

**Advantra<sup>®</sup>Rx Value**  
**Formulary**  
**(List of Covered Drugs)**

## What is the AdvantraRx Value formulary?

A formulary is a list of drugs selected by AdvantraRx Value 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. AdvantraRx Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AdvantraRx Value network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary change?

Yes, AdvantraRx Value may add or remove drugs from the formulary during the year. The enclosed formulary is current as of September 21, 2005. To get updated information about the drugs covered by AdvantraRx Value, please visit our website at [www.AdvantraRx.com](http://www.AdvantraRx.com) or call Customer Service at 1-800-882-3822, 8 a.m.–8 p.m., local time, 7 days a week. TTY/TDD users should call 1-800-508-9548. 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 members who take the drug that it will be removed at least 60 days before the date that 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.

## How do I use the formulary?

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

### Medical Condition

The formulary begins on page 6. 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 Agents." 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 24. The Index provides an alphabetical list of all 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.

## How much will I pay for AdvantraRx Value covered drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your costs are.

The amount you pay depends on which drug tier your drug is in under our plan. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 6.)

The amount you pay depends on whether you fill your prescription at a retail pharmacy or at a mail-order pharmacy. Generally, when you go to a retail pharmacy you will pay for a 30-day supply. In addition, if you fill your prescription through our mail-order pharmacy, you can get a 90-day supply.

You will pay a copayment for your drugs until your total drug costs (the amount you paid, plus the amount AdvantraRx Value has paid) reach \$2,250. Once your total drug costs reach \$2,250, there is a gap in your coverage. This means you have to pay the full amount for your drugs. You pay the full amount until you have paid \$3,600 out of pocket. After you

have paid \$3,600 out of pocket, you will generally pay the greater of:

- \$2 for generic or a preferred brand drug that is a multi-source drug and \$5 for all other drugs, or
- 5% coinsurance

You can ask AdvantraRx Value to make an exception to your drug’s tier placement. See the section “How do I request an exception to AdvantraRx Value’s formulary?” for information about how to request an exception.

### Are there any other restrictions on coverage?

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

- **Prior Authorization:** AdvantraRx Value requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from AdvantraRx Value before you fill your prescriptions. If you don’t get approval, AdvantraRx Value may not cover the drug.
- **Quantity Limits:** For certain drugs, AdvantraRx Value limits the amount of the drug that AdvantraRx Value will cover. For example, AdvantraRx Value provides 4 units per prescription for FOSAMAX per 30 days. This **may** be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** In some cases, AdvantraRx Value requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AdvantraRx Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AdvantraRx Value 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 6.

You can ask AdvantraRx Value to make an exception to these restrictions or limits. See the section “How do I request an exception to AdvantraRx Value’s formulary?” below 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.

If you learn that AdvantraRx Value does not cover your drug, you have two options:

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

### How do I request an exception to AdvantraRx Value’s formulary?

You can ask AdvantraRx Value to make an exception to its 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, AdvantraRx Value limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask for the limit to be waived and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a Tier 2 drug, you can ask us to cover it as a Tier 1 drug instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to

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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, AdvantraRx Value will only approve your request for an exception if the alternative drugs included on the plan's formulary, the low-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 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 your request.

### What are generic drugs?

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

Generic drugs are listed in lower-case italics (e.g., *digoxin*) within the formulary on page 6. Brand name drugs are capitalized in the formulary (e.g., CLARINEX).

### For more information

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

If you have questions about AdvantraRx Value, please call Customer Service at 1-800-882-3822, 8 a.m.–8 p.m., local time, 7 days a week. TTY/TDD users should call 1-800-508-9548, or visit [www.AdvantraRx.com](http://www.AdvantraRx.com).

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).

## AdvantraRx Value's formulary

The formulary that begins on page 6 provides coverage information about all of the drugs covered by AdvantraRx Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 24.

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

The information in the Requirements/Limits column tells you if AdvantraRx Value has any special requirements for coverage of your drug. The following abbreviations may be used in the Requirements/Limits column:

- **PA–Prior Authorization:** AdvantraRx Value requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through the exceptions process.) This means that you will need to get approval from AdvantraRx Value before you fill your prescriptions. If you don't get approval, AdvantraRx Value may not cover the drug.
- **QL–Quantity Limits:** For certain drugs, AdvantraRx Value limits the amount of the drug that AdvantraRx Value will cover. For example, AdvantraRx Value provides 4 units per prescription for FOSAMAX per 30 days. This **may** be in addition to a standard 30- or 90-day supply.
- **ST–Step Therapy:** In some cases, AdvantraRx Value requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AdvantraRx Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AdvantraRx Value will then cover Drug B.

- \*\_Drugs marked with an asterisk “\*” do not count towards your total out-of-pocket expenditure, and if you are receiving extra help to pay for your prescriptions, you will not receive any extra help to pay for these drugs.

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Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<i>acetaminophen w/codeine</i>	1	
<i>amigesic</i>	1	
<i>apap/codeine</i>	1	
<i>asa/codeine</i>	1	
<i>butorphanol tartrate</i>	1	
<i>cho mag tris</i>	1	
CODEINE SULF	2	
<i>diflunisal</i>	1	
DOLOREX FORT	1	
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>fentanyl</i>	1	
<i>fortabs</i>	1	
<i>hydroco/apap</i>	1	
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphon</i>	1	
M-OXY	1	
<i>margesic-h</i>	1	
<i>medigesic</i>	1	
<i>meperidine</i>	1	
<i>methadone</i>	1	
<i>methadone hcl</i>	2	
<i>methadone intensol</i>	1	
<i>methadose</i>	2	
<i>morphine sul</i>	1	
<i>msir</i>	1	
<i>oramorph sr</i>	1	
<i>oxycod/apap</i>	1	
<i>oxycod/asa</i>	1	
<i>oxycodone</i>	1	PA
<i>oxycodone hcl</i>	1	PA
OXYCONTIN	2	PA
<i>oxydose</i>	1	
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone</i>	1	
<i>pentazocine and naloxone hcl</i>	1	
<i>propo-n/apap</i>	1	
<i>propoxacet-n</i>	1	
PROPOXY/APAP	1	
<i>propoxy/apap</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propoxy hcl</i>	1	
<i>roxicet</i>	1	
<i>roxilox</i>	1	
SALFLEX	1	
<i>salsalate</i>	1	
STADOL NS	2	
<i>tramadol hcl</i>	1	
<i>tricosal</i>	1	
<i>vanacet</i>	1	
<b>ANTIBIOTICS</b>		
<i>amox/clavula</i>	1	
<i>amox/k clav</i>	1	
<i>amoxicillin</i>	1	
<i>amoxil/clavu</i>	1	
<i>amox tr-potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
AVELOX	2	QL
CECLOR	2	
CEDAX	2	
<i>cefaclor</i>	1	
CEFACTOR ER	1	
<i>cefadroxil</i>	1	
<i>cefpodoxime proxetil</i>	1	
CEFTIN	2	
<i>cefuroxime</i>	1	
<i>cefuroxime axetil</i>	1	
CEFZIL	2	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin</i>	1	
CORTANE-B	1	
<i>cortomycin</i>	1	
DAPSONE	2	
<i>dicloxacill</i>	1	
DICLOXACILLIN SODIUM	1	
<i>doxy-caps</i>	1	
<i>doxycycl hyc</i>	1	
<i>doxycycline hyclate</i>	1	
DURICEF	2	

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Drug Name	Drug Tier	Requirements/ Limits
E.E.S. 200	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRAN	1	
<i>ees/sulfisox</i>	1	
<i>erythro base</i>	1	
ERYTHROCIN	1	
ERYTHROM EST	1	
<i>erythrom eth</i>	1	
<i>erythromycin</i>	1	
<i>erythro stea</i>	1	
<i>erythromycin stearate</i>	1	
<i>eryth/sulfis</i>	1	
<i>gentamicin</i>	1	
GEOCILLIN	2	
LORABID	2	
MANDELAMINE	1	
<i>methenam hip</i>	1	
<i>methenam man</i>	1	
<i>metronidazol</i>	1	
<i>mhp-a</i>	1	
NEBUPENT	2	PA
NEO-FRADIN	2	
<i>neo/poly/hc</i>	1	
<i>neomycin</i>	1	
NEOMYCIN SULFATE	1	
<i>nitro macro</i>	1	
<i>nitrofurantn</i>	1	
<i>nitrofur mac</i>	1	
<i>nitrofur mon</i>	1	
<i>ofloxacin</i>	1	
OMNICEF	2	
PANIXINE	2	
<i>paromomycin</i>	1	
PCE	2	
PENICILLIN V POTASSIUM	1	
<i>penicilln vk</i>	1	
PRIMSOL	1	
PRINCIPEN	1	
<i>smz-tmp</i>	1	
<i>smz/tmp ds</i>	1	
<i>smz-tmpgrape</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
SULFADIAZINE	1	
<i>sulfamethoxazole/ trimethoprim</i>	1	
<i>sulfatrim</i>	1	
SULFISOXAZOL	1	
SUMYCIN	1	
<i>tetracycline</i>	1	
TETRACYCLINE HCL	1	
<i>tmp/smz ds</i>	1	
TOBI 300/5ML	2	QL, PA
<i>trimethoprim</i>	1	
<i>trimox</i>	1	
URIMAR T	1	
<i>uritact ds</i>	1	
UROGESIC-BLUE	1	
<i>usept</i>	1	
UTA	2	
<i>utira</i>	2	
VANCOCIN HCL	2	QL, PA, ST
VANTIN	2	
VEETIDS	1	
VELOSEF	2	
VIBRAMYCIN	2	
ZITHROMAX	2	QL
ZYVOX	2	QL, PA
<b>ANTI-CONVULSANTS</b>		
<i>carbamazepine</i>	1	
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE SPR	2	
DILANTIN	2	
DILANTIN-125	2	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	2	QL
<i>gabapentin</i>	1	
GABITRIL	2	QL
KEPPRA	2	QL
LAMICTAL	2	PA
<i>lamotrigine</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN	2	
PEGANONE	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin ex</i>	1	
<i>primidone</i>	1	
TEGRETOL	2	
TEGRETOL XR	2	
TOPAMAX	2	PA
TRILEPTAL	2	QL, PA
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
ZARONTIN	2	
ZONEGRAN	2	QL
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT	2	QL
<i>ergoloid mesylates</i>	1	
NAMENDA	2	QL
RAZADYNE	2	QL
RAZADYNE ER	2	QL
<b>ANTIDEPRESSANTS</b>		
<i>amitriptylin</i>	1	
AMOXAPINE	2	
<i>budeprion sr</i>	1	
<i>bupropion</i>	1	
<i>bupropion sr</i>	1	
CELEXA	2	
<i>citalopram</i>	1	QL
<i>citalopram hbr</i>	1	QL
<i>clomipramine</i>	1	
<i>desipramine</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR	2	ST
EFFEXOR XR	2	QL, ST
<i>fluoxetine</i>	1	
<i>fluvoxamine</i>	1	QL
<i>imipram hcl</i>	1	
LEXAPRO	2	QL
<i>maprotiline</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	QL

