



South Carolina



2011 COMPREHENSIVE FORMULARY

LIST OF COVERED DRUGS

MEDICARE BLUESM PLUS (PPO)

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

*BLUECROSS BLUESHIELD OF SOUTH CAROLINA CONTRACTS WITH THE FEDERAL GOVERNMENT.
CONTRACT # H4209*

Medicare Bluesm Plus (PPO)

2011 Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

Medicare Blue Plus is a Preferred Provider Organization (PPO) plan with a Medicare contract.

This document is available in alternate formats. To get this information in other formats, please call 1-888-645-6025. TTY/TDD users should call 1-888-6458-6023.

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BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

What is the Medicare Blue Plus Formulary?

A formulary is a list of covered drugs selected by Medicare Blue Plus 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. Medicare Blue Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Blue Plus 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?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 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 we can ensure your safety.

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 January 1, 2011. To get updated information about the drugs covered by Medicare Blue Plus, please visit our Web site at www.scbluesmedadvantage.com/mbplus11 or call Customer Service at 1-888-645-6025, 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday; from November 15, 2010 to March 1, 2011, 8:00 a.m. to 8:00 p.m., seven days a week. Beginning March 2, 2011, calls are handled by our automated phone system after 8:00 p.m. and on Saturdays, Sundays and holidays. TTY/TDD users should call 1-888-645-6023.

In the event of mid-year non-maintenance formulary changes, all impacted printed formularies published by the plan will reflect the changes from the date of the change. In addition, members are notified of formulary changes in their monthly Explanation of Benefits (EOB) and our Web site is updated with the most current formularies.

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.” If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 690. 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?

Medicare Blue Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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:** Medicare Blue Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Blue Plus before you fill your prescriptions. If you don’t get approval, Medicare Blue Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Blue Plus limits the amount of the drug that Medicare Blue Plus will cover. For example, Medicare Blue Plus provides 18 tablets per prescription for *ondansetron*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Blue Plus 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, Medicare Blue Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Blue Plus 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 also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.scblyesmedadvantage.com/mbplus11.

You can ask Medicare Blue Plus to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Medicare Blue Plus 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 confirm that your drug is not covered. If you learn that Medicare Blue Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Blue Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medicare Blue Plus.
- You can ask Medicare Blue Plus 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 the Medicare Blue Plus Formulary?

You can ask Medicare Blue Plus 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, Medicare Blue Plus 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 one of the higher tiers subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in a lower tier subject to the tiering exceptions process 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost tier.

Generally, Medicare Blue Plus 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 prescriber's or 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 prescriber's or 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Medicare Blue Plus will contact you by mail if you have a prescription filled for a drug that is not on our formulary. We will let you know that your drug is not covered and that we can help you find another drug to treat your medical condition that is part of the Medicare Blue Plus formulary. You should discuss our letter and alternative formulary drugs with your doctor. If an alternative formulary drug is not appropriate for your medical condition, you may ask us to make an exception to our formulary rules and cover your drug, even if it is not on our formulary.

For more information

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

If you have questions about Medicare Blue Plus, please call Customer Service at 1-888-645-6025, 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday; from November 15, 2010 to March 1, 2011, 8:00 a.m. to 8:00 p.m., seven days a week. Beginning March 2, 2011, calls are handled by our automated phone system after 8:00 p.m. and on Saturdays, Sundays and holidays.

TTY/TDD users should call 1-888-645-6023. Or visit www.scblyesmedadvantage.com/mbplus11.

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.

Medicare Blue Plus' Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Medicare Blue Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 690

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

The information in the Notes column tells you if Medicare Blue Plus has any special requirements for coverage of your drug. "PA" means prior authorization is required, "QL" means quantity limits, "ST" means step therapy applies, and "B/D" means Medicare Part B versus Medicare Part D determination. "LA" means limited-access drug available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-888-645-6025, 8:00 a.m. to 8:00 p.m., Monday through Friday; during annual enrollment (November 15, 2010 to March 1, 2011), 8:00 to 8:00 p.m., seven days a week. Beginning March 2, 2011, calls are handled by our automated phone system after 8:00 p.m. and on Saturdays, Sundays and holidays. TTY/TDD users should call 1-888-645-6023.

Drug	Copayment/ Coinsurance	Notes
ANALGESICS		
COX-2 INHIBITORS		
CELEBREX	\$35	PA
GOUT		
<i>allopurinol</i>	\$2*	
<i>allopurinol sodium</i>	\$9*	
<i>colchicine w/ probenecid</i>	\$9*	
COLCRYS	\$75	QL (60 tabs / 25 days)
<i>probenecid</i>	\$9*	
ULORIC	\$35	ST
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i>	\$9*	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	\$9*	
<i>butalbital-aspirin-caffeine w/cod</i>	\$9*	
<i>butorphanol tartrate</i>	\$9*	
<i>hydrocodone-acetaminophen</i>	\$9*	
NARCOTIC ANALGESICS, CII		
AVINZA	\$75	QL (60 ea / 25 days)
DILAUDID-5	\$35	
<i>fentanyl</i>	\$9*	QL (10 ea / 25 days), PA; patch
<i>fentanyl citrate</i>	\$9*	B/D; injection
<i>hydromorphone hcl 10mg/ml</i>	\$9*	B/D
<i>hydromorphone hcl 2mg, 4mg, 8mg</i>	\$9*	
KADIAN	\$35	QL (60 ea / 25 days)
<i>methadone hcl 10mg, 5mg</i>	\$9*	QL (240 tabs / 25 days)
<i>methadone hcl 10mg/ml</i>	\$9*	
METHADONE HCL 10mg/5ml, 5mg/5ml	\$35	
<i>morphine sulfate .5mg/ml, 1mg/ml, 5mg/ml</i>	\$9*	B/D
<i>morphine sulfate 100mg, 15mg, 30mg, 60mg</i>	\$9*	QL (90 ea / 25 days)
<i>morphine sulfate 15mg, 30mg</i>	\$9*	
<i>morphine sulfate 200mg</i>	\$9*	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	\$35	
OPANA ER	\$75	QL (120 ea / 25 days)
<i>oxycodone hcl</i>	\$9*	
<i>oxycodone w/ acetaminophen</i>	\$9*	
<i>oxycodone w/ aspirin</i>	\$9*	
OXYCONTIN	\$35	QL (120 ea / 25 days)

All covered drugs are available through our Preferred Mail-Order pharmacy in addition to our Retail pharmacies.

*The plan provides coverage for this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information about this coverage.

Drug	Copayment/ Coinsurance	Notes
ROXICET	\$35	solution
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl</i>	\$9*	QL (240 tabs / 25 days)
<i>tramadol-acetaminophen</i>	\$9*	QL (240 tabs / 25 days)
NSAIDS		
<i>diclofenac potassium</i>	\$9*	
<i>diclofenac sodium</i>	\$9*	
<i>diflunisal</i>	\$9*	
<i>etodolac</i>	\$9*	
<i>flurbiprofen</i>	\$2*	
<i>ibuprofen</i>	\$2*	
INDOCIN	\$35	suspension
<i>indomethacin</i>	\$9*	
<i>ketoprofen</i>	\$9*	
<i>ketorolac tromethamine</i>	\$9*	QL (20 tabs / 25 days)
<i>meloxicam</i>	\$9*	
<i>nabumetone</i>	\$9*	
<i>naproxen 250mg, 375mg</i>	\$2*	
<i>naproxen 125mg/5ml, 375mg, 500mg</i>	\$9*	
<i>naproxen sodium</i>	\$9*	
<i>oxaprozin</i>	\$9*	
<i>piroxicam</i>	\$2*	
<i>sulindac</i>	\$9*	
<i>tolmetin sodium</i>	\$9*	
VOLTAREN	\$35	gel
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	\$9*	
ANTI-INFECTIVES		
ANTIBACTERIALS		
<i>amikacin sulfate</i>	\$9*	
<i>amoxicillin</i>	\$2*	
<i>amoxicillin & pot clavulanate</i>	\$9*	
<i>ampicillin 250mg, 500mg</i>	\$2*	
<i>ampicillin 125mg/5ml, 250mg/5ml</i>	\$9*	
<i>ampicillin & sulbactam sodium</i>	\$9*	
<i>ampicillin sodium</i>	\$9*	
AVELOX	\$35	
AVELOX ABC PACK	\$35	
<i>azithromycin 100mg/5ml</i>	\$9*	QL (8 bottles / 25 days)
<i>azithromycin 200mg/5ml</i>	\$9*	QL (120 ml per 25 days)
<i>azithromycin 250mg, 500mg, 600mg</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
<i>azithromycin</i> 500mg	\$9*	QL (50 vials / 25 days)
BICILLIN C-R	\$35	
BICILLIN L-A	\$35	
CEDAX	\$75	
<i>cefaclor</i>	\$9*	
CEFACLOR ER	\$35	
<i>cefadroxil</i>	\$9*	
<i>cefazolin sodium</i> 1gm, 20gm, 500mg	\$9*	
CEFAZOLIN SODIUM	\$35	
<i>cefdinir</i>	\$9*	
<i>cefepime hcl</i>	\$9*	
<i>cefotaxime sodium</i>	\$9*	
<i>cefoxitin sodium</i>	\$9*	
<i>cefpodoxime proxetil</i>	\$9*	
<i>cefprozil</i>	\$9*	
<i>ceftriaxone sodium</i>	\$9*	
<i>cefuroxime axetil</i>	\$9*	
<i>cefuroxime sodium</i>	\$9*	
CEFUROXIME/DEXTROSE	\$35	
<i>cephalexin</i> 250mg, 500mg	\$2*	
<i>cephalexin</i> 125mg/5ml, 250mg/5ml	\$9*	
CIPRO	\$35	suspension
<i>ciprofloxacin</i>	\$9*	
<i>ciprofloxacin hcl</i> 250mg, 500mg, 750mg	\$2*	
<i>ciprofloxacin hcl</i> 100mg	\$9*	
<i>ciprofloxacin-ciprofloxacin hcl</i>	\$9*	ext rel
<i>clarithromycin</i> 125mg/5ml	\$9*	QL (8 bottles / 10 days)
<i>clarithromycin</i> 250mg, 250mg/5ml, 500mg	\$9*	
<i>clarithromycin</i> 500mg	\$9*	QL (60 ea / 25 days)
<i>dicloxacillin sodium</i>	\$9*	
<i>doxycycline (monohydrate)</i>	\$9*	
<i>doxycycline hyclate</i> 100mg, 50mg	\$2*	
<i>doxycycline hyclate</i> 100mg	\$9*	injection
<i>doxycycline hyclate</i> 20mg	\$9*	
ERYPED 200	\$35	
ERYTHROCIN LACTOBIONATE	\$35	
<i>erythromycin base</i>	\$2*	
<i>erythromycin ethylsuccinate</i>	\$2*	
<i>erythromycin stearate</i>	\$2*	
<i>gentamicin in saline</i>	\$9*	
<i>gentamicin sulfate</i>	\$9*	

All covered drugs are available through our Preferred Mail-Order pharmacy in addition to our Retail pharmacies.

