



# 2007 FORMULARY (List of Covered Drugs)



## PREMIERCARE♦CHOICE *Rx*

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

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# PremierCare Choice Rx

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**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 Choice Rx partial formulary as of October 14, 2006. For a complete, updated formulary, please visit our Web site at [www.familycareinc.org](http://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 Choice 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](http://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](http://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 Choice 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 Choice 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 Choice Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about PremierCare Choice 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](http://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](http://www.medicare.gov).

### **PremierCare Choice Rx Formulary**

The formulary that begins on the next page 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](http://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 Choice 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)

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>04000000 Antihistamine Drugs</b>			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)
<b>08000000 Anti-infective Agents</b>			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 &amp; 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 &amp; 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	
<b>1000000 Antineoplastic Agents</b>			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
<b>12000000 Autonomic Drugs</b>			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)	<b>24000000 Cardiovascular Drugs</b>		
<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 &amp; chlorthalidone</i>	2	
<i>ergoloid mesylates</i>	2		BENICAR	3	(STC)
FORADIL AEROLIZER	3	(QL)	<i>benazepril &amp; hydrochlorothiazide</i>	2	
<i>hyoscyamine sulfate</i>	2		<i>benazepril hcl</i>	2	
ISUPREL	3		<i>bisoprolol &amp; 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 &amp; 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	
<b>20000000 Blood Formation, Coagulation &amp; Thrombosis</b>			<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 &amp; 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 &amp; 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 &amp; 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	
<b>28000000 Central Nervous System Agents</b>			<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
<b>4000000 Electrolytic, Caloric and Water Balance</b>		
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 &amp; 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 &amp; 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 &amp; hydrochlorothiazide</i>	2	
<b>4400000 Enzymes</b>		
FABRAZYME	4	(PA)
<b>4800000 Respiratory Tract Agents</b>		
ACCOLATE	3	
SINGULAIR	3	
ZYFLO	3	(PA)
<b>5200000 Eye, Ear, Nose &amp; Throat Preparations</b>		
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 &amp; 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)
<b>5600000 Gastrointestinal Drugs</b>		
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 &amp; 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>estropipate</i>	2	
PREVACID SOLUTAB	3	(QL)(STC)	<i>ethynodiol diacet &amp; 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	
<b>6000000 Gold Compounds</b>			HUMALOG MIX 75/25	3	
RIDAURA	3		HUMALOG PEN	3	
<b>6400000 Heavy Metal Antagonists</b>			HUMATROPE	4	(PA)
CUPRIMINE	3		HUMULIN 50/50	3	
DEPEN TITRA	3		HUMULIN 70/30	3	
EXJADE	3	(PA)	HUMULIN 70/30 PEN	3	
<b>6800000 Hormones and Synthetic Substitutes</b>			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 &amp; 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		<b>72000000 Local Anesthetics</b>		
NOVOLOG PENFILL	3		<i>lidocaine hcl (local anesth.)</i>	2	
NUTROPIN	3	(PA)			
NUTROPIN AQ	4	(PA)	<b>80000000 Serums, Toxoids and Vaccines</b>		
<i>norethin acet &amp; estrad-fe</i>	2		ATTENUVAX	3	
<i>norethindrone &amp; eth estradiol</i>	2		CARIMUNE	3	(PA)
<i>norethindrone &amp; mestranol</i>	2		CARIMUNE NF	4	(PA)
<i>norethindrone (contraceptive)</i>	2		COMVAX	3	
<i>norethindrone acet &amp; 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 &amp; 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	
<b>84000000 Skin and Mucous Membrane Preparations</b>			<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		<b>86000000 Smooth Muscle Relaxants</b>		
<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		<b>88000000 Vitamins</b>		
EXELDERM	3		<i>calcitriol</i>	2	
<i>econazole nitrate</i>	2		HECTOROL	3	
<i>erythromycin (acne aid)</i>	2		ZEMPLAR	3	(PA)
FLUOROPLEX	3		<b>92000000 Miscellaneous Therapeutic Agents</b>		
<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 INSUIN 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)			
<b>94000000 Devices</b>					
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				
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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  
ELLENCES 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  
RELPAK 11  
REMICADE 16  
RENAMIN 12  
REQUIP 11  
RESRIPTOR 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  
VALTREX 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.