Drug Name	Drug Tier	Requirements/ Limits
NARDIL	2	
<i>nortriptylin</i>	1	
<i>nortriptyline hcl</i>	1	
PARNATE	2	
<i>paroxetine</i>	1	QL
<i>paroxetine hcl</i>	1	QL
PAXIL	2	
PROZAC	2	QL, ST
REMERON	2	QL
SURMONTIL	2	
<i>trazodone</i>	1	
<i>vanatrip</i>	1	
VIVACTIL	2	
ZOLOFT	2	QL
<b>ANTIEMETICS</b>		
<i>meclizine</i>	1	
<i>meclizine hcl</i>	1	
<i>tebamide</i>	1	
<i>trimethobenz</i>	1	
ZOFRAN	2	QL, PA
<b>ANTIFUNGALS</b>		
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	QL
GRIS-PEG	2	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
LAMISIL	2	QL, PA
METROGEL VAG	2	
<i>nystatin</i>	1	
NYSTAT ORAL	2	
NYSTATIN VAG	1	
<i>terconazole</i>	1	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
PROBEN/COLCH	1	
<i>probenecid</i>	1	
SULFINPYRAZ	1	
<b>ANTI-INFLAMMATORIES</b>		
<i>argesic-sa</i>	1	
CELEBREX	2	QL, PA, ST

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Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofen sod</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>ibuprohm</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	QL
<i>ketorolac tromethamine</i>	1	QL, PA
MECLOFEN SOD	1	
NALFON	2	
<i>naproxen</i>	1	
<i>naproxen-dr</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen ec</i>	1	
<i>naproxen sod</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sod</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
<i>bellamine</i>	1	
<i>bellamine s</i>	1	
<i>bellaspas</i>	1	
DEPAKOTE ER	2	
<i>duradrin</i>	1	
<i>epidrin</i>	1	
<i>ergotamine-caffeine</i>	1	
<i>isometh/apap</i>	1	
MAXALT	2	QL
MAXALT-MLT	2	QL
<i>migergot</i>	1	
MIGRANAL	2	QL, PA
RELPAK	2	QL
<b>ANTIMYCOBACTERIALS</b>		
<i>ethambutol</i>	1	
<i>isoniazid</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MYCOBUTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>ANTINEOPLASTICS</b>		
ACTIMMUNE	2	PA
CEENU	2	
<i>cisplatin</i>	1	PA
<i>cyclophosph</i>	1	PA
CYTOXAN	1	PA
GANITE	2	
GLEEVEC	2	PA
HEXALEN	2	
<i>hydroxyurea</i>	1	
INTRON A	2	PA
IRESSA	2	QL, PA
<i>leucovor ca</i>	1	PA
<i>leucovorin</i>	1	PA
LEUKERAN	2	
LEVULAN KERASTICK	2	QL, PA
LUPRON	2	PA
LUPRON DEPOT	2	PA
MATULANE	2	
<i>mercaptopur</i>	1	
<i>mesna</i>	1	
<i>methotrexate</i>	1	
MYLOCEL	2	
PURINETHOL	1	
TARCEVA	2	QL, PA
TARGRETIN	2	PA
THIOGUANINE	1	
VESANOID	2	PA
<b>ANTIPARASITICS</b>		
<i>chloroquine</i>	1	
DARAPRIM	2	
<i>hydroxychlor</i>	1	
LINDANE	1	QL
MEBENDAZOLE	1	
<i>mefloquine</i>	1	
MINTEZOL	2	
<i>permethrin</i>	1	
<i>quinine sulfate</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIPARKINSON AGENTS</b>		
<i>amantadine</i>	1	
APOKYN	2	PA
<i>benztropine mesylate</i>	1	
<i>bromocriptin</i>	1	
<i>carb/levo</i>	1	
<i>carb/levo er</i>	1	
<i>carb/levo sr</i>	1	
<i>carbidopa/levodopa</i>	1	
COMTAN	2	
MIRAPEX	2	
PARCOPA	2	
<i>pergolide</i>	1	
<i>selegiline</i>	1	
STALEVO	2	
<i>trihexyphenidyl hcl</i>	1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY	2	QL, PA
<i>chlorpromaz</i>	1	
<i>clozapine</i>	1	
<i>fluphenazine</i>	1	
GEODON	2	QL, PA
<i>haloperidol</i>	1	
<i>loxapine</i>	1	
LOXITANE	1	
MOBAN	2	
NAVANE	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>prochlorper</i>	1	
RISPERDAL	2	QL
RISPERDAL CONSTA	2	
SEROQUEL	2	QL
THIORIDAZINE	1	
<i>thiothixene</i>	1	
<i>trifluoperaz</i>	1	
ZYPREXA	2	QL, PA, ST
ZYPREXA ZYDIS	2	QL, PA
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	1	
AGENERASE	2	

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR	2	
COPEGUS	2	PA
CRIXIVAN	2	
<i>didanosine</i>	1	
EMTRIVA	2	QL
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
FLUMADINE	2	
FORTOVASE	2	
FOSCAVIR	2	PA
FUZEON	2	PA
<i>ganciclovir</i>	1	
HEPSERA	2	QL, PA, ST
HIVID	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PEGASYS	2	PA
REBETOL	2	QL, PA
RESCRIPTOR	2	
RETROVIR	2	
RETROVIR IV	2	
REYATAZ	2	QL
<i>ribavirin</i>	1	PA
<i>rimantadine hcl</i>	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VALCYTE	2	
VIDEX	2	
VIDEX BUFFER	2	
VIDEX EC	2	
VIDEX PED	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
ZOVIRAX	2	

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANXIOLYTICS</b>		
<i>bupirone</i>	1	
<i>bupirone hcl</i>	1	
<i>hydroxyz hcl</i>	1	
<i>hydroxyz pam</i>	1	
MEPROBAMATE	1	
<b>AUTONOMIC AGENTS</b>		
EPIPEN	2	QL
EPIPEN 2 PK	2	QL
EPIPEN-JR	2	QL
GUANIDINE HCL	2	
<i>midodrine</i>	1	
<i>pyridostigmine bromide</i>	1	
<b>BIPOLAR AGENTS</b>		
ESKALITH	2	
<i>lithium carbonate</i>	1	
<i>lithium citr</i>	1	
<b>BLOOD GLUCOSE REGULATORS</b>		
1/2ML TB SYR	2	
1CC INSU SYR	2	
1ML SYRINGE	2	
1ML TB SYRNG	2	
ACETOHEXAMID	1	
ACTOS	2	QL, PA
<i>alcohol swabs</i>	1	
AVANDAMET	2	PA
AVANDIA	2	QL, PA
BD INS 1/2CC	2	
BD INS 1CC	2	
BD INS 2CC	2	
BD SL ULTFIN	2	
BD ULTFN III	2	
BD ULTRAFINE	2	
<i>chlorpropam</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
GLUCAGEN	2	
GLUCAGON	2	QL
GLUCOSYSTEM	2	
<i>glyburid mcr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburid mic</i>	1	
<i>glyburide</i>	1	
<i>glyburide (d)</i>	1	
<i>glyburide (m)</i>	1	
<i>ins syr .5cc</i>	2	
<i>insulin</i>	2	
<i>insulin .3cc</i>	2	
<i>insulin .5cc</i>	2	
<i>insulin 1cc</i>	2	
<i>insulin syrg</i>	2	
LANTUS	2	
<i>mcr glyburid</i>	1	
MEDICRAT	2	
<i>metformin</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
MJ 1CC SFTY	2	
MONOJECT	2	
MONOJECT .3CC	2	
MONOJECT .5CC	2	
MONOJECT 1CC	2	
NOVOLIN 70/30	2	PA pen only
NOVOLIN N	2	PA pen only
NOVOLIN R	2	PA pen only
NOVOLIN PEN	2	PA pen only
NOVOLOG	2	PA pen only
NOVOLOG MIX 70/30	2	PA pen only
PEN NEEDLES	2	
PRANDIN	2	
PRECOSE	2	
PROGLYCEM	2	
RIOMET	2	
SAFE-T-PRO	2	
SFTY MJ .5CC	2	
SFTY MJ 1CC	2	
SM LANCETS	2	
SOFTCLIX	2	
SOFT TOUCH	2	
SOFT TOUCH II	2	
STER NEEDLES	2	
SURE DOSE	2	

