



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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**Blue Cross Blue Shield
and Blue Care Network
of Michigan**

Custom Formulary 2005

July Update

*Custom
Formulary*

July
2005

July 2005 Custom Formulary - Chapter Names

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INTRODUCTION

Blue Cross Blue Shield of Michigan and Blue Care Network are pleased to provide the 2005 Custom Formulary as a useful reference and educational tool for prescribers, pharmacists and members. Our formulary is a regularly updated list of FDA-approved medications reviewed by the BCBSM and BCN Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan physicians, pharmacists and other experts in diagnosis and treatment of disease and promotion of health. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings. The Custom Formulary will assist in maintaining the quality of care for our members and containing cost for our clients.

Physicians, pharmacists and members should regularly refer to the Custom Formulary for information regarding drug coverage and therapeutic options for BCBSM and BCN members. Physicians are encouraged to prescribe formulary medications whenever possible. The Custom Formulary is divided into major therapeutic categories by chapter for easy use. Products approved for more than one therapeutic indication may be included in more than one chapter. Within each chapter, drugs are identified according to whether they are “Formulary Preferred” (Tier 1), “Formulary Options” (Tier 2), or “Nonformulary” (Tier 3).

Formulary Preferred (Tier 1): These drugs have a proven record of safety and effectiveness and offer the best value for members. Because they are Tier 1, they require the lowest copayment, making them your most cost-effective option for treatment. Most generic drugs are Formulary Preferred.

Formulary Options (Tier 2): Our Tier 2 drugs also have a record of safety and effectiveness. Because more cost-effective therapy, or a generic alternative is usually available, most drugs in Tier 2 require a higher copayment.

Nonformulary (Tier 3): Nonformulary drugs are not on our list of approved drugs. These drugs may not have a proven record for safety, or their clinical value may not be as high as the drugs in Tier 1 and Tier 2. Formulary alternatives are available. Depending on your drug rider, you may pay a higher copayment or even the entire cost of these drugs.

BCBSM and BCN respect the judgment of the dispensing pharmacist. Pharmacists are expected to contact the prescribing physician when presented with a prescription for a drug or dose that may not be appropriate for a patient. We encourage pharmacist to also contact the prescriber to suggest an alternative when a BCBSM or BCN member’s prescription is written for a nonformulary drug.

DRUG COVERAGE

Coverage and applicable copayment amounts for drugs in the Custom Formulary are based on the member’s certificate or drug riders. Not all drugs included in the Custom Formulary are necessarily covered by each patient’s drug benefit plan. Most BCN members do not have coverage for nonformulary drugs, unless a BCN-affiliated provider certifies to BCN – and BCN agrees – the prescription is medically necessary.

Some BCN drug riders require a different copayment amount, or may not cover certain health habit (lifestyle) drugs. These may include weight loss products, drugs for smoking cessation and drugs to treat sexual dysfunction. Coverage for contraceptives is based on the member’s BCN drug rider. Coverage for drugs used to treat infertility is based on the member’s BCN medical certificate.

Members should consult their prescription drug benefit packet or contact a customer service representative to determine specific coverage.

Approved Medications

In general, only FDA-approved prescription medications are eligible for coverage under a member’s policy. When a drug is available in the identical strength and dosage in either a prescription or a non-prescription medication, the prescription medication is usually not covered. In these cases, providers should refer the patient to the equivalent OTC product. Exceptions are identified in the Custom Formulary.

Certain medications may be excluded from BCBSM/BCN members' pharmacy benefits, but may be covered under a member's medical certificate. Such medications include serums, vaccines, and other medications that are generally administered in a physician's office under the supervision of appropriate health care personnel, and not normally dispensed to the patient for self-administration.

Prior Authorization/Step Therapy

Prior Authorization may be necessary for coverage of certain medications. In these cases, clinical criteria based on current medical information and approved by the BCBSM and BCN P&T Committee must be met, or other information must be provided, before coverage is approved. Drugs subject to Step Therapy may require previous treatment with one or more Formulary agents prior to prescribing.

For BCBSM members:

Members should consult their prescription drug benefit packet for information on how to obtain prior authorization, if applicable.

For BCN members:

The physician or office designee must contact MedImpact at 1-800-788-2949 to request prior authorization or a benefit exception, depending on the type of request and the member's drug benefit. Urgent requests should be identified as such when calling. Either a Medication Request Form or a Benefit Exception Form will be faxed to the physician for completion. The following information is required for consideration:

1. Member name, contract number and date of birth
2. Physician name, DEA number, telephone and fax numbers
3. Drug name, strength, and reason for request.
4. Complete history of other medications that have been tried and failed (based on the clinical criteria for the drug requested)
5. Intended duration of use

The completed form is returned to MedImpact for review. If MedImpact cannot approve a request per BCN policy, the request is forwarded to BCN. The physician is notified of approved requests and the member's claim will process accordingly. If the request is not approved, BCN provides written notification to both the member and practitioner. notification includes the reason(S) for denial and an explanations of appeal rights and the appeal process.

The Blue Care Network Quality Interchange Program includes a list of agents that require prior authorization, or must meet step therapy requirements prior to coverage. A copy of the Quality Interchange Program and a list of available formulary alternatives are included in this Custom Formulary. To view the most recent version, please go to:

http://www.bcbsm.com/providers/physicians/physicians_rx.shtml.

Blue Care Network Quality Interchange Program July 2005

Most BCN members do not have coverage for nonformulary drugs. A nonformulary drug is covered for these members only when the prescriber and BCN agree that it is medically necessary. Nonformulary drugs are considered medically necessary only if none of the available formulary drugs would be effective and/or if the use of the available BCN formulary drug would pose unnecessary risks to the member.

MEDICATION/ DRUG CLASS	CRITERIA
Adoxa™ (doxycycline monohydrate) <i>Nonformulary</i>	Requires submission of a completed MedWatch form to the FDA with a copy to BCN to document failure of or intolerance to generic doxycycline monohydrate.
Angiotensin II Receptor Blockers (ARBs) Benicar®, HCT; Cozaar®/Hyzaar® <i>Nonformulary: Atacand®, HCT; Avapro®/Avalide®, Diovan®, HCT; Micardis®, HCT; Teveten®, HCT</i>	Requires documentation that the member has experienced failure of or intolerance to an ACE-Inhibitor such as Prinivil/Zestril(g), Monopril(g), Lotensin(g), Vasotec(g), Accupril(g), etc.
Antidepressants-Reuptake Inhibitors Lexapro®, Effexor®, XR	Requires documentation that member has experienced failure of or intolerance to at least one Formulary Preferred agent (e.g., Prozac(g), Celexa(g), Paxil(g) and Wellbutrin, SR(g)).
Antidepressants-Reuptake Inhibitors <i>Nonformulary: Cymbalta®, Paxil CR™, Pexeva™, Prozac Weekly®, Wellbutrin XL™, Zoloft®</i>	Nonformulary products: Requires documentation that member has experienced failure of or intolerance to at least <u>two</u> formulary agents. Paxil CR, Pexeva: Requires all of the above plus documentation that continued use of Paxil(g) will adversely affect the member's mental health. Wellbutrin XL: Requires all of the above plus documentation that continued use of Wellbutrin SR(g) will adversely affect the member's mental health. Prozac Weekly: Requires prior treatment with at least two months of successful continuous, daily Prozac(g) and documentation that continued use of daily Prozac(g) would adversely affect the member's mental health.
Aranesp® (darbepoetin) <i>Nonformulary</i>	Requires documentation that member has experienced failure of or intolerance to Procrit® (formulary epoetin).
Cipro® XR (ciprofloxacin-betaine) <i>Nonformulary</i>	Approved only for uncomplicated UTI (cystitis). Maximum 3 days treatment. Alternatives include Cipro(g) 100-250mg BID x 3 days and Bactrim DS(g) BID x 3-5 days.
COX-2 Preferential/GI Protective <i>Nonformulary: Arthrotec^o, Celebrex^o, Mobic^o</i>	Member must meet clinical criteria: Age > 60 or concomitant use of anticoagulants or oral steroids or risk of GI bleed (history of PUD, previous GI bleed or alcoholism). (Note that Lodine(g) is more selective than Celebrex® and Mobic® for the COX-2 enzyme.)
Crestor® (rosuvastatin calcium) <i>Nonformulary</i>	Requires treatment failure with maximum doses of a formulary statin agent (Mevacor(g) 80mg, Lipitor® 80mg, Zocor® 80mg).
Dispense-as-Written Member pays the difference between the brand and generic versions plus normal copay amount unless criteria are met.	Requires submission of a completed MedWatch form to the FDA with a copy to BCN to document a problem with a generic PLUS documentation of medical necessity. Information and online forms are available: https://www.accessdata.fda.gov/scripts/medwatch/

MEDICATION/ DRUG CLASS	CRITERIA
Emend[®] (aprepitant)	Restricted use for nausea related to cancer treatment. Requires concomitant use of dexamethasone PLUS a 5HT3 antagonist (Zofran, Kytril, Anzemet, Aloxi). Can be approved for up to 2 x 125mg and/or 4 x 80mg per Rx.
Erectile Dysfunction Viagra [®] , Caverject [®] , Cialis [®] , Muse [®] <i>Nonformulary: Edex⁰, Levitra⁰</i>	Approved (maximum 6 doses/28 days) for men age > 35 with a diagnosis of erectile dysfunction. For men ≤ 35, must provide medical cause of erectile dysfunction. No concomitant nitrates; avoid use of alpha blockers with oral erectile dysfunction agents.
Growth Hormone Nutropin [®] (all), Genotropin [®] <i>Nonformulary: Humatrope⁰, Norditropin⁰, Saizen⁰, Serostim⁰, ZorbtiveTM</i>	Children (males <16 years old; females < 15 years old): Initial Treatment: Requires ≥ 6 months of initial height measurements, height < 5 th percentile for age (based on initial evaluation), abnormal growth velocity based on ≥ 6 months of measurement, < 50 th percentile for age with growth hormone therapy, initial subnormal blood test for growth hormone. To continue: Must have documented growth velocity of ≥ 2.5 cm/year during the first 6 months of treatment & documented growth of ≥ 4.5 cm/year for each succeeding 6 month review period. Treatment may continue until final height or epiphyseal closure has been documented. Adults: Requires initial diagnosis based on growth hormone stimulation test or Hubrecht assay, and documentation of edema, arthralgias, or carpal tunnel syndrome. May be approved for AIDS-wasting cachexia and Turner's syndrome.
Inspra[®] (eplerenone) <i>Nonformulary</i>	Requires documentation that the member has tried and failed or is intolerant to Aldactone(g) or Aldactazide(g).
Lamictal[®] (lamotrigine) (restricted if member is < 16 years old)	For members < 16 years old: Requires diagnosis of Lennox-Gastaut syndrome or partial seizures and documentation that prescriber has advised member or caregiver of associated risks (Stevens-Johnson syndrome).
Long-Acting Beta₂ Agonists Foradil [®] , Serevent [®] , Diskus [®]	For persistent asthma: Requires concomitant treatment with an inhaled anti-inflammatory drug, and availability of a short-acting rescue inhaler. Also approved for diagnosis of COPD or exercise-induced asthma without above requirements.
Lotronex[®] (alosetron hydrochloride) <i>Nonformulary</i>	Approved for treatment of women ≥ 18 years old with severe, diarrhea predominant irritable bowel syndrome (IBS) who have failed to respond to conventional IBS therapy.
Neurontin[®] (g) (gabapentin)	Approved only for members with seizure disorder, post-herpetic neuralgia and other indications supported by well-documented, published clinical studies.
Non-Sedating Antihistamines Allegra [®] , Allegra-D [®] <i>Nonformulary: Clarinex⁰, Clarinex-D⁰, Zyrtec⁰, Zyrtec-D[®]</i>	Allegra[®]: Requires documentation that member has experienced treatment failure of or intolerance to OTC loratadine. Clarinex/D[®], Zyrtec/D[®]: Requires documentation of treatment failure with OTC loratadine and Allegra/D [®] .
Plavix[®] (clopidrogel bisulfate)	Approved for members who have had a recent myocardial infarction (MI) or stroke, or have established peripheral arterial disease, or are at increased risk of having a future ischemic event. Members must have documented aspirin allergy or intolerance, or experienced treatment failure with aspirin.
Pravachol[®] (pravastatin) <i>Nonformulary</i>	Approved if member requires concomitant use with a fibrate (Lopid(g) or Tricor(g)) or if treatment failure or intolerance to formulary alternatives (Mevacor(g), Lipitor [®] , Zocor [®]).