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Drug	Copayment/ Coinsurance	Notes
LEVAQUIN	\$75	
<i>minocycline hcl</i>	\$9*	
<i>nafcillin sodium</i>	\$9*	
<i>neomycin sulfate</i>	\$9*	
<i>paromomycin sulfate</i>	\$9*	
<i>penicillin g potassium</i>	\$9*	
PENICILLIN G PROCAINE	\$35	
<i>penicillin v potassium</i>	\$2*	
<i>piperacillin sodium-tazobactam sodium</i>	\$9*	
<i>streptomycin sulfate</i>	\$9*	
SULFADIAZINE	\$35	
SUPRAX 100mg/5ml, 200mg/5ml	\$75	
SUPRAX 400mg	\$75	QL (2 tabs / 25 days)
<i>tetracycline hcl</i>	\$2*	
<i>tobramycin sulfate</i>	\$9*	
ANTIFUNGALS		
<i>amphotericin b</i>	\$9*	B/D
ANCOBON	\$35	
CANCIDAS	\$35	
<i>clotrimazole</i>	\$9*	
<i>fluconazole 150mg</i>	\$2*	
<i>fluconazole 100mg, 10mg/ml, 200mg, 40mg/ml, 50mg</i>	\$9*	
<i>fluconazole in dextrose</i>	\$9*	
GRIS-PEG	\$35	
<i>griseofulvin microsize</i>	\$9*	
<i>itraconazole</i>	\$9*	PA
<i>ketoconazole</i>	\$9*	
NOXAFIL	33%	
<i>nystatin</i>	\$9*	
SPORANOX	\$75	
<i>terbinafine hcl</i>	\$9*	PA
VFEND	33%	PA
VFEND IV	33%	PA
ANTIMALARIALS		
<i>chloroquine phosphate</i>	\$9*	
COARTEM	\$75	
DARAPRIM	\$35	
MALARONE	\$35	
<i>mefloquine hcl</i>	\$9*	
QUALAQUIN	\$75	

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Drug	Copayment/ Coinsurance	Notes
ANTIRETROVIRAL AGENTS		
APTIVUS	\$35	
ATRIPLA	33%	
COMBIVIR	\$35	
CRIXIVAN	\$35	
<i>didanosine</i>	\$9*	
EMTRIVA	\$35	
EPIVIR	\$35	
EPZICOM	\$35	
FUZEON	33%	
INTELENCE	\$35	
INVIRASE	\$35	
ISENTRESS	33%	
KALETRA	\$35	
LEXIVA	\$35	
NORVIR	\$35	
PREZISTA 75mg	\$35	
PREZISTA 400mg, 600mg	33%	
RESCRIPTOR	\$35	
RETROVIR IV INFUSION	\$35	
REYATAZ	\$35	
SELZENTRY	33%	
<i>stavudine</i>	\$9*	
SUSTIVA	\$35	
TRIZIVIR	\$35	
TRUVADA	\$35	
VIDEX	\$35	
VIRACEPT	\$35	
VIRAMUNE	\$35	
VIREAD	\$35	
ZIAGEN	\$35	
<i>zidovudine</i>	\$9*	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	\$75	
<i>ethambutol hcl</i>	\$9*	
<i>isoniazid</i> 100mg, 300mg	\$2*	
<i>isoniazid</i> 100mg/ml, 50mg/5ml	\$9*	
MYCOBUTIN	\$35	
PASER	\$75	
PRIFTIN	\$75	
<i>pyrazinamide</i>	\$9*	
<i>rifampin</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
SEROMYCIN	\$75	
TRECTOR	\$75	
ANTIVIRALS		
<i>acyclovir</i>	\$9*	
<i>acyclovir sodium</i>	\$9*	
BARACLUDE	\$35	
EPIVIR HBV	\$35	
<i>famciclovir</i>	\$9*	
<i>ganciclovir</i> 250mg	\$9*	
GANCICLOVIR 500mg	33%	
HEPSERA	33%	PA
REBETOL	33%	PA
RELENZA DISKHALER	\$35	QL (3 inhalers / 180 days)
RIBAPAK	33%	PA
RIBASPHERE	33%	PA
RIBAVIRIN	33%	PA
<i>ribavirin (hepatitis c)</i>	\$9*	PA; 200mg tablet
<i>rimantadine hydrochloride</i>	\$9*	
TAMIFLU 12mg/ml	\$35	QL (10.5 bottles / 180 days)
TAMIFLU 30mg	\$35	QL (84 caps / 180 days)
TAMIFLU 45mg, 75mg	\$35	QL (42 caps / 180 days)
TYZEKA	\$35	PA
<i>valacyclovir hcl</i>	\$9*	
VALCYTE	33%	
MISCELLANEOUS		
ALBENZA	\$35	
ALINIA 100mg/5ml	\$35	QL (3 bottles / 25 days)
ALINIA 500mg	\$35	QL (12 tabs / 25 days)
CLEOCIN 75mg	\$35	
CLEOCIN PEDIATRIC GRANULE	\$35	
<i>clindamycin hcl</i>	\$9*	
<i>clindamycin phosphate</i>	\$9*	
<i>colistimethate sodium</i>	\$9*	B/D
CUBICIN	33%	
<i>dapsone</i>	\$9*	
<i>erythromycin-sulfisoxazole</i>	\$9*	
FURADANTIN	\$75	
INVANZ	\$35	
MACRODANTIN	\$35	
<i>mebendazole</i>	\$9*	
MEPRON	33%	
<i>metronidazole</i> 250mg, 500mg	\$2*	

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Drug	Copayment/ Coinsurance	Notes
<i>metronidazole 375mg</i>	\$9*	
<i>metronidazole in nacl</i>	\$9*	
<i>nitrofurantoin macrocrystal</i>	\$9*	
<i>nitrofurantoin monohyd macro</i>	\$9*	
PRIMAXIN I.M.	\$35	
PRIMAXIN IV	\$35	
<i>sulfamethoxazole-trimethoprim</i>	\$2*	tablet
<i>sulfamethoxazole-trimethoprim</i>	\$9*	
<i>trimethoprim</i>	\$2*	
TYGACIL	33%	
VANCOGIN HCL	33%	
<i>vancomycin hcl</i>	\$9*	
VANCOMYCIN HCL ISO-OSMOTI	\$35	
ZYVOX	33%	PA

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	\$35	B/D
BUSULFEX	\$35	B/D
CEENU	\$35	
<i>cyclophosphamide</i>	\$9*	B/D
<i>dacarbazine</i>	\$9*	B/D
EMCYT	\$35	
HEXALEN	33%	
IFEX	\$35	B/D
IFOSFAMIDE	33%	B/D
LEUKERAN	\$35	
<i>melphalan hcl</i>	\$9*	B/D
MUSTARGEN	\$35	B/D
TREANDA	33%	B/D

ANTHRACYCLINES

<i>daunorubicin hcl</i>	\$9*	B/D
DOXIL	33%	B/D
<i>doxorubicin hcl</i>	\$9*	B/D
EPIRUBICIN HCL	33%	B/D
<i>idarubicin hcl</i>	\$9*	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	\$9*	B/D
COSMEGEN	\$35	B/D
<i>mitomycin</i>	\$9*	B/D

ANTIMETABOLITES

ALIMTA	33%	B/D
<i>cytarabine</i>	\$9*	B/D

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Drug	Copayment/ Coinsurance	Notes
<i>fluorouracil</i>	\$9*	B/D
GEMZAR	\$35	B/D
<i>mercaptopurine</i>	\$9*	
<i>methotrexate sodium</i> 1gm, 25mg/ml	\$9*	B/D
<i>pentostatin</i>	\$9*	B/D
TABLOID	\$35	
VIDAZA	33%	B/D
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	\$9*	B/D
TAXOTERE	33%	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	\$35	B/D
<i>vincristine sulfate</i>	\$9*	B/D
<i>vinorelbine tartrate</i>	\$9*	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	33%	B/D
CAMPATH	\$35	B/D
HERCEPTIN	33%	B/D
ISTODAX	33%	B/D
ONTAK	\$35	B/D
PROLEUKIN	33%	B/D
RITUXAN	33%	PA
VELCADE	33%	B/D
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	\$35	
AROMASIN	\$35	
<i>bicalutamide</i>	\$9*	
DEPO-PROVERA	\$35	B/D
FARESTON	\$35	
FASLODEX	33%	B/D
FEMARA	\$35	
<i>flutamide</i>	\$9*	
<i>leuprolide acetate</i>	\$9*	PA
LUPRON DEPOT 11.25mg, 3.75mg	\$35	PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	33%	PA
LUPRON DEPOT-PED	33%	PA
MEGACE ES	\$35	
<i>megestrol acetate</i>	\$9*	
NILANDRON	\$35	
<i>tamoxifen citrate</i>	\$9*	
TRELSTAR DEPOT MIXJECT	\$35	B/D
TRELSTAR LA MIXJECT	\$35	B/D

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Drug	Copayment/ Coinsurance	Notes
KINASE INHIBITORS		
AFINITOR	33%	PA
GLEEVEC	33%	PA
NEXAVAR	33%	
SPRYCEL	33%	
SUTENT	33%	PA
TARCEVA	33%	PA
TASIGNA	33%	
TYKERB	33%	
VOTRIENT	33%	PA
MISCELLANEOUS		
DROXIA	\$35	
ELSPAR	\$35	B/D
<i>hydroxyurea</i>	\$9*	
IRINOTECAN	33%	B/D
LYSODREN	\$35	
MATULANE	\$35	
MITOXANTRONE HCL	33%	B/D
ONCASPAR	\$35	B/D
PHOTOFRIN	\$35	B/D
TARGRETIN 75mg	33%	PA
TRETINOIN 10mg	33%	capsule
TRISENOX	\$35	B/D
ZOLINZA	33%	
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	\$9*	B/D
FLUDARABINE PHOSPHATE	33%	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	\$9*	B/D
<i>cisplatin</i>	\$9*	B/D
OXALIPLATIN	33%	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	\$9*	B/D
<i>dexrazoxane</i>	\$9*	B/D
ELITEK	33%	B/D
<i>ifosfamide & mesna</i>	\$9*	B/D
<i>leucovorin calcium</i> 100mg, 350mg	\$9*	B/D
<i>leucovorin calcium</i> 25mg, 5mg	\$9*	
LEUCOVORIN CALCIUM 10mg, 15mg	\$35	
<i>mesna</i>	\$9*	B/D
MESNEX	\$35	