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## AdvantraRx Value

Drug Name	Drug Tier	Requirements/ Limits
SURE DOSE +	2	
SURELITE	2	
SURESTEP	2	
SURESTEP PRO	2	
TECHLITE	2	
TERUMO INS	2	
THIN LANCETS	2	
<i>tolazamide</i>	1	
TOLBUTAMIDE	1	
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<i>aminocapr ac</i>	1	
ARANESP	2	PA
CEROZYME	2	PA
<i>cilostazol</i>	1	
COUMADIN	2	
<i>dipyridamole</i>	1	
DROXIA	2	
FRAGMIN	2	PA
<i>heparin sodium</i>	1	
<i>jantoven</i>	1	
LEUKINE	2	PA
LOVENOX	2	QL, PA
LOVENOX (#1)	2	QL, PA
NEUPOGEN	2	PA
PENTOPAK	1	
<i>pentoxifylli</i>	1	
<i>pentoxil</i>	1	
PLAVIX	2	QL
<i>procrit</i>	2	PA
<i>ticlopidine</i>	1	
<i>warfarin sodium</i>	1	
ZAVESCA	2	PA
<b>CARDIOVASCULAR AGENTS</b>		
<i>acebutolol</i>	1	
<i>acetazolamid</i>	1	
ALTOPREV	1	QL
<i>amilor/hctz</i>	1	
<i>amiloride</i>	1	
<i>amiloride hcl w/hctz</i>	1	
<i>amiodarone</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>atenol/chlor</i>	1	
<i>atenolol</i>	1	
AVALIDE	2	QL
AVAPRO	2	QL
<i>benazep/hctz</i>	1	QL
<i>benazep hct</i>	1	QL
<i>benazepril</i>	1	QL
<i>benazepril hcl-hctz</i>	1	QL
<i>betaxolol hcl</i>	1	
<i>bisoprl/hctz</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bumetanide</i>	1	
<i>captopr/hctz</i>	1	
<i>captopril</i>	1	
CARDIZEM LA	2	QL
<i>cartia xt</i>	1	
<i>chlorothiaz</i>	1	
<i>chlorthalid</i>	1	
<i>cholestyram</i>	1	
<i>cholestyramine resin</i>	1	
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>digitek</i>	1	
<i>digoxin</i>	1	
<i>digoxin ped</i>	1	
<i>dilt-cd</i>	1	
<i>diltia xt</i>	1	
<i>diltiazem</i>	1	QL
<i>diltiazem cd</i>	1	QL
<i>diltiazem er</i>	1	QL
<i>diltiazem xr</i>	1	QL
<i>disopyramide</i>	1	
<i>doxazosin</i>	1	QL
<i>doxzosin mes</i>	1	
<i>enalapr/hctz</i>	1	QL
<i>enalapril</i>	1	
ENALAPRIL MALEATE	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide</i>	1	
<i>gemfibrozil</i>	1	
GUANABENZ	1	
<i>guanfacine</i>	1	
HYDRAL/HCTZ	1	
<i>hydralazine</i>	1	
HYDRA-ZIDE	1	
HYDROCHLOROT	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INNOPRAN XL	2	QL
ISOCHRON	2	
ISORDIL TITR	1	
<i>isosorb din</i>	1	
<i>isosorb mono</i>	1	QL
<i>isosorbide mononitrate</i>	1	
<i>labetalol</i>	1	
<i>labetalol hcl</i>	1	
LANOXICAPS	2	
<i>lanoxin</i>	2	
LANOXIN PED	2	
<i>lisinop/hctz</i>	1	QL
<i>lisinopril</i>	1	
LOFIBRA	2	
<i>methazolamid</i>	1	
<i>methyl/hctz</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprl/hctz</i>	1	
<i>metoprolol</i>	1	
<i>metoprol tar</i>	1	
<i>mexiletine</i>	1	
MICARDIS	2	QL
MICARDIS HCT	2	QL
<i>milrinone lactate</i>	1	
<i>minoxidil</i>	1	
<i>nadolol</i>	1	
NIASPAN ER	2	
<i>nicardipine</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine</i>	1	QL
NITRO-DUR	1	QL
<i>nitroglycer</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglyn</i>	1	
NITROLINGUAL	1	
<i>nitroquik sl</i>	1	
<i>nitrotab sl</i>	1	
<i>nitro-time</i>	1	
PACERONE	2	
<i>papaverine hcl</i>	1	
<i>para-time</i>	1	
<i>pindolol</i>	1	
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
<i>procainamide</i>	1	
<i>propafenone</i>	1	
<i>propranolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl w/ hctz</i>	1	
<i>quinapril</i>	1	QL
<i>quinaretic</i>	1	QL
<i>quinidine gl</i>	1	
QUINIDINE GLUCONATE	1	
<i>quinidine su</i>	1	
<i>quinidine sulfate</i>	1	
<i>reserpine</i>	1	
RYTHMOL SR	2	QL
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
<i>sotalol hcl</i>	1	
<i>spirono/hctz</i>	1	
<i>spironolactone</i>	1	
SULAR	2	QL
<i>taztia xt</i>	1	
<i>terazosin</i>	1	QL
TIAZAC	2	
<i>timolol mal</i>	1	
TOPROL XL	2	QL
<i>torseamide</i>	1	

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## AdvantraRx Value

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER	2	PA
<i>triam/hctz</i>	1	
<i>triamt/hctz</i>	1	
<i>verapamil</i>	1	QL
<i>verapamil er</i>	1	QL
<i>verapamil hcl</i>	1	
<i>verapamil sr</i>	1	
VYTORIN	2	QL
ZOCOR	2	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<i>amphetamine</i>	1	
<i>dextroamphet</i>	1	
FOCALIN	2	QL
<i>metadate</i>	1	QL
<i>methylin</i>	1	
<i>methylphenid</i>	1	
<i>pemoline</i>	1	
PROVIGIL	2	QL, PA
RILUTEK	2	
<b>DENTAL &amp; ORAL AGENTS</b>		
EVOXAC	2	
<i>lidomar</i>	1	
<i>triamcin/ora</i>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ACCUZYME	2	
ALA-CORT	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
ANALPRAM-HC	2	
<i>anthralin</i>	1	
<i>aug betamet</i>	1	
<i>betameth dip</i>	1	
<i>betameth val</i>	1	
<i>betamethasone dp augmented</i>	1	
<i>beta-val</i>	1	
CENTANY	1	
<i>clinda-derm</i>	1	
CLINDAMAX	2	
<i>clobetasol</i>	1	
<i>clobetasol e</i>	1	
<i>clotrim/beta</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole-betamethasone</i>	1	
COCAINE HCL	1	
<i>del-beta</i>	1	
DEL-MYCIN	1	
DENAVIR	2	QL
<i>desonide</i>	1	
<i>desoximetas</i>	1	
<i>diflorasone</i>	1	
DOVONEX	2	
<i>econazole nitrate</i>	1	
EFUDEX	2	
ETHEZYME	2	
ETHEZYME 830	1	
<i>fluocinolone</i>	1	
<i>fluocinonide</i>	1	
<i>fluorouracil</i>	1	
<i>fluticasone propionate</i>	1	
<i>gladase</i>	1	
<i>gladase-c</i>	1	
<i>hc valerate</i>	1	
<i>hydrocort</i>	1	
<i>hydrocortisone</i>	1	
KOVIA	1	
<i>lidoc/priloc</i>	1	
<i>lidocaine</i>	1	
<i>lidocaine-hc</i>	1	
<i>lidocaine hcl</i>	1	
LOCOID	2	
LOCOID LIPO	2	
METHOXALANE (EIGHT-MOP)	2	
METROGEL	2	
METROLOTION	2	
<i>mometasone</i>	1	
<i>mupirocin</i>	1	
<i>myconel</i>	1	
NYSTAT-RX	2	
<i>nystat/triam</i>	1	
<i>nystop</i>	1	
PANAFIL	2	
PANAFIL-WHITE	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pedi-dri</i>	2	
<i>podofilox</i>	1	
PROCTOCORT	2	
<i>procto-kit</i>	1	
PSORCON E	2	
PSORiatec	1	
RAPTIVA	2	PA
<i>recort plus</i>	1	
REGRANEX	2	PA
RETIN-A	2	
RETIN-A MICR	2	
<i>rosaderm</i>	1	
<i>selenium sul</i>	1	
SILVER NITRA	2	
<i>silver sulfa</i>	1	
<i>sod sul/sulf</i>	1	
<i>sod.sulfacetamide/sulfur tf</i>	1	
SOLARAZE	2	
<i>ssd</i>	1	
SSD AF	1	
TAZORAC	2	
<i>tretinoin</i>	1	
<i>triamcinolone</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
XENADERM	2	
<i>ziox</i>	1	
ZOVIRAX OINT	2	QL
<b>DETERRENTS/REPLACEMENTS</b>		
ANTABUSE	2	
CAMPRAL	2	QL
<b>ENZYME REPLACEMENTS/MODIFIERS</b>		
BUPHENYL	2	PA
DIGEX	2	
FABRAZYME	2	PA
<i>lipram 4500</i>	1	
LIPRAM-CR10	1	
LIPRAM-CR20	1	
LIPRAM-CR5	1	
LIPRAM-PN10	1	
LIPRAM-PN16	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lipram-pn20</i>	1	
LIPRAM-UL12	1	
LIPRAM-UL18	1	
LIPRAM-UL20	1	
<i>palipase</i>	2	
PANCREASE	2	
<i>pancrelipase</i>	1	
<i>pancron 10</i>	1	
<i>pancron 20</i>	1	
<i>panges cn 10</i>	1	
<i>panges cn 20</i>	1	
<i>panges mt 16</i>	1	
<i>panges ul 12</i>	1	
<i>panges ul 18</i>	1	
<i>panges ul 20</i>	1	
<i>pangestym ec</i>	1	
<i>panokase</i>	1	
<i>plaretase</i>	1	
ULTRASE	2	
ULTRASE MT12	2	
ULTRASE MT18	2	
ULTRASE MT20	2	
VIOKASE-8	2	
VIOKASE 16	2	
<b>GASTROINTESTINAL AGENTS</b>		
<i>cimetidine</i>	1	
<i>colidrops</i>	1	
CONSTULOSE	1	
<i>dicyclomine</i>	1	
<i>diphen/atrop</i>	1	
ENULOSE	1	
<i>famotidine</i>	1	
GASTROCROM	1	
<i>generlac</i>	1	
<i>glycolax</i>	1	
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
<i>lactulose</i>	1	
<i>lactulos orl</i>	1	
<i>lofene</i>	1	