MEDICATION/ DRUG CLASS	CRITERIA
Provigil® (modafinil)	Approved only for members with narcolepsy and for other indications supported by well-documented, published clinical studies.
Proton Pump Inhibitors Prilosec® (g), Prevacid®	Prilosec® (g), Prevacid®: Requires documentation that member has experienced failure of or intolerance to Prilosec OTC™.
Proton Pump Inhibitors Nonformulary: Aciphex ^o , Prevacid® Naprapac, Prevacid ^o Solutab™, Prilosec® 40mg, Protonix ^o , Zegerid™, Nexium ^o	Nonformulary Aciphex®, Prilosec® 40mg, Protonix®, Prevacid® Naprapac, Prevacid® Solutab, Zegerid™: Requires treatment failure with Prilosec OTC and Prevacid®. Nexium: Requires treatment failure with Prilosec OTC and Prevacid (must have tried high dose).
Regranex® (becaplermin topical) <i>Nonformulary</i>	Requires approval by BCN's Care Management team.
Retinoids (topical) (e.g., Retin-A (g), Retin-A Micro®, Differin®) <i>Nonformulary:</i> Azelex®, Finacea™	For members' age > 30: requires diagnosis of acne or related disorder.
Sarafem® (fluoxetine) <i>Nonformulary</i>	Approved for women with documentation that the use of fluoxetine will adversely affect the member's mental health.
Singulair® (montelukast)	Approved for members with reactive airway disease. For allergic rhinitis: Requires documentation that the member has experienced a treatment failure with a formulary nasal steroid or a formulary non-sedating antihistamine.
Smoking Cessation Products (Rx Only) Zyban®(g) <i>Nonformulary:</i> Nicotrol®, Nasal Spray, Inhaler	Requires documentation of life-style modification plan. Coverage for all smoking cessation products is limited to 3 months every 12 months. Coverage increases to 3 months every 6 months if member enrolls in Quit the Nic.
Smoking Cessation Products (OTC) Nicotine-replacement patches & gum	Requires enrollment in Quit the Nic (call 1-800-811-1764). Coverage for all smoking cessation nicotine-replacement products is limited to 3 months every 12 months. Coverage increases to 3 months every 6 months if re-enrolled. (Commit® Lozenges are not a covered benefit for any BCN member.)
Strattera™ (atomoxetine) <i>Nonformulary</i>	Approvable when stimulants are contraindicated by medical history. For BCN members age 5-21: Requires documentation that member has experienced failure of or intolerance to both a methylphenidate product (such as Ritalin(g) or Concerta®) and an amphetamine (such as Adderall(g)). For BCN members' age >21: Requires documentation that the member has experienced failure of or intolerance to either a methylphenidate product or an amphetamine.
Topical Immunomodulators Elidel® (pimecrolimus) <i>Nonformulary:</i> Protopic ^o	Requires failure with conventional therapy (topical steroids) unless contraindicated. For children 2-15 years old, only 0.03% Protopic® should be used.
TNF-alpha agents Enbrel® (etanercept) <i>Nonformulary:</i> Humira ^o	Rheumatoid Arthritis: Requires four-month trial with two concurrent DMARDs (one must be methotrexate unless contraindicated). Examples of DMARDs include: methotrexate, sulfasalazine, azathioprine, hydroxychloroquin/chloroquin, cyclosporine, gold and penicillamine. Moderate to Severe Psoriasis (Enbrel® only): Requires 3 months of previous treatment with topical corticosteroids and 3 months treatment with PUVA.

MEDICATION/ DRUG CLASS	CRITERIA
Thiazolidinediones (TZDs) Actos [®] and Avandia [®] (pioglitazone and rosiglitazone) <i>Nonformulary: Avandamet[®]</i>	Actos [®] , Avandia [®] : Requires documentation that the member has experienced failure with metformin. If the member cannot tolerate metformin or if metformin is contraindicated, physicians are encouraged to prescribe a sulfonylurea, unless contraindicated, prior to treatment with a TZD. Avandamet [®] : Requires documentation that the member has experienced failure with metformin and Avandia [®] as individual agents.
Tracleer[™] (bosentan) Ventavis[®] (iloprost)	Requires a diagnosis of Pulmonary Arterial Hypertension (PAH) in patients with WHO Class III or IV symptoms.
Weight Loss Products Phentermine and related products <i>Nonformulary: Meridia[®], Xenical[®]</i>	Requires verification that member's Body Mass Index (BMI) is > 30, (> 27 if co-morbidities) and concurrent lifestyle modification plan. Coverage for all anorexiant and related drugs is limited to 3 months. Additional coverage requires documentation of weight loss of at least 2 pounds per month. Maximum benefit is 12 months of treatment per lifetime; 24 months for Xenical [®] .
Xanax[®] XR (alprazolam) <i>Nonformulary</i>	Requires documentation that the member has tried and failed Xanax(g), and that the continued use of Xanax(g) or another BCN formulary alternative will adversely affect the member's mental health.
Zelnorm[™] (tegaserod maleate) <i>Nonformulary</i>	For IBS: Approved for the short-term treatment of women \geq 18 years old with irritable bowel syndrome (IBS) whose primary bowel symptom is constipation. A total of 12 weeks every 6 months can be approved. For Chronic Constipation (<3 BMs/week): Approved for members \geq 18 and < 65 years of age who are NOT on medications causing constipation and who have failed treatments that include <u>all</u> of the following: dietary advice, trials of bulk laxatives, stool softeners and a short course of stimulant laxatives. A total of 12 weeks can be approved, with renewal, only if improvement in bowl frequency with initial trial.

POSSIBLE BRAND ALTERNATIVES

Some medications are produced by more than one pharmaceutical manufacturer under different brand names. However, in some cases, only one of the brand name products is listed in the BCBSM/BCN Custom Formulary. The other brands are considered nonformulary. Providers are encouraged to select the preferred product.

POSSIBLE BRAND ALTERNATIVES	
NONFORMULARY	FORMULARY ALTERNATIVE
Epogen®	Procrit®
Follistim®	Gonal-F®
Humatrope®, Norditropin®, Saizen®	Genotropin®, Nutropin®

GENERIC DRUG SUBSTITUTION

Generic drug substitution is the process by which a generic equivalent is dispensed rather than the brand name product. Products designated in the formulary with a “g” after the name are available as FDA-approved generics. Generic substitution is required for BCN members, unless prior authorization is requested by the prescriber and approved by BCN.

The Maximum Allowable Cost (MAC) list sets ceiling prices for reimbursement of certain generic prescription drugs. The drugs on the MAC list are commonly prescribed and dispensed and have undergone the FDA’s review and approval process, which ensures:

1. Generic drugs contain the same active ingredient(s), are the same strengths and dosage forms as their brand name counterparts.
2. The FDA has given the generics an “A” rating compared to their branded counterparts, and has determined it to be equivalent, AND/OR, the BCBSM and BCN P&T Committee has reviewed the products and found them to be acceptable generic substitutes.

When the above two criteria are met, generics can be substituted with the full expectation that the substituted products will produce the same clinical effects and have the same safety profiles as the prescribed brand-name products.

POSSIBLE THERAPEUTIC ALTERNATIVES

Our Therapeutic Alternatives list represents possible options to nonformulary drugs. These alternative medications can be prescribed without approval from BCN and can be dispensed with lesser copayments for members. Therapeutic alternatives may represent a different drug class, contain different ingredients, or may be available in different strengths or dosage forms than the prescribed branded products. Pharmacists must obtain authorization from a patient’s physician to dispense an alternative product.

Listed below are examples of therapeutic alternatives a patient’s physician should consider when determining appropriate treatment for the patient. The physician must consider individual drug product characteristics and patient factors, such as co-existing disease states, contraindications, therapeutic history, concurrent medications and other relevant circumstances.

This list is also available at: http://www.bcbsm.com/providers/physicians/physicians_rx.shtml.

BCBSM/BCN Formulary Alternatives - July 2005

NonFormulary	Formulary Alternative
NONFORMULARY BENZ PEROXIDE	Use comparable generic or OTC products
NONFORMULARY BENZ PEROXIDE & CLINDAMYCIN	Use comparable generic and/or OTC products
NONFORMULARY COLD PREPS	Use comparable generic or OTC preparation (various)
NONFORMULARY VITAMINS	Use comparable generic or OTC vitamins
ABILIFY	Clozaril(g), Seroquel, Risperdal, Zyprexa
ACCUNEB	Use generic albuterol
ACEON	Capoten(g), Vasotec(g), Prinivil/Zestril(g), Lotensin(g), Accupril(g), Univasc
ACIPHEX	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid (ST*)
ACLOVATE	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
ACTIVELLA	Use FemHRT, Prempro, estradiol plus progestin
ACULAR, LS, PF	Ocufen(g), Voltaren
ADOXA	Monodox(g), Vibramycin(g)
ADVICOR	Use Mevacor(g), Lipitor, or Zocor; plus Niaspan
AEROBID, M	Azmacort, Flovent, HFA, Pulmicort, QVAR
AGGRENOX	Use Persantine(g) plus ASA (OTC)
AKNE-MYCIN	Erythromycin topical
ALAMAST	Alomide, Livostin, Alomide, Patanol, Zaditor
ALDARA	Condylox
ALORA	Climara(g), Estraderm, Vivelle
ALTACE	Capoten(g), Vasotec(g), Prinivil/Zestril(g), Lotensin(g), Accupril(g), Univasc
ALTOPREV	Mevacor(g), Lipitor, Zocor
AMERGE	Imitrex, Maxalt, MLT, Zomig, ZMT
ANADROL-50	Androderm, Androxy, Delatestryl, Depo-testosterone
ANAMANTLE HC	Anusol HC(g), Proctofoam HC
ANDROGEL	Androderm
ANDROID	Androderm, Androxy, Delatestryl, Depo-testosterone
ANZEMET	Kytril, Zofran, ODT
ARANESP	Procrit

NonFormulary	Formulary Alternative
ARISTOCORT A	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
ARTHROTEC	Motrin(g), Naprosyn(g), Voltaren(g), Lodine(g), etc. plus Cytotec(g)
ATACAND, HCT	Benicar, HCT, Cozaar, Hyzaar (ST for all*)
AVANDAMET	Use Glucophage(g) plus Avandia (ST*)
AVAPRO, AVALIDE	Benicar, HCT, Cozaar, Hyzaar (ST for all*)
AVINZA	Dolophine(g), MSIR(g), MS Contin(g), Oramorph SR(g)
AVODART	Proscar
AXERT	Imitrex, Maxalt, MLT, Zomig, ZMT
AZELEX	Retin-A(g) (PA*)
BARACLUDE	Epivir HBV
BETASERON	Avonex, Rebif
CADUET	Use Lipitor plus Norvasc
CARBATROL	Tegretol(g)
CARDENE SR	Cardene(g), Procardia XL(g), Norvasc
CARDIZEM LA	Cardizem, SR, CD
CARDURA XL	Cardura(g), Hytrin(g), Uroxatral
CARTROL	Inderal(g), Lopressor(g), Sectaral(g), Tenormin(g), Toprol XL, Inderal LA
CELEBREX	Motrin(g), Naprosyn(g), Voltaren(g), Lodine(g), etc.
CENESTIN	Estrace(g), Ogen(g), Premarin
CENTANY	Bactroban Oint(g)
CIPRO XR	Bactrim DS/Septra DS(g), Cipro(g) 100mg
CLARINEX, D	Claritin/Alavert(g) (OTC loratadine covered for BCN members with a prescription), Allegra, D (ST*)
CLEOCIN VAG OVULES	Cleocin Vag Cream(g)
CLIMARA PRO	Use Climara(g), Estraderm or Vivelle plus a progestin
CLINDESSE VAG CR	Cleocin Vag Cream(g)
CLOBEX	Diprolene(g), Temovate(g), Psorcon(g), Ultravate(g)
COGNEX	Aricept, ODT, Reminyl, Razadyne, ER
COLESTID	Questran(g), Questran Light(g)
COMBIPATCH	Use Climara(g), Estraderm or Vivelle plus progestin
COMBUNOX TABS	Use oxycodone plus ibuprofen

(PA*), (ST*) - Prior Authorization or Step Therapy may be required.

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<i>NonFormulary</i>	<i>Formulary Alternative</i>
COMMIT LOZENGE (OTC)	Nicotine Patches/Gum (OTC), Zyban(g) (PA for all*). Must enroll in Quit the Nic.
CORZIDE	Inderide(g), Tenoretic(g), Lopressor HCT(g), Timolide
CRESTOR	Mevacor(g), Lipitor, Zocor
CYCLOCORT	Diprosone(g), Lidex(g), Topicort(g), Synalar-HP, Diprolene(g)
CYLERT(g)	Ritalin(g), Adderall(g), Concerta, Metadate-CD, Adderall XR
CYMBALTA	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
DENAVIR	Zovirax ointment
DERMA- SMOOTHE/FS	Synalar solution(g), Capex
DERMATOP	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
DIOVAN, HCT	Benicar, HCT, Cozaar, Hyzaar (ST for all*)
DIPENTUM	Azulfidine(g), Azulfidine En-Tab, Asacol, Pentasa
DISPERMOX	Amoxicillin(g)
DITROPAN XL	Ditropan(g), Detrol, LA
DONNATAL EXTENTABS	Donnatal(g)
DORAL	Restoril(g), Halcion(g), Prosom(g), Ambien
DUONEB	Use generic albuterol plus Atrovent(g) solution
DYNACIRC, CR	Cardene(g), Procardia XL(g), Norvasc
EDEX	Viagra, Cialis, Muse, Caverject (PA for all*)
ELESTAT	Zaditor, Livostin, Patanol, Alomide
ELIGARD	Lupron Depot
EMADINE	Alomide, Livostin, Patanol, Zaditor
ENTOCORT EC	Prednisone, Prednisolone, Hydrocortisone, etc.
EPOGEN	Procrit
ERTACZO	Lotrimin(g) (OTC), Lotrimin Ultra (OTC), Monistat-Derm (OTC), Nizoral cream(g), Spectazole(g)
ESTRASORB	Climara(g), Estrace(g), Ogen(g), Estraderm, Vivelle
ESTROGEL	Climara(g), Estrace(g), Ogen(g), Estraderm, Vivelle
EXELDERM	Lotrimin(g) (OTC), Lotrimin Ultra (OTC), Monistat-Derm (OTC), Nizoral cream(g), Spectazole(g)
EXELON	Aricept, ODT, Reminyl, Razadyne, ER

<i>NonFormulary</i>	<i>Formulary Alternative</i>
FACTIVE	doxycycline, erythromycin, Avelox
FAZACLO	Clozaril(g)
FEMRING	Estring
FINACEA	Retin-A(g) (PA*)
FLOMAX	Cardura(g), Hytrin(g), Uroxatral
FML-FORTE	Maxidex(g), PredMild(g)
FOCALIN	Ritalin(g), Adderall(g), Concerta, Metadate-CD, Adderall XR
FOLLISTIM	Gonal-F
FORTAMET	Glucophage(g)
FORTEO	Miacalcin, Actonel, Fosamax
FOSRENOL	Renagel, Tums (OTC)
FROVA	Imitrex, Maxalt, MLT, Zomig, ZMT
GEODON	Clozaril(g), Seroquel, Risperdal, Zyprexa
GLYSET	Precose
GOLYTELY PACKETS	Colyte(g)
GYNAZOLE-1	Monistat (OTC), Lotrimin (OTC), Diflucan(g) 150mg, Terazol Cr(g)
HALFLYTELY	Colyte(g) plus bisacodyl
HALOG, HALOG-E	Diprosone(g), Lidex(g), Topicort(g), Synalar-HP, Diprolene(g)
HUMATROPE	Genotropin, Nutropin, AQ, Depot (PA for all*)
HUMIRA	Enbrel (PA*)
INNOPRAN XL	Inderal(g), Inderide(g), Inderal LA
INSPRA	Aldactone(g)
IOPIDINE	Alphagan(g), Alphagan P
KADIAN	Dolophine(g), MSIR(g), MS Contin(g), Oramorph SR(g)
KEMSTRO	Dantrium(g), Flexeril(g), Lioresal(g)
KINERET	Enbrel (PA*)
KLONOPIN WAFER	Klonopin(g)
LESCOL, XL	Mevacor(g), Lipitor, Zocor
LEVAQUIN	Vibramycin(g), Avelox
LEVATOL	Inderal(g), Lopressor(g), Sectaral(g), Tenormin(g), Toprol XL, Inderal LA
LEVITRA	Viagra, Cialis, Muse, Caverject (PA for all*)
LEXXEL	Lotrel
LOCOID CR	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
LOPROX SHAMPOO	Nizoral Shampoo 2%(g)
LOTRONEX	OTC anti-diarrheals, Lomotil(g), Levbid(g), Levsin, SL(g), Levsinex(g)
LUNESTA	Restoril(g), Halcion(g), Prosom(g), Ambien

(PA), (ST*) - Prior Authorization or Step Therapy may be required.*

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<i>NonFormulary</i>	<i>Formulary Alternative</i>
LUVERIS	Pergonal, Repronex
LUXIQ	Valisone(g), Aristocort(g), Westcort(g), Synalar(g), Topicort(g)
MAVIK	Capoten(g), Vasotec(g), Prinivil/Zestril(g), Lotensin(g), Accupril(g), Univasc
MAXAQUIN	Vibramycin(g), Avelox
MENEST	Estradiol (various), Ogen(g)
MENOSTAR	Climara(g), Estrace(g), Ogen(g), Estraderm, Vivelle
MENTAX	Lotrimin(g) (OTC), Lotrimin Ultra (OTC), Monistat-Derm (OTC), Nizoral cream(g), Spectazole(g)
MERIDIA	Phentermine products (PA*)
METAGLIP	Use Glucophage(g) plus Glucotrol(g)
METHYIN CHEW, SOLN	Metadate sprinkle caps
MICARDIS, HCT	Benicar, HCT, Cozaar, Hyzaar (ST for all*)
MOBIC	Motrin(g), Naprosyn(g), Voltaren(g), Lodine(g), etc.
MYFORTIC	Cellcept
MYLOCEL	Hydrea
NAPRELAN 375MG	Naprelan(g) 500mg, Motrin(g), Naprosyn(g), Voltaren(g), Lodine(g), etc.
NASAREL	Atrovent(g), Nasacort AQ, Nasonex, Rhinocort, Aqua
NEULASTA	Neupogen
NEXIUM	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid (ST*)
NICOTROL, INHALER, NS	Nicotine Patches/Gum (OTC), Zyban(g) (PA for all*). Must enroll in Quit the Nic.
NORDITROPIN	Genotropin, Nutropin, AQ, Depot (PA for all*)
NORITATE	MetroCream(g)
NOROXIN	Bactrim DS/Septra DS(g), Cipro(g) 100mg
NUVARING	Oral contraceptives, Ortho Evra
OLUX	Diprolene(g), Temovate(g), Psorcon(g), Ultravate(g)
OPTIVAR	Zaditor, Livostin, Alomide, Patanol
ORTHO PREFEST	Use FemHRT, Prempro/Premphase, or Estradiol plus progestin
OVCON-35, -50, CHEW	Modicon(g), Ortho-Cyclen(g)
OXISTAT	Lotrimin(g) (OTC), Lotrimin Ultra (OTC), Monistat-Derm (OTC), Nizoral cream(g), Spectazole(g)
OXYTROL	Ditropan(g)

<i>NonFormulary</i>	<i>Formulary Alternative</i>
PANDEL	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
PANIXINE	Keflex(g), Velosef(g), Duricef(g)
PARCOPA	Sinemet(g)
PAXIL CR	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
PENLAC	Lotrimin (OTC), Monistat-Derm (OTC), Spectazole(g), Loprox
PEXEVA	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
PHOSLO	Tums (OTC)
PRAVACHOL	Mevacor(g), Lipitor, Zocor
PREVACID NAPRAPAC	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), or Prevacid plus Naprosyn(g)
PREVACID SOLUTAB	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid, susp (ST*)
PRILOSEC 40mg	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid (ST*)
PROTONIX	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid (ST*)
PROTOPIC	Topical Corticosteroids, Elidel (PA*)
PROZAC WEEKLY	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
PSORCON E OINT	Psorcon E Cr(g), Diprosone(g), Lidex(g), Topicort(g), Synalar-HP, Diprolene(g)
QUIXIN	Ciloxan(g), Vigamox
REGRANEX	Granulex(g), Ethezyme(g)
RELPAK	Imitrex, Maxalt, MLT, Zomig, ZMT
RIOMET	Glucophage(g)
RISPERDAL M-TAB	Risperdal
RITALIN LA	Ritalin(g), Adderall(g), Concerta, Metadate-CD, Adderall XR
RYTHMOL SR	Rythmol(g)
SAIZEN	Genotropin, Nutropin, AQ, Depot (PA for all*)
SANCTURA	Ditropan(g), Detrol, LA
SARAFEM	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
SEASONALE	Use generic monophasic contraceptives

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<i>NonFormulary</i>	<i>Formulary Alternative</i>
SEROSTIM	Genotropin, Nutropin, AQ, Depot (PA for all*)
SERZONE(g)	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
SONATA	Restoril(g), Halcion(g), Prosom(g), Ambien
SPECTRACEF	Keflex(g), Ceclor(g), Duricef(g), Cefitin(g), Omnicef
STALEVO	Sinemet(g) plus Comtan
STARLIX	Prandin
STRATTERA	Ritalin(g), Adderall(g), Concerta, Metadate-CD, Adderall XR
STRIANT	Androderm, Androxy, Delatestryl, Depo-testosterone
SULAR	Cardene(g), Procardia XL(g), Norvasc
SYMBYAX	Use Zyprexa plus Prozac(g)
TARKA	Lotrel
TASMAR	Comtan
TEQUIN	Vibramycin(g), Avelox
TERAZOL-3 SUPP	Terazol Cr(g), Monistat(g) (OTC), Lotrimin(g) (OTC), Diflucan(g) 150mg
TESTIM	Androderm, Androxy, Delatestryl, Depo-testosterone
TEVETEN, HCT	Benicar, HCT, Cozaar, Hyzaar (ST for all*)
TOFRANIL-PM	Tofranil(g)
TRANXENE SD	Ativan(g), Valium(g), Xanax(g), Serax(g), Tranxene(g), Buspar(g)
VAGIFEM	Climara(g), Ogen(g), Estraderm, Vivelle
VERELAN PM	Calan/Isoptin(g), Covera HS
VIADUR	Lupron Depot
VISICOL	Fleet's Phospho Soda (OTC), Colyte(g)
VYTORIN	Mevacor(g), Lipitor, Zocor
WELLBUTRIN XL	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
XALATAN	Lumigan, Travatan
XANAX XR	Xanax(g)
XENICAL	Phentermine products (PA*)
XIBROM	Ocufen(g), Voltaren
XIFAXAN	doxycycline, Bactrim DS(g)
XODOL	Vicodin(g)
XOPENEX	Use generic albuterol
XYREM	Restoril(g), Halcion(g), Prosom(g), Ambien
YASMIN	Use generic monophasic contraceptives

<i>NonFormulary</i>	<i>Formulary Alternative</i>
ZANAFLEX(g)	Dantrium(g), Flexeril(g), Lioresal(g)
ZANTAC SYRUP, GRANULES, EFFERDOSE	Zantac(g)
ZAVESCA	Ceredase, Cerezyme (Both are medical benefits at BCN)
ZEGERID	Prilosec OTC (covered for BCN members with a prescription), Prilosec(g) (ST*), Prevacid (ST*)
ZELNORM	OTC laxatives, Lactulose(g)
ZOLOFT	Prozac(g), Celexa(g), Paxil(g), Wellbutrin, SR(g), Lexapro (ST*), Effexor (ST*), XR (ST*)
ZONALON	Aristocort(g), Valisone(g), Synalar(g), Westcort(g), Topicort(g), Elocon(g), Cloderm, Cordran
ZONEGRAN	Neurontin(g), Lamictal (PA for all*)
ZORBTIVE	Genotropin, Nutropin, AQ, Depot (PA for all*)
ZYMAR	Ciloxan(g), Vigamox
ZYRTEC, D	Claritin/Alavert(g) (OTC loratadine covered for BCN members with a prescription), Atarax(g), Allegra, D (ST*)

(PA), (ST*) - Prior Authorization or Step Therapy may be required.*

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DOSE OPTIMIZATION & QUANTITY LIMITS

The Blue Cross Blue Shield of Michigan DOSE Program encourages appropriate prescribing of medications intended for once-daily administration. BCBSM works closely with community pharmacists to achieve this goal, which promotes patient compliance and more-cost-effective therapy.

Blue Care Network's Dose Optimization program encourages optimum use of medications intended for once-daily administration. Quantities of medications intended for once-daily dosing are limited to single daily doses of appropriate strengths. BCN's Dose Optimization Program helps improve patient compliance while decreasing overall drug costs. The drugs include certain cholesterol-lowering medications, antidepressants and antihypertensives.

Quantity limits also apply at BCN for certain other medications, based on manufacturer recommendations, available package size or other criteria. These drugs are identified with a Quantity Limit "(#)" indicator. A complete list of medications that are subject to a quantity limit is available at:

http://www.bcbsm.com/providers/physicians/physicians_rx.shtml

COPAYMENTS

A member's prescription drug benefit plan design determines applicable copayments for covered prescriptions.

COST INDICATORS

A cost range precedes each drug. In general, cost ranges are for a 30-day supply of medication. However, for selected agents and categories (such as antibiotics), this cost range may reflect costs of a course of treatment or average cost per prescription for that product. Cost ranges represent plan costs and are exclusive of rebate and copayment amounts.