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Drug	Copayment/ Coinsurance	Notes
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	\$9*	B/D
HYCAMTIN	\$35	B/D; injection
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	\$9*	
<i>benazepril & hydrochlorothiazide</i>	\$9*	
<i>captopril & hydrochlorothiazide</i>	\$9*	
<i>enalapril maleate & hydrochlorothiazide</i>	\$9*	
<i>fosinopril sodium & hydrochlorothiazide</i>	\$9*	
<i>lisinopril & hydrochlorothiazide</i>	\$9*	
LOTREL	\$35	5-40mg, 10-40mg
<i>moexipril-hydrochlorothiazide</i>	\$9*	
<i>quinapril-hydrochlorothiazide</i>	\$9*	
TARKA	\$75	
<i>trandolapril-verapamil hcl</i>	\$9*	
ACE INHIBITORS		
<i>benazepril hcl</i>	\$2*	
<i>captopril</i>	\$2*	
<i>enalapril maleate</i>	\$2*	
<i>fosinopril sodium</i>	\$9*	
<i>lisinopril</i>	\$9*	
<i>moexipril hcl</i>	\$9*	
<i>perindopril erbumine</i>	\$9*	
<i>quinapril hcl</i>	\$9*	
<i>ramipril</i>	\$9*	
<i>trandolapril</i>	\$9*	
ADRENOLYTICS, CENTRAL		
<i>clonidine hcl .1mg, .2mg, .3mg</i>	\$2*	
<i>clonidine hcl .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	\$9*	
<i>guanfacine hcl</i>	\$9*	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$9*	PA
<i>spironolactone</i>	\$9*	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$2*	
<i>prazosin hcl</i>	\$9*	
<i>terazosin hcl</i>	\$9*	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	\$75	
DIOVAN HCT	\$35	

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Drug	Copayment/ Coinsurance	Notes
EXFORGE	\$35	
EXFORGE HCT	\$35	
<i>losartan potassium & hydrochlorothiazide</i>	\$9*	
MICARDIS HCT	\$75	
TEVETEN HCT	\$75	
VALTURNA	\$35	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	\$75	
BENICAR	\$35	
BENICAR HCT	\$35	
DIOVAN	\$35	
<i>losartan potassium</i>	\$9*	
MICARDIS	\$75	
TEVETEN	\$75	
ANTIARRHYTHMICS		
<i>amiodarone hcl 200mg, 400mg</i>	\$9*	
<i>amiodarone hcl 50mg/ml</i>	\$9*	B/D
<i>disopyramide phosphate</i>	\$9*	
<i>flecainide acetate</i>	\$9*	
<i>mexiletine hcl</i>	\$9*	
MULTAQ	\$35	
NORPACE CR	\$35	
PACERONE	\$35	
<i>propafenone hcl</i>	\$9*	
<i>quinidine gluconate</i>	\$9*	
<i>quinidine sulfate</i>	\$9*	
RYTHMOL SR	\$35	
<i>sotalol hcl</i>	\$9*	
TIKOSYN	\$35	
ANTILIPEMICS		
ADVICOR	\$75	
ALTOPREV 20mg	\$75	QL (30 ea / 25 days)
ALTOPREV 40mg, 60mg	\$75	
ANTARA	\$35	
<i>cholestyramine light</i>	\$9*	
<i>colestipol hcl</i>	\$9*	
CRESTOR 10mg, 20mg, 5mg	\$35	QL (30 tabs / 25 days)
CRESTOR 40mg	\$35	
<i>fenofibrate</i>	\$9*	
<i>fenofibrate micronized</i>	\$9*	
<i>gemfibrozil</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
LESCOL	\$75	
LESCOL XL	\$75	
LIPITOR 10mg, 20mg, 40mg	\$35	QL (30 tabs / 25 days)
LIPITOR 80mg	\$35	
<i>lovastatin</i>	\$9*	
LOVAZA	\$75	
NIASPAN	\$35	
<i>pravastatin sodium</i> 10mg, 20mg, 40mg	\$9*	QL (30 tabs / 25 days)
<i>pravastatin sodium</i> 80mg	\$9*	
SIMCOR	\$75	
<i>simvastatin</i> 10mg, 20mg, 40mg, 5mg	\$9*	QL (30 tabs / 25 days)
<i>simvastatin</i> 80mg	\$9*	
TRICOR	\$35	
TRILIPIX	\$35	
VYTORIN	\$75	
WELCHOL	\$35	
ZETIA	\$35	ST
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	\$2*	
<i>bisoprolol & hydrochlorothiazide</i>	\$2*	
<i>metoprolol & hydrochlorothiazide</i>	\$9*	
BETA-BLOCKERS		
<i>acebutolol hcl</i>	\$9*	
<i>atenolol</i>	\$2*	
<i>bisoprolol fumarate</i>	\$9*	
BYSTOLIC	\$35	
<i>carvedilol</i>	\$9*	
COREG CR	\$35	
<i>labetalol hcl</i>	\$9*	
<i>metoprolol succinate</i>	\$9*	
<i>metoprolol tartrate</i> 100mg, 25mg, 50mg	\$2*	
<i>metoprolol tartrate</i> 1mg/ml	\$9*	
<i>nadolol</i>	\$9*	
<i>pindolol</i>	\$2*	
<i>propranolol hcl</i> 10mg, 20mg, 40mg, 80mg	\$2*	
<i>propranolol hcl</i> 120mg, 160mg, 1mg/ml, 20mg/5ml, 40mg/5ml, 60mg	\$9*	
<i>propranolol hcl</i> 80mg	\$9*	ext rel
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
CADUET	\$75	

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Drug	Copayment/ Coinsurance	Notes
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	\$9*	
CARDIZEM CD	\$35	360mg
<i>diltiazem hcl</i> 120mg, 30mg, 60mg, 90mg	\$2*	
<i>diltiazem hcl</i> 120mg, 180mg, 240mg, 60mg, 90mg	\$9*	ext rel
<i>diltiazem hcl</i> 25mg/5ml	\$9*	
<i>diltiazem hcl coated beads</i>	\$9*	ext rel
<i>diltiazem hcl extended release beads</i>	\$9*	ext rel
<i>felodipine</i>	\$9*	
<i>isradipine</i>	\$9*	
<i>nifedipine</i>	\$9*	
NIMODIPINE	33%	
<i>nisoldipine</i>	\$9*	
<i>verapamil hcl</i> 120mg, 40mg, 80mg	\$2*	
<i>verapamil hcl</i> 100mg, 180mg, 2.5mg/ml, 200mg, 240mg, 300mg	\$9*	
<i>verapamil hcl</i> 120mg	\$9*	ext rel
DIGITALIS GLYCOSIDES		
<i>digoxin</i> .125mg, .25mg	\$2*	
<i>digoxin</i> .05mg/ml, .25mg/ml	\$9*	
LANOXIN	\$35	
DIRECT RENIN INHIBITORS		
TEKTURNA	\$35	
TEKTURNA HCT	\$35	
DIURETICS		
<i>acetazolamide</i>	\$9*	
ALDACTAZIDE	\$35	50/50
<i>amiloride & hydrochlorothiazide</i>	\$2*	
<i>amiloride hcl</i>	\$9*	
<i>bumetanide</i>	\$9*	
<i>chlorothiazide</i>	\$2*	
<i>chlorthalidone</i>	\$2*	
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	\$2*	
<i>furosemide</i> 10mg/ml	\$9*	injection
<i>hydrochlorothiazide</i>	\$2*	
<i>indapamide</i>	\$2*	
<i>methazolamide</i>	\$9*	
<i>metolazone</i>	\$9*	
<i>spironolactone & hydrochlorothiazide</i>	\$2*	
THALITONE	\$35	

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Drug	Copayment/ Coinsurance	Notes
<i>torsemide</i> 100mg, 10mg, 20mg, 5mg	\$9*	
TORSEMIDE 20mg/2ml	\$35	injection
<i>triamterene & hydrochlorothiazide</i>	\$2*	

MISCELLANEOUS

BIDIL	\$35	
<i>hydralazine hcl</i>	\$9*	
<i>methyldopa</i>	\$9*	
<i>midodrine hcl</i>	\$9*	
<i>minoxidil</i>	\$9*	
RANEXA	\$35	PA

NITRATES

ISORDIL TITRADOSE	\$35	
<i>isosorbide dinitrate</i> 10mg, 2.5mg, 20mg, 30mg, 5mg	\$2*	
<i>isosorbide dinitrate</i> 40mg	\$9*	
<i>isosorbide mononitrate</i>	\$9*	
NITRO-DUR	\$35	.3mg,.8mg
<i>nitroglycerin</i>	\$9*	
NITROLINGUAL PUMPSPRAY	\$35	
NITROSTAT	\$35	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	33%	PA
LETAIRIS	33%	PA
REVATIO	33%	PA
TRACLEER	33%	LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>buspirone hcl</i>	\$9*	
<i>fluvoxamine maleate</i> 100mg	\$9*	
<i>fluvoxamine maleate</i> 25mg, 50mg	\$9*	QL (45 tabs / 25 days)
<i>meprobamate</i>	\$9*	

ANTICONVULSANTS

BANZEL	\$75	PA
<i>carbamazepine</i>	\$9*	
CARBATROL	\$75	
CELONTIN	\$35	
DILANTIN	\$35	
DILANTIN INFATABS	\$35	
<i>divalproex sodium</i>	\$9*	
<i>ethosuximide</i>	\$9*	
FELBATOL	\$75	
<i>gabapentin</i> 100mg	\$9*	QL (1080 caps / 25 days);

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Drug	Copayment/ Coinsurance	Notes
		ext rel
<i>gabapentin</i> 300mg	\$9*	QL (360 caps / 25 days); ext rel
<i>gabapentin</i> 400mg	\$9*	QL (270 caps / 25 days); ext rel
<i>gabapentin</i> 600mg	\$9*	QL (180 tabs / 25 days); ext rel
<i>gabapentin</i> 800mg	\$9*	QL (120 tabs / 25 days); ext rel
GABITRIL	\$75	
KEPPRA	\$35	injection
<i>lamotrigine</i>	\$9*	
<i>levetiracetam</i>	\$9*	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	\$35	QL (120 caps / 25 days)
LYRICA 300mg	\$35	QL (60 caps / 25 days)
NEURONTIN	\$35	QL (5 bottles / 25 days); solution
<i>oxcarbazepine</i>	\$9*	
PEGANONE	\$35	
<i>phenytoin</i>	\$9*	
<i>phenytoin sodium</i>	\$9*	
<i>phenytoin sodium extended</i>	\$9*	
<i>primidone</i>	\$9*	
SABRIL	33%	PA
TEGRETOL-XR	\$35	
<i>topiramate</i>	\$9*	
<i>valproate sodium</i>	\$9*	
<i>valproic acid</i>	\$9*	
VIMPAT	\$35	PA
<i>zonisamide</i>	\$9*	
ANTIDEMENTIA		
ARICEPT 10mg	\$35	
ARICEPT 5mg	\$35	QL (30 tabs / 25 days)
ARICEPT ODT 10mg	\$35	
ARICEPT ODT 5mg	\$35	QL (30 ea / 25 days)
EXELON 1.5mg	\$35	QL (240 caps / 25 days)
EXELON 2mg/ml	\$35	QL (2 bottles / 25 days)
EXELON 3mg	\$35	QL (120 caps / 25 days)
EXELON 4.5mg, 6mg	\$35	QL (60 caps / 25 days)
EXELON 4.6mg/24hr, 9.5mg/24hr	\$35	QL (30 ea / 25 days); patch
<i>galantamine hydrobromide</i> 12mg, 4mg	\$9*	QL (30 tabs / 25 days)
<i>galantamine hydrobromide</i> 16mg,	\$9*	

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Drug	Copayment/ Coinsurance	Notes
24mg, 4mg/ml, 8mg		
<i>galantamine hydrobromide</i> 8mg	\$9*	QL (30 ea / 25 days)
NAMENDA	\$35	
NAMENDA TITRATION PAK	\$35	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i>	\$2*	
AMOXAPINE	\$35	
<i>bupropion hcl</i>	\$9*	
<i>citalopram hydrobromide</i> 10mg, 20mg	\$2*	QL (45 tabs / 25 days)
<i>citalopram hydrobromide</i> 40mg	\$2*	
<i>citalopram hydrobromide</i> 10mg/5ml	\$9*	
<i>clomipramine hcl</i>	\$9*	
CYMBALTA	\$35	QL (30 ea / 25 days)
<i>desipramine hcl</i>	\$9*	
<i>doxepin hcl</i>	\$2*	
EFFEXOR XR 150mg	\$35	
EFFEXOR XR 37.5mg, 75mg	\$35	QL (30 ea / 25 days)
EMSAM	\$35	QL (30 ea / 25 days), PA
<i>fluoxetine hcl</i> 10mg, 20mg	\$9*	QL (30 caps / 25 days)
<i>fluoxetine hcl</i> 10mg	\$9*	QL (45 tabs / 25 days)
<i>fluoxetine hcl</i> 20mg, 20mg/5ml, 40mg	\$9*	
<i>imipramine hcl</i>	\$9*	
LEXAPRO 10mg, 5mg	\$35	QL (45 tabs / 25 days)
LEXAPRO 20mg, 5mg/5ml	\$35	
<i>maprotiline hcl</i>	\$9*	
MARPLAN	\$35	
<i>mirtazapine</i> 15mg	\$9*	QL (45 ea / 25 days)
<i>mirtazapine</i> 15mg, 7.5mg	\$9*	QL (45 tabs / 25 days)
<i>mirtazapine</i> 30mg, 45mg	\$9*	
NARDIL	\$35	
<i>nefazodone hcl</i>	\$9*	
<i>nortriptyline hcl</i> 10mg, 25mg, 50mg, 75mg	\$2*	
<i>nortriptyline hcl</i> 10mg/5ml	\$9*	
<i>paroxetine hcl</i> 10mg, 20mg	\$9*	QL (45 tabs / 25 days)
<i>paroxetine hcl</i> 10mg/5ml, 25mg, 30mg, 40mg	\$9*	
<i>paroxetine hcl</i> 12.5mg	\$9*	QL (30 ea / 25 days)
PRISTIQ 100mg	\$35	
PRISTIQ 50mg	\$35	QL (30 ea / 25 days)
<i>protriptyline hcl</i>	\$9*	
<i>sertraline hcl</i> 100mg, 20mg/ml	\$9*	
<i>sertraline hcl</i> 25mg, 50mg	\$9*	QL (45 tabs / 25 days)

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Drug	Copayment/ Coinsurance	Notes
SURMONTIL	\$35	
<i>tranylcypromine sulfate</i>	\$9*	
<i>trazodone hcl</i> 100mg, 150mg, 50mg	\$2*	
<i>trazodone hcl</i> 300mg	\$9*	
<i>venlafaxine hcl</i>	\$9*	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	\$9*	
APOKYN	33%	
AZILECT	\$35	
<i>benztropine mesylate</i> .5mg, 1mg, 2mg	\$2*	
<i>benztropine mesylate</i> 1mg/ml	\$9*	
<i>bromocriptine mesylate</i>	\$9*	
<i>carbidopa-levodopa</i>	\$9*	
COMTAN	\$35	
<i>pramipexole dihydrochloride</i>	\$9*	
REQUIP XL	\$75	
<i>ropinirole hydrochloride</i>	\$9*	
<i>selegiline hcl</i>	\$9*	
STALEVO 100	\$35	
STALEVO 125	\$35	
STALEVO 150	\$35	
STALEVO 200	\$35	
STALEVO 50	\$35	
STALEVO 75	\$35	
<i>trihexyphenidyl hcl</i>	\$9*	
ANTIPSYCHOTICS		
ABILIFY 10mg, 15mg, 5mg	\$75	QL (30 tabs / 25 days), ST
ABILIFY 1mg/ml, 20mg, 2mg, 30mg	\$75	ST
ABILIFY 9.75mg/1.3ml	\$75	
ABILIFY DISCMELT	\$75	ST
<i>chlorpromazine hcl</i> 100mg, 10mg, 200mg, 25mg, 50mg	\$9*	
CHLORPROMAZINE HCL 25mg/ml	\$35	
<i>clozapine</i> 100mg, 25mg, 50mg	\$9*	
CLOZAPINE 200mg	\$9*	
FANAPT	\$75	ST
FANAPT TITRATION PACK	\$75	ST
FAZACLO	\$75	PA
<i>fluphenazine decanoate</i>	\$9*	
<i>fluphenazine hcl</i>	\$9*	
GEODON 20mg	\$35	injection
GEODON 20mg	\$35	QL (240 caps / 25 days)

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Drug	Copayment/ Coinsurance	Notes
GEODON 40mg	\$35	QL (120 caps / 25 days)
GEODON 60mg, 80mg	\$35	QL (60 caps / 25 days)
<i>haloperidol</i>	\$9*	
<i>haloperidol decanoate</i>	\$9*	
<i>haloperidol lactate</i>	\$9*	
INVEGA 1.5mg, 3mg	\$75	QL (30 ea / 25 days), ST
INVEGA 6mg, 9mg	\$75	ST
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	\$75	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	33%	PA
<i>loxapine succinate</i>	\$9*	
NAVANE	\$35	
ORAP	\$35	
<i>perphenazine</i>	\$9*	
RISPERDAL CONSTA 12.5mg, 25mg	\$35	QL (2 vials / 25 days), PA
RISPERDAL CONSTA 37.5mg, 50mg	33%	QL (2 vials / 25 days), PA
<i>risperidone</i>	\$9*	
SAPHRIS	\$75	ST
SEROQUEL 100mg	\$35	QL (240 tabs / 25 days)
SEROQUEL 200mg	\$35	QL (120 tabs / 25 days)
SEROQUEL 25mg	\$35	QL (960 tabs / 25 days)
SEROQUEL 300mg, 400mg	\$35	QL (60 tabs / 25 days)
SEROQUEL 50mg	\$35	QL (480 tabs / 25 days)
SEROQUEL XR 150mg, 200mg	\$35	QL (30 ea / 25 days)
SEROQUEL XR 300mg, 400mg	\$35	QL (60 ea / 25 days)
SEROQUEL XR 50mg	\$35	QL (120 ea / 25 days)
<i>thioridazine hcl</i>	\$9*	
<i>thiothixene</i>	\$9*	
<i>trifluoperazine hcl</i>	\$9*	
ZYPREXA 10mg, 15mg, 20mg	\$35	
ZYPREXA 2.5mg, 5mg, 7.5mg	\$35	QL (30 tabs / 25 days)
ZYPREXA ZYDIS 10mg, 15mg, 20mg	\$35	
ZYPREXA ZYDIS 5mg	\$35	QL (30 ea / 25 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i>	\$9*	PA
CONCERTA	\$75	PA
<i>dexmethylphenidate hcl</i>	\$9*	PA
<i>dextroamphetamine sulfate</i> 10mg, 15mg, 5mg	\$9*	ext rel
<i>dextroamphetamine sulfate</i> 10mg, 5mg	\$9*	PA
METADATE CD	\$75	PA
METHYLIN	\$75	PA

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Drug	Copayment/ Coinsurance	Notes
<i>methylphenidate hcl</i> 10mg, 20mg	\$9*	ext rel
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	\$9*	PA
RITALIN LA	\$75	PA
STRATTERA	\$35	PA
HYPNOTICS		
LUNESTA	\$75	QL (180 tabs / year)
<i>zaleplon</i>	\$9*	QL (180 caps / year)
<i>zolpidem tartrate</i>	\$9*	QL (180 tabs / year)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	\$9*	
<i>ergotamine w/ caffeine</i>	\$9*	
FROVA	\$75	QL (18 tabs / 25 days)
MAXALT	\$35	QL (12 tabs / 25 days)
MAXALT-MLT	\$35	QL (12 ea / 25 days)
MIGERGOT	\$35	
RELPAX	\$75	QL (12 tabs / 25 days)
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	\$9*	QL (9 tabs / 25 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	\$9*	QL (20 vials / 25 days)
ZOMIG 2.5mg, 5mg	\$75	QL (12 tabs / 25 days)
ZOMIG 5mg	\$75	QL (2 bottles / 25 days)
ZOMIG ZMT	\$75	QL (12 ea / 25 days)
MISCELLANEOUS		
GUANIDINE HCL	\$35	
<i>lithium carbonate</i>	\$9*	
LITHIUM CITRATE	\$35	
MESTINON	\$35	
MESTINON TIMESPAN	\$35	
<i>pyridostigmine bromide</i>	\$9*	
REGONOL	\$35	
RILUTEK	33%	
SAVELLA	\$35	QL (60 tabs / 25 days)
SAVELLA TITRATION PACK	\$35	QL (1 kit / 25 days)
XENAZINE	33%	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	33%	PA
AVONEX	33%	PA
BETASERON	33%	PA
COPAXONE	33%	PA
EXTAVIA	33%	PA
REBIF	33%	PA

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Drug	Copayment/ Coinsurance	Notes
REBIF TITRATION PACK	33%	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	\$9*	
<i>carisoprodol</i>	\$2*	
<i>chlorzoxazone</i>	\$2*	
<i>cyclobenzaprine hcl</i>	\$9*	
<i>dantrolene sodium</i>	\$9*	
<i>metaxalone</i>	\$9*	
<i>methocarbamol</i>	\$2*	
<i>orphenadrine citrate</i>	\$9*	
ORPHENADRINE COMPOUND DS	\$35	
<i>orphenadrine w/ aspirin & caff</i>	\$9*	
ROBAXIN	\$35	injection
<i>tizanidine hcl</i>	\$9*	
NARCOLEPSY/CATAPLEXY		
PROVIGIL 100mg	\$35	QL (90 tabs / 25 days), PA
PROVIGIL 200mg	\$35	QL (60 tabs / 25 days), PA
XYREM	33%	LA, PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	\$35	
<i>buprenorphine hcl</i>	\$9*	PA
<i>bupropion hcl (smoking deterrent)</i>	\$9*	
CAMPRAL	\$35	PA
CHANTIX	\$75	PA
<i>naloxone hcl</i>	\$9*	
<i>naltrexone hcl</i>	\$9*	
NICOTROL INHALER	\$75	PA
NICOTROL NS	\$75	PA
<i>perphenazine-amitriptyline</i>	\$9*	
SUBOXONE	\$35	PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	\$35	QL (30 ea / 25 days), PA
ANDROGEL	\$35	PA
<i>oxandrolone 2.5mg</i>	\$9*	PA
OXANDROLONE 10mg	33%	PA
TESTIM	\$75	PA
<i>testosterone cypionate</i>	\$9*	
<i>testosterone enanthate</i>	\$9*	
ANTIDIABETICS		
<i>acarbose</i>	\$9*	
ACTOPLUS MET	\$35	QL (90 tabs / 25 days)

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Drug	Copayment/ Coinsurance	Notes
ACTOS	\$35	
ALCOHOL PREPS	\$35	QL (100 pads / 25 days)
APIDRA	\$35	
APIDRA SOLOSTAR	\$35	
AVANDAMET	\$35	QL (120 tabs / 25 days)
AVANDAMET	\$35	QL (60 tabs / 25 days)
AVANDARYL	\$35	QL (30 tabs / 25 days)
AVANDARYL	\$35	QL (60 tabs / 25 days)
AVANDIA	\$35	
BYETTA	\$35	QL (1 pen / 25 days), PA
DUETACT	\$35	QL (30 tabs / 25 days)
GAUZE PADS AND DRESSINGS - PADS 2 X 2	\$35	QL (100 / 25 days)
<i>glimepiride</i>	\$9*	
<i>glipizide</i> 10mg, 5mg	\$2*	
<i>glipizide</i> 10mg, 2.5mg, 5mg	\$9*	ext rel
<i>glipizide-metformin hcl</i>	\$9*	
<i>glyburide</i>	\$9*	
<i>glyburide micronized</i>	\$2*	
<i>glyburide-metformin</i>	\$9*	
HUMALOG	\$35	
HUMALOG MIX 50/50	\$35	
HUMALOG MIX 50/50 PEN	\$35	
HUMALOG MIX 75/25	\$35	
HUMALOG MIX 75/25 PEN	\$35	
HUMALOG PEN	\$35	
HUMULIN 70/30	\$35	
HUMULIN 70/30 PEN	\$35	
HUMULIN N	\$35	
HUMULIN N U-100 PEN	\$35	
HUMULIN R	\$35	
HUMULIN R U-500 (CONCENTR	\$35	
INSULIN PEN NEEDLE	\$35	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	\$35	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1 ML	\$35	QL (100 / 25 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	\$35	QL (100 / 25 days)
JANUMET	\$35	
JANUVIA	\$35	
LANTUS	\$35	
LANTUS SOLOSTAR	\$35	
LEVEMIR	\$35	
LEVEMIR FLEXPEN	\$35	

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Drug	Copayment/ Coinsurance	Notes
<i>metformin hcl</i>	\$9*	
<i>nateglinide</i>	\$9*	
NEEDLES, INSULIN DISP., SAFETY	\$35	QL (100 / 25 days)
NOVOLIN 70/30	\$35	
NOVOLIN 70/30 INNOLET	\$35	
NOVOLIN N	\$35	
NOVOLIN N INNOLET	\$35	
NOVOLIN R	\$35	
NOVOLOG	\$35	
NOVOLOG FLEXPEN	\$35	
NOVOLOG MIX 70/30	\$35	
NOVOLOG MIX 70/30 PREFILL	\$35	
ONGLYZA	\$35	
PRANDIN	\$35	
RELION R	\$35	
SYMLIN	\$35	PA
SYMLINPEN 120	\$35	PA
SYMLINPEN 60	\$35	PA
BISPHOSPHONATES		
ACTONEL	\$75	
<i>alendronate sodium</i> 10mg, 40mg, 5mg	\$9*	
<i>alendronate sodium</i> 35mg, 70mg	\$9*	QL (4 tabs / 25 days)
BONIVA	\$35	
ZOMETA	33%	
CALCITONINS		
<i>calcitonin (salmon)</i>	\$9*	
MIACALCIN	\$35	injection
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	\$35	
SENSIPAR 60mg, 90mg	33%	
CHELATING AGENTS		
EXJADE	33%	PA
<i>sodium polystyrene sulfonate</i>	\$9*	
SYPRINE	\$35	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	\$9*	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	\$9*	
<i>drospirenone-ethinyl estradiol</i>	\$9*	
<i>ethynodiol diacet & eth estrad</i>	\$9*	
<i>levonorgestrel & eth estradiol</i>	\$9*	
<i>levonorgestrel (emergency oc)</i>	\$9*	
<i>levonorgestrel-eth estradiol (triphasic)</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	\$9*	
<i>medroxyprogesterone acetate (contraceptive)</i>	\$9*	QL (1 vial / 90 days)
NECON 10/11-28	\$35	
<i>norethin acet & estrad-fe</i>	\$9*	
<i>norethindrone & eth estradiol</i>	\$9*	
<i>norethindrone (contraceptive)</i>	\$9*	
<i>norethindrone acet & eth estra</i>	\$9*	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	\$9*	
<i>norethindrone-eth estradiol (triphasic)</i>	\$9*	
<i>norgestimate-ethinyl estradiol</i>	\$9*	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	\$9*	
<i>norgestrel & ethinyl estradiol</i>	\$9*	
NUVARING	\$35	
ORTHO EVRA	\$35	
ORTHO TRI-CYCLEN LO	\$35	
ENDOMETRIOSIS		
<i>danazol</i>	\$9*	
SYNAREL	\$35	
ENZYME REPLACEMENTS		
ADAGEN	33%	PA
ALDURAZYME	33%	PA
BUPHENYL	33%	
CEREZYME	33%	PA
CYSTADANE	\$35	
CYSTAGON	\$35	
ELAPRASE	33%	PA
FABRAZYME	33%	PA
KUVAN	33%	
<i>levocarnitine (metabolic modifiers)</i>	\$9*	
MYOZYME	33%	PA
NAGLAZYME	33%	PA
ORFADIN	33%	PA
VPRIV	33%	PA
ZAVESCA	33%	PA
ESTROGEN/PROGESTINS		
CLIMARA PRO	\$35	
COMBIPATCH	\$35	
FEMHRT 1/5	\$75	
FEMHRT LOW DOSE	\$75	
PREFEST	\$75	

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Drug	Copayment/ Coinsurance	Notes
PREMPHASE	\$35	
PREMPRO	\$35	
ESTROGENS		
ALORA	\$35	
CENESTIN	\$75	
ESTRACE	\$75	cream
ESTRADERM	\$35	
<i>estradiol</i> .5mg, 1mg, 2mg	\$2*	
<i>estradiol</i> .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	\$9*	
ESTRING	\$75	
<i>estropipate</i>	\$2*	
FEMRING	\$75	
GYNODIOL	\$35	
PREMARIN	\$35	
PREMARIN W/APPLICATOR	\$35	
VAGIFEM	\$35	
VIVELLE-DOT	\$35	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	\$9*	
<i>dexamethasone</i> .5mg, .75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	\$2*	
<i>dexamethasone</i> .5mg/5ml	\$9*	
DEXAMETHASONE INTENSOL	\$35	
<i>dexamethasone sodium phosphate</i>	\$9*	
<i>fludrocortisone acetate</i>	\$9*	
<i>hydrocortisone</i>	\$9*	
<i>hydrocortisone sod succinate</i>	\$9*	
<i>methylprednisolone</i> 4mg	\$2*	
<i>methylprednisolone</i> 16mg, 32mg, 8mg	\$9*	
<i>methylprednisolone acetate</i>	\$9*	
<i>methylprednisolone sod succ</i>	\$9*	
<i>prednisolone</i>	\$9*	
<i>prednisolone sodium phosphate</i>	\$9*	
<i>prednisone</i> 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	\$2*	
<i>prednisone</i> 5mg/5ml	\$9*	
PREDNISONE INTENSOL	\$35	
SOLU-CORTEF	\$35	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	\$35	
GLUCAGON EMERGENCY KIT	\$35	

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Drug	Copayment/ Coinsurance	Notes
PROGLYCEM	\$35	
HUMAN GROWTH HORMONES		
INCRELEX	33%	PA
NORDITROPIN CARTRIDGE	33%	PA
NORDITROPIN NORDIFLEX PEN	33%	PA
SAIZEN	33%	PA
SAIZEN CLICK.EASY	33%	PA
TEV-TROPIN	33%	PA
MISCELLANEOUS		
<i>cabergoline</i>	\$9*	
<i>chorionic gonadotropin</i>	\$9*	PA
<i>octreotide acetate 50mcg/ml</i>	\$9*	PA
OCTREOTIDE ACETATE 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml	33%	PA
SANDOSTATIN LAR DEPOT	33%	PA
SOMATULINE DEPOT	33%	PA
SOMAVERT	33%	PA
PARATHYROID HORMONES		
FORTEO	33%	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	\$9*	
FOSRENOL	\$35	
PHOSLO	\$35	
RENAGEL	\$35	
REVELA	\$35	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	\$2*	
<i>norethindrone acetate</i>	\$9*	
PROMETRIUM	\$75	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	\$35	
THYROID AGENTS		
<i>levothyroxine sodium</i>	\$2*	
<i>liothyronine sodium</i>	\$9*	
<i>methimazole</i>	\$9*	
<i>propylthiouracil</i>	\$9*	
SYNTHROID	\$35	
VASOPRESSINS		
<i>desmopressin acetate</i>	\$9*	
<i>desmopressin acetate refrigerated</i>	\$9*	
<i>desmopressin acetate spray refrigerated</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
GASTROINTESTINAL		
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine</i>	\$2*	tablet
<i>diphenoxylate w/ atropine</i>	\$9*	
<i>loperamide hcl</i>	\$2*	
ANTIEMETICS		
DRONABINOL 2.5mg	\$75	QL (60 caps / 25 days), PA
DRONABINOL 10mg, 5mg	33%	QL (60 caps / 25 days), PA
EMEND 80mg	\$35	QL (4 caps / 25 days), PA
EMEND 125mg	\$35	QL (2 caps / 25 days), PA
EMEND 40mg	\$35	
<i>granisetron hcl .1mg/ml, 1mg/ml</i>	\$9*	B/D
<i>granisetron hcl 1mg</i>	\$9*	PA
<i>meclizine hcl</i>	\$9*	
<i>metoclopramide hcl 10mg, 5mg, 5mg/5ml</i>	\$2*	
<i>metoclopramide hcl 5mg/ml</i>	\$9*	
<i>ondansetron</i>	\$9*	PA
<i>ondansetron hcl 24mg, 4mg, 4mg/5ml, 8mg</i>	\$9*	PA
<i>ondansetron hcl 4mg/2ml</i>	\$9*	B/D
<i>prochlorperazine</i>	\$9*	
<i>prochlorperazine edisylate</i>	\$9*	
<i>prochlorperazine maleate</i>	\$2*	
<i>promethazine hcl 6.25mg/5ml</i>	\$2*	
<i>promethazine hcl 12.5mg, 25mg, 25mg/ml, 50mg, 50mg/ml</i>	\$9*	
SANCUSO	\$35	QL (2 patch / 15 days), PA
TRANSDERM-SCOP	\$35	
<i>trimethobenzamide hcl</i>	\$9*	
ANTISPASMODICS		
<i>dicyclomine hcl 10mg, 20mg</i>	\$2*	
<i>dicyclomine hcl 10mg/5ml, 10mg/ml</i>	\$9*	
<i>glycopyrrolate</i>	\$9*	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	\$2*	
<i>cimetidine hcl</i>	\$9*	
<i>famotidine</i>	\$9*	
<i>famotidine in nacl</i>	\$9*	
PEPCID	\$35	suspension
<i>ranitidine hcl</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
INFLAMMATORY BOWEL DISEASE		
APRISO	\$35	
ASACOL	\$75	
CANASA	\$35	
CIMZIA	33%	PA
DIPENTUM	\$75	
ENTOCORT EC	\$75	
<i>hydrocortisone (intrarectal)</i>	\$9*	
LIALDA	\$35	
<i>mesalamine</i>	\$9*	
PENTASA	\$35	
<i>sulfasalazine</i>	\$9*	
LAXATIVES		
HALFLYTELY BOWEL PREP	\$35	
KRISTALOSE	\$75	
<i>lactulose</i>	\$9*	
<i>lactulose (encephalopathy)</i>	\$9*	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	\$9*	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	\$9*	
<i>polyethylene glycol 3350</i>	\$9*	
RELISTOR	\$35	PA
VISICOL	\$75	
MISCELLANEOUS		
AMITIZA	\$35	QL (60 caps / 25 days), ST
CARAFATE	\$35	suspension
GASTROCROM	\$35	
LOTRONEX	\$35	
<i>misoprostol</i>	\$9*	
<i>sucalfate</i>	\$9*	
<i>ursodiol</i>	\$9*	
PANCREATIC ENZYMES		
CREON	\$35	
ZENPEP	\$35	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC	\$35	QL (1 box / year)
PROTON PUMP INHIBITORS		
DEXILANT	\$35	QL (90 days per year)
LANSOPRAZOLE	\$75	QL (90 days per year)
NEXIUM	\$35	QL (90 days per year)
NEXIUM I.V.	\$35	

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Drug	Copayment/ Coinsurance	Notes
<i>omeprazole</i>	\$9*	QL (90 days per year)
PANTOPRAZOLE SODIUM	\$75	QL (90 days per year)
ZEGERID	\$75	QL (90 days per year)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

AVODART	\$35	
<i>finasteride</i>	\$9*	
<i>tamsulosin hcl</i>	\$9*	
UROXATRAL	\$35	ST

MISCELLANEOUS

<i>bethanechol chloride</i>	\$9*	
ELMIRON	\$75	
<i>potassium citrate (alkalinizer)</i>	\$9*	

URINARY ANTISPASMODICS

DETROL	\$75	
DETROL LA 2mg	\$35	QL (30 ea / 25 days)
DETROL LA 4mg	\$35	
ENABLEX 15mg	\$35	
ENABLEX 7.5mg	\$35	QL (30 ea / 25 days)
GELNIQUE	\$35	
<i>oxybutynin chloride</i> 5mg	\$2*	
<i>oxybutynin chloride</i> 10mg, 15mg, 5mg	\$9*	ext rel
<i>oxybutynin chloride</i> 5mg/5ml	\$9*	
OXYTROL	\$75	
SANCTURA XR	\$75	
TOVIAZ	\$75	
VESICARE 10mg	\$35	
VESICARE 5mg	\$35	QL (30 tabs / 25 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN 100mg	\$35	suppository
<i>clindamycin phosphate vaginal</i>	\$9*	
<i>metronidazole vaginal</i>	\$9*	
<i>terconazole vaginal</i>	\$9*	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	\$35	QL (60 syringes / 180 days)
ARIXTRA 10mg/0.8ml	33%	QL (38 syringes / 180 days)
ARIXTRA 5mg/0.4ml	33%	QL (75 syringes / 180 days)
ARIXTRA 7.5mg/0.6ml	33%	QL (50 syringes / 180 days)
COUMADIN	\$35	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	\$35	QL (150 syringes / 180 days)

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Drug	Copayment/ Coinsurance	Notes
FRAGMIN 10000unit/ml	33%	QL (30 syringes / 180 days)
FRAGMIN 25000unit/ml	33%	QL (30 mls per 180 days)
FRAGMIN 7500unit/0.3ml	33%	QL (100 syringes / 180 days)
<i>heparin (porcine) in sodium chloride</i>	\$9*	
<i>heparin sod (porcine) in d5w</i>	\$9*	
HEPARIN SODIUM	\$35	
<i>heparin sodium (porcine)</i>	\$9*	
HEPARIN SODIUM/NACL 0.45%	\$35	
LOVENOX 100mg/ml, 150mg/ml	\$35	QL (60 syringes / 180 days)
LOVENOX 120mg/0.8ml, 80mg/0.8ml	\$35	QL (75 syringes / 180 days)
LOVENOX 300mg/3ml	\$35	QL (20 vials / 180 days)
LOVENOX 30mg/0.3ml	\$35	QL (200 syringes / 180 days)
LOVENOX 40mg/0.4ml	\$35	QL (150 syringes / 180 days)
LOVENOX 60mg/0.6ml	\$35	QL (100 syringes / 180 days)
<i>warfarin sodium</i>	\$2*	

HEMATOPOIETIC GROWTH FACTORS

LEUKINE	33%	PA
MOZOBIL	33%	PA
NEUPOGEN	33%	PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	\$35	QL (12 vials / 25 days), PA
PROCRIT 20000unit/ml	33%	QL (12 vials / 25 days), PA
PROCRIT 40000unit/ml	33%	QL (6 vials / 25 days), PA

MISCELLANEOUS

<i>anagrelide hcl</i>	\$9*	PA
<i>cilostazol</i>	\$9*	
CYKLOKAPRON	\$35	
<i>pentoxifylline</i>	\$2*	
PROMACTA	33%	PA

PLATELET AGGREGATION INHIBITORS

AGGRENOX	\$35	
<i>dipyridamole</i>	\$9*	
EFFIENT	\$35	
PLAVIX 300mg	\$35	QL (1 tab / 25 days)
PLAVIX 75mg	\$35	
<i>ticlopidine hcl</i>	\$9*	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	33%	PA
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Drug	Copayment/ Coinsurance	Notes
HUMIRA	33%	PA
HUMIRA PEN-CROHNS DISEASE	33%	PA
<i>hydroxychloroquine sulfate</i>	\$9*	
<i>leflunomide</i>	\$9*	
<i>methotrexate sodium</i> 2.5mg	\$9*	
REMICADE	33%	PA
RHEUMATREX	\$35	
IMMUNOGLOBULINS		
GAMASTAN S/D	\$35	B/D
GAMMAGARD LIQUID	33%	PA
GAMUNEX	33%	PA
IMMUNOMODULATORS		
ACTIMMUNE	33%	PA
ARCALYST	33%	PA
INFERGEN	33%	PA
INTRON-A	33%	B/D
INTRON-A W/DILUENT	\$35	B/D
PEG-INTRON	33%	PA
PEG-INTRON REDIPEN	33%	PA
PEGASYS	33%	PA
REVLIMID	33%	LA, PA
THALOMID	33%	PA
IMMUNOSUPPRESSANTS		
AZASAN	\$35	B/D
<i>azathioprine</i>	\$9*	B/D
<i>azathioprine sodium</i>	\$9*	B/D
CELLCEPT	\$35	B/D
<i>cyclosporine</i>	\$9*	B/D
<i>cyclosporine modified (for microemulsion)</i>	\$9*	B/D
<i>mycophenolate mofetil</i>	\$9*	B/D
MYFORTIC	\$35	B/D
NEORAL	\$35	B/D
PROGRAF .5mg, 1mg	\$35	B/D
PROGRAF 5mg	33%	B/D
RAPAMUNE	\$35	B/D
SANDIMMUNE	\$35	B/D
<i>tacrolimus</i> .5mg, 1mg	\$9*	B/D
TACROLIMUS 5mg	33%	B/D
VACCINES		
ACTHIB	\$35	
ADACEL	\$35	

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Drug	Copayment/ Coinsurance	Notes
ATTENUVAX	\$35	
BOOSTRIX	\$35	
CERVARIX	\$35	
COMVAX	\$35	
DAPTACEL	\$35	
DECAVAC	\$35	B/D
DIPHThERIA/TETANUS TOXOID	\$35	B/D
ENGERIX-B	\$35	B/D
GARDASIL	\$35	
HAVRIX	\$35	
IMOVAX RABIES (H.D.C.V.)	\$35	
INFANRIX	\$35	
IPOL INACTIVATED IPV	\$35	
IXIARO	\$35	
JE-VAX	\$35	
M-M-R II W/DILUENT 10 DOS	\$35	
MENACTRA	\$35	
MENOMUNE-A/C/Y/W-135	\$35	
MERUVAX II W/DILUENT 10 D	\$35	
PEDIARIX	\$35	
PEDVAX HIB	\$35	
PROQUAD	\$35	
RABAVERT	\$35	
RECOMBIVAX HB	\$35	B/D
ROTATEQ	\$35	
TETANUS TOXOID ADSORBED	\$35	B/D
TETANUS/DIPHThERIA TOXOID	\$35	B/D
TRIHIBIT	\$35	
TRIPEDIA	\$35	
TWINRIX	\$35	
TYPHIM VI	\$35	
VAQTA	\$35	
VARIVAX	\$35	
YF-VAX	\$35	
ZOSTAVAX	\$35	QL (1 vial in lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON M15	\$35	
<i>parenteral electrolytes</i>	\$9*	B/D
<i>potassium chloride 10meq, 2meq/ml, 8meq</i>	\$9*	
<i>potassium chloride microencapsulated crystals cr</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
<i>sodium chloride 2.5meq/ml</i>	\$9*	
<i>sodium fluoride</i>	\$9*	
IV NUTRITION		
<i>amino acid electrolyte infusion</i>	\$9*	B/D
<i>amino acid infusion</i>	\$9*	B/D
AMINOSYN	\$35	B/D
AMINOSYN 7%/ELECTROLYTES	\$35	B/D
AMINOSYN II	\$35	B/D
AMINOSYN II 3.5%/DEXTROSE	\$35	B/D
AMINOSYN II 3.5/DEXTROSE	\$35	B/D
AMINOSYN II 4.25/DEXTROSE	\$35	B/D
AMINOSYN II 5/DEXTROSE 25	\$35	B/D
AMINOSYN II M 3.5%/DEXTRO	\$35	B/D
AMINOSYN M	\$35	B/D
AMINOSYN-HBC	\$35	B/D
AMINOSYN-PF	\$35	B/D
AMINOSYN-PF 7%	\$35	B/D
CLINIMIX 2.75%/DEXTROSE 5	\$35	B/D
CLINIMIX 4.25%/DEXTROSE 1	\$35	B/D
CLINIMIX 4.25%/DEXTROSE 2	\$35	B/D
CLINIMIX 4.25%/DEXTROSE 5	\$35	B/D
CLINIMIX 5%/DEXTROSE 15%	\$35	B/D
CLINIMIX 5%/DEXTROSE 20%	\$35	B/D
CLINIMIX 5%/DEXTROSE 25%	\$35	B/D
CLINIMIX E 2.75%/DEXTROSE	\$35	B/D
CLINIMIX E 4.25%/DEXTROSE	\$35	B/D
CLINIMIX E 5%/DEXTROSE 15	\$35	B/D
CLINIMIX E 5%/DEXTROSE 20	\$35	B/D
CLINIMIX E 5%/DEXTROSE 25	\$35	B/D
<i>fat emulsion</i>	\$9*	B/D
FREAMINE HBC 6.9%	\$35	B/D
FREAMINE III 3%	\$35	B/D
HEPATASOL	\$35	B/D
LIPOSYN II	\$35	B/D
LIPOSYN III	\$35	B/D
NEPHRAMINE	\$35	B/D
PREMASOL	\$35	B/D
PROCALAMINE	\$35	B/D
PROSOL	\$35	B/D
RENAMIN	\$35	B/D
TRAVASOL	\$35	B/D
TROPHAMINE	\$35	B/D

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Drug	Copayment/ Coinsurance	Notes
IV REPLACEMENT SOLUTIONS		
<i>alcohol in d5w</i>	\$9*	
<i>dextrose</i>	\$9*	
DEXTROSE 5%	\$35	
DEXTROSE 5%/POTASSIUM CHL	\$35	
<i>dextrose w/ sodium chloride</i>	\$9*	
<i>electrolyte-m in dextrose</i>	\$9*	
<i>electrolyte-r</i>	\$9*	
<i>electrolyte-r in dextrose</i>	\$9*	
IONOSOL-B/DEXTROSE 5%	\$35	
IONOSOL-MB/DEXTROSE 5%	\$35	
IONOSOL-T/DEXTROSE 5%	\$35	
ISOLYTE-H/DEXTROSE 5%	\$35	
ISOLYTE-P/DEXTROSE 5%	\$35	
ISOLYTE-S	\$35	
ISOLYTE-S/DEXTROSE 5%	\$35	
KCL 0.15%/D10W/NACL 0.2%	\$35	
KCL 0.15%/D5W/LR	\$35	
KCL 0.15%/D5W/NACL 0.225%	\$35	
KCL 0.3%/D5W/NACL 0.9%	\$35	
<i>lactated ringer's</i>	\$9*	
MAGNESIUM SULFATE IN D5W	\$35	
NORMOSOL-R	\$35	
PLASMA-LYTE 56	\$35	
PLASMA-LYTE A	\$35	
PLASMA-LYTE-148	\$35	
PLASMA-LYTE-148/D5W	\$35	
PLASMA-LYTE-56/D5W	\$35	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	\$9*	
POTASSIUM CHLORIDE 0.15%	\$35	
POTASSIUM CHLORIDE 0.3%/	\$35	
<i>potassium chloride in d5w lactated ringers</i>	\$9*	
<i>potassium chloride in dextrose</i>	\$9*	
<i>potassium chloride in dextrose & sodium chloride</i>	\$9*	
<i>potassium chloride in nacl</i>	\$9*	
<i>ringer's</i>	\$9*	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	\$9*	
VITAMINS		
<i>calcitriol .25mcg, .5mcg</i>	\$9*	capsule

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Drug	Copayment/ Coinsurance	Notes
<i>calcitriol</i> 1mcg/ml	\$9*	
CALCITRIOL 2mcg/ml	\$35	
HECTOROL	\$75	
<i>prenatal without a vit w/ iron carbonyl-folic acid</i>	\$9*	
ZEMPLAR	\$35	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	\$2*	
BLEPHAMIDE S.O.P.	\$35	
<i>neomycin-polymy-dexameth</i>	\$2*	
<i>neomycin-polymyxin-hc (ophth)</i>	\$9*	
<i>sulfacetamide sod-prednisolone</i>	\$9*	
TOBRADEX	\$75	
<i>tobramycin-dexamethasone</i>	\$9*	

ANTI-INFECTIVES

AZASITE	\$35	
<i>bacitracin (ophthalmic)</i>	\$9*	
<i>bacitracin-polymyxin b (ophth)</i>	\$9*	
CILOXAN	\$35	ointment
<i>ciprofloxacin hcl (ophth)</i>	\$9*	
<i>erythromycin (ophth)</i>	\$2*	
<i>gentamicin sulfate (ophth) .3%</i>	\$2*	
<i>gentamicin sulfate (ophth) .3%</i>	\$9*	ointment
NATACYN	\$35	
<i>neomycin-bacitracin zn-polymyxin</i>	\$2*	
<i>neomycin-polymy-gramicid</i>	\$9*	
<i>ofloxacin (ophth)</i>	\$9*	
<i>polymyxin b-trimethoprim</i>	\$2*	
QUIXIN	\$75	
<i>sulfacetamide sodium (ophth)</i>	\$2*	
<i>tobramycin sulfate (ophth)</i>	\$2*	
TOBEX	\$35	ointment
<i>trifluridine</i>	\$9*	
VIGAMOX	\$35	
ZYMAR	\$35	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth)</i>	\$9*	
<i>diclofenac sodium (ophth)</i>	\$9*	
<i>fluorometholone (ophth)</i>	\$2*	
<i>flurbiprofen sodium</i>	\$2*	

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Drug	Copayment/ Coinsurance	Notes
FML	\$35	
<i>ketorolac tromethamine (ophth)</i>	\$9*	
LOTEMAX	\$75	
PRED MILD	\$75	
<i>prednisolone acetate (ophth)</i>	\$2*	
PREDNISOLONE SODIUM PHOSP	\$35	
XIBROM	\$75	
ANTIALLERGICS		
ALOCRIIL	\$75	
ALOMIDE	\$75	
ALREX	\$35	
<i>azelastine hcl (ophth)</i>	\$9*	
<i>cromolyn sodium (ophth)</i>	\$9*	
PATADAY	\$35	
PATANOL	\$35	
ANTIGLAUCOMA		
AZOPT	\$35	
BETIMOL	\$75	
BETOPTIC-S	\$35	
<i>brimonidine tartrate</i>	\$9*	
<i>carteolol hcl (ophth)</i>	\$9*	
COMBIGAN	\$35	
<i>dorzolamide hcl</i>	\$9*	
<i>dorzolamide hcl-timolol maleate</i>	\$9*	
<i>levobunolol hcl</i>	\$2*	
LUMIGAN	\$35	QL (2.5ml / 25 days)
<i>metipranolol</i>	\$9*	
PILOPINE HS	\$35	
<i>timolol maleate (ophth) .25%, .5%</i>	\$2*	
<i>timolol maleate (ophth) .25%, .5%</i>	\$9*	gel
TRAVATAN Z	\$35	QL (2.5ml / 25 days)
XALATAN	\$75	QL (2.5ml / 25 days)
MISCELLANEOUS		
LACRISERT	\$35	
<i>naphazoline hcl</i>	\$2*	
<i>proparacaine hcl</i>	\$9*	
RESTASIS	\$35	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT	\$35	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol</i>	\$9*	B/D, QL (180 vials / 25 days)

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Drug	Copayment/ Coinsurance	Notes
ANTICHOLINERGICS		
ATROVENT HFA	\$35	QL (2 inhalers per 25 days)
<i>ipratropium bromide</i>	\$9*	B/D, QL (126 bags / 25 days)
<i>ipratropium bromide (nasal)</i>	\$9*	
SPIRIVA HANDIHALER	\$35	QL (30 caps / 25 days)
ANTIHISTAMINES, LOW/NONSEDATING		
ASTEPRO	\$35	QL (2 spray-bottles / 25 days)
<i>azelastine hcl</i>	\$9*	QL (2 bottles / 25 days)
<i>cetirizine hcl</i>	\$9*	
<i>fexofenadine hcl</i>	\$9*	
XYZAL	\$35	
ANTIHISTAMINES, SEDATING		
<i>clemastine fumarate</i>	\$9*	
<i>cyproheptadine hcl</i>	\$9*	
<i>diphenhydramine hcl</i> 12.5mg/5ml, 50mg	\$2*	
<i>diphenhydramine hcl</i> 50mg/ml	\$9*	
<i>hydroxyzine hcl</i>	\$9*	
<i>hydroxyzine pamoate</i>	\$2*	
BETA AGONISTS		
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg	\$2*	
<i>albuterol sulfate</i> .083%, .63mg/3ml, 1.25mg/3ml	\$9*	B/D, QL (100 bags / 25 days)
<i>albuterol sulfate</i> .5%	\$9*	B/D, QL (3 bottles / 25 days)
<i>albuterol sulfate</i> 4mg, 8mg	\$9*	
FORADIL AEROLIZER	\$75	QL (60 caps / 25 days)
<i>levalbuterol hcl</i>	\$9*	B/D, QL (90 bags / 25 days)
PROAIR HFA	\$35	QL (2 inhalers / 25 days)
PROVENTIL HFA	\$75	QL (2 inhalers / 25 days)
SEREVENT DISKUS	\$35	QL (1 inhaler / 25 days)
<i>terbutaline sulfate</i>	\$9*	
XOPENEX	\$75	B/D, QL (96 bags / 25 days)
XOPENEX HFA	\$75	QL (2 inhalers / 25 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	\$75	
SINGULAIR	\$35	ST
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	\$9*	B/D, QL (120 bags / 25 days)

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Drug	Copayment/ Coinsurance	Notes
MISCELLANEOUS		
<i>acetylcysteine</i>	\$9*	B/D
ARALAST NP	33%	PA
<i>epinephrine hcl</i>	\$9*	
EIPEN 2-PAK	\$35	
EIPEN-JR 2-PAK	\$35	
PULMOZYME	33%	PA
TOBI	33%	B/D
TYZINE	\$35	
TYZINE PEDIATRIC NASAL DR	\$35	
XOLAIR	33%	PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	\$9*	QL (2 bottles / 25 days)
<i>fluticasone propionate (nasal)</i>	\$9*	QL (1 bottle / 25 days)
NASACORT AQ	\$35	QL (1 inhaler / 25 days)
NASONEX	\$75	QL (2 inhalers / 25 days), ST
RHINOCORT AQUA	\$75	QL (2 inhalers / 25 days), ST
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	\$35	QL (2 inhalers / 25 days)
ASMANEX 14 METERED DOSES	\$35	QL (2 inhalers / 25 days)
ASMANEX 30 METERED DOSES	\$35	QL (2 inhalers / 25 days)
ASMANEX 60 METERED DOSES	\$35	QL (2 inhalers / 25 days)
FLOVENT DISKUS	\$35	QL (2 inhalers / 25 days)
FLOVENT HFA	\$35	QL (2 inhalers / 25 days)
QVAR	\$75	QL (3 inhalers / 25 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	\$35	QL (1 kit / 25 days)
ADVAIR HFA	\$35	QL (1 inhaler / 25 days)
PULMICORT FLEXHALER 180mcg/act	\$75	QL (2 inhalers / 25 days)
PULMICORT FLEXHALER 90mcg/act	\$75	QL (4 inhalers / 25 days)
SYMBICORT	\$35	QL (1 inhaler / 25 days)
XANTHINES		
<i>aminophylline</i> 100mg, 200mg	\$2*	
<i>aminophylline</i> 25mg/ml	\$9*	
ELIXOPHYLLIN	\$35	
THEO-24	\$35	
<i>theophylline</i>	\$9*	
TOPICAL		
DERMATOLOGY, ACNE		
AZELEX	\$75	

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Drug	Copayment/ Coinsurance	Notes
<i>benzoyl peroxide-erythromycin</i>	\$9*	
<i>clindamycin phosphate (topical)</i>	\$9*	
<i>clindamycin phosphate-benzoyl peroxide</i>	\$9*	
<i>erythromycin (acne aid)</i>	\$9*	
<i>isotretinoin</i>	\$9*	
RETIN-A MICRO	\$75	PA
<i>sulfacetamide sodium (acne)</i>	\$9*	
<i>tretinoin .01%, .025%, .05%, .1%</i>	\$9*	PA
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	\$35	
FLUOROPLEX	\$75	
<i>fluorouracil (topical)</i>	\$9*	
SOLARAZE	\$35	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	\$35	
BACTROBAN	\$35	cream
<i>gentamicin sulfate (topical)</i>	\$2*	
<i>mupirocin</i>	\$9*	
<i>silver sulfadiazine</i>	\$2*	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i>	\$9*	
<i>ciclopirox olamine</i>	\$9*	
<i>clotrimazole (topical)</i>	\$9*	
<i>econazole nitrate</i>	\$9*	
<i>ketconazole (topical) 2%</i>	\$9*	
MENTAX	\$75	
<i>nystatin (topical) 100000unit/gm</i>	\$2*	cream, ointment
<i>nystatin (topical) 100000unit/gm</i>	\$9*	
OXISTAT	\$75	
DERMATOLOGY, ANTIPRURITIC		
<i>hydrocortisone (rectal) 2.5%</i>	\$2*	
ZONALON	\$35	
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i>	\$9*	
DOVONEX	\$35	cream
OXSORALEN ULTRA	33%	PA
SORIATANE	\$75	
STELARA	33%	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical) 2%</i>	\$9*	
<i>selenium sulfide</i>	\$9*	

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Drug	Copayment/ Coinsurance	Notes
DERMATOLOGY, ANTIVIRALS		
DENAVIR	\$35	
ZOVIRAX	\$35	cream, ointment
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	\$9*	
<i>betamethasone dipropionate (topical)</i>	\$2*	
<i>betamethasone dipropionate augmented</i>	\$9*	
<i>betamethasone valerate</i>	\$2*	
<i>clobetasol propionate</i>	\$9*	
<i>clobetasol propionate emollient base</i>	\$9*	
CORDRAN	\$75	
CORDRAN TAPE	\$75	
DERMA-SMOOTHIE/FS BODY OIL	\$35	
<i>desonide</i>	\$9*	
DESOWEN OINTMENT/CETAPHIL	\$35	
<i>desoximetasone</i>	\$9*	
<i>diflorasone diacetate</i>	\$9*	
<i>fluocinolone acetonide</i>	\$9*	
<i>fluocinonide</i>	\$9*	
<i>fluocinonide emulsified base</i>	\$9*	
<i>fluticasone propionate</i>	\$9*	
<i>halobetasol propionate</i>	\$9*	
<i>hydrocortisone (rectal) 1%</i>	\$2*	
<i>hydrocortisone (topical)</i>	\$2*	
<i>hydrocortisone butyrate</i>	\$9*	
<i>hydrocortisone valerate</i>	\$9*	
KENALOG	\$35	
LOCOID LIPOCREAM	\$75	
LUXIQ	\$75	
<i>mometasone furoate</i>	\$9*	
<i>triamcinolone acetonide (topical)</i> .025%, .1%, .5%	\$2*	cream, ointment
<i>triamcinolone acetonide (topical)</i> .025%, .1%	\$9*	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	\$35	PA
PROTOPIC	\$35	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	\$9*	
<i>lidocaine hcl</i>	\$9*	
<i>lidocaine-prilocaine</i>	\$9*	
LIDODERM	\$35	QL (90 patch / 25 days), PA

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Drug	Copayment/ Coinsurance	Notes
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX	\$75	
<i>imiquimod</i>	\$9*	
<i>lactic acid (ammonium lactate)</i>	\$9*	
PANRETIN	33%	
<i>podofilox</i>	\$9*	
TARGRETIN 1%	33%	PA
DERMATOLOGY, ROSACEA		
FINACEA	\$75	
METROGEL	\$35	
<i>metronidazole (topical)</i>	\$9*	
ORACEA	\$35	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	\$35	
<i>malathion</i>	\$9*	
<i>permethrin</i>	\$2*	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	33%	PA
SANTYL	\$35	
<i>sodium chloride (gu irrigant)</i>	\$9*	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	\$2*	
EVOXAC	\$35	
<i>lidocaine hcl (mouth-throat)</i>	\$2*	
<i>nystatin (mouth-throat)</i>	\$9*	
<i>pilocarpine hcl (oral)</i>	\$9*	
<i>triamcinolone acetonide (mouth)</i>	\$9*	
OTIC		
<i>acetic acid (otic)</i>	\$9*	
<i>acetic acid-aluminum acetate</i>	\$9*	
CIPRO HC	\$75	
CIPRODEX	\$75	
DERMOTIC	\$35	
<i>hydrocortisone w/ acetic acid</i>	\$9*	
<i>neomycin-polymyxin-hc (otic)</i>	\$9*	
<i>ofloxacin (otic)</i>	\$9*	

All covered drugs are available through our Preferred Mail-Order pharmacy in addition to our Retail pharmacies.

*The plan provides coverage for this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information about this coverage.

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