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AdvantraRx Value

Drug Name	Drug Tier	Requirements/ Limits
<i>lonox</i>	1	
LOTRONEX	2	PA
<i>metoclopram</i>	1	
<i>misoprostol</i>	1	
<i>polyeth glyc</i>	1	
PRIOSEC OTC*	1	QL
PROTONIX	2	QL, PA
<i>ranitidine</i>	1	
<i>ranitidine hcl</i>	1	
<i>spasdel</i>	1	
<i>sucrafate</i>	1	
<i>ursodiol</i>	1	
ZANTAC	2	
ZEGERID	2	QL, PA
ZELNORM	2	PA,ST
<b>GENITOURINARY AGENTS</b>		
<i>bethanechol</i>	1	
<i>bethanechol chloride</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
ENABLEX	2	QL
<i>flavoxate</i>	1	
<i>flavoxate hcl</i>	1	
<i>hyospaz</i>	1	
LEVITRA	2	QL
<i>oxybutynin</i>	1	
<i>phenazopyrid</i>	1	
POLYCITRA	2	
POLYCITRA-K	2	
POLYCITRA-LC	2	
<i>potassium citrate/citric acid</i>	1	
PROSCAR	2	QL
PYRIDIUM	2	
SANCTURA	2	
<i>tricitrates</i>	1	
UROCIT-K	2	
<i>urodol</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING</b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>brevicon</i>	1	
<i>camila</i>	1	
CERVIDIL	2	
<i>cesia</i>	1	
<i>cortisone ac</i>	1	
<i>cryselle-28</i>	1	
CYCLESSA	1	
CYTADREN	2	
CYTOMEL	2	
DANAZOL	1	
<i>desmopressin</i>	1	
<i>desmopressin acetate</i>	1	
DESOGEN	1	
<i>dexamethason</i>	1	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTRACE VAG	2	
<i>estradiol</i>	1	QL
ESTRING	2	
<i>estropipate</i>	1	
ESTROSTEP FE	2	
EVISTA	2	
<i>fludrocort</i>	1	
FORTEO	2	PA
FOSAMAX	2	QL
FOSAMAX PLUS D	2	
HECTOROL	2	
<i>hydrocortone</i>	2	
<i>jolivette</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>kariva</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora-28</i>	1	
<i>levothroid</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxin</i>	1	
<i>levoxyl</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>medroxypr ac</i>	1	
<i>megestrol acetate</i>	1	
<i>methylpred</i>	1	
MIACALCIN	2	
<i>microgest 21</i>	1	
<i>microgestin</i>	1	
<i>mononessa</i>	1	
MUSE	2	QL
<i>necon</i>	1	
<i>nora-be</i>	1	
NORDITROPIN	2	PA
NORDITROPIN NORDIFLEX	2	PA
<i>norethin ace</i>	1	
<i>nortrel</i>	1	
OCTREOTIDE ACETATE	2	PA
ORTHO EVRA	2	
ORTHO TRI-CY	2	
PLAN B	2	
<i>portia-28</i>	1	
<i>prednisolone</i>	1	
<i>prednisone</i>	1	
<i>pred sod pho</i>	1	
PREMARIN	2	QL
PREMARIN VAG	2	
PREMPHASE	2	QL
PREMPRO	2	QL
PREPIDIL	2	
<i>previfem</i>	1	
PROSTIN E2 VAGINAL SUPPOSITORY	2	
PROVERA	2	
<i>solia</i>	1	
SOMAVERT	2	PA
<i>sprintec</i>	1	
STERAPRED DS	1	
SYNAREL	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>syntest d.s.</i>	1	
<i>syntest h.s.</i>	1	
SYNTHROID	2	
TESTIM 1%	2	PA
TESTOSTERONE PROPIONATE	2	PA
<i>tev-tropin</i>	2	PA
<i>thyroid</i>	1	
<i>trinessa</i>	1	
TRI-NORINYL	2	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
VIVELLE	2	QL
VIVELLE-DOT	2	QL
<i>westhroid</i>	1	
<i>zovia</i>	1	
<b>HORMONAL AGENTS, SUPPRESSANT</b>		
ARIMIDEX	2	QL
AROMASIN	2	QL
<i>bromocriptine</i>	1	
CASODEX	2	QL
EMCYT	2	
FARESTON	2	
FASLODEX	2	PA
FEMARA	2	
<i>flutamide</i>	1	
LYSODREN	2	
<i>megestrol</i>	1	
<i>megestrol ac</i>	1	
METHIMAZOLE	1	
NILANDRON	2	
PROPYLTHIOUR	1	
SENSIPAR	2	PA,ST
<i>tamoxifen</i>	1	
<i>tamoxifen citrate</i>	1	
TESLAC	2	
<b>IMMUNOLOGICAL AGENTS</b>		
ACTHIB	2	
ALDARA	2	

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AdvantraRx Value

Drug Name	Drug Tier	Requirements/Limits
ARAVA	2	QL
ATTENUVAX VACCINE W/ DILUENT	2	
AVONEX	2	PA
AVONEX ADMINISTRATION PACK	2	PA
<i>azathioprine</i>	1	PA
BETASERON	2	PA
COMVAX	2	PA
COPAXONE	2	PA
CUPRIMINE	2	
<i>cyclospor(s)</i>	1	PA
<i>cyclosporine</i>	1	PA
DEPEN TITRA	2	PA
ENBREL	2	PA
ENGERIX-B 10 MCG/0.5 ML PEDI	2	PA
ENGERIX-B 10 MCG/0.5 ML SYRN	2	PA
ENGERIX-B 20 MCG/ML SYRINGE	2	PA
ENGERIX-B 20 MCG/ML VIAL	2	PA
<i>gengraf</i>	1	PA
HAVRIX 1,440 UNITS/ML SYRINGE	2	
HAVRIX 1,440 UNITS/ML VIAL	2	
HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
HAVRIX 720 UNITS/0.5 ML VIAL	2	
HIBTITER	2	
INFANRIX	2	
IPOL	2	
<i>leflunomide</i>	1	
MENOMUNE-A/C/Y/W W/ DILUENT VL	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II VACCINE W/ DILUENT	2	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II VACCINE W/ DILUENT	2	
M-R-VAX II VACCINE W/ DILUENT	2	
MYFORTIC	2	PA
PEDIARIX	2	
PROGRAF	2	PA
RAPAMUNE	2	PA
REMICADE	2	PA
THALOMID	2	PA
TWINRIX VACCINE SYRINGE	2	
TWINRIX VACCINE VIAL	2	
VARICELLA	2	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<i>anucort-hc</i>	1	
ANUSOL-HC	2	
ASACOL	2	
CANASA	2	
DIPENTUM	2	
<i>encort</i>	1	
<i>hc pramoxine</i>	1	
<i>hemorrhoidal</i>	1	
HEMRIL-30	1	
<i>hemril-hc</i>	1	
<i>lidazone</i>	1	
<i>mesalamine</i>	1	
PROCTOFOAM	2	
<i>proctosert h</i>	1	
<i>proctosol</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone</i>	1	
<i>rectasol-hc</i>	1	
<i>sulfasalazin</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<b>OPHTHALMIC AGENTS</b>		
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-pred</i>	1	
<i>ak-sulf</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ak-tob</i>	1	
<i>ak-trol</i>	1	
<i>atropin-care</i>	1	
<i>atropine sul</i>	1	
AZOPT	2	
<i>bac/neo/poly</i>	1	
<i>bac/poly/neo</i>	1	
<i>bacit/poly b</i>	1	
<i>bacit/polymy</i>	1	
BACITRACIN	1	
<i>betaxolol</i>	1	
BRIMONIDINE	1	
<i>carboptic</i>	1	
<i>carteolol hcl</i>	1	
<i>cromolyn sod</i>	1	
<i>cyclopentol</i>	1	
<i>dexameth pho</i>	1	
<i>dexasol</i>	1	
<i>dipivefrin</i>	1	
<i>fluoromethol</i>	1	
<i>fluress</i>	2	
<i>flurox</i>	1	
GENTAFAIR	1	
GENTAK	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
<i>homatropaire</i>	1	
HUMORSOL	2	
INFLAM MILD	2	
ISO CARPINE	2	
ISOPTO CARP	2	
LACRISERT	2	
<i>levobunolol</i>	1	
LUMIGAN	2	
MAXIDEX	2	
<i>methadex</i>	1	
<i>metipranolol</i>	1	
<i>naphazoline</i>	1	
NATACYN	2	
<i>neo/bac/poly</i>	1	
<i>neo/poly/dex</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neo/poly/gra</i>	1	
<i>neocidin</i>	1	
<i>neocin-pg</i>	1	
OCUSERT	2	
<i>ocusulf-10</i>	1	
<i>ocutricin</i>	1	
<i>ofloxacin</i>	1	
<i>opticaïne</i>	1	
<i>parcaine</i>	1	
PHOSPHOLINE	2	
<i>pilocarpine</i>	1	
<i>pilocarpine hcl</i>	1	
PILOPINE HS	2	
<i>piloptic-1</i>	1	
<i>piloptic-1/2</i>	1	
<i>piloptic-2</i>	1	
PILOPTIC-3	1	
<i>piloptic-4</i>	1	
PILOPTIC-6	1	
<i>polycin b</i>	1	
<i>poly-dex</i>	1	
POLY-PRED	1	
<i>pred acetate</i>	1	
PRED MILD	2	
PRED-G	2	
<i>prednisol</i>	1	
<i>proparacaine</i>	1	
<i>proparacaine hcl</i>	1	
REV-EYES	2	
<i>romycin</i>	1	
<i>sod sulfacet</i>	1	
<i>sulf/pred na</i>	1	
<i>sulfac</i>	1	
<i>sulfacet sod</i>	1	
TERAK	1	
<i>terramycin w/ polymyxin</i>	1	
<i>tobramycin</i>	1	
<i>tobrasol</i>	1	
TRAVATAN	2	
TRIFLURIDINE	1	
<i>trimet/polym</i>	1	