SYMBOLS USED THROUGHOUT THE DOCUMENT

- (g) Use generic equivalent
- < Dosage reduction may be required in patients over age 65
- (!) Use by patients over age 65 is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.
- (#) Quantity limits may apply
- [PA] Prior authorization required for some members
- [ST] Step-therapy required prior to use for some members

EDITOR'S NOTE:

Please send us your comments and suggestions regarding this Custom Formulary. Your input is vital to its continued success. All responses are reviewed and considered. Please send your comments to:

Blue Cross and Blue Shield of Michigan
Pharmacy Services, **MC-B773**
Attn: Drug Information Services
27000 W. Eleven Mile Road
Southfield, MI 48034

OR

Blue Care Network of Michigan
Pharmacy Services, **MC C303**
20500 Civic Center Drive
Southfield, MI 48076-5043

Notes

1. ANTI-INFECTIVES

1 A. Penicillins

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	AMOXICILLIN (g)	AMOXICILLIN TRIHYDRATE
\$5-10	AMPICILLIN (g)	AMPICILLIN
\$10-15	PENICILLIN VK (g)	PENICILLIN V POTASSIUM
\$20-25	DICLOXACILLIN (g) (!)	DICLOXACILLIN SODIUM
\$70-85	AUGMENTIN, ES (g)	AMOX TR/POTASSIUM CLAVULANATE

NONFORMULARY

AUGMENTIN XR
DISPERMOX

1 B. Cephalosporins

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	KEFLEX (g)	CEPHALEXIN MONOHYDRATE
\$20-25	VELOSEF (g)	CEPHRADINE
\$30-35	CECLOR (g)	CEFACTOR
\$30-35	CECLOR CD (g)	CEFACTOR
\$45-50	DURICEF (g)	CEFADROXIL HYDRATE
\$80-85	VANTIN TABS (g)	CEFPODOXIME PROXETIL
\$90-95	CEFTIN (g)	CEFUROXIME AXETIL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$70-75	OMNICEF	CEFDINIR

NONFORMULARY

CEDAX
CEFZIL
LORABID
PANIXINE
RANICLOR
SPECTRACEF
SUPRAX
VANTIN SUSP

1 C. Tetracyclines

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	SUMYCIN (g)	TETRACYCLINE HCL
\$1-5	VIBRAMYCIN, VIBRATABS (g)	DOXYCYCLINE HYCLATE
\$10-15	MONODOX (g)	DOXYCYCLINE MONOHYDRATE
\$40-100	MINOCIN, DYNACIN (g)	MINOCYCLINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

ADOXA [PA]
PERIOSTAT

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

1 D. Macrolides

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ERYTHROMYCIN STEARATE, BASE (g)	ERYTHROMYCIN BASE
\$5-10	ERYTHROMYCIN ETHYLSUCCINATE (g)	ERYTHROMYCIN ETHYLSUCCINATE
\$15-20	PEDIAZOLE (g)	ERY E-SUCC/SULFISOXAZOLE
\$65-70	BIAXIN (g)	CLARITHROMYCIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	ZITHROMAX	AZITHROMYCIN
\$80-85	BIAXIN XL	CLARITHROMYCIN

NONFORMULARY

DYNABAC
KETEK
PCE

1 E. Quinolones

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-10	CIPRO (g)	CIPROFLOXACIN HCL
\$50-80	FLOXIN (g)	OFLOXACIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$75-80	AVELOX, ABC	MOXIFLOXACIN HCL

NONFORMULARY

CIPRO XR [PA]
FACTIVE
LEVAQUIN
MAXAQUIN
NOROXIN
TEQUIN

1 F. Sulfonamides and Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	BACTRIM, DS/SEPTRA, DS (g)	SULFAMETHOXAZOLE/TRIMETHOPRIM
\$1-5	SULFISOXAZOLE (g)	SULFISOXAZOLE
\$15-20	PEDIAZOLE (g)	ERY E-SUCC/SULFISOXAZOLE
\$165-180	SULFADIAZINE (g)	SULFADIAZINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	GANTRISIN SUSP	SULFISOXAZOLE ACETYL

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

1 G. Urinary Tract Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	PYRIDIUM (g)	PHENAZOPYRIDINE HCL
\$10-15	MANDELAMINE (g)	METHENAMINE MANDELATE
\$10-15	TRIMETHOPRIM (g)	TRIMETHOPRIM
\$20-35	HIPREX/UREX (g)	METHENAMINE HIPPURATE
\$25-30	MACRODANTIN (g) (!)	NITROFURANTOIN MACROCRYSTAL
\$30-35	MACROBID (g) (!)	NITROFURANTOIN/NITROFURAN MAC

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

MONUROL

1 H. Antifungals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	DIFLUCAN (g)	FLUCONAZOLE
\$15-20	NYSTATIN (g)	NYSTATIN
\$30-35	NIZORAL (g)	KETOCONAZOLE
\$40-60	MYCELEX TROCHE (g)	CLOTRIMAZOLE
\$195-210	SPORANOX CAPS (g) (#)	ITRACONAZOLE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$35-40	FULVICIN U/F	GRISEOFULVIN, MICROSIZE
\$240-250	LAMISIL ORAL (#)	TERBINAFINE HCL
\$820-835	ANCOBON	FLUCYTOSINE
\$1535-1550	VFEND	VORICONAZOLE

NONFORMULARY

NONE

1 I. Antivirals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	SYMMETREL (g)	AMANTADINE HCL
\$20-25	FLUMADINE (g)	RIMANTADINE HCL
\$20-25	ZOVIRAX CAPS, TABS, SUSP (g)	ACYCLOVIR
\$195-210	CYTOVENE (g)	GANCICLOVIR

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	RELENZA (#)	ZANAMIVIR
\$55-60	TAMIFLU CAP, SUSP (#)	OSELTAMIVIR PHOSPHATE
\$125-140	EPIVIR HBV	LAMIVUDINE
\$140-145	VALTREX	VALACYCLOVIR HCL
\$185-190	FAMVIR	FAMCICLOVIR
\$1330-1345	VALCYTE	VALGANCICLOVIR HYDROCHLORIDE

NONFORMULARY

BARACLUDE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

1 J. Anti-Retrovirals

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$240-255	VIDEX EC (g)	DIDANOSINE
\$900-1400	REBETOL (g)	RIBAVIRIN
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$180-195	HIVID	ZALCITABINE
\$210-225	NORVIR	RITONAVIR
\$235-250	VIDEX	DIDAN/CALCIUM CARB/MAGNESIUM
\$250-265	EPIVIR	LAMIVUDINE
\$260-275	RETROVIR	ZIDOVUDINE
\$270-285	RESCRIPTOR	DELAVIRDINE MESYLATE
\$290-320	EMTRIVA	EMTRICITABINE
\$295-310	ZERIT	STAVUDINE
\$325-340	VIRAMUNE	NEVIRAPINE
\$365-380	ZIAGEN	ABACAVIR SULFATE
\$375-390	VIREAD	TENOFOVIR DISOPROXIL FUMARATE
\$390-405	SUSTIVA	EFAVIRENZ
\$395-410	CRIXIVAN	INDINAVIR SULFATE
\$450-465	AGENERASE	AMPRENAVIR/VITAMIN E
\$515-530	FORTOVASE, INVIRASE	SAQUINAVIR
\$580-595	COMBIVIR	ZIDOVUDINE/LAMIVUDINE
\$590-605	KALETRA	RITONAVIR/LOPINAVIR
\$600-1200	LEXIVA	FOSAMPRENAVIR
\$640-655	VIRACEPT	NELFINAVIR MESYLATE
\$650-1000	EPZICON	ABACAVIR SULFATE/LAMIVUDINE
\$700-900	TRUVADA	EMTRICITABINE/TENOFOVIR
\$800-850	REYATAZ	ATAZANAVIR
\$950-965	TRIZIVIR	ZIDOVUDINE/LAMIVUDINE/ABACAVIR
\$1735-1760	FUZEON	ENFUVIRTIDE
NONFORMULARY		
NONE		

1 K. Antimalarials

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	PRIMAQUINE (g)	PRIMAQUINE PHOSPHATE
\$15-20	QUININE (g)	QUININE SULFATE
\$20-25	ARALEN (g)	CHLOROQUINE PHOSPHATE
\$25-30	PLAQUENIL (g)	HYDROXYCHLOROQUINE SULFATE
\$55-60	LARIAM (g)	MEFLOQUINE HCL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	DARAPRIM	PYRIMETHAMINE
\$80-85	MALARONE	ATOVAQUONE/PROGUANIL HCL
\$85-90	FANSIDAR	SULFADOXINE AND PYRIMETHAMINE
NONFORMULARY		
HALFAN		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

1 L. Antituberculars

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ISONIAZID (g)	ISONIAZID (INH)
\$5-10	DAPSONE (g)	DAPSONE
\$50-55	PYRAZINAMIDE (g)	PYRAZINAMIDE
\$55-60	RIFADIN (g)	RIFAMPIN
\$115-130	ETHAMBUTOL (g)	ETHAMBUTOL HCL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$110-125	MYCOBUTIN	RIFABUTIN
\$215-230	SEROMYCIN	CYCLOSERINE
NONFORMULARY		
PRIFTIN		
RIFAMATE		
TRECATOR-SC		

1 M. Antiparasitics/Anthelmintics

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-60	FLAGYL (g)	METRONIDAZOLE
\$10-15	VERMOX - SINGLE DOSE (g)	MEBENDAZOLE
\$40-45	PENTAMIDINE INJ (g)	PENTAMIDINE ISETHIONATE
\$85-140	HUMATIN (g)	PARAMOMYCIN SULFATE
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-40	TINDAMAX (#)	TINIDAZOLE
\$25-30	MINTEZOL	THIABENDAZOLE
\$25-30	STROMECTOL - SINGLE DOSE	IVERMECTIN
\$30-35	YODOXIN	IDOQUINOL
\$50-55	ALINIA	NITAZOXANIDE
\$120-135	BILTRICIDE	PRAZIQUANTEL
\$165-180	FLAGYL ER	METRONIDAZOLE
\$265-280	FUROXONE	FURAZOLIDINE
\$755-770	MEPRON	ATOVAQUONE
\$2520-2535	NEBUPENT AEROSOL	PENTAMIDINE ISETHIONATE
NONFORMULARY		
ALBENZA		

1 N. Miscellaneous Anti-infectives

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	NEOMYCIN (g)	NEOMYCIN SULFATE
\$35-40	CLEOCIN (g)	CLINDAMYCIN HCL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$130-145	VANCOICIN CAPSULES, SOLUTION	VANCOMYCIN HCL
\$1485-1500	ZYVOX TABLET, SUSPENSION	LINEZOLID
\$2615-2630	TOBI	TOBRAMYCIN/NA CHLOR 0.2%
NONFORMULARY		
XIFAXAN (#)		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2. CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

2 A. Lipid-Lowering Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	CLOFIBRATE (g)	CLOFIBRATE
\$20-25	LOPID (g)	GEMFIBROZIL
\$20-25	MEVACOR (g)	LOVASTATIN
\$55-60	QUESTRAN, QUESTRAN LIGHT (g)	CHOLESTYRAMINE/ASPARTAME

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-65	NIASPAN	NIACIN
\$60-70	ZETIA	EZETIMIBE
\$70-75	TRICOR	FENOFIBRATE, MICRONIZED
\$95-105	LIPITOR	ATORVASTATIN CALCIUM
\$100-110	ZOCOR	SIMVASTATIN
\$110-125	WELCHOL	COLESEVELAM HCL

NONFORMULARY

ADVICOR
ALTOPREV
ANTARA
CADUET
COLESTID
CRESTOR [PA]
LESCOL, XL
PRAVACHOL [PA]
VYTORIN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 B. Beta Blockers

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	INDERAL (g)	PROPRANOLOL HCL
\$1-5	INDERIDE (g)	PROPRANOLOL HCL/HCTZ
\$1-5	LOPRESSOR (g)	METOPROLOL TARTRATE
\$5-10	TENORETIC (g)	ATENOLOL/CHLORTHALIDONE
\$5-10	TENORMIN (g)	ATENOLOL
\$10-15	VISKEN (g)	PINDOLOL
\$10-15	ZIAC (g)	BISOPROLOL FUMARATE/HCTZ
\$15-20	BLOCADREN (g)	TIMOLOL MALEATE
\$15-20	CORGARD (g)	NADOLOL
\$20-25	SECTRAL (g)	ACEBUTOLOL HCL
\$25-30	KERLONE (g)	BETAXOLOL HCL
\$25-30	NORMODYNE (g)	LABETALOL HCL
\$25-30	ZEBETA (g)	BISOPROLOL FUMARATE
\$30-40	LOPRESSOR HCT (g)	METOPROLOL TARTRATE/HCTZ
\$70-95	BETAPACE, AF (g)	SOTALOL HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	TOPROL XL	METOPROLOL SUCCINATE
\$30-35	TIMOLIDE	TIMOLOL MALEATE/HCTZ
\$40-45	INDERAL LA	PROPRANOLOL HCL
\$80-85	COREG	CARVEDILOL

NONFORMULARY

CARTROL
CORZIDE
INNOPRAN XL
LEVATOL

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 C. ACE-Inhibitors & Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	CAPOTEN (g)	CAPTOPRIL
\$10-15	PRINIVIL, ZESTRIL (g)	LISINOPRIL
\$10-15	PRINZIDE, ZESTORETIC (g)	LISINOPRIL/HYDROCHLOROTHIAZIDE
\$10-15	VASOTEC (g)	ENALAPRIL MALEATE
\$15-20	CAPOZIDE (g)	CAPTOPRIL/HYDROCHLOROTHIAZIDE
\$15-35	LOTENSIN (g)	BENAZEPRIL HCL
\$15-35	LOTENSIN HCT (g)	BENAZEPRIL HCL/HCTZ
\$25-30	VASERETIC (g)	ENALAPRIL MALEATE/HCTZ
\$30-35	ACCUPRIL (g)	QUINAPRIL HCL/MAG CARB
\$30-35	ACCURETIC (g)	QUINAPRIL HCL/HCTZ/MAG CARB
\$30-35	MONOPRIL (g)	FOSINOPRIL SODIUM
\$30-35	MONOPRIL HCT (g)	FOSINOPRIL SODIUM/HCTZ

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	UNIRETIC	MOEXIPRIL HCL/HCTZ
\$35-70	UNIVASC	MOEXIPRIL HCL
\$55-60	LOTREL	AMLODIPINE BESYLATE/BENAZEPRIL

NONFORMULARY

ACEON
ALTACE
MAVIK

2 D. Angiotensin II Receptor Blockers & Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-55	BENICAR [ST]	OLMESARTAN MEDOXOMIL
\$40-55	BENICAR HCT [ST]	OLMESARTAN MEDOXOMIL/HCTZ
\$55-65	COZAAR [ST]	LOSARTAN POTASSIUM
\$55-65	HYZAAR [ST]	LOSARTAN POTASSIUM/HCTZ

NONFORMULARY

ATACAND [PA]
ATACAND HCT [PA]
AVALIDE [PA]
AVAPRO [PA]
DIOVAN [PA]
DIOVAN HCT [PA]
MICARDIS [PA]
MICARDIS HCT [PA]
TEVETEN [PA]
TEVETEN HCT [PA]

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 E. Calcium Channel Blockers

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	VERELAN (g)	VERAPAMIL HCL
\$20-25	CALAN, SR, ISOPTIN, SR (g)	VERAPAMIL HCL
\$20-25	CARDENE (g)	NICARDIPINE HCL
\$25-45	PLENDIL (g)	FELODIPINE
\$25-45	TIAZAC (EXCEPT 420MG) (g)	DILTIAZEM HCL
\$30-35	CARDIZEM, SR, CD (g)	DILTIAZEM HCL
\$40-45	PROCARDIA, XL/ ADALAT, CC (g) (!)	NIFEDIPINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	NORVASC	AMLODIPINE BESYLATE
\$45-50	COVERA-HS	VERAPAMIL HCL
\$55-60	LOTREL	AMLODIPINE BESYLATE/BENAZEPRIL
\$75-80	TIAZAC 420MG	DILTIAZEM HCL

NONFORMULARY

CADUET
CARDENE SR
CARDIZEM LA
DYNACIRC, DYNACIRC CR
LEXXEL
SULAR
TARKA
VERELAN PM

2 F. Diuretics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	DIURIL (g)	CHLOROTHIAZIDE
\$1-5	HYDRODIURIL, ORETIC (g)	HYDROCHLOROTHIAZIDE
\$1-5	HYGROTON, THALITONE (g)	CHLORTHALIDONE
\$1-5	LASIX (g)	FUROSEMIDE
\$1-5	LOZOL (g)	INDAPAMIDE
\$1-5	MICROZIDE (g)	HYDROCHLOROTHIAZIDE
\$1-5	MODURETIC (g)	AMILORIDE HCL/HCTZ
\$5-10	ENDURON (g)	METHYCLOTHIAZIDE
\$5-10	MAXZIDE, DYAZIDE (g)	TRIAMTERENE/HCTZ
\$10-15	ALDACTAZIDE (g)	SPIRONOLACTONE/HCTZ
\$10-15	BUMEX (g)	BUMETANIDE
\$15-20	DIAMOX (g)	ACETAZOLAMIDE
\$20-25	MIDAMOR (g)	AMILORIDE HCL
\$25-30	ALDACTONE (g)	SPIRONOLACTONE
\$25-30	ZAROXOLYN (g)	METOLAZONE
\$30-35	DEMADEX (g)	TORSEMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	EDECRIN	ETHACRYNIC ACID
\$35-40	DYRENIUM	TRIAMTERENE

NONFORMULARY

INSPIRA [PA]
NATURETIN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 G. Cardiovascular Treatment

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	LANOXIN (g)	DIGOXIN
\$25-30	QUINIDEX (g)	QUINIDINE SULFATE
\$35-40	NORPACE, NORPACE CR (g) (!)	DISOPYRAMIDE PHOSPHATE
\$40-45	CORDARONE (g) (!)	AMIODARONE HCL
\$40-45	MEXITIL (g)	MEXILETINE HCL
\$50-55	QUINAGLUTE DURA-TAB (g)	QUINIDINE GLUCONATE
\$55-60	PRONESTYL, PRONESTYL SR (g)	PROCAINAMIDE HCL
\$70-95	BETAPACE, AF (g)	SOTALOL HCL
\$85-90	TAMBOCOR (g)	FLECAINIDE ACETATE
\$90-95	RYTHMOL (g)	PROPAFENONE HCL
\$150-165	PROAMATINE (g)	MIDODRINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$50-55	PROCANBID	PROCAINAMIDE HCL
\$95-100	TIKOSYN	DOFETILIDE
\$125-140	ETHMOZINE	MORICIZINE HCL

NONFORMULARY

LANOXICAPS
RYTHMOL SR

2 H. Nitrates and Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	ISMO, MONOKET, IMDUR (g)	ISOSORBIDE MONONITRATE
\$10-15	ISORDIL (g)	ISOSORBIDE DINITRATE
\$10-15	NITROGLYCERIN PATCH (g)	NITROGLYCERIN
\$10-15	NITROGLYCERIN SA CAP (g)	NITROGLYCERIN
\$10-15	NITROL, NITRO-BID OINTMENT (g)	NITROGLYCERIN
\$10-15	NITROSTAT (g)	NITROGLYCERIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	DILATRATE-SR	ISOSORBIDE DINITRATE
\$35-40	NITROLINGUAL SPRAY	NITROGLYCERIN

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 I. Anti-Coagulants/Hemostasis Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	PERSANTINE (g)	DIPYRIDAMOLE
\$15-20	COUMADIN (g)	WARFARIN SODIUM
\$15-20	TRENTAL (g)	PENTOXIFYLLINE
\$35-40	TICLID (g) (!)	TICLOPIDINE HCL
\$40-45	HEPARIN (g)	HEPARIN SODIUM
\$90-100	PLETAL (g)	CILOSTAZOL
\$195-210	AMICAR (g)	AMINOCAPROIC ACID
\$520-535	AGRYLIN (g)	ANAGRELIDE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	MEPHYTON	PHYTONADIONE
\$90-95	PLAVIX [PA]	CLOPIDOGREL BISULFATE
\$610-625	LOVENOX	ENOXAPARIN SODIUM

NONFORMULARY

	AGGRENOX	
	ARIXTRA	
	FRAGMIN	
	INNOHEP	

2 J. Alpha-Adrenergic Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	CATAPRES (g)	CLONIDINE HCL
\$10-15	CARDURA (g) (!)	DOXAZOSIN MESYLATE
\$10-15	HYTRIN (g)	TERAZOSIN HCL
\$10-15	RESERPINE (g)	RESERPINE
\$10-15	TENEX (g)	GUANFACINE HCL
\$15-20	ALDOMET (g) (!)	METHYLDOPA
\$15-20	ALDORIL (g) (!)	METHYLDOPA/HYDROCHLOROTHIAZIDE
\$15-20	MINIPRESS (g)	PRAZOSIN HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$80-85	CATAPRES-TTS	CLONIDINE HCL

NONFORMULARY

	MINIZIDE	
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(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

2 K. Miscellaneous Antihypertensives

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	APRESOLINE (g)	HYDRALAZINE HCL
\$5-10	APRESAZIDE (g)	HYDRALAZINE HCL/HCTZ
\$10-15	PAPAVERINE CAPS (g)	PAPAVERINE HCL
\$15-20	VASODILAN (g) (!)	ISOXSUPRINE HCL
\$20-25	LONITEN (g)	MINOXIDIL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$2800-4200	VENTAVIS [PA]	ILOPROST
\$2820-2835	TRACLEER [PA]	BOSENTAN

NONFORMULARY

INVERSINE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3. CENTRAL NERVOUS SYSTEM

3 A. Antidepressants

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ELAVIL (g) (!)	AMITRIPTYLINE HCL
\$5-10	PAMELOR/AVENTYL (g)	NORTRIPTYLINE HCL
\$5-10	PROZAC (g) (!)	FLUOXETINE HCL
\$5-10	SINEQUAN, ADAPIN (g) (!)	DOXEPIN HCL
\$5-10	TRIAVIL, ETRAFON (g) (!)	AMITRIPTYLINE HCL/PERPHENAZINE
\$15-20	DESYREL (g)	TRAZODONE HCL
\$15-20	NORPRAMIN (g)	DESIPRAMINE HCL
\$15-20	TOFRANIL (g)	IMIPRAMINE HCL
\$20-25	CELEXA (g)	CITALOPRAM HYDROBROMIDE
\$20-35	WELLBUTRIN (g)	BUPROPION HCL
\$25-30	ASENDIN (g) (!)	AMOXAPINE
\$30-35	PAXIL (g)	PAROXETINE HCL
\$35-40	ANAFRANIL (g)	CLOMIPRAMINE HCL
\$35-40	LIMBITROL, DS (g) (!)	AMITRIP HCL/CHLORDIAZEPOXIDE
\$40-45	LUDIOMIL (g)	MAPROTILINE HCL
\$55-60	REMERON (g)	MIRTAZAPINE
\$75-170	WELLBUTRIN SR (g)	BUPROPION HCL
\$80-85	REMERON SOLTAB (g)	MIRTAZAPINE
\$95-100	LUVOX (g)	FLUVOXAMINE MALEATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	NARDIL	PHENELZINE SULFATE
\$55-65	LEXAPRO [ST]	ESCITALOPRAM OXALATE
\$60-70	VIVACTIL (!)	PROTRIPTYLINE HCL
\$70-75	PARNATE	TRANLYCYPROMINE SULFATE
\$70-75	SURMONTIL (!)	TRIMIPRAMINE MALEATE
\$100-110	EFFEXOR [ST]	VENLAFAXINE HCL
\$110-120	EFFEXOR XR [ST]	VENLAFAXINE HCL

NONFORMULARY

	CYMBALTA [PA]	
	MARPLAN	
	PAXIL CR [PA]	
	PEXEVA [PA]	
	PROZAC WEEKLY [PA] (#)	
	SARAFEM [PA]	
	SERZONE (g)	
	TOFRANIL-PM	
	WELLBUTRIN XL [PA]	
	ZOLOFT [PA]	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 B. Antipsychotics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	MELLARIL (g) (!)	THIORIDAZINE HCL
\$10-15	NAVANE (g)	THIOTHIXENE
\$15-20	HALDOL (g)	HALOPERIDOL
\$15-20	PROLIXIN (g)	FLUPHENAZINE HCL
\$15-20	PROLIXIN DECANOATE (g)	FLUPHENAZINE DECANOATE
\$15-20	TRILAFON (g)	PERPHENAZINE
\$20-25	STELAZINE (g)	TRIFLUOPERAZINE HCL
\$20-25	THORAZINE (g)	CHLORPROMAZINE HCL
\$35-40	LOXITANE (g)	LOXAPINE SUCCINATE
\$70-75	HALDOL DECANOATE 50 (g)	HALOPERIDOL DECANOATE
\$90-95	CLOZARIL (g)	CLOZAPINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	SERENTIL (!)	MESORIDAZINE BESYLATE
\$45-50	ORAP	PIMOZIDE
\$170-185	RISPERDAL	RISPERIDONE
\$170-185	SEROQUEL	QUETIAPINE FUMARATE
\$260-275	MOBAN	MOLINDONE HCL
\$260-275	ZYPREXA, ZYDIS	OLANZAPINE

NONFORMULARY

ABILIFY
FAZACLO
GEODON
RISPERDAL M-TAB
SYMBYAX

3 C. Anxiolytics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	LIBRIUM (g) (!)	CHLORDIAZEPOXIDE HCL
\$1-5	VALIUM (g) (!)	DIAZEPAM
\$10-15	XANAX (g) (!)	ALPRAZOLAM
\$20-25	ATIVAN (g) (!)	LORAZEPAM
\$30-35	SERAX (g) (!)	OXAZEPAM
\$45-50	BUSPAR (g)	BUSPIRONE HCL
\$50-55	TRANXENE (g) (!)	CLORAZEPATE DIPOTASSIUM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

LIBRITABS (!)
TRANXENE SD (!)
XANAX XR (!) [PA] (#)

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 D. Sedative/Hypnotics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	CHLORAL HYDRATE (g)	CHLORAL HYDRATE
\$1-5	DALMANE (g) (!)	FLURAZEPAM HCL
\$1-5	RESTORIL (g) (!)	TEMAZEPAM
\$10-15	HALCION (g) (!)	TRIAZOLAM
\$15-20	PROSOM (g) (!)	ESTAZOLAM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$70-80	AMBIEN	ZOLPIDEM TARTRATE

NONFORMULARY

	BUTISOL SODIUM (!)	
	DORAL (!)	
	LUNESTA	
	SONATA	
	XYREM	

3 E. CNS Stimulants

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	RITALIN, RITALIN-SR, METHYLIN, ER (g)	METHYLPHENIDATE HCL
\$30-35	DEXEDRINE (g) (!)	D-AMPHETAMINE SULFATE
\$50-55	ADDERALL (g) (!)	AMPHET ASP/AMPHET/D-AMPHET

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$60-65	METADATE CD, ER	METHYLPHENIDATE HCL
\$80-90	CONCERTA	METHYLPHENIDATE HCL
\$85-95	ADDERALL XR (!)	AMPHET ASP/AMPHET/D-AMPHET
\$150-165	DESOXYN (!)	METHAMPHETAMINE HCL
\$260-275	PROVIGIL [PA]	MODAFINIL

NONFORMULARY

	CYLERT (g)	
	FOCALIN, XR	
	METHYLIN CHEW, SOLN	
	RITALIN LA	
	STRATTERA [PA]	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 F. Non-Steroidal Anti-Inflammatory Drugs

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	FELDENE (g) (!)	PIROXICAM
\$1-5	MOTRIN (g) (!)	IBUPROFEN
\$10-15	EC-NAPROSYN (g) (!)	NAPROXEN
\$10-15	NALFON (g) (!)	FENOPROFEN CALCIUM
\$10-15	TORADOL (g) (!) (#)	KETOROLAC TROMETHAMINE
\$15-20	ANAPROX, ANAPROX DS (g) (!)	NAPROXEN SODIUM
\$15-20	INDOCIN (g) (!)	INDOMETHACIN
\$15-20	INDOCIN SR (g) (!)	INDOMETHACIN
\$15-20	NAPROSYN (g) (!)	NAPROXEN SODIUM
\$15-20	VOLTAREN (g) (!)	DICLOFENAC SODIUM
\$20-25	CLINORIL (g) (!)	SULINDAC
\$25-30	ANSAID (g) (!)	FLURBIPROFEN
\$25-30	DAYPRO (g) (!)	OXAPROZIN
\$30-35	LODINE (g) (!)	ETODOLAC
\$30-35	ORUVAIL (g) (!)	KETOPROFEN
\$35-70	LODINE XL (g) (!)	ETODOLAC
\$50-55	CATAFLAM (g) (!)	DICLOFENAC POTASSIUM
\$50-55	MECLOMEN (g) (!)	MECLOFENAMATE SODIUM
\$50-70	NAPRELAN 500mg (g) (!)	NAPROXEN SODIUM
\$50-55	RELAFEN (g) (!)	NABUMETONE
\$55-60	TOLECTIN, TOLECTIN DS (g) (!)	TOLMETIN SODIUM
\$60-65	ORUDIS (g) (!)	KETOPROFEN
\$105-120	VOLTAREN-XR (g) (!)	DICLOFENAC SODIUM
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	PONSTEL (!)	MEFENAMIC ACID
NONFORMULARY		
	ARTHROTEC (!) [PA]	
	CELEBREX [PA] (#)	
	MOBIC [PA] (#)	
	NAPRELAN 375mg (!)	
	PREVACID NAPRAPAC (!) [PA]	

3 G. Salicylates

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ZORPRIN (g) (!)	ASPIRIN
\$10-15	DISALCID, SALFLEX (g) (!)	SALSALATE
\$30-35	TRILISATE (g) (!)	CHOL SAL/MAGNESIUM SALICYLATE
\$35-40	DOLOBID (g) (!)	DIFLUNISAL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
	NONE	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 H. Narcotics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	DARVON (g)	PROPOXYPHENE HCL
\$15-20	DOLOPHINE (g)	METHADONE HCL
\$25-30	DEMEROL (g) (!)	MEPERIDINE HCL
\$35-40	DILAUDID (g)	HYDROMORPHONE HCL
\$35-40	OXYCODONE (g)	OXYCODONE HCL
\$45-50	CODEINE (g)	CODEINE SULF
\$80-85	DARVON-N (g)	PROPOXYPHENE NAPSYL
\$90-115	ORAMORPH SR, MS CONTIN (g)	MORPHINE SULFATE
\$100-105	MSIR (g)	MORPHINE SULFATE
\$100-105	ROXANOL, OMS (g)	MORPHINE SULFATE
\$180-400	OXYCONTIN 20, 40, 60, 80MG (g) (#)	OXYCODONE HCL
\$200-400	DURAGESIC (g) (#)	FENTANYL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	RMS SUPPOSITORY	MORPHINE SULFATE
\$630-645	ACTIQ	FENTANYL CITRATE
\$1100-1500	OXYCONTIN 160MG	OXYCODONE HCL

NONFORMULARY

	AVINZA (#)	
	KADIAN	
	NUMORPHAN	

3 I. Narcotic/Analgesic Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	DARVOCET N 50, 100 (g)	PROPOXYPHENE/ACETAMINOPHEN
\$5-10	TYLENOL W/CODEINE (g)	CODEINE PHOS/ACETAMINOPHEN
\$5-10	WYGESIC (g)	PROPOXYPHENE/ACETAMINOPHEN
\$10-15	ASPIRIN W/CODEINE (g)	CODEINE PHOS/ASPIRIN
\$10-15	PERCODAN (g)	OXYCODONE/ASPIRIN
\$15-20	DARVON COMPOUND (g)	PROPOXYPHENE HCL/ASA/CAFFEINE
\$15-20	FIORICET/ESGIC, PLUS (g)	ACETAMINOPHEN/CAFFEINE/BUTALB
\$20-25	FIORINAL (g)	ASPIRIN/CAFFEINE/BUTALBITAL
\$20-25	PERCOCET (g)	OXYCODONE HCL/ACETAMINOPHEN
\$20-25	PHRENILIN (g)	ACETAMINOPHEN/BUTALBITAL
\$20-25	TYLOX (g)	OXYCODONE HCL/ACETAMINOPHEN
\$35-40	VICOPROFEN (g)	IBUPROFEN/HYDROCODONE BIT
\$50-55	FIORICET W/CODEINE (g)	CODEINE/APAP/CAFFEIN/BUTALB
\$50-55	FIORINAL W/CODEINE (g)	CODEINE/ASA/CAFFEINE/BUTALB
\$65-70	VICODIN/LORTAB (g)	HYDROCODONE BIT/ACETAMINOPHEN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	SYNALGOS-DC	DIHYDROCODEINE/ASPIRIN/CAFFEIN

NONFORMULARY

	COMBUNOX	
	REPREXAIN	
	XODOL	
	ZYDONE	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 J. Narcotic Mixed Agonist/Antagonist

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	TALACEN (g) (!)	PENTAZOCINE HCL/ACETAMINOPHEN
\$50-55	TALWIN NX (g) (!)	PENTAZOCINE HCL/NALOXONE HCL
\$60-70	STADOL NS (g)	BUTORPHANOL TARTRATE
\$90-100	ULTRACET (g)	TRAMADOL HCL/ACETAMINOPHEN
\$160-175	ULTRAM (g)	TRAMADOL HCL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

3 K. Narcotic Antagonists

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$95-100	REVIA (g)	NALTREXONE HCL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL
NONFORMULARY		
SUBUTEX (Medical Benefit Only)		

3 M. Migraine Therapy

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	MIDRIN (g)	ISOMETHEPTENE/APAP/DICHLPHEN
\$15-20	FIORICET/ESGIC, PLUS (g)	ACETAMINOPHEN/CAFFEINE/BUTALB
\$20-25	FIORINAL (g)	ASPIRIN/CAFFEINE/BUTALBITAL
\$20-25	PHRENILIN (g)	ACETAMINOPHEN/BUTALBITAL
\$20-25	PHRENILIN FORTE, AXOCET (g)	ACETAMINOPHEN/BUTALBITAL
\$50-55	FIORINAL W/CODEINE (g)	CODEINE/ASA/CAFFEINE/BUTALB
\$60-70	STADOL NS (g)	BUTORPHANOL TARTRATE
\$105-115	D.H.E.45 (g)	DIHYDROERGOTAMINE MESYLATE
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	CAFERGOT	ERGOTAMINE TARTRATE/CAFFEINE
\$75-80	ZOMIG, ZOMIG ZMT (#)	ZOLMITRIPTAN
\$90-95	MAXALT, MAXALT MLT (#)	RIZATRIPTAN BENZOATE
\$95-100	ERGOMAR	ERGOTAMINE TARTRATE
\$105-120	IMITREX INJECTION (#)	SUMATRIPTAN
\$105-120	MIGRANAL (#)	DIHYDROERGOTAMINE MESYLATE
\$130-145	IMITREX NASAL SPRAY (#)	SUMATRIPTAN
\$130-145	ZOMIG NASAL SPRAY (#)	ZOLMITRIPTAN
\$140-155	IMITREX TABLETS (#)	SUMATRIPTAN SUCCINATE
NONFORMULARY		
AMERGE (#)		
AXERT (#)		
FROVA (#)		
RELPAK (#)		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 O. Parkinsons Disease & Related Disorders

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	COGENTIN (g)	BENZTROPINE MESYLATE
\$10-15	ARTANE (g)	TRIHEXYPHENIDYL HCL
\$10-15	SYMMETREL (g)	AMANTADINE HCL
\$40-45	SINEMET (g)	CARBIDOPA/LEVODOPA
\$40-45	SINEMET CR (g)	CARBIDOPA/LEVODOPA
\$60-65	ELDEPRYL (g)	SELEGILINE HCL
\$70-75	PARLODEL (g)	BROMOCRIPTINE MESYLATE
\$120-135	PERMAX (g)	PERGOLIDE MESYLATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-60	LARODOPA	LEVODOPA
\$95-100	MIRAPEX	PRAMIPEXOLE DI-HCL
\$110-125	REQUIP	ROPINIROLE HCL
\$155-170	COMTAN	ENTACAPONE
\$165-330	APOKYN	APOMORPHINE HCL
\$200-215	DOSTINEX	CABERGOLINE

NONFORMULARY

PARCOPA
STALEVO
TASMAR

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 P. Anticonvulsants

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	PHENOBARBITAL (g)	PHENOBARBITAL
\$15-20	DIAMOX (g)	ACETAZOLAMIDE
\$15-20	KLONOPIN (g) (!)	CLONAZEPAM
\$20-25	DILANTIN (g)	PHENYTOIN SODIUM EXTENDED
\$20-25	TEGRETOL (g)	CARBAMAZEPINE
\$30-35	DEPAKENE (g)	VALPROATE SODIUM
\$30-35	MYSOLINE (g)	PRIMIDONE
\$30-35	ZARONTIN (g)	ETHOSUXIMIDE
\$90-360	NEURONTIN (g) [PA]	GABAPENTIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	CELONTIN	METHSUXIMIDE
\$15-20	DILANTIN CHEW TABS	PHENYTOIN SODIUM EXTENDED
\$35-40	MEBARAL	MEPHOBARBITAL
\$40-45	PEGANONE	ETHOTOIN
\$45-50	TEGRETOL XR	CARBAMAZEPINE
\$85-90	DEPAKOTE, DEPAKOTE SPRINKLES	DIVALPROEX SODIUM
\$85-90	GABITRIL	TIAGABINE HCL
\$90-95	DEPAKOTE ER	DIVALPROEX SODIUM
\$110-125	TRILEPTAL	OXCARBAZEPINE
\$150-165	KEPPRA	LEVETIRACETAM
\$150-165	TOPAMAX	TOPIRAMATE
\$200-215	LAMICTAL [PA]	LAMOTRIGINE
\$230-245	FELBATOL	FELBAMATE
\$385-400	DIASTAT	DIAZEPAM

NONFORMULARY

CARBATROL
EQUETRO
KLONOPIN WAFER (!)
ZONEGRAN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 Q. Skeletal Muscle Relaxants

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	VALIUM (g) (!)	DIAZEPAM
\$5-10	FLEXERIL (g) (!)	CYCLOBENZAPRINE HCL
\$5-10	PARAFLEX, PARAFON FORTE DSC (g) (!)	CHLORZOAZONE
\$10-15	SOMA (g) (!)	CARISOPRODOL
\$15-20	NORFLEX (g) (!)	ORPHENADRINE CITRATE
\$15-20	SOMA COMPOUND (g) (!)	CARISOPRODOL/ASPIRIN
\$20-25	ROBAXIN (g) (!)	METHOCARBAMOL
\$30-35	NORGESIC, NORGESIC FORTE (g) (!)	ORPHENADRINE/ASPIRIN/CAFFEINE
\$35-40	LIORESAL (g)	BACLOFEN
\$55-60	MILTOWN, EQUANIL (g) (!)	MEPROBAMATE
\$140-150	DANTRIUM (g)	DANTROLENE SODIUM
\$150-180	SOMA COMPOUND W/CODEINE (g) (!)	CODEINE PHOS/CARISOPRODOL/ASA

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$70-75	SKELAXIN (!)	METAXALONE

NONFORMULARY

FLEXERIL 5MG (!)		
KEMSTRO		
ZANAFLEX (g)		

3 R. Myesthenia Gravis

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$50-55	MESTINON (g)	PYRIDOSTIGMINE BROMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	PROSTIGMIN	NEOSTIGMINE BROMIDE

NONFORMULARY

NONE		
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(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

3 S. Miscellaneous CNS

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	ESKALITH (g)	LITHIUM CARBONATE
\$10-15	LITHIUM CITRATE (g)	LITHIUM CITRATE
\$10-65	LITHOBID (g)	LITHIUM CARBONATE
\$25-30	ESKALITH CR (g)	LITHIUM CARBONATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$110-125	ARICEPT, ODT	DONEPEZIL HCL
\$115-130	RAZADYNE, ER, REMINYL	GALANTAMINE HYDROBROMIDE
\$120-150	NAMENDA	MEMANTINE
\$775-790	RILUTEK	RILUZOLE

NONFORMULARY

COGNEX
EQUETRO
EXELON
MYTELASE
NIMOTOP

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

4. GASTROINTESTINAL AGENTS

4 A. H2-Receptor Antagonists

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	PEPCID (g)	FAMOTIDINE
\$5-10	TAGAMET TABS, SYRUP (g)	CIMETIDINE
\$10-15	ZANTAC (g)	RANITIDINE HCL
\$70-75	AXID (g)	NIZATIDINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

ZANTAC SYRUP, GRANULES, EFFERDOSE

4 B. Proton Pump Inhibitors

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-35	PRILOSEC OTC (BCN Only)	OMEPRAZOLE MAGNESIUM
\$70-140	PRILOSEC (g)	OMEPRAZOLE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$120-140	PREVACID [ST]	LANSOPRAZOLE

NONFORMULARY

	ACIPHEX [PA]	
	NEXIUM [PA][ST]	
	PREVACID SOLUTAB [ST]	
	PRILOSEC 40mg [PA]	
	PROTONIX [PA]	
	ZEGERID [PA] (#)	

4 C. Other Ulcer Therapy

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	CARAFATE (g)	SUCRALFATE
\$45-50	CYTOTEC (g)	MISOPROSTOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	CARAFATE SUSP	SUCRALFATE
\$150-165	HELIDAC	TETRACYC HCL/BIS SS/METRONID
\$255-270	PREVPAC	LANSOPRAZOLE/AMOX TR/CLARITH

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

4 D. Antidiarrheals & Antispasmodics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	DONNATAL (g) (!)	BELLADONNA ALKALOIDS/PHENOBARB
\$5-10	BENTYL (g) (!)	DICYCLOMINE HCL
\$5-10	LIBRAX (g) (!)	CLIDINIUM BR/CHLORDIAZEPOXIDE
\$15-20	LEVBID (g) (!)	HYOSCYAMINE SULFATE
\$15-20	LEVSIN, LEVSIN SL (g) (!)	HYOSCYAMINE SULFATE
\$15-20	LEVSINEX (g) (!)	HYOSCYAMINE SULFATE
\$15-20	LOMOTIL (g)	DIPHENOXYLATE HCL/ATROP SULF
\$20-25	BELLAMINE/BELLASPAS (g) (!)	ERGOTAMINE TART/BELLAD ALK/PB
\$30-35	PAREGORIC U.S.P. (g) (!)	PAREGORIC
\$30-35	PRO-BANTHINE 15MG (g) (!)	PROPANTHELINE BROMIDE
\$110-185	ROBINUL, FORTE (g)	GLYCOPYRROLATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	BENTYL SYRUP (!)	DICYCLOMINE HCL
\$30-35	PRO-BANTHINE 7.5MG (!)	PROPANTHELINE BROMIDE

NONFORMULARY

CANTIL (!)
DONNATAL EXTENTABS

4 E. Antiemetics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ANTIVERT (g)	MECLIZINE HCL
\$15-20	TIGAN (g) (!)	TRIMETHOBENZAMIDE HCL
\$20-25	COMPAZINE (g)	PROCHLORPERAZINE MALEATE
\$40-45	PHENERGAN (g) (!)	PROMETHAZINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	TRANSDERM-SCOP	SCOPOLAMINE HYDROBROMIDE
\$305-315	EMEND [ST] (#)	APREPITANT
\$385-400	ZOFRAN ODT (#)	ONDANSETRON
\$475-490	ZOFRAN (#)	ONDANSETRON HCL
\$565-580	KYTRIL (#)	GRANISETRON HCL

NONFORMULARY

ANZEMET (#)
MARINOL

4 F. Bile Acids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$130-145	ACTIGALL (g)	URSODIOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$150-165	URSO	URSODEOXYCHOLIC ACID

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

4 G. Digestive Enzymes

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$60-65	ULTRASE (g)	AMYLASE/LIPASE/PROTEASE
\$70-75	PANCREASE (g)	AMYLASE/LIPASE/PROTEASE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$300-340	PANCRECARB MS-16, 8, 4	AMYLASE/LIPASE/PROTEASE
\$355-370	PANCREASE MT 4, 10, 16	AMYLASE/LIPASE/PROTEASE
\$455-470	CREON	AMYLASE/LIPASE/PROTEASE
\$515-530	ULTRASE MT	AMYLASE/LIPASE/PROTEASE

NONFORMULARY

KUTRASE
KU-ZYME
VIOKASE

4 H. Miscellaneous Gastrointestinal Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	REGLAN TABLET, SOLUTION (g)	METOCLOPRAMIDE HCL
\$15-20	ANUSOL HC SUPP, CREAM (g)	HYDROCORTISONE ACETATE
\$15-20	CORTENEMA (g)	HYDROCORTISONE ACETATE
\$15-20	LACTULOSE (g)	LACTULOSE
\$20-40	MIRALAX (g)	POLYETHYLENE GLYCOL 3350
\$25-30	AZULFIDINE TAB (g)	SULFASALAZINE
\$320-350	ROWASA ENEMA (g)	MESALAMINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	AZULFIDINE EN-TAB	SULFASALAZINE
\$45-50	PROCTOCORT	HYDROCORTISONE ACETATE
\$45-50	PROCTOCREAM-HC	HYDROCORTISONE
\$45-50	PROCTOFOAM-HC	HC ACETATE/PRAMOXINE HCL
\$110-125	CORTIFOAM	HYDROCORTISONE ACETATE
\$140-155	CANASA	MESALAMINE
\$150-165	ASACOL	MESALAMINE
\$170-185	PENTASA	MESALAMINE
\$185-200	COLAZAL	BALSALAZIDE DISODIUM

NONFORMULARY

ANAMANTLE HC
DIPENTUM
LOTRONEX [PA] (#)
PRAMOSONE
ZELNORM [PA] (#)

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

5. OBSTETRICS & GYNECOLOGY

5 A. Contraceptives-Monophasic

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	DESOGEN (g), ORTHO-CEPT (g)	DESOGESTREL-ETHINYL ESTRADIOL
\$20-25	ALESSE (g), LEVLITE (g)	LEVONORGESTREL-ETH ESTRA
\$20-25	DEMULEN (g)	ETHYNODIOL D-ETHINYL ESTRADIOL
\$20-25	LOESTRIN (g), LOESTRIN FE (g)	NORETH A-ET ESTRA/FE FUMARATE
\$20-25	MIRCETTE (g)	DESOG-ET ESTRA/ETHIN ESTRA
\$20-25	NORDETTE, LEVLEN (g)	LEVONORGESTREL-ETH ESTRA
\$20-25	ORTHO-CYCLEN (g)	NORGESTIMATE-ETHINYL ESTRADIOL
\$25-30	LO/OVRAL (g)	NORGESTREL-ETHINYL ESTRADIOL
\$25-30	MODICON (g)	NORETHINDRONE-ETHINYL ESTRAD
\$25-35	NORINYL 1/35 (g), ORTHO-NOVUM 1/35 (g)	NORETHINDRONE-ETHINYL ESTRAD
\$25-35	NORINYL 1/50 (g), ORTHO-NOVUM 1/50 (g)	NORETHINDRONE-MESTRANOL
\$25-30	OVRAL (g)	NORGESTREL-ETHINYL ESTRADIOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	ORTHO EVRA (#)	ETHINYL ESTRADIOL/NORELGEST

NONFORMULARY

OVCON-35, CHEW, OVCON-50,
SEASONALE
YASMIN 28

5 B. Contraceptives-Biphasic

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	ORTHO-NOVUM 10/11 (g)	NORETHINDRONE-ETHINYL ESTRAD

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

NONE

5 C. Contraceptives-Triphasic

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	ORTHO-NOVUM 7/7/7 (g)	NORETHINDRONE-ETHINYL ESTRAD
\$20-25	TRIPHASIL, TRILEVLEN (g)	LEVONORGESTREL-ETH ESTRA
\$25-30	CYCLESSA (g)	DESOGESTREL-ETHINYL ESTRADIOL
\$30-35	ORTHO TRI-CYCLEN (g)	NORGESTIMATE-ETHINYL ESTRADIOL
\$30-35	TRI-NORINYL (g)	NORETHINDRONE-ETHINYL ESTRAD

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	ESTROSTEP FE	NORETH A-ET ESTRA/FE FUMARATE
\$30-35	ORTHO TRI-CYCLEN LO	NORGESTIMATE-ETHINYL ESTRADIOL

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

5 D. Contraceptives-Progestin Only

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	ORTHO MICRONOR (g), NOR-QD (g)	NORETHINDRONE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	OVRETTE	NORGESTREL

NONFORMULARY

NONE

5 E. Contraceptives-Post Coital

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	PLAN B	LEVONORGESTREL

NONFORMULARY

NONE

5 F. Progestins

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	PROVERA (g)	MEDROXYPROGESTERONE ACET
\$25-30	AYGESTIN (g)	NORETHINDRONE ACETATE
\$40-45	DEPO-PROVERA (150MG) (g)	MEDROXYPROGESTERONE ACET
\$80-85	PROGESTERONE IN OIL (INJ) (g)	PROGESTERONE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	PROMETRIUM	PROGESTERONE, MICRONIZED
\$180-195	CRINONE	PROGESTERONE

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

5 G. Estrogens

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	ESTRACE (g)	ESTRADIOL
\$15-20	OGEN (g)	ESTROPIPATE
\$15-20	ORTHO-EST (g)	ESTROPIPATE
\$30-35	CLIMARA (g) (#)	ESTRADIOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	PREMARIN, PREMARIN LOW DOSE	ESTROGENS, CONJUGATED
\$30-35	ESTRADERM, VIVELLE, DOT (#)	ESTRADIOL
\$65-70	ESTRING (#)	ESTRADIOL

NONFORMULARY

ALORA (#)
CENESTIN
ESTRACE VAGINAL CREAM
ESTRASORB
ESTROGEL
FEMRING (#)
MENEST
MENOSTAR (#)
ORTHO-PREFEST
VAGIFEM

5 H. Estrogen/Progestin Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	FEMHRT	ETHINYL ESTRADIOL/NORETH AC
\$30-35	PREMPRO LOW DOSE	ESTROGEN, CON/M-PROGEST ACET
\$30-35	PREMPRO, PREMPHASE	ESTROGEN, CON/M-PROGEST ACET
\$40-45	ESTRATEST, ESTRATEST H.S.	ME-TESTOSTERONE/ESTROGEN, ESTER

NONFORMULARY

ACTIVELLA
CLIMARA PRO (#)
COMBIPATCH (#)
NUVARING (#)

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

5 J. Infertility Treatment

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	CLOMID (g)	CLOMIPHENE CITRATE
\$80-85	PROFASI (g)	GONADOTROPIN, CHORIONIC, HUMAN
\$320-335	LUPRON (g)	LEUPROLIDE ACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$100-105	OIDREL	HCG ALPHA, RECOMBINANT
\$410-450	CETROTIDE	CETRORELIX ACETATE
\$470-500	FERTINEX, BRAVELLE	UROFOLLITROPIN
\$1000-1015	REPRONEX	MENOTROPINS
\$1025-1040	PERGONAL	MENOTROPINS
\$1600-1630	GONAL-F	FOLLITROPIN ALPHA, RECOMB

NONFORMULARY

FOLLISTIM
LUVERIS

5 K. Vaginal Anti-infective/Anti-Fungal

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	DIFLUCAN (SINGLE DOSE) (g) (#)	FLUCONAZOLE
\$15-20	NYSTATIN (g)	NYSTATIN
\$30-35	TERAZOL -3 , TERAZOL -7 CREAM (g)	TERCONAZOLE
\$35-40	CLEOCIN VAGINAL CREAM (g)	CLINDAMYCIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$65-70	METROGEL-VAGINAL	METRONIDAZOLE

NONFORMULARY

AVC
CLEOCIN VAGINAL OVULES
CLINDESSE
GYNAZOLE-1
TERAZOL -3 SUPP

5 L. Miscellaneous OB/GYN

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	METHERGINE	METHYLERGONOVINE MALEATE
\$515-530	SYNAREL	NAFARELIN ACETATE
\$535-550	LUPRON DEPOT, DEPOT-3 MONTH	LEUPROLIDE ACETATE

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

6. RHEUMATOLOGY & MUSCULOSKELETAL

6 A. Salicylates

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	SALICYLATES AND NSAIDS	SEE CHAPTERS 3F & 3G
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
NONE		

6 B. Gout Therapy

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ZYLOPRIM (g)	ALLOPURINOL
\$5-10	COLCHICINE (g)	COLCHICINE
\$20-25	PROBENECID (g)	PROBENECID
\$25-30	COLBENEMID (g)	COLCHICINE/PROBENECID
\$70-75	SULFINPYRAZONE (g)	SULFINPYRAZONE
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
NONE		

6 C. Corticosteroids

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	CORTICOSTEROIDS	SEE CHAPTER 7C
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
NONE		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

6 D. Miscellaneous Rheumatologic Agents

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	PLAQUENIL (g)	HYDROXYCHLOROQUINE SULFATE
\$35-40	IMURAN (g)	AZATHIOPRINE
\$40-45	RHEUMATREX, METHOTREXATE (g)	METHOTREXATE SODIUM
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	AZULFIDINE EN-TAB	SULFASALAZINE
\$50-55	CUPRIMINE	PENICILLAMINE
\$130-145	RIDAURA	AURANOFIN
\$225-240	ARAVA (#)	LEFLUNOMIDE
\$1120-1135	ENBREL [PA] (#)	ETANERCEPT
NONFORMULARY		
DEPEN		
HUMIRA [PA]		
KINERET		

6 E. Osteoporosis/Hormonal Treatment

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	ESTRACE (g)	ESTRADIOL
\$15-20	OGEN (g)	ESTROPIPATE
\$15-20	ORTHO-EST (g)	ESTROPIPATE
\$30-35	CLIMARA (g) (#)	ESTRADIOL
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	FEMHRT	ETHINYL ESTRADIOL/NORETH AC
\$25-30	PREMARIN, PREMARIN LOW DOSE	ESTROGENS, CONJUGATED
\$30-35	ESTRADERM, VIVELLE, DOT (#)	ESTRADIOL
\$30-35	PREMPRO LOW DOSE	ESTROGEN, CON/M-PROGEST ACET
\$30-35	PREMPRO, PREMPHASE	ESTROGEN, CON/M-PROGEST ACET
\$40-45	ESTRATEST, ESTRATEST H.S.	ME-TESTOSTERONE/ESTROGEN, ESTER
NONFORMULARY		
ALORA (#)		
CENESTIN		
FORTEO		
MENEST		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

6 F. Osteoporosis/Bone Resorption

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	ESTROGENS	FIRST-LINE THERAPY WHEN APPROPRIATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$35-40	MIACALCIN INJ.	CALCITONIN, SALMON, SYNTHETIC
\$55-60	ACTONEL, ACTONEL WEEKLY (#)	RISEDRONATE SODIUM
\$55-60	EVISTA	RALOXIFENE HCL
\$60-65	FOSAMAX PLUS D	ALENDRONATE SODIUM
\$60-65	FOSAMAX, FOSAMAX WEEKLY (#)	ALENDRONATE SODIUM
\$65-70	MIACALCIN NASAL	CALCITONIN, SALMON, SYNTHETIC

NONFORMULARY

DIDRONEL

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

7. ENDOCRINOLOGY

7 A. Antithyroid Agents

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	SSKI (g)	POTASSIUM IODIDE
\$10-15	PROPYLTHIOURACIL (g)	PROPYLTHIOURACIL
\$25-30	TAPAZOLE (g)	METHIMAZOLE
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
NONE		

7 B. Thyroid Hormones

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ARMOUR THYROID (g) (!)	THYROID
\$5-15	SYNTHROID, LEVOTHROID, LEVOXYL (g)	LEVOTHYROXINE SODIUM
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	CYTOMEL	LIOTHYRONINE SODIUM
\$20-25	THYROLAR	LIOTRIX
NONFORMULARY		
NONE		

7 C. Corticosteroids

FORMULARY PREFERRED		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	PREDNISONE TABS, SYRUP (g)	PREDNISONE
\$5-10	DECADRON (g)	DEXAMETHASONE
\$5-10	MEDROL, MEDROL DOSEPAK (g)	METHYLPREDNISOLONE
\$10-15	PREDNISOLONE TABS, SYR (g)	PREDNISOLONE
\$15-20	CORTISONE ACETATE (g)	CORTISONE ACETATE
\$15-20	FLORINEF (g)	FLUDROCORTISONE ACETATE
\$20-25	CORTEF, HYDROCORTISONE (g)	HYDROCORTISONE
\$40-45	ARISTOCORT, KENACORT, KENALOG (g)	TRIAMCINOLONE
FORMULARY OPTIONS		
<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	
NONFORMULARY		
ENTOCORT EC		
ORAPRED		

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

7 D. Androgens

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$115-130	DANOCRINE (g)	DANAZOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-80	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE
\$50-100	DELATESTRYL	TESTOSTERONE ENANTHATE
\$90-180	ANDROXY 10MG	FLUOXYMESTERONE
\$170-250	ANDRODERM (#)	TESTOSTERONE

NONFORMULARY

ANADROL-50
ANDROGEL (#)
ANDROID, METHITEST, TESTRED (!)
OXANDRIN
STRIANT
TESTIM

7 E. Miscellaneous Endocrine

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	ROCALTROL (g)	CALCITRIOL
\$120-135	PERMAX (g)	PERGOLIDE MESYLATE
\$135-600	DDAVP TABS	DESMOPRESSIN ACETATE
\$175-190	DDAVP SOLN/SPRAY (g)	DESMOPRESSIN ACETATE
\$1440-1460	SANDOSTATIN (g)	OCTREOTIDE ACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$35-40	MIACALCIN INJ.	CALCITONIN, SALMON, SYNTHETIC
\$60-65	PROSCAR	FINASTERIDE
\$65-70	MIACALCIN NASAL	CALCITONIN, SALMON, SYNTHETIC
\$100-105	GLUCAGON EMERGENCY KIT	GLUCAGON, HUMAN RECOMBINANT
\$150-165	CYTADREN	AMINOGLUTETHAMIDE
\$160-175	HYTAKEROL	DIHYDROTACHYSTEROL
\$200-215	DOSTINEX	CABERGOLINE
\$300-1200	SENSIPAR	CINACALCET HCL
\$515-530	SYNAREL	NAFARELIN ACETATE
\$555-570	STIMATE	DESMOPRESSIN ACETATE
\$800-815	LUPRON DEPOT-PED	LEUPROLIDE ACETATE

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

7 F. Insulins

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	NOVOLIN, MIX (VIALS)	INSULIN REGULAR HUMAN REC
\$50-55	ILETIN INSULIN	INSULIN ISOPHANE,PORK PURE
\$60-65	HUMULIN (VIALS)	INSULIN, HUMAN
\$65-70	LANTUS	INSULIN GLARGINE,HUM.REC.ANLOG
\$105-120	HUMALOG (VIALS), HUMALOG MIX (VIALS)	INSULIN LISPRO,HUMAN REC.ANLOG
\$105-120	VELOSULIN HUMAN	INSULIN REGULAR, HUMAN REC
\$115-130	NOVOLOG (CARTRIDGES)	INSULIN ASPART
\$125-140	NOVOLOG MIX (PEN/CARTRIDGE)	INSULN ASP PRT/INSULIN ASPART
\$130-145	HUMALOG, MIX (PEN / CARTRIDGES)	INSULIN NPL/INSULIN LISPRO
\$130-145	HUMULIN (PEN/CARTRIDGES)	INSULIN, HUMAN
\$145-160	NOVOLIN (PEN/CARTRIDGES)	INSULIN, HUMAN

NONFORMULARY

NONE

7 G. Oral Hypoglycemic Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	GLUCOTROL (g)	GLIPIZIDE
\$1-5	ORINASE (g)	TOLBUTAMIDE
\$10-15	DIABETA, MICRONASE (g)	GLYBURIDE
\$10-15	DIABINESE (g) (!)	CHLORPROPAMIDE
\$10-20	GLUCOTROL XL (g)	GLIPIZIDE
\$15-20	ACETOHEXAMIDE (g)	ACETOHEXAMIDE
\$15-20	GLUCOPHAGE (g)	METFORMIN HCL
\$15-20	GLYNASE (g)	GLYBURIDE,MICRONIZED
\$15-20	TOLINASE (g)	TOLAZAMIDE
\$35-120	GLUCOPHAGE XR (g)	METFORMIN HCL
\$40-90	GLUCOVANCE (g)	GLYBURIDE/METFORMIN HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$35-45	AMARYL	GLIMEPIRIDE
\$50-60	PRECOSE	ACARBOSE
\$80-90	PRANDIN	REPAGLINIDE
\$100-110	AVANDIA [ST]	ROSIGLITAZONE MALEATE
\$115-130	ACTOS [ST] (#)	PIOGLITAZONE HCL

NONFORMULARY

AVANDAMET [ST]

FORTAMET

GLYSET

METAGLIP

RIOMET

STARLIX

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

8. ANTINEOPLASTICS & IMMUNOSUPPRESSANTS

8 A. Alkylating Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$115-130	CYTOXAN (g)	CYCLOPHOSPHAMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	CEENU	LOMUSTINE
\$55-60	MYLERAN	BUSULFAN
\$80-85	ALKERAN	MELPHALAN
\$100-105	LEUKERAN	CHLORAMBUCIL
\$1465-1480	TEMODAR	TEMOZOLOMIDE

NONFORMULARY

NONE

8 B. Antimetabolites

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	METHOTREXATE, RHEUMATREX (g)	METHOTREXATE SODIUM
\$125-300	PURINETHOL (g)	MERCAPTOPYRINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$85-90	THIOGUANINE, 6-TG	THIOGUANINE
\$830-845	XELODA	CAPECITABINE

NONFORMULARY

NONE

8 C. Immunomodulators

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	PREDNISONE (g)	PREDNISONE
\$35-40	IMURAN (g)	AZATHIOPRINE
\$205-220	NEORAL (g)	CYCLOSPORINE, MODIFIED
\$335-350	SANDIMMUNE (g)	CYCLOSPORINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$480-495	CELLCEPT	MYCOPHENOLATE MOFETIL
\$515-530	PROGRAF	TACROLIMUS ANHYDROUS
\$930-945	RAPAMUNE TABS, SOLUTION	SIROLIMUS
\$1575-1590	RITUXAN	RITUXIMAB
\$1825-1840	THALOMID	THALIDOMIDE

NONFORMULARY

MYFORTIC

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

8 D. Hormonal Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$60-65	MEGACE (g)	MEGESTROL ACETATE
\$60-65	NOLVADEX (g)	TAMOXIFEN CITRATE
\$130-145	EULEXIN (g)	FLUTAMIDE
\$320-335	LUPRON (g)	LEUPROLIDE ACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	DEPO-PROVERA (400MG)	MEDROXYPROGESTERONE ACET
\$85-90	FARESTON	TOREMIFENE CITRATE
\$125-140	TESLAC	TESTOLACTONE
\$140-155	AROMASIN	EXEMESTANE
\$170-185	ARIMIDEX	ANASTROZOLE
\$185-200	FEMARA	LETROZOLE
\$295-310	NILANDRON	NILUTAMIDE
\$345-360	CASODEX	BICALUTAMIDE
\$790-805	FASLODEX	FULVESTRANT
\$815-830	ZOLADEX	GOSERELIN ACETATE
\$1020-1035	LUPRON DEPOT, -PED, -3 MONTH	LEUPROLIDE ACETATE

NONFORMULARY

ELIGARD
VIADUR

8 E. Miscellaneous Antineoplastic Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	HYDREA (g)	HYDROXYUREA
\$1070-1085	VEPESID (g)	ETOPOSIDE
\$1440-1460	SANDOSTATIN	OCTREOTIDE ACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	MATULANE	PROCARBAZINE HCL
\$195-210	LYSODREN	MITOTANE
\$210-225	EMCYT	ESTRAMUSTINE PHOSPHATE SODIUM
\$690-705	HEXALEN	ALTRETAMINE
\$1660-1675	IRESSA	GIFITINIB
\$1860-1875	VESANOID	TRETINOIN
\$2230-2245	GLEEVEC	IMATINIB MESYLATE
\$2265-2365	TARCEVA	ERLOTINIB HCL

NONFORMULARY

MYLOCEL
TARGETIN ORAL

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

8 F. Adjuvant Therapy

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	LEUCOVORIN (g)	LEUCOVORIN CALCIUM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$875-1480	MESNEX	MESNA
\$900-915	PROCRIT	EