)	<i>tamoxifen citrate</i>	2	
CASODEX	3		VELCADE	4	
CEENU	3		VESANOID	3	
<i>carboplatin</i>	4		<i>vinblastine sulfate</i>	2	(PA)
<i>cyclophosphamide</i>	2	(PA)	ZEVALIN IN-111	4	(PA)
<i>cytarabine</i>	2		ZOLADEX	3	(PA)

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
12000000 Autonomic Drugs			EPOGEN	4	
ADVAIR DISKUS	3	(QL)	FRAGMIN	3	(PA)
ALBUTEROL SULFATE HFA	3	(QL)	<i>heparin sodium (porcine)</i>	2	
ALUPENT INH	3	(QL)	INNOHEP	3	(PA)
ARICEPT	3	(PA)	LEUKINE	4	
ARICEPT ODT	3	(PA)	LOVENOX	3	(QL)
ATROVENT HFA	3	(QL)	NEULASTA	4	(PA)
<i>albuterol</i>	2	(QL)	NEUMEGA	4	
<i>albuterol sulfate</i>	2		NEUPOGEN	4	
<i>baclofen</i>	2		PLAVIX	3	
<i>benztropine mesylate</i>	2		PROCRIT	4	
<i>bethanechol chloride</i>	2		<i>pentoxifylline</i>	2	
CHANTIX	3	(PA)	<i>warfarin sodium</i>	2	
COMBIVENT	3	(QL)	24000000 Cardiovascular Drugs		
<i>carisoprodol</i>	2		ALTACE	3	
<i>cyclobenzaprine hcl</i>	2		AVALIDE	3	(STC)
<i>dantrolene sodium</i>	2		AVAPRO	3	(STC)
<i>dicyclomine hcl</i>	2		<i>amiodarone hcl</i>	2	(QL)
EXELON	3	(PA)	<i>atenolol</i>	2	
<i>epinephrine hcl</i>	2		<i>atenolol & chlorthalidone</i>	2	
<i>ergoloid mesylates</i>	2		BENICAR	3	(STC)
FORADIL AEROLIZER	3	(QL)	<i>benazepril & hydrochlorothiazide</i>	2	
<i>hyoscyamine sulfate</i>	2		<i>benazepril hcl</i>	2	
ISUPREL	3		<i>bisoprolol & hydrochlorothiazide</i>	2	
MAXAIR AUTOH AER	3	(QL)	<i>bisoprolol fumarate</i>	2	
MESTINON	3		CATAPRES-TTS-1	3	
MESTINON TIMESPAN	3		CATAPRES-TTS-2	3	
<i>metaproterenol sulfate</i>	2	(QL)	CATAPRES-TTS-3	3	
<i>methocarbamol</i>	2		COLESTID	3	
NICOTROL INHALER	3		COREG	3	
NICOTROL NS	3		<i>captopril</i>	2	
PROSTIGMIN	3		<i>captopril & hydrochlorothiazide</i>	2	
PROVENTIL HFA	3	(QL)	<i>cholestyramine</i>	2	
<i>pyridostigmine bromide</i>	2		<i>clonidine hcl</i>	2	
RAZADYNE	3	(PA)	<i>colestipol hcl</i>	2	
RAZADYNE ER	3	(PA)	DIOVAN	3	(STC)
SEREVENT DISKUS	3	(QL)	DIOVAN HCT	3	(STC)
SPIRIVA HANDIHALER	3	(QL)	DYNACIRC CR	3	
<i>terbutaline sulfate</i>	2		<i>digoxin</i>	2	
<i>trihexyphenidyl hcl</i>	2		<i>diltiazem hcl</i>	2	
20000000 Blood Formation, Coagulation & Thrombosis			<i>diltiazem hcl coated beads</i>	2	
AGGRENOX	3	(QL)	<i>disopyramide phosphate</i>	2	
ARANESP	4	(PA)	<i>doxazosin mesylate</i>	2	
ARIXTRA	4	(PA)	<i>enalapril maleate</i>	2	
<i>anagrelide hcl</i>	2	(PA)	<i>felodipine</i>	2	
COUMADIN	3		<i>fenofibrate</i>	2	
<i>cilostazol</i>	2		<i>flecainide acetate</i>	2	
<i>dipyridamole</i>	2		<i>gemfibrozil</i>	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>guanfacine hcl</i>	2		ARTHROTEC 50	3	
HYZAAR	3	(STC)	ARTHROTEC 75	3	
<i>hydralazine hcl</i>	2		AZILECT	3	(PA)
<i>isosorbide dinitrate</i>	2		<i>acetaminophen w/ codeine</i>	2	
<i>isosorbide mononitrate</i>	2		<i>amitriptyline hcl</i>	2	
<i>isradipine</i>	2		<i>amphetamine-dextroamphetamine</i>	2	
LANOXIN	3		<i>bupropion hcl</i>	2	
LEVATOL	3		<i>bupirone hcl</i>	2	
LIPITOR	3		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	
LOTREL	3		CAMPRAL	3	(PA)
<i>labetalol hcl</i>	2		CARBATROL	3	
<i>lisinopril</i>	2		CELEBREX	3	(PA)(QL)
<i>lisinopril & hydrochlorothiazide</i>	2		CELONTIN	3	
<i>lovastatin</i>	2		COMTAN	3	
<i>methyl dopa</i>	2		CYMBALTA	3	
<i>metoprolol tartrate</i>	2		<i>carbamazepine</i>	2	
<i>mexiletine hcl</i>	2		<i>carbidopa-levodopa</i>	2	
<i>minoxidil</i>	2		<i>chlorpromazine hcl</i>	2	
NITRO-DUR	3		<i>choline & mag salicylate</i>	2	
NITROLINGUAL PUMPSPRAY	3		<i>citalopram hydrobromide</i>	2	
NORVASC	3		<i>clomipramine hcl</i>	2	
<i>nadolol</i>	2		<i>clozapine</i>	2	
<i>nifedipine</i>	2		DEPAKOTE	3	
<i>nitroglycerin</i>	2		DEPAKOTE ER	3	
OMACOR	3	(PA)	DEPAKOTE SPR CAP	3	
<i>pindolol</i>	2		DIFLUNISAL	3	
<i>prazosin hcl</i>	2		DILANTIN	3	
<i>procainamide hcl</i>	2		DILAUDID-HP	3	(PA)
<i>propafenone hcl</i>	2		DURAGESIC	3	(STC)
<i>propranolol hcl</i>	2		<i>desipramine hcl</i>	2	
<i>quinapril hcl</i>	2		<i>dextroamphetamine sulfate</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2		<i>diclofenac sodium</i>	2	
<i>quinidine gluconate</i>	2		<i>diflunisal</i>	2	
<i>quinidine sulfate</i>	2		<i>doxepin hcl</i>	2	
RANEXA	3	(PA)	EFFEXOR	3	(QL)
<i>sotalol hcl</i>	2		EFFEXOR XR	3	(QL)
<i>spironolactone</i>	2		<i>ergotamine w/ caffeine</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2		<i>ethosuximide</i>	2	
TOPROL XL	3		<i>etodolac</i>	2	
TRACLEER	3	(PA)	FELBATOL	3	
TRICOR	3		<i>fentanyl</i>	2	(STC)
TRIGLIDE	3		<i>fentanyl citrate</i>	2	(PA)
<i>terazosin hcl</i>	2		<i>fluoxetine hcl</i>	2	
VYTORIN	3		<i>fluphenazine decanoate</i>	2	
<i>verapamil hcl</i>	2		<i>fluphenazine hcl</i>	2	
28000000 Central Nervous System Agents			<i>flurbiprofen</i>	2	
ABILIFY	3		<i>fluvoxamine maleate</i>	2	
AMBIEN	3	(QL)	GABITRIL	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GEODON	3	(PA)	PROVIGIL	3	
<i>gabapentin</i>	2		<i>paroxetine hcl</i>	2	
<i>haloperidol</i>	2		<i>pergolide mesylate</i>	2	
<i>haloperidol lactate</i>	2		<i>perphenazine</i>	2	
<i>hydrocodone-acetaminophen</i>	2		<i>phenytoin</i>	2	
<i>hydromorphone hcl</i>	2		<i>phenytoin sodium</i>	2	
<i>hydroxyzine hcl</i>	2		<i>phenytoin sodium extended</i>	2	
<i>hydroxyzine pamoate</i>	2		<i>primidone</i>	2	
IMITREX	3	(QL)	<i>prochlorperazine edisylate</i>	2	
IMITREX STATDOSE PEN	3	(QL)	<i>prochlorperazine maleate</i>	2	
INFUMORPH	3		<i>propoxyphene hcl</i>	2	(PA)
<i>ibuprofen</i>	2		<i>propoxyphene-n w/ apap</i>	2	(PA)
<i>imipramine hcl</i>	2		RELPAX	3	(QL)
KEPPRA	3		REQUIP	3	
<i>ketoprofen</i>	2		REVEX	3	
LAMICTAL	3		RILUTEK	3	(PA)
LAMICTAL STARTER/TAKING V	3		RISPERDAL	3	
LYRICA	3		RISPERDAL M	3	
<i>lithium carbonate</i>	2		SEROQUEL	3	
<i>lithium citrate</i>	2		SONATA	3	(QL)
<i>loxapine succinate</i>	2		STRATTERA	3	(QL)
MARPLAN	3		SURMONTIL	3	
MAXALT	3	(QL)	<i>salsalate</i>	2	
MAXALT-MLT	3	(QL)	<i>selegiline hcl</i>	2	
MIGERGOT	3		<i>sertraline hcl</i>	2	
MIGRANAL	3	(QL)	<i>sulindac</i>	2	
MIRAPEX	3		TASMAR	3	
MOBAN	3		TEGRETOL	3	
<i>maprotiline hcl</i>	2		TEGRETOL XR	3	
<i>mepерidine hcl</i>	2	(PA)	TOPAMAX	3	
<i>meprobamate</i>	2		TRILEPTAL	3	
<i>methadone hcl</i>	2		<i>thioridazine hcl</i>	2	
<i>methylphenidate hcl</i>	2		<i>thiothixene</i>	2	
<i>mirtazapine</i>	2		<i>tolmetin sodium</i>	2	
<i>morphine sulfate</i>	2		<i>tramadol hcl</i>	2	
NAMENDA	3	(PA)	<i>trazodone hcl</i>	2	
NAMENDA TITRATION PAK	3	(PA)	<i>trifluoperazine hcl</i>	2	
<i>nabumetone</i>	2		<i>trimipramine maleate</i>	2	
<i>naloxone hcl</i>	2		VIVACTIL	3	
<i>naltrexone hcl</i>	2		<i>valproate sodium</i>	2	
<i>naproxen</i>	2		<i>valproic acid</i>	2	
<i>naproxen sodium</i>	2		<i>venlafaxine hcl</i>	2	(QL)
<i>nefazodone hcl</i>	2		ZOLOFT	3	
<i>nortriptyline hcl</i>	2		ZOMIG	3	(QL)
ORAP	3		ZOMIG ZMT	3	(QL)
<i>oxycodone hcl</i>	2	(PA)	ZYPREXA	3	
<i>oxycodone w/ acetaminophen</i>	2		ZYPREXA ZYDI	3	
<i>oxycodone w/ aspirin</i>	2		<i>zonisamide</i>	2	
PEGANONE	3				