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## AdvantraRx Value

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN	2	
ZADITOR	2	
<b>OTIC AGENTS</b>		
<i>a/b otic</i>	1	
<i>ace acd/alum</i>	1	
ACETASOL HC	1	
<i>acetic acid</i>	1	
<i>aero otic hc</i>	1	
<i>antiben</i>	1	
<i>antibiot ear</i>	1	
<i>aurodex</i>	1	
<i>auroguard</i>	1	
<i>auroto</i>	1	
<i>balagan</i>	1	
CIPRODEX	2	
COLY-MYCIN S	2	
<i>cortic</i>	1	
<i>cortic-nd</i>	1	
<i>cyotic</i>	2	
<i>dolotic</i>	1	
<i>ear drops rx</i>	1	
<i>ear-gesic</i>	1	
FLOXIN OTIC	2	
OTICIN HC	1	
<i>otimar</i>	1	
<i>otirx</i>	1	
<i>otozone</i>	1	
<i>otra nr</i>	1	
PRAMOTIC	2	
<i>pro-otic</i>	1	
<i>tri-otic</i>	1	
<i>uni-otic</i>	1	
<b>RESPIRATORY TRACT AGENTS</b>		
ACCOLATE	2	
<i>acetylcyst</i>	1	
ALBUTER .5ML	1	
<i>albuter 3ml</i>	1	
<i>albuterol</i>	1	QL
<i>albuterol sulfate</i>	1	
<i>allergy relief</i>	1	QL
<i>aminophylline</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX	2	QL
ASTELIN NASL	2	
ATROVENT	2	
CHLORPHENIR	1	
CLARINEX	2	QL
CLARINEX-D	2	QL
<i>clemastine</i>	1	
COMBIVENT	2	QL
<i>cyproheptad</i>	1	
<i>dexchlorphen</i>	1	
<i>dg 200</i>	1	
<i>ed chlorped</i>	1	
<i>ed-chlor-tan</i>	1	
<i>epinephrine</i>	2	
FLUNISOLIDE	1	
FORADIL	2	
<i>hydromet</i>	1	
<i>ipratropium</i>	1	
<i>isoproterenol hcl</i>	2	
<i>isoproterenol hcl injection</i>	2	
<i>loratadine*</i>	1	QL
<i>metaproteren</i>	1	
NASACORT AQ	2	QL
NASONEX	2	QL
<i>peak flow</i>	2	QL
PERSONL BEST	2	
<i>phenadoz</i>	1	
<i>promethazine</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
PROVENTIL	2	
QUIBRON-T	2	
QVAR	2	
SINGULAIR	2	QL, PA, ST
SPIRIVA	2	QL
<i>terbutaline</i>	1	
THEO-24	2	QL
<i>theochron</i>	1	
<i>theophylline</i>	1	
TILADE (104)	2	
TRUZONE	2	

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Drug Name	Drug Tier	Requirements/Limits
TRUZONE PEAK	2	
XOPENEX MDI	2	QL
ZYFLO	2	
<b>SEDATIVES/HYPNOTICS</b>		
AMBIEN PAK	2	QL
<i>chloral hydr</i>	1	
CHLORAL HYDRATE	1	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen</i>	1	
<i>carisopr/asa</i>	1	
<i>carisoprodol</i>	1	
<i>carisoprodol compound/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzapr</i>	1	
<i>dantrolene sodium</i>	1	
<i>methocarbam</i>	1	
<i>tizanidine</i>	1	
<i>tizanidine hcl</i>	1	
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES</b>		
ANEMAGEN OB	1	
<i>calcitriol</i>	1	
<i>ed k+10</i>	1	
<i>ethedent</i>	1	
<i>flor-dac</i>	1	
<i>fluorabon</i>	1	
FLUORABON BA	1	
FLUORIDE	1	
<i>fluoritab</i>	1	
<i>flura-drops</i>	1	
<i>flura-tab</i>	1	
ICAR PRENATA	2	
<i>inatal adv</i>	2	
INATAL GT	2	
<i>inatal ultra</i>	2	
<i>k+ potassium</i>	1	
KAOCHLOR	2	
<i>kaon-cl-10</i>	2	
KAON-CL SF	2	

Drug Name	Drug Tier	Requirements/Limits
KAY CIEL	2	
<i>k-effervesce</i>	1	
K-LOR	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>klotrix</i>	2	
K-LYTE DS OR	2	
K-LYTE/CL	2	
K-LYTE/CL-50	2	
K-LYTE-LIME	2	
K-LYTE-ORANG	2	
<i>k-phos</i>	2	
K-TABS	2	
<i>k-vescent</i>	1	
LACTOCAL-F	2	
<i>lugol's</i>	1	
<i>luride</i>	2	
LURIDE GRAP	2	
LURIDE LOZ	2	
LURIDE VANIL	2	
MARNATAL-F	1	
<i>maternity</i>	1	
MEPHYTON	2	
MICRO-K	2	
<i>mult vit-bet</i>	1	
<i>multi-vit/fe</i>	1	
<i>multi-vit/fl</i>	1	
<i>multivitamin</i>	1	
<i>mult-vit-bet</i>	1	
M-VIT	1	
<i>mynatal</i>	2	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>natacaps</i>	2	
NATACHEW	2	
<i>natafolic-ob</i>	2	

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## AdvantraRx Value

Drug Name	Drug Tier	Requirements/ Limits
<i>natafolic-pn</i>	1	
NATAFORT	2	
<i>natafcare</i>	1	
<i>natafcare 3</i>	1	
NATALCARE RX	1	
NATALVIT	2	
<i>natatab cfe</i>	1	
<i>natatab fa</i>	1	
<i>natatab rx</i>	1	
NATELLE	2	
NATELLE EZ	2	
NESTABS CBF	1	
NESTABS FA	2	
NESTABS RX	1	
NOVANATAL	2	
NOVASTART	1	
<i>nu-natal</i>	1	
<i>nutrinate</i>	1	
<i>nutrispire</i>	1	
OBSTETRIX	1	
OBTREX	2	
O-CAL	1	
O-CAL FA	1	
<i>original</i>	1	
PEDIAFLOR	2	
<i>perry prenatal</i>	1	
PHOSLO	2	
<i>phospha 250 neutral</i>	1	
PIMA	2	
<i>poly iron pn</i>	1	
POLY-VI-FLOR	2	
<i>poly-vit/fe</i>	1	
<i>poly-vit/fl</i>	1	
<i>poly-vitamin</i>	1	
<i>pot bicar/cl</i>	1	
<i>pot bicarb</i>	1	
<i>pot bicarbon</i>	1	
<i>pot chloride</i>	1	
<i>pot efferves</i>	1	
<i>potassium ch</i>	1	
<i>potassium chloride</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium cl</i>	1	
<i>prenafirst</i>	1	
<i>prenatab cbf</i>	1	
<i>prenatabs</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	
<i>prenatal 1</i>	1	
PRENATAL 19	1	
<i>prenatal ad</i>	1	
<i>prenatal for</i>	1	
<i>prenatal mr</i>	1	
PRENATAL MTR	1	
<i>prenatal nf</i>	1	
<i>prenatal opt</i>	1	
<i>prenatal pls</i>	1	
<i>prenatal rx</i>	1	
PRENATAL STA	1	
<i>prenatal z</i>	1	
<i>prenatal-h</i>	1	
<i>prenatal-u</i>	1	
<i>sod fluoride</i>	1	
<i>sod poly sul</i>	1	
<i>soluvite f</i>	1	
<i>sps</i>	1	
SSKI	2	
STRONGSTART	1	
STUARTNATAL	2	
TRI-A-VITE	1	
TRICARE	2	
<i>trinate</i>	1	
TRI-VI-FLOR	2	
<i>tri-vit/fe</i>	1	
<i>tri-vit/fl</i>	1	
<i>tri-vit/fluo</i>	1	
<i>trivit/fluor</i>	1	
TRI-VITA BET	1	
<i>tri-vitamin</i>	1	
<i>tri-vite/fl</i>	1	
<i>ult natalcare</i>	1	
<i>ultra natal</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ultra-natal</i>	1	
VINATAL 600	1	
<i>vinate</i>	1	
<i>vinate 90</i>	1	
VINATE GOOD	2	
<i>vinate gt</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate ultra</i>	1	
VITAFOL-OB	2	
VITAFOL-PN	2	
VITA-PREN	2	

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**Symbols**

1/2ML TB SYR 11  
 ICC INSU SYR 11  
 1ML SYRINGE 11  
 1ML TB SYRNG 11

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 ACCUZYME 14  
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 acebutolol 12  
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 ACETASOL HC 20  
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chloroquine 9	CONSTULOSE 15	desonide 14	doxycycline hyclate 6
chlorothiaz 12	COPAXONE 18	desoximetas 14	doxzosin mes 12
CHLORPHENIR 20	COPEGUS 10	dexamethason 16	DROXIA 12
chlorpromaz 10	CORTANE-B 6	dexameth pho 19	duradrin 9
chlorpropam 11	cortic 20	dexasol 19	DURICEF 6
chlorthalid 12	cortic-nd 20	dexchlorphen 20	<b>E</b>
chlorzoxazone 21	cortisone ac 16	dextroamphet 14	E.E.S. 200 7
cholestyram 12	cortomycin 6	dg 200 20	e.e.s. 400 7
cholestyramine resin 12	COUMADIN 12	diclofenac 9	E.E.S. GRAN 7
cho mag tris 6	CRIXIVAN 10	diclofenac potassium 9	ear drops rx 20
cilostazol 12	cromolyn sod 19	diclofenac sodium 9	ear-gesic 20
cimetidine 15	cryselle-28 16		

## AdvantraRx Value

econazole nitrate 14  
ed-chlor-tan 20  
ed chlorped 20  
ed k+10 21  
ees/sulfisox 7  
EFFEXOR 8  
EFFEXOR XR 8  
EFUDEX 14  
EMCYT 17  
EMTRIVA 10  
ENABLEX 16  
enalapr/hctz 12  
enalapril 12  
ENALAPRIL  
MALEATE 12  
ENBREL 18  
encort 18  
endocet 6  
endodan 6  
ENGERIX-B  
10 MCG/0.5 ML  
PEDI 18  
ENGERIX-B 10  
MCG/0.5 ML  
SYRN 18  
ENGERIX-B  
20 MCG/ML  
SYRINGE 18  
ENGERIX-B  
20 MCG/ML  
VIAL 18  
enpresse-28 16  
ENULOSE 15  
epidrin 9  
epinephrine 20  
EPIPEN 11  
EPIPEN 2 PK 11  
EPIPEN-JR 11  
epitol 7  
EPIVIR 10  
EPIVIR HBV 10  
EPZICOM 10  
ergoloid mesylates 8  
ergotamine-caffeine 9  
errin 16  
erythro base 7  
ERYTHROCIN 7  
ERYTHROM EST 7  
erythrom eth 7  
erythromycin 7  
erythromycin stearate 7  
erythro stea 7  
eryth/sulfis 7  
ESKALITH 11  
ESTRACE VAG 16  
estradiol 16  
ESTRING 16  
estropipate 16  
ESTROSTEP FE 16  
ethambutol 9  
ethedent 21  
ETHEZYME 14  
ETHEZYME 830 14  
ethosuximide 7  
etodolac 9  
EVISTA 16  
EVOXAC 14  
**F**  
FABRAZYME 15  
famotidine 15  
FARESTON 17  
FASLODEX 17  
FELBATOL 7  
felodipine 12  
FEMARA 17  
fenoprofen 9  
fentanyl 6  
flavoxate 16  
flavoxate hcl 16  
flecainide 12  
flor-dac 21  
FLOXIN OTIC 20  
fluconazole 8  
fludrocort 16  
FLUMADINE 10  
FLUNISOLIDE 20  
fluocinolone 14  
fluocinonide 14  
fluorabon 21  
FLUORABON BA 21  
FLUORIDE 21  
fluoritab 21  
fluoromethol 19  
fluorouracil 14  
fluoxetine 8  
fluphenazine 10  
flura-drops 21  
flura-tab 21  
flurbiprofen 9  
fluress 19  
flurox 19  
flutamide 17  
fluticasone propionate 14  
fluvoxamine 8  
FOCALIN 14  
FORADIL 20  
fortabs 6  
FORTEO 16  
FORTOVASE 10  
FOSAMAX 16  
FOSAMAX PLUS D 16  
FOSCAVIR 10  
fosinopril-  
hydrochlorothiazide 12  
fosinopril sodium 12  
FRAGMIN 12  
furosemide 13  
FUZEON 10  
**G**  
gabapentin 7  
GABITRIL 7  
ganciclovir 10  
GANITE 9  
GASTROCROM 15  
gemfibrozil 13  
generlac 15  
gengraf 18  
GENTAFAIR 19  
GENTAK 19  
gentamicin 7  
gentamicin sulfate 19  
gentasol 19  
GEOCILLIN 7  
GEODON 10  
gladase 14  
gladase-c 14  
GLEEVEC 9  
glipizide 11  
glipizide er 11  
glipizide xl 11  
GLUCAGEN 11  
GLUCAGON 11  
GLUCOSYSTEM 11  
glyburide 11  
glyburide (d) 11  
glyburide (m) 11  
glyburid mcr 11  
glyburid mic 11  
glycolax 15  
GRIS-PEG 8  
GUANABENZ 13  
guanfacine 13  
GUANIDINE HCL 11  
**H**  
haloperidol 10  
HAVRIX  
1,440 UNITS/ML  
SYRINGE 18  
HAVRIX  
1,440 UNITS/ML  
VIAL 18  
HAVRIX  
720 UNIT/0.5 ML  
SYRINGE 18  
HAVRIX  
720 UNITS/0.5 ML  
VIAL 18  
hc pramoxine 18  
hc valerate 14  
HECTOROL 16  
hemorrhoidal 18  
HEMRIL-30 18  
hemril-hc 18  
heparin sodium 12  
HEPSERA 10

HEXALEN 9	insulin lcc 11	kariva 16	LEVULAN
HIBTITER 18	insulin syrg 11	KAY CIEL 21	KERASTICK 9
HIVID 10	ins syr .5cc 11	KEPPRA 7	LEXAPRO 8
homatropaire 19	INTRON A 9	ketoconazole 8	LEXIVA 10
HUMORSOL 19	INVIRASE 10	ketoprofen 9	lidazone 18
HYDRAL/HCTZ 13	IPOL 18	ketorolac 9	lidoc/priloc 14
hydralazine 13	ipratropium 20	ketorolac tromethamine 9	lidocaine 14
HYDRA-ZIDE 13	IRESSA 9	klor-con 21	lidocaine-hc 14
HYDROCHLOROT 13	ISOCHRON 13	klor-con 10 21	lidocaine hcl 14
hydrochlorothiazide 13	isometh/apap 9	klor-con 8 21	lidomar 14
hydroco/apap 6	isoniazid 9	klor-con m10 21	LINDANE 9
hydrocodone-	isoproterenol hcl 20	KLOR-CON M15 21	lipram 4500 15
acetaminophen 6	isoproterenol hcl	klor-con m20 21	LIPRAM-CR10 15
hydrocort 14	injection 20	klor-con/ef 21	LIPRAM-CR20 15
hydrocortisone 14	ISOPTO CARP 19	klotrix 21	LIPRAM-CR5 15
hydrocortone 16	ISORDIL TITR 13	KOVIA 14	LIPRAM-PN10 15
hydromet 20	isosorbide mononitrate 13	<b>L</b>	LIPRAM-PN16 15
hydromorphon 6	isosorb din 13	labetalol 13	lipram-pn20 15
hydroxychlor 9	isosorb mono 13	labetalol hcl 13	LIPRAM-UL12 15
hydroxyurea 9	ISO CARPINE 19	LACRISERT 19	LIPRAM-UL18 15
hydroxyz hcl 11	itraconazole 8	LACTOCAL-F 21	LIPRAM-UL20 15
hydroxyz pam 11	<b>J</b>	lactulose 15	lisinop/hctz 13
hyoscyamine 15	jantoven 12	lactulos orl 15	lisinopril 13
hyoscyamine sulfate 15	jolivette 16	LAMICTAL 7	lithium carbonate 11
hyospaz 16	junel 16	LAMISIL 8	lithium citr 11
hyosyne 15	junel fe 16	lamotrigine 7	LOCOID 14
<b>I</b>	<b>K</b>	LANOXICAPS 13	LOCOID LIPO 14
ibu 9	k+ potassium 21	lanoxin 13	lofene 15
ibuprofen 9	k-effervesce 21	LANOXIN PED 13	LOFIBRA 13
ibuprohm 9	K-LOR 21	LANTUS 11	lonox 16
ICAR PRENATA 21	K-LYTE-LIME 21	leena 16	LORABID 7
imipram hcl 8	K-LYTE-ORANG 21	leflunomide 18	loratadine 20
inatal adv 21	K-LYTE/CL 21	lessina-28 16	LOTRONEX 16
INATAL GT 21	K-LYTE/CL-50 21	leucovorin 9	LOVENOX 12
inatal ultra 21	K-LYTE DS OR 21	leucovor ca 9	LOVENOX (#1) 12
indapamide 13	k-phos 21	LEUKERAN 9	low-ogestrel 17
indomethacin 9	K-TABS 21	LEUKINE 12	loxapine 10
INFANRIX 18	k-vescent 21	LEVITRA 16	LOXITANE 10
INFLAM MILD 19	KALETRA 10	levobunolol 19	lugol's 21
INNOPRAN XL 13	KAOCHLOR 21	levora-28 16	LUMIGAN 19
insulin 11	kaon-cl-10 21	levothroid 16	LUPRON 9
insulin .3cc 11	KAON-CL SF 21	levothyroxin 17	LUPRON DEPOT 9
insulin .5cc 11		levoxyl 17	luride 21
			LURIDE GRAP 21

## AdvantraRx Value

LURIDE LOZ 21  
LURIDE VANIL 21  
lutera 17  
LYSODREN 17

**M**

M-M-R II VACCINE  
W/ DILUENT 18  
M-OXY 6  
M-R-VAX II VACCINE  
W/ DILUENT 18  
M-VIT 21  
MANDELAMINE 7  
maprotiline 8  
maprotiline hcl 8  
margesic-h 6  
MARNATAL-F 21  
maternity 21  
MATULANE 9  
MAXALT 9  
MAXALT-MLT 9  
MAXIDEX 19  
mcr glyburid 11  
MEBENDAZOLE 9  
meclizine 8  
meclizine hcl 8  
MECLOFEN SOD 9  
MEDICRAT 11  
medigesic 6  
medroxypr ac 17  
mefloquine 9  
megestrol 17  
megestrol ac 17  
megestrol acetate 17  
MENOMUNE-  
A/C/Y/W-135 18  
MENOMUNE-  
A/C/Y/W  
W/ DILUENT VL 18  
meperidine 6  
MEPHYTON 21  
MEPROBAMATE 11  
mercaptapur 9  
MERUVAX II VACCINE  
W/ DILUENT 18  
mesalamine 18  
mesna 9  
metadate 14  
metaproteren 20  
metformin 11  
metformin hcl 11  
metformin hcl er 11  
methadex 19  
methadone 6  
methadone hcl 6  
methadone intensol 6  
methadose 6  
methazolamid 13  
methenam hip 7  
methenam man 7  
METHIMAZOLE 17  
methocarbam 21  
methotrexate 9  
METHOXALANE  
(EIGHT-MOP) 14  
methyld/hctz 13  
methyldopa 13  
methylin 14  
methylphenid 14  
methylpred 17  
metipranolol 19  
metoclopram 16  
metolazone 13  
metoprl/hctz 13  
metoprolol 13  
metoprol tar 13  
METROGEL 14  
METROGEL VAG 8  
METROLOTION 14  
metronidazol 7  
mexiletine 13  
mhp-a 7  
MIACALCIN 17  
MICARDIS 13  
MICARDIS HCT 13  
MICRO-K 21  
microgest 21 17  
microgestin 17  
midodrine 11  
migergot 9  
MIGRANAL 9  
milrinone lactate 13  
minoxidil 13  
MINTEZOL 9  
MIRAPEX 10  
mirtazapine 8  
misoprostol 16  
MJ ICC SFTY 11  
MOBAN 10  
mometasone 14  
MONOJECT 11  
MONOJECT .3CC 11  
MONOJECT .5CC 11  
MONOJECT 1CC 11  
mononessa 17  
morphine sul 6  
msir 6  
mult-vit-bet 21  
multi-vit/fe 21  
multi-vit/fl 21  
multivitamin 21  
mult vit-bet 21  
mupirocin 14  
MUSE 17  
MYCOBUTIN 9  
myconel 14  
MYFORTIC 18  
MYLOCEL 9  
mynatal 21  
mynatal plus 21  
mynatal-z 21

**N**

nadolol 13  
NALFON 9  
naltrexone  
NAMENDA 8  
naphazoline 19  
naproxen 9  
naproxen-dr 9  
naproxen dr 9  
naproxen ec 9  
naproxen sod 9  
NARDIL 8  
NASACORT AQ 20  
NASONEX 20  
natacaps 21  
NATACHEW 21  
NATACYN 19  
natafolic-ob 21  
natafolic-pn 22  
NATAFORT 22  
natalcare 22  
natalcare 3 22  
NATALCARE RX 22  
NATALVIT 22  
natatab cfe 22  
natatab fa 22  
natatab rx 22  
NATELLE 22  
NATELLE EZ 22  
NAVANE 10  
NEBUPENT 7  
necon 17  
NEO-FRADIN 7  
neo/bac/poly 19  
neo/poly/dex 19  
neo/poly/gra 19  
neo/poly/hc 7  
neocidin 19  
neocin-pg 19  
neomycin 7  
NEOMYCIN  
SULFATE 7  
NESTABS CBF 22  
NESTABS FA 22  
NESTABS RX 22  
NEUPOGEN 12  
NEURONTIN 8  
NIASPAN ER 13  
nicardipine 13  
nifediac cc 13  
nifedical xl 13  
nifedipine 13  
NILANDRON 17  
NITRO-DUR 13  
nitrofurantn 7

nitrofur mac 7  
 nitrofur mon 7  
 nitroglycer 13  
 nitroglycerin 13  
 nitroglyn 13  
 NITROLINGUAL 13  
 nitro macro 7  
 nitroquik sl 13  
 nitrotab sl 13  
 nitro-time 13  
 nora-be 17  
 NORDITROPIN 17  
 NORDITROPIN  
   NORDIFLEX 17  
 norethin ace 17  
 nortrel 17  
 nortriptylin 8  
 nortriptyline hcl 8  
 NORVIR 10  
 NOVANATAL 22  
 NOVASTART 22  
 NOVOLIN PEN 11  
 NOVOLIN 70/30 11  
 NOVOLIN N 11  
 NOVOLIN R 11  
 NOVOLOG 11  
 NOVOLOG  
   MIX 70/30 11  
 nu-natal 22  
 nutrinatate 22  
 nutrispire 22  
 NYSTAT-RX 14  
 nystat/triam 14  
 nystatin 8  
 NYSTATIN VAG 8  
 NYSTAT ORAL 8  
 nystop 14  
**O**  
 O-CAL 22  
 O-CAL FA 22  
 OBSTETRIX 22  
 OBTREX 22  
 OCTREOTIDE  
   ACETATE 17  
 OCUSERT 19  
 ocusulf-10 19  
 ocutricin 19  
 ofloxacin 7, 19  
 OMNICEF 7  
 opticaïne 19  
 oramorph sr 6  
 ORAP 10  
 original 22  
 ORTHO EVRA 17  
 ORTHO TRI-CY 17  
 OTICIN HC 20  
 otimar 20  
 otirx 20  
 otozone 20  
 otra nr 20  
 oxybutynin 16  
 oxycod/apap 6  
 oxycod/asa 6  
 oxycodone 6  
 oxycodone hcl 6  
 OXYCONTIN 6  
 oxydose 6  
**P**  
 PACERONE 13  
 palipase 15  
 PANAFIL 14  
 PANAFIL-WHITE 14  
 PANCREASE 15  
 pancrelipase 15  
 pancron 10 15  
 pancron 20 15  
 panges cn 10 15  
 panges cn 20 15  
 panges mt 16 15  
 panges ul 12 15  
 panges ul 18 15  
 panges ul 20 15  
 pangestym ec 15  
 PANIXINE 7  
 panokase 15  
 papaverine hcl 13  
 para-time 13  
 parcaïne 19  
 PARCOPA 10  
 PARNATE 8  
 paramomycin 7  
 paroxetine 8  
 paroxetine hcl 8  
 PAXIL 8  
 PCE 7  
 peak flow 20  
 pedi-dri 15  
 PEDIAFLOR 22  
 PEDIARIX 18  
 PEGANONE 8  
 PEGASYS 10  
 pemoline 14  
 PENICILLIN V  
   POTASSIUM 7  
 penicillin vk 7  
 pentazocine/  
   acetaminophen 6  
 pentazocine/naloxone 6  
 pentazocine and  
   naloxone hcl 6  
 PENTOPAK 12  
 pentoxifylli 12  
 pentoxil 12  
 PEN NEEDLES 11  
 pergolide 10  
 permethrin 9  
 perphenazine 10  
 perry prenatal 22  
 PERSONL BEST 20  
 phenadoz 20  
 phenazopyrid 16  
 PHENYTEK 8  
 phenytoin 8  
 phenytoin ex 8  
 PHOSLO 22  
 phospho 250 neutral 22  
 PHOSPHOLINE 19  
 pilocarpine 19  
 pilocarpine hcl 19  
 PILOPINE HS 19  
 piloptic-1 19  
 piloptic-1/2 19  
 piloptic-2 19  
 PILOPTIC-3 19  
 piloptic-4 19  
 PILOPTIC-6 19  
 PIMA 22  
 pindolol 13  
 piroxicam 9  
 PLAN B 17  
 plaretase 15  
 PLAVIX 12  
 podofilox 15  
 polycin b 19  
 poly-dex 19  
 POLY-PRED 19  
 POLY-VI-FLOR 22  
 poly-vit/fe 22  
 poly-vit/fl 22  
 poly-vitamin 22  
 POLYCITRA 16  
 POLYCITRA-K 16  
 POLYCITRA-LC 16  
 polyeth glyc 16  
 poly iron pn 22  
 portia-28 17  
 potassium ch 22  
 potassium chloride 22  
 potassium citrate/  
   citric acid 16  
 potassium cl 22  
 pot bicar/cl 22  
 pot bicarb 22  
 pot bicarbon 22  
 pot chloride 22  
 pot efferves 22  
 PRAMOTIC 20  
 PRANDIN 11  
 prazosin hcl 13  
 PRECOSE 11  
 PRED-G 19  
 prednisol 19  
 prednisolone 17  
 prednisone 17  
 pred acetate 19

## AdvantraRx Value

PRED MILD 19  
pred sod pho 17  
PREMARIN 17  
PREMARIN VAG 17  
PREMPHASE 17  
PREMPRO 17  
prenafirst 22  
prenatab cbf 22  
prenatabs 22  
prenatabs fa 22  
prenatabs rx 22  
prenatal 22  
prenatal-h 22  
prenatal-u 22  
prenatal 1 22  
PRENATAL 19 22  
prenatal ad 22  
prenatal for 22  
prenatal mr 22  
PRENATAL MTR 22  
prenatal nf 22  
prenatal opt 22  
prenatal pls 22  
prenatal rx 22  
PRENATAL STA 22  
prenatal z 22  
PREPIDIL 17  
prevalite 13  
previfem 17  
PRILOSEC OTC 16  
primidone 8  
PRIMSOL 7  
PRINCIPEN 7  
PROBEN/COLCH 8  
probenecid 8  
procainamide 13  
prochlorper 10  
procrit 12  
procto-kit 15  
PROCTOCORT 15  
PROCTOFOAM 18  
proctosert h 18  
proctosol 18  
proctosol hc 18  
proctozone 18  
PROGLYCEM 11  
PROGRAF 18  
promethazine 20  
promethazine hcl 20  
promethegan 20  
pro-otic 20  
propafenone 13  
proparacaine 19  
proparacaine hcl 19  
propo-n/apap 6  
propoxacet-n 6  
PROPOXY/APAP 6  
propoxy/apap 6  
propoxy hcl 6  
propranolol 13  
propranolol hcl 13  
propranolol hcl  
w/ hctz 13  
PROPYLTHIOUR 17  
PROSCAR 16  
PROSTIN E2 VAGINAL  
SUPPOSITORY 17  
PROTONIX 16  
PROVENTIL 20  
PROVERA 17  
PROVIGIL 14  
PROZAC 8  
PSORCON E 15  
PSORiatec 15  
PURINETHOL 9  
pyrazinamide 9  
PYRIDIDIUM 16  
pyridostigmine  
bromide 11  
**Q**  
QUIBRON-T 20  
quinapril 13  
quinaretic 13  
quinidine gl 13  
QUINIDINE  
GLUCONATE 13  
quinidine su 13  
quinidine sulfate 13  
quinine sulfate 9  
QVAR 20  
**R**  
ranitidine 16  
ranitidine hcl 16  
RAPAMUNE 18  
RAPTIVA 15  
RAZADYNE 8  
RAZADYNE ER 8  
REBETOL 10  
recort plus 15  
rectasol-hc 18  
REGRANEX 15  
RELPAx 9  
REMERON 8  
REMICADE 18  
RESCRIPTOR 10  
reserpine 13  
RETIN-A 15  
RETIN-A MICR 15  
RETROVIR 10  
RETROVIR IV 10  
REV-EYES 19  
REYATAZ 10  
ribavirin 10  
rifampin 9  
RILUTEK 14  
rimantadine hcl 10  
RIOMET 11  
RISPERDAL 10  
RISPERDAL  
CONSTA 10  
romycin 19  
rosaderm 15  
roxicet 6  
roxilox 6  
RYTHMOL SR 13  
**S**  
SAFE-T-PRO 11  
SALFLEX 6  
salsalate 6  
SANCTURA 16  
selegiline 10  
selenium sul 15  
SENSIPAR 17  
SEROQUEL 10  
SFTY MJ .5CC 11  
SFTY MJ ICC 11  
SILVER NITRA 15  
silver sulfa 15  
SINGULAIR 20  
smz-tmp 7  
smz/tmp ds 7  
smz-tmpgrape 7  
SM LANCETS 11  
sod.sulfacetamide/  
sulfur tf 15  
sod fluoride 22  
sod poly sul 22  
sod sul/sulf 15  
sod sulfacet 19  
SOFTCLIX 11  
SOFT TOUCH 11  
SOFT TOUCH II 11  
SOLARAZE 15  
solia 17  
soluvite f 22  
SOMAVERT 17  
sorine 13  
sotalol 13  
sotalol af 13  
sotalol hcl 13  
spasdel 16  
SPIRIVA 20  
spirono/hctz 13  
spironolactone 13  
sprintec 17  
sps 22  
ssd 15  
SSD AF 15  
SSKI 22  
STADOL NS 6  
STALEVO 10  
STERAPRED DS 17  
STER NEEDLES 11  
STRONGSTART 22

STUARTNATAL 22  
 sucralfate 16  
 SULAR 13  
 sulf/pred na 19  
 sulfac 19  
 sulfacet sod 19  
 SULFADIAZINE 7  
 sulfamethoxazole/  
 trimethoprim 7  
 sulfasalazin 18  
 sulfatrim 7  
 sulfazine 18  
 sulfazine ec 18  
 SULFINPYRAZ 8  
 SULFISOXAZOL 7  
 sulindac 9  
 SUMYCIN 7  
 SURE DOSE 11  
 SURE DOSE + 12  
 SURELITE 12  
 SURESTEP 12  
 SURESTEP PRO 12  
 SURMONTIL 8  
 SUSTIVA 10  
 SYNAREL 17  
 syntest d.s. 17  
 syntest h.s. 17  
 SYNTHROID 17

**T**

tamoxifen 17  
 tamoxifen citrate 17  
 TARCEVA 9  
 TARGRETIN 9  
 TAZORAC 15  
 taztia xt 13  
 tebamide 8  
 TECHLITE 12  
 TEGRETOL 8  
 TEGRETOL XR 8  
 TERAk 19  
 terazosin 13  
 terbutaline 20  
 terconazole 8

tetramycin  
 w/ polymyxin 19  
 TERUMO INS 12  
 TESLAC 17  
 TESTIM 1% 17  
 TESTOSTERONE  
 PROPIONATE 17  
 tetracycline 7  
 TETRACYCLINE  
 HCL 7  
 tev-tropin 17  
 THALOMID 18  
 THEO-24 20  
 theochron 20  
 theophylline 20  
 THIN LANCETS 12  
 THIOGUANINE 9  
 THIORIDAZINE 10  
 thiothixene 10  
 thyroid 17  
 TIAZAC 13  
 ticlopidine 12  
 TILADE (104) 20  
 timolol mal 13  
 tizanidine 21  
 tizanidine hcl 21  
 tmp/smz ds 7  
 TOBI 300/5ML 7  
 tobramycin 19  
 tobrasol 19  
 tolazamide 12  
 TOLBUTAMIDE 12  
 tolmetin sod 9  
 TOPAMAX 8  
 TOPROL XL 13  
 torsemide 13  
 TRACLEER 14  
 tramadol hcl 6  
 TRAVATAN 19  
 trazodone 8  
 tretinoin 15  
 TRI-A-VITE 22  
 TRI-NORINYL 17  
 tri-otic 20

tri-previfem 17  
 tri-sprintec 17  
 TRI-VI-FLOR 22  
 tri-vit/fe 22  
 tri-vit/fl 22  
 tri-vit/fluo 22  
 tri-vitamin 22  
 TRI-VITA BET 22  
 tri-vite/fl 22  
 triam/hctz 14  
 triamcinolone 15  
 triamcinolone  
 acetonide 15  
 triamcin/ora 14  
 triamt/hctz 14  
 TRICARE 22  
 tricitrates 16  
 tricosal 6  
 triderm 15  
 trifluoperaz 10  
 TRIFLURIDINE 19  
 trihexyphenidyl hcl 10  
 TRILEPTAL 8  
 trimethobenz 8  
 trimethoprim 7  
 trimet/polym 19  
 trimox 7  
 trinate 22  
 trinessa 17  
 trivit/fluor 22  
 trivora-28 17  
 TRIZIVIR 10  
 TRUVADA 10  
 TRUZONE 20  
 TRUZONE PEAK 21  
 TWINRIX VACCINE  
 SYRINGE 18  
 TWINRIX VACCINE  
 VIAL 18

**U**

ult natlcare 22  
 ultra natal 22  
 ultra-natal 23  
 ULTRASE 15

ULTRASE MT12 15  
 ULTRASE MT18 15  
 ULTRASE MT20 15  
 uni-otic 20  
 URIMAR T 7  
 uritact ds 7  
 UROCIT-K 16  
 urodol 16  
 UROGESIC-BLUE 7  
 ursodiol 16  
 usept 7  
 UTA 7  
 utira 7

**V**

VALCYTE 10  
 valproate sodium 8  
 valproic acid 8  
 vanacet 6  
 vanatrip 8  
 VANCOCIN HCL 7  
 VANTIN 7  
 VARICELLA 18  
 VEETIDS 7  
 velivet 17  
 VELOSEF 7  
 verapamil 14  
 verapamil er 14  
 verapamil hcl 14  
 verapamil sr 14  
 VESANOID 9  
 VIBRAMYCIN 7  
 VIDEX 10  
 VIDEX BUFFER 10  
 VIDEX EC 10  
 VIDEX PED 10  
 VINATAL 600 23  
 vinate 23  
 vinate 90 23  
 VINATE GOOD 23  
 vinate gt 23  
 vinate ii 23  
 vinate m 23  
 vinate ultra 23

## AdvantraRx Value

VIOKASE-8 15  
VIOKASE 16 15  
VIRACEPT 10  
VIRAMUNE 10  
VIREAD 10  
VITAFOL-OB 23  
VITAFOL-PN 23  
VITA-PREN 23  
VIVACTIL 8  
VIVELLE 17  
VIVELLE-DOT 17  
VOLTAREN 20  
vynatal fa  
VYTORIN 14

**W**  
warfarin sodium 12  
westhroid 17

**X**  
XENADERM 15  
XOPENEX MDI 21

**Z**  
ZADITOR 20  
ZANTAC 16  
ZARONTIN 8  
ZAVESCA 12  
ZEGERID 16  
ZELNORM 16

ZERIT 10  
ZIAGEN 10  
ziox 15  
ZITHROMAX 7  
ZOCOR 14  
ZOFRAN 8  
ZOLOFT 8  
ZONEGRAN 8  
zovia 17  
ZOVIRAX 10  
ZOVIRAX OINT 15  
ZYFLO 21  
ZYPREXA 10  
ZYPREXA ZYDIS 10  
ZYVOX 7