Drug Name	Drug Tier	Notes
4000000 Electrolytic, Caloric and Water Balance		
AMINOSYN	3	(PA)
AMINOSYN 7%/ELECTROLYTES	3	(PA)
AMINOSYN II	3	(PA)
AMINOSYN-HBC	3	(PA)
AMINOSYN-PF 7%	3	(PA)
AMINOSYN-RF	3	(PA)
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amino acid infusion</i>	2	(PA)
<i>bumetanide</i>	2	
CLINIMIX 2.75%/DEXTROSE 5	3	(PA)
<i>chlorothiazide</i>	2	
<i>chlorthalidone</i>	2	
FREAMINE III 8.5%/DEXTROS	3	(PA)
<i>furosemide</i>	2	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
LITHOSTAT	3	
<i>lactulose (encephalopathy)</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
NEPHRAMINE	3	(PA)
PREMASOL	3	(PA)
<i>potassium bicarb & chloride</i>	2	
<i>potassium chloride</i>	2	
<i>potassium chloride</i>	2	
<i>microencapsulated crystals cr</i>		
<i>probenecid</i>	2	
RENAMIN	3	(PA)
<i>sodium polystyrene sulfonate</i>	2	
TRAVASOL 5.5%	3	(PA)
<i>toremide</i>	2	
<i>triamterene & hydrochlorothiazide</i>	2	
4400000 Enzymes		
FABRAZYME	4	(PA)
4800000 Respiratory Tract Agents		
ACCOLATE	3	
SINGULAIR	3	
ZYFLO	3	(PA)
5200000 Eye, Ear, Nose & Throat Preparations		
ACULAR	3	
ACULAR LS	3	
ACULAR PF	3	
ALOCRIAL	3	
ALOMIDE	3	

Drug Name	Drug Tier	Notes
ASTELIN	3	
AZOPT	3	
<i>acetazolamide</i>	2	
<i>acetic acid (otic)</i>	2	
<i>atropine sulfate (ophthalmic)</i>	2	
BETOPTIC-S	3	
<i>benzocaine & antipyrine</i>	2	
<i>brimonidine tartrate</i>	2	
<i>carbachol (ophth)</i>	2	
<i>cromolyn sodium (ophth)</i>	2	
<i>dipivefrin hcl</i>	2	
<i>erythromycin (ophth)</i>	2	
FLOXIN OTIC	3	(PA)
FLOXIN OTIC SINGLES	3	(PA)
FML S.O.P.	3	
<i>fluorometholone (ophth)</i>	2	
<i>gentamicin sulfate (ophth)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	(QL)
ISO CARBACHO	3	
<i>ipratropium bromide (nasal)</i>	2	(QL)
<i>ketotifen fumarate (ophth)</i>	2	
LUMIGAN	3	
<i>levobunolol hcl</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>methazolamide</i>	2	
NASACORT AQ	3	(QL)
NASONEX	3	(QL)
NATACYN	3	
<i>naphazoline hcl</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>phenylephrine hcl (ophth)</i>	2	(QL)
<i>pilocarpine hcl</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>prednisolone sodium phosphate (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX	3	
TOBREX	3	
<i>timolol maleate (ophth)</i>	2	
<i>tobramycin sulfate (ophth)</i>	2	
<i>trifluridine</i>	2	
XALATAN	3	
ZYMAR	3	(PA)(QL)
5600000 Gastrointestinal Drugs		
ANZEMET	3	(PA)(QL)
ASACOL	3	
<i>amylase-lipase-protease</i>	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CANASA	3		AVANDIA	3	(STC)
DIPENTUM	3		AZMACORT	3	
<i>diphenoxylate w/ atropine</i>	2		BYETTA	3	(PA)
EMEND	3	(PA)	CYTOMEL	3	
<i>famotidine</i>	2		<i>calcitonin (salmon)</i>	2	(QL)
KYTRIL	3	(PA)(QL)	DEPO-TESTOST	3	
LOTRONEX	3	(PA)	<i>desmopressin acetate</i>	2	
<i>loperamide hcl</i>	2	(QL)	<i>desmopressin acetate spray</i>	2	
MARINOL	3	(PA)	<i>desogestrel & ethinyl estradiol</i>	2	
<i>meclizine hcl</i>	2		<i>desogestrel-ethinyl estradiol (triphasic)</i>	2	
<i>mesalamine</i>	2		<i>dexamethasone</i>	2	
<i>metoclopramide hcl</i>	2	(PA)	ESCLIM	3	
<i>misoprostol</i>	2		ESTRADERM	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	(QL)	ESTROSTEP FE	3	
PENTASA	3		EVISTA	3	
PREVACID	3	(QL)	<i>estradiol</i>	2	
PREVACID I.V	3	(QL)	<i>estropiate</i>	2	
PREVACID SOLUTAB	3	(QL)(STC)	<i>ethynodiol diacet & eth estrad</i>	2	
PREVPAC	3	(QL)	FEMHRT 1/5	3	
PROTONIX	3	(QL)(STC)	FEMHRT LOW DOSE	3	
<i>polyethylene glycol 3350</i>	2	(QL)	FLOVENT HFA	3	
<i>ranitidine hcl</i>	2		<i>fludrocortisone acetate</i>	2	
<i>sucrafate</i>	2		GENOTROPIN	4	(PA)
<i>trimethobenzamide hcl</i>	2	(PA)	<i>glimepiride</i>	2	
<i>ursodiol</i>	2		<i>glipizide</i>	2	
ZELNORM	3	(PA)	<i>glyburide</i>	2	
ZOFRAN	3	(PA)(QL)	<i>glyburide-metformin</i>	2	
ZOFRAN ODT	3	(PA)(QL)	HUMALOG	3	
6000000 Gold Compounds			HUMALOG MIX 75/25	3	
RIDAURA	3		HUMALOG PEN	3	
6400000 Heavy Metal Antagonists			HUMATROPE	4	(PA)
CUPRIMINE	3		HUMULIN 50/50	3	
DEPEN TITRA	3		HUMULIN 70/30	3	
EXJADE	3	(PA)	HUMULIN 70/30 PEN	3	
6800000 Hormones and Synthetic Substitutes			HUMULIN N	3	
ACTOS	3	(STC)	HUMULIN N U-100 PEN	3	
ALORA	3		HUMULIN R	3	
ANDRODERM	3		LANTUS	3	
ANDROGEL	3		LEVOXYL	3	
ARMOUR THYRO	3		<i>levonorgestrel & eth estradiol</i>	2	
ASMANEX 120 METERED DOSES	3		<i>levonorgestrel-eth estradiol (triphasic)</i>	2	
ASMANEX 30 METERED DOSES	3		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
ASMANEX 60 METERED DOSES	3		<i>levothyroxine sodium</i>	2	
AVANDAMET	3	(STC)	<i>liothyronine sodium</i>	2	
AVANDARYL	3		MENEST	3	
			MENOSTAR	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MIACALCIN	3	(QL)	<i>prednisone</i>	2	
<i>medroxyprogesterone acetate</i>	2		<i>propylthiouracil</i>	2	
<i>metformin hcl</i>	2		RELION 70/30	3	
<i>methimazole</i>	2		RELION 70/30 INNOLET	3	
<i>methylprednisolone</i>	2		RELION N INNOLET	3	
NECON 10/11-28	3		RELION R	3	
NORDITROPIN CARTRIDGE	4	(PA)	SOMAVERT	4	(PA)
NORDITROPIN NORDIFLEX	4	(PA)	STIMATE	3	
NORDITROPIN NORDIFLEX PEN	4	(PA)	SYMLIN	3	(PA)
NOVOLIN 70/30	3		SYNAREL	3	(PA)
NOVOLIN 70/30 INNOLET	3		SYNTHROID	3	
NOVOLIN 70/30 PENFILL	3		TESTIM	3	
NOVOLIN N	3		TEV-TROPIN	3	(PA)
NOVOLIN N U-100 PENFILL	3		<i>testosterone cypionate</i>	2	
NOVOLIN R	3		<i>thyroid</i>	2	
NOVOLIN R INNOLET	3		<i>tolazamide</i>	2	
NOVOLIN R U-100 PENFILL	3		VIVELLE	3	
NOVOLOG	3		VIVELLE-DOT	3	
NOVOLOG MIX 70/30	3		YASMIN 28	3	
NOVOLOG MIX 70/30 PENFILL	3				
NOVOLOG MIX 70/30 PREFILL	3		72000000 Local Anesthetics		
NOVOLOG PENFILL	3		<i>lidocaine hcl (local anesth.)</i>	2	
NUTROPIN	3	(PA)			
NUTROPIN AQ	4	(PA)	80000000 Serums, Toxoids and Vaccines		
<i>norethin acet & estrad-fe</i>	2		ATTENUVAX	3	
<i>norethindrone & eth estradiol</i>	2		CARIMUNE	3	(PA)
<i>norethindrone & mestranol</i>	2		CARIMUNE NF	4	(PA)
<i>norethindrone (contraceptive)</i>	2		COMVAX	3	
<i>norethindrone acet & eth estra</i>	2		DAPTACEL	3	
<i>norethindrone acetate</i>	2		ENGERIX-B	3	
<i>norethindrone-eth estradiol</i>	2		FLEBOGAMMA	3	(PA)
<i>(triphasic)</i>			GAMMAGARD S/D	3	(PA)
<i>norgestimate-ethinyl estradiol</i>	2		HAVRIX	3	
<i>norgestimate-ethinyl estradiol</i>	2		HIBTITER	3	
<i>(triphasic)</i>			INFANRIX	3	
<i>norgestrel & ethinyl estradiol</i>	2		IPOL INACTIVATED IPV	3	
ORTHO TRI-CYCLEN LO	3		IVEEGAM EN	3	(PA)
OVCON-50 28	3		<i>immune globulin (human)</i>	4	(PA)
PLAN B	3		JE-VAX	3	
PRANDIN	3	(STC)	M-M-R II W/DILUENT 1 DOSE	3	
PRECOSE	3	(STC)	M-M-R II W/DILUENT 10 DOS	3	
PREMARIN	3		MERUVAX II W/DILUENT 1 DO	3	
PREMARIN W/APPLICATOR	3		MERUVAX II W/DILUENT 10 D	3	
PREMPHASE	3		OCTAGAM	3	(PA)
PREMPRO	3		PANGLOBULIN	3	(PA)
PROMETRIUM	3		PEDIARIX	3	
PULMICORT TURBUHALER	3		POLYGAM S/D	3	(PA)
<i>prednisolone</i>	2		RABAVERT	3	
<i>prednisolone sodium phosphate</i>	2		RECOMBIVAX HB	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TE ANATOXAL BERNA	3		<i>hydrocortisone valerate</i>	2	
TETANUS TOXOID ADSORBED	3		<i>isotretinoin</i>	2	(PA)
TRIPEDIA	3		LEVULAN KERA	3	
TWINRIX	3		LIDODERM	3	
TYPHIM VI	3		<i>lactic acid (ammonium lactate)</i>	2	
VAQTA	3		<i>lidocaine-prilocaine</i>	2	
VARIVAX	3		<i>mometasone furoate</i>	2	
VENOGLOBUL-S	3	(PA)	<i>nystatin (topical)</i>	2	
84000000 Skin and Mucous Membrane Preparations			<i>nystatin-triamcinolone</i>	2	
8-MOP	3	(PA)	OVIDE	3	(QL)
ALDARA	3	(PA)	OXISTAT	3	
ANALPRAM-HC	3		PROCTOFOAM HC	3	
<i>aluminum chloride</i>	2		PROTOPIC	3	
<i>aug betamethasone dipropionate</i>	2		<i>permethrin</i>	2	(QL)
<i>betamethasone dipropionate (topical)</i>	2		<i>phenazopyridine hcl</i>	2	
<i>betamethasone valerate</i>	2		<i>podofilox</i>	2	
CARAC	3		<i>pramoxine-hc</i>	2	
CONDYLOX	3		REGRANEX	3	(PA)(QL)
CORTIFOAM	3		SANTYL	3	
<i>ciclopirox olamine</i>	2		<i>selenium sulfide</i>	2	
<i>clobetasol propionate</i>	2		<i>selenium sulfide-pyrithione zinc in urea vehicle</i>	2	
<i>clotrimazole (topical)</i>	2		<i>silver sulfadiazine</i>	2	
<i>clotrimazole vaginal</i>	2		TAZORAC	3	(PA)
<i>clotrimazole w/ betamethasone</i>	2		<i>terconazole vaginal</i>	2	
DENAVIR	3		<i>tretinoin</i>	2	(PA)
DERMA-SMOOTH/FS BODY OIL	3		<i>triamcinolone acetonide (mouth)</i>	2	
DERMA-SMOOTH/FS SCALP OI	3		<i>triamcinolone acetonide (topical)</i>	2	
DOVONEX	3		<i>urea</i>	2	
DRITHO-SCALP	3		86000000 Smooth Muscle Relaxants		
<i>desonide</i>	2		<i>aminophylline</i>	2	
<i>desoximetasone</i>	2		DETROL	3	
<i>diflorasone diacetate</i>	2		DETROL LA	3	
EFUDEX	3		DITROPAN XL	3	
ELIDEL	3	(PA)	<i>oxybutynin chloride</i>	2	
EMLA/TEGADERM	3		SANCTURA	3	
EPIFOAM	3		<i>theophylline</i>	2	
EURAX	3		88000000 Vitamins		
EXELDERM	3		<i>calcitriol</i>	2	
<i>econazole nitrate</i>	2		HECTOROL	3	
<i>erythromycin (acne aid)</i>	2		ZEMPLAR	3	(PA)
FLUOROPLEX	3		92000000 Miscellaneous Therapeutic Agents		
<i>fluocinolone acetonide</i>	2		ACTIMMUNE	4	(PA)
<i>fluocinonide</i>	2		ACTONEL	3	
<i>fluorouracil (topical)</i>	2		AVONEX	4	(PA)
HC PRAMOXINE	3		<i>allopurinol</i>	2	
<i>halobetasol propionate</i>	2				
<i>hydrocortisone (topical)</i>	2				
<i>hydrocortisone acetate w/ pramoxine</i>	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>azathioprine</i>	2		MIRASORB SPONGES 2" X 2"	3	
BETASERON	4	(PA)	MITRAFLEX	3	
<i>bromocriptine mesylate</i>	2		MITRAFLEX PLUS	3	
CELLCEPT	3		MONOJECT INSULIN SYRINGE R	3	
CEREZYME	4	(PA)	MONOJECT INSULIN SYRINGE/	3	
COPAXONE	4	(PA)	QC STERILE PADS 2"X2"	3	
CYTADREN	3		RA GAUZE PADS 2"X2"	3	
<i>colchicine</i>	2		RA STERILE PADS 2"X2"	3	
<i>cyclosporine</i>	2		SM GAUZE PADS	3	
ENBREL	4	(PA)	STERI-PAD STERILE PADS 10	3	
ETHYOL	4	(PA)	STERI-PAD STERILE PADS 25	3	
FLUORABON	3		STERILE GAUZE PADS 2"X2"	3	
FOSAMAX	3		STERILE PADS 2" X 2"	3	
<i>finasteride</i>	2		STERILE PADS 2"X 2"	3	
HUMIRA	4	(PA)	STERILE PADS 2"X2"	3	
<i>leflunomide</i>	2		ULTILET PEN NEEDLE	3	
<i>leucovorin calcium</i>	2		UNIFINE PENTIPS	3	
<i>levocarnitine (metabolic modifiers)</i>	2		UNIFINE PENTIPS/12MM	3	
MESNEX	3				
<i>mesna</i>	2				
<i>octreotide acetate</i>	4	(PA)			
PROGRAF	3	(PA)			
RAPAMUNE	3				
REBIF	4	(PA)			
REBIF TITRATION PACK	4	(PA)			
REMICADE	4	(PA)			
SANDOSTATIN LAR DEPOT	4	(PA)			
SENSIPAR	3				
SIMULECT	3				
<i>sodium fluoride</i>	2				
UROXATRAL	3				
ZENAPAX	4	(PA)			
94000000 Devices					
BD INSULIN SYRINGE SLIP T	3				
BL STERILE PADS 2"X2"	3				
CURITY GAUZE PADS/2"X2"	3				
CVS GAUZE PAD STERILE 2"X	3				
ECK STERILE PADS 2"X2"	3				
GAUZE PADS 2"X2"	3				
GNP STERILE PADS 2"X2"	3				
INSULIN SYRINGE LUER-LOK/	3				
ISLAND GARD-GRX	3				
J & J GAUZE NONSTERILE 8-	3				
KMART VALU PLUS INSULIN S	3				
KROGER PEN NEEDLES 29G	3				
KROGER PEN NEEDLES 31G	3				
LYOFOAM A POLYURETHANE FO	3				
MIRASORB SONGES 2" X 2"	3				

INDEX

A

ABELCET 7
ABILIFY 10
ACCOLATE 12
acetaminophen w/ codeine 10
acetazolamide 12
acetic acid (otic) 12
ACTIMMUNE 15
ACTONEL 15
ACTOS 13
ACULAR LS 12
ACULAR PF 12
ACULAR 12
acyclovir sodium 7
acyclovir 7
ADRIAMYCIN 8
ADVAIR DISKUS 9
AGENERASE 7
AGGRENOLX 9
ALBUTEROL SULFATE HFA 9
albuterol sulfate 9
albuterol 9
ALDARA 15
ALLEGRA-D 24 HOUR 7
allopurinol 15
ALOCRIL 12
ALOMIDE 12
ALORA 13
ALTACE 9
aluminum chloride 15
ALUPENT INH 9
amantadine hcl 7
AMBIEN 10
AMBISOME 7
amiloride & hydrochlorothiazide 12
amino acid infusion 12
aminophylline 15
AMINOSYN 7%/ELECTROLYTES 12
AMINOSYN II 12
AMINOSYN-HBC 12
AMINOSYN-PF 7% 12
AMINOSYN-RF 12
AMINOSYN 12
amiodarone hcl 9
amitriptyline hcl 10
amoxicillin & pot clavulanate 7
amoxicillin 7
amphetamine-dextroamphetamine 10
AMPHOTEC 7

ampicillin & sulbactam sodium 7
ampicillin sodium 7
ampicillin 7
amylase-lipase-protease 12
anagrelide hcl 9
ANALPRAM-HC 15
ANCOBON 7
ANDRODERM 13
ANDROGEL 13
ANZEMET 12
APTIVUS 7
ARANESP 9
ARICEPT ODT 9
ARICEPT 9
ARIMIDEX 8
ARIXTRA 9
ARMOUR THYRO 13
AROMASIN 8
ARTHROTEC 50 10
ARTHROTEC 75 10
ASACOL 12
ASMANEX 120 METERED DOSES 13
ASMANEX 30 METERED DOSES 13
ASMANEX 60 METERED DOSES 13
ASTELIN 12
atenolol & chlorthalidone 9
atenolol 9
atropine sulfate (ophthalmic) 12
ATROVENT HFA 9
ATTENUVAX 14
aug betamethasone dipropionate 15
AVALIDE 9
AVANDAMET 13
AVANDARYL 13
AVANDIA 13
AVAPRO 9
AVELOX ABC 7
AVELOX 7
AVONEX 15
azathioprine 16
AZILECT 10
azithromycin 7
AZMACORT 13
AZOPT 12

B

baclofen 9
BD INSULIN SYRINGE SLIP T 16

benazepril hcl 9
BENICAR 9
benzocaine & antipyrine 12
benztropine mesylate 9
betamethasone dipropionate (topical) 15
betamethasone valerate 15
BETASERON 16
bethanechol chloride 9
BETOPTIC-S 12
BILTRICIDE 7
bisoprolol & hydrochlorothiazide 9
bisoprolol fumarate 9
BL STERILE PADS 2"X2" 16
bleomycin sulfate 8
brimonidine tartrate 12
bromocriptine mesylate 16
bumetanide 12
bupropion hcl 10
buspirone hcl 10
butalbital-acetaminophen-caffeine w/ codeine 10
BYETTA 13

C

calcitonin (salmon) 13
calcitriol 15
CAMPRAL 10
CAMPTOSAR 8
CANASA 13
captopril & hydrochlorothiazide 9
captopril 9
CARAC 15
carbachol (ophth) 12
carbamazepine 10
CARBATROL 10
carbidopa-levodopa 10
carboplatin 8
CARIMUNE NF 14
CARIMUNE 14
carisoprodol 9
CASODEX 8
CATAPRES-TTS-1 9
CATAPRES-TTS-2 9
CATAPRES-TTS-3 9
CEENU 8
cefaclor 7
cefadroxil 7

ceftriaxone sodium 7
cefuroxime axetil 7
CELEBREX 10
CELLCEPT 16
CELONTIN 10
cephalexin 7
CEREZYME 16
CHANTIX 9
chloroquine phosphate 7
chlorothiazide 12
chlorpromazine hcl 10
chlorthalidone 12
cholestyramine 9
choline & mag salicylate 10
ciclopirox olamine 15
cilostazol 9
ciprofloxacin hcl 7
citalopram hydrobromide 10
clarithromycin 7
clindamycin hcl 7
CLINIMIX 2.75%/DEXTROSE 5 12
clobetasol propionate 15
clomipramine hcl 10
clonidine hcl 9
clotrimazole (topical) 15
clotrimazole vaginal 15
clotrimazole w/ betamethasone 15
clozapine 10
colchicine 16
COLESTID 9
colestipol hcl 9
COMBIVENT 9
COMBIVIR 7
COMTAN 10
COMVAX 14
CONDYLOX 15
COPAXONE 16
COREG 9
CORTIFOAM 15
COUMADIN 9
CRIXIVAN 7
cromolyn sodium (ophth) 12
CUPRIMINE 13
CURITY GAUZE PADS/2"X2" 16
CVS GAUZE PAD STERILE 2"X 16
cyclobenzaprine hcl 9
cyclophosphamide 8
cyclosporine 16

CYTADREN 16
cytarabine 8
CYTOMEL 13
CYTOVENE 7
D
dantrolene sodium 9
DAPTACEL 14
DARAPRIM 7
DAUNOXOME 8
DENAVIR 15
DEPAKOTE ER 10
DEPAKOTE SPR CAP 10
DEPAKOTE 10
DEPEN TITRA 13
DEPO-TESTOST 13
DERMA-SMOOTH/FS BODY OIL 15
DERMA-SMOOTH/FS SCALP OI 15
desipramine hcl 10
desmopressin acetate spray 13
desmopressin acetate 13
desogestrel & ethinyl estradiol 13
desogestrel-ethinyl estradiol
(triphasic) 13
desonide 15
desoximetasone 15
DETROL LA 15
DETROL 15
dexamethasone 13
dextroamphetamine sulfate 10
diclofenac sodium 10
dicloxacillin sodium 7
dicyclomine hcl 9
didanosine 7
diflorasone diacetate 15
DIFLUNISAL 10
diflunisal 10
digoxin 9
DILANTIN 10
DILAUDID-HP 10
diltiazem hcl coated beads 9
diltiazem hcl 9
DIOVAN HCT 9
DIOVAN 9
DIPENTUM 13
diphenhydramine hcl 7
diphenoxylate w/ atropine 13

dipivefrin hcl 12
disopyramide phosphate 9
DITROPAN XL 15
DOVONEX 15
doxazosin mesylate 9
doxepin hcl 10
DOXIL 8
doxorubicin hcl 8
doxycycline hyclate 7
DRITHO-SCALP 15
DURAGESIC 10
DYNACIRC CR 9
E
ECK STERILE PADS 2"X2" 16
econazole nitrate 15
EFFEXOR XR 10
EFFEXOR 10
EFUDEX 15
ELIDEL 15
ELIGARD 8
ELLECE 8
ELOXATIN 8
EMCYT 8
EMEND 13
EMLA/TEGADERM 15
EMTRIVA 7
enalapril maleate 9
ENBREL 16
ENGERIX-B 14
EPIFOAM 15
epinephrine hcl 9
EPIVIR HBV 7
EPIVIR 7
EPOGEN 9
EPZICOM 7
ergoloid mesylates 9
ergotamine w/ caffeine 10
erythromycin (acne aid) 15
erythromycin (ophth) 12
erythromycin ethylsuccinate 7
erythromycin stearate 7
erythromycin-sulfisoxazole 7
ESCLIM 13
ESTRADERM 13
estradiol 13
estropipate 13
ESTROSTEP FE 13

ethosuximide 10
ethynodiol diacet & eth estrad 13
ETHYOL 16
etodolac 10
EURAX 15
EVISTA 13
EXELDERM 15
EXELON 9
EXJADE 13

F

FABRAZYME 12
famotidine 13
FANSIDAR 7
FARESTON 8
FASLODEX 8
FELBATOL 10
felodipine 9
FEMARA 8
FEMHRT 1/5 13
FEMHRT LOW DOSE 13
fenofibrate 9
fentanyl citrate 10
fentanyl 10
fexofenadine hcl 7
finasteride 16
FLEBOGAMMA 14
flecainide acetate 9
FLOVENT HFA 13
FLOXIN OTIC SINGLES 12
FLOXIN OTIC 12
floxuridine 8
fluconazole 7
fludarabine phosphate 8
fludrocortisone acetate 13
FLUMADINE 7
fluocinolone acetonide 15
fluocinonide 15
FLUORABON 16
fluorometholone (ophth) 12
FLUOROPLEX 15
fluorouracil (topical) 15
fluorouracil 8
fluoxetine hcl 10
fluphenazine decanoate 10
fluphenazine hcl 10
flurbiprofen 10
flutamide 8

FML S.O.P. 12
FORADIL AEROLIZER 9
FOSAMAX 16
foscarnet sodium 7
FRAGMIN 9
FREAMINE III 8.5%/DEXTROS 12
furosemide 12
FUZEON 7

G

gabapentin 11
GABITRIL 10
GAMMAGARD S/D 14
ganciclovir 7
GAUZE PADS 2"X2" 16
gemfibrozil 9
GEMZAR 8
GENOTROPIN 13
gentamicin sulfate (ophth) 12
GEOCILLIN 7
GEODON 11
GLEEVEC 8
glimepiride 13
glipizide 13
glyburide-metformin 13
glyburide 13
GNP STERILE PADS 2"X2" 16
guanfacine hcl 10

H

halobetasol propionate 15
haloperidol lactate 11
haloperidol 11
HAVRIX 14
HC PRAMOXINE 15
HECTOROL 15
heparin sodium (porcine) 9
HEPSERA 7
HEXALEN 8
HIBTITER 14
HIVID 7
HUMALOG MIX 75/25 13
HUMALOG PEN 13
HUMALOG 13
HUMATROPE 13
HUMIRA 16
HUMULIN 50/50 13
HUMULIN 70/30 PEN 13
HUMULIN 70/30 13

HUMULIN N 13
HUMULIN R 13
hydralazine hcl 10
hydrochlorothiazide 12
hydrocodone-acetaminophen 11
hydrocortisone (topical) 15
hydrocortisone acetate w/
pramoxine 15
hydrocortisone valerate 15
hydrocortisone w/acetic acid 12
hydromorphone hcl 11
hydroxychloroquine sulfate 7
hydroxyurea 8
hydroxyzine hcl 11
hydroxyzine pamoate 11
hyoscyamine sulfate 9
HYZAAR 10

I

ibuprofen 11
imipramine hcl 11
IMITREX STATDOSE PEN 11
IMITREX 11
immune globulin (human) 14
indapamide 12
INFANRIX 14
INFUMORPH 11
INNOHEP 9
INSULIN SYRINGE LUER-LOK/ 16
INTRON-A 8
INVANZ 7
INVIRASE 7
IPOL INACTIVATED IPV 14
ipratropium bromide (nasal) 12
IRESSA 8
ISLAND GARD-GRX 16
ISO CARBACHO 12
isoniazid 7
isosorbide dinitrate 10
isosorbide mononitrate 10
isotretinoin 15
isradipine 10
ISUPREL 9
itraconazole 7
IVEEGAM EN 14

J

J & J GAUZE NONSTERILE 8- 16
JE-VAX 14

K

KALETRA 7
KEPPRA 11
KETEK PAK 7
KETEK 7
ketoconazole 7
ketoprofen 11
ketotifen fumarate (ophth) 12
KMART VALU PLUS INSULIN S 16
KROGER PEN NEEDLES 29G 16
KROGER PEN NEEDLES 31G 16
KYTRIL 13

L

labetalol hcl 10
lactic acid (ammonium lactate) 15
lactulose (encephalopathy) 12
LAMICTAL STARTER/TAKING V 11
LAMICTAL 11
LAMISIL 7
LANOXIN 10
LANTUS 13
leflunomide 16
leucovorin calcium 16
LEUKERAN 8
LEUKINE 9
LEVAQUIN LEVA-PAK 7
LEVAQUIN 7
LEVATOL 10
levobunolol hcl 12
levocarnitine (metabolic modifiers) 16
levonorgestrel & eth estradiol 13
levonorgestrel-eth estradiol (triphasic) 13
levonorgestrel-ethinyl estradiol (91-day) 13
levothyroxine sodium 13
LEVOXYL 13
LEVULAN KERA 15
LEXIVA 7
lidocaine hcl (local anesth.) 14
lidocaine hcl (mouth-throat) 12
lidocaine-prilocaine 15
LIDODERM 15
liothyronine sodium 13
LIPITOR 10

lisinopril & hydrochlorothiazide 10
lisinopril 10
lithium citrate 11
LITHOSTAT 12
loperamide hcl 13
LOTREL 10
LOTRONEX 13
lovastatin 10
LOVENOX 9
loxapine succinate 11
LUMIGAN 12
LUPRON DEPOT INJ 8
LYOFOAM A POLYURETHANE FO 16
LYRICA 11
LYSODREN 8

M

M-M-R II W/DILUENT 1 DOSE 14
M-M-R II W/DILUENT 10 DOS 14
maprotiline hcl 11
MARINOL 13
MARPLAN 11
MATULANE 8
MAXAIR AUTOH AER 9
MAXALT-MLT 11
MAXALT 11
mebendazole 7
meclizine hcl 13
medroxyprogesterone acetate 14
mefloquine hcl 7
megestrol acetate 8
MENEST 13
MENOSTAR 13
meperidine hcl 11
meprobamate 11
MEPRON 7
mercaptapurine 8
MERREM 7
MERUVAX II W/DILUENT 1 DO 14
MERUVAX II W/DILUENT 10 D 14
mesalamine 13
mesna 16
MESNEX 16
MESTINON TIMESPAN 9
MESTINON 9
metaproterenol sulfate 9
metformin hcl 14
methadone hcl 11

methimazole 14
methocarbamol 9
methotrexate sodium 8
methyclothiazide 12
methyldopa 10
methylphenidate hcl 11
methylprednisolone 14
metoclopramide hcl 13
metolazone 12
metoprolol tartrate 10
metronidazole 7
mexiletine hcl 10
MIACALCIN 14
MIGERGOT 11
MIGRANAL 11
minoxidil 10
MINTEZOL 7
MIRAPEX 11
MIRASORB SONGES 2" X 2" 16
MIRASORB SPONGES 2" X 2" 16
mirtazapine 11
misoprostol 13
mitoxantrone hcl 8
MITRAFLEX PLUS 16
MITRAFLEX 16
MOBAN 11
mometasone furoate 15
MONOJECT INSUIN SYRINGE R 16
MONOJECT INSULIN SYRINGE/ 16
morphine sulfate 11
MYLOTARG 8

N

nabumetone 11
nadolol 10
nafcillin sodium 7
naloxone hcl 11
naltrexone hcl 11
NAMENDA TITRATION PAK 11
NAMENDA 11
naphazoline hcl 12
naproxen sodium 11
naproxen 11
NASACORT AQ 12
NASONEX 12
NATACYN 12
NECON 10/11-28 14
nefazodone hcl 11

neomycin-polymyxin-hc (otic) 12
NEPHRAMINE 12
NEULASTA 9
NEUMEGA 9
NEUPOGEN 9
NEXAVAR 8
NICOTROL INHALER 9
NICOTROL NS 9
nifedipine 10
NILANDRON 8
NITRO-DUR 10
nitrofurantoin macrocrystal 7
nitrofurantoin monohyd macro 7
nitroglycerin 10
NITROLINGUAL PUMPSPRAY 10
NORDITROPIN CARTRIDGE 14
NORDITROPIN NORDIFLEX PEN 14
NORDITROPIN NORDIFLEX 14
norethin acet & estrad-fe 14
norethindrone & eth estradiol 14
norethindrone & mestranol 14
norethindrone (contraceptive) 14
norethindrone acet & eth estra 14
norethindrone acetate 14
norethindrone-eth estradiol (triphasic)
14
norgestimate-ethinyl estradiol
(triphasic) 14
norgestimate-ethinyl estradiol 14
norgestrel & ethinyl estradiol 14
nortriptyline hcl 11
NORVASC 10
NORVIR 7
NOVOLIN 70/30 INNOLET 14
NOVOLIN 70/30 PENFILL 14
NOVOLIN 70/30 14
NOVOLIN N U-100 PENFILL 14
NOVOLIN N 14
NOVOLIN R INNOLET 14
NOVOLIN R U-100 PENFILL 14
NOVOLIN R 14
NOVOLOG MIX 70/30 PENFILL 14
NOVOLOG MIX 70/30 PREFILL 14
NOVOLOG MIX 70/30 14
NOVOLOG PENFILL 14
NOVOLOG 14
NUTROPIN AQ 14
NUTROPIN 14

nystatin (topical) 15
nystatin-triamcinolone 15

O

OCTAGAM 14
octreotide acetate 16
ofloxacin (ophth) 12
OMACOR 10
OMNI-PAC 7
OMNICEF 7
ONTAK 8
ORAP 11
ORTHO TRI-CYCLEN LO 14
OVCON-50 28 14
OVIDE 15
oxacillin sodium 7
OXISTAT 15
oxybutynin chloride 15
oxycodone hcl 11
oxycodone w/ acetaminophen 11
oxycodone w/ aspirin 11

P

PANGLOBULIN 14
paroxetine hcl 11
PEDIARIX 14
peg 3350-kcl-sod bicarb-sod chloride-
sod sulfate 13
PEG-INTRON REDIPEN PAK 4 7
PEG-INTRON REDIPEN 7
PEG-INTRON 7
PEGANONE 11
PEGASYS 7
penicillin v potassium 8
PENTASA 13
pentoxifylline 9
pergolide mesylate 11
permethrin 15
perphenazine 11
phenazopyridine hcl 15
phenylephrine hcl (ophth) 12
phenytoin sodium extended 11
phenytoin sodium 11
phenytoin 11
pilocarpine hcl 12
pindolol 10
PLAN B 14
PLAVIX 9

podofilox 15
POLYGAM S/D 14
polymyxin b-trimethoprim 12
potassium bicarb & chloride 12
potassium chloride
microencapsulated crystals cr 12
potassium chloride 12
pramoxine-hc 15
PRANDIN 14
prazosin hcl 10
PRECOSE 14
prednisolone sodium phosphate
(ophth) 12
prednisolone sodium phosphate 14
prednisolone 14
prednisone 14
PREMARIN W/APPLICATOR 14
PREMARIN 14
PREMASOL 12
PREMPHASE 14
PREMPRO 14
PREVACID I.V 13
PREVACID SOLUTAB 13
PREVACID 13
PREVPAC 13
PREZISTA 7
primaquine phosphate 8
PRIMAXIN IV ADD-VANTAGE 8
PRIMAXIN IV 7
primidone 11
probenecid 12
procainamide hcl 10
prochlorperazine edisylate 11
prochlorperazine maleate 11
PROCRIT 9
PROCTOFOAM HC 15
PROGRAF 16
PROLEUKIN 8
promethazine hcl 7
PROMETRIUM 14
propafenone hcl 10
propoxyphene hcl 11
propoxyphene-n w/ apap 11
propranolol hcl 10
propylthiouracil 14
PROSTIGMIN 9
PROTONIX 13
PROTOPIC 15
PROVENTIL HFA 9

PULMICORT TURBUHALER 14
pyrazinamide 8
pyridostigmine bromide 9

Q

QC STERILE PADS 2"X2" 16
quinapril hcl 10
quinapril-hydrochlorothiazide 10
quinidine gluconate 10
quinidine sulfate 10

R

RA GAUZE PADS 2"X2" 16
RA STERILE PADS 2"X2" 16
RABAVERT 14
RANEXA 10
ranitidine hcl 13
RAPAMUNE 16
RAZADYNE ER 9
RAZADYNE 9
REBIF TITRATION PACK 16
REBIF 16
RECOMBIVAX HB 14
REGANEX 15
RELION 70/30 INNOLET 14
RELION 70/30 14
RELION N INNOLET 14
RELION R 14
RELPAX 11
REMICADE 16
RENAMIN 12
REQUIP 11
RESCRIPTOR 8
RETROVIR 8
REVEX 11
REYATAZ 8
ribavirin (hepatitis c) 8
RIDAURA 13
rifampin 8
RILUTEK 11
rimantadine hydrochloride 8
RISPERDAL M 11
RISPERDAL 11
RITUXAN 8
ROFERON-A 8

S

salsalate 11
SANCTURA 15

SANTYL 15
selegiline hcl 11
selenium sulfide-pyrrithione zinc in
urea vehicle 15
selenium sulfide 15
SEMPREX-D 7
SENSIPAR 16
SEREVENT DISKUS 9
SEROQUEL 11
sertraline hcl 11
silver sulfadiazine 15
SIMULECT 16
SINGULAIR 12
SM GAUZE PADS 16
sodium fluoride 16
sodium polystyrene sulfonate 12
SOMAVERT 14
SONATA 11
sotalol hcl 10
SPIRIVA HANDIHALER 9
spironolactone & hydrochlorothiazide
10
spironolactone 10
SPORANOX 8
SPRYCEL 8
STERI-PAD STERILE PADS 10 16
STERI-PAD STERILE PADS 25 16
STERILE GAUZE PADS 2"X2" 16
STERILE PADS 2" X 2" 16
STERILE PADS 2"X 2" 16
STERILE PADS 2"X2" 16
STIMATE 14
STRATTERA 11
sucralfate 13
sulfacetamide sod-prednisolone 12
sulfadiazine 8
sulfamethoxazole-trimethoprim 8
sulfasalazine 8
sulindac 11
SURMONTIL 11
SUSTIVA 8
SUTENT 8
SYMLIN 14
SYNAREL 14
SYNTHROID 14

T

TAMIFLU 8

TARCEVA 8
TARGRETIN 8
TASMAR 11
TAZORAC 15
TE ANATOXAL BERNA 15
TEGRETOL XR 11
TEGRETOL 11
terazosin hcl 10
terbutaline sulfate 9
terconazole vaginal 15
TESLAC 8
TESTIM 14
testosterone cypionate 14
TETANUS TOXOID ADSORBED 15
tetracycline hcl 8
TEV-TROPIN 14
theophylline 15
thioridazine hcl 11
thiothixene 11
thyroid 14
timolol maleate (ophth) 12
TOBRADEX 12
tobramycin sulfate (ophth) 12
TOBREX 12
tolazamide 14
tolmetin sodium 11
TOPAMAX 11
TOPROL XL 10
torsemide 12
TRACLEER 10
tramadol hcl 11
TRAVASOL 5.5% 12
trazodone hcl 11
tretinoin 15
TREXALL 8
triamcinolone acetonide (mouth) 15
triamcinolone acetonide (topical) 15
triamterene & hydrochlorothiazide
12
TRICOR 10
trifluoperazine hcl 11
trifluridine 12
TRIGLIDE 10
trihexyphenidyl hcl 9
TRILEPTAL 11
trimethobenzamide hcl 13
trimethoprim 8
trimipramine maleate 11
TRIPEDIA 15

TRIZIVIR 8
TRUVADA 8
TWINRIX 15
TYPHIM VI 15

U

ULTILET PEN NEEDLE 16
UNIFINE PENTIPS/12MM 16
UNIFINE PENTIPS 16
urea 15
UROXATRAL 16
ursodiol 13

V

VALCYTE 8
valproate sodium 11
valproic acid 11
VALTRESX 8
vancomycin hcl 8
VAQTA 15
VARIVAX 15
VELCADE 8
venlafaxine hcl 11
VENOGLOBUL-S 15
verapamil hcl 10
VESANOID 8
VFEND IV 8
VFEND 8
VIDEX EC 8
VIDEX 8
vinblastine sulfate 8
VIRACEPT 8
VIRAMUNE 8
VISTIDE 8
VIVACTIL 11
VIVELLE-DOT 14
VIVELLE 14
VYTORIN 10

W

warfarin sodium 9

X

XALATAN 12

Y

YASMIN 28 14
YODOXIN 8

Z

ZEMPLAR 15
ZENAPAX 16
ZERIT 8
ZEVALIN IN-111 8
ZIAGEN 8
zidovudine 8
ZITHROMAX 8
ZMAX 8
ZOFTRAN ODT 13
ZOFTRAN 13
ZOLADEX 8
ZOLOFT 11
ZOMIG ZMT 11
ZOMIG 11
zonisamide 11
ZYFLO 12
ZYMAR 12
ZYPREXA ZYDI 11
ZYPREXA 11
ZYRTEC-D 7
ZYRTEC 7
ZYVOX 8

Our Medicare Prescription Drug Benefit is only available to members of PremierCare Choice Rx, PremierCare Advantage Rx, and PremierCare Plus.

You are eligible to enroll if you are entitled to Medicare benefits under Part A and are enrolled in Part B and reside in our service area.

You may enroll in a plan only during specific times of the year. Please contact our Customer Service Department to obtain more information.

You must receive all routine care from plan providers. If you obtain routine care from out-of-plan providers neither Medicare nor FamilyCare Health Plans will be responsible for costs.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

For full information on FamilyCare Health Plans Medicare benefits, call our Customer Service Department at 866-798-CARE or TTY 800-735-2900.

We are here for you Monday – Friday, 8:00 a.m. to 8:00 p.m.

We have extended hours during Open Enrollment - contact us for details.

FamilyCare Health Plans is a Medicare Advantage Organization with a Medicare Contract. Our contract with the CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048

24 hours a day/7 days a week;

The Social Security Administration at
1-800-772-1213 between 7 a.m. and 7 p.m.,
Monday through Friday.

TTY/TDD users should call 1-800-325-0778; or
Your State Medicaid Office

This document is available in alternative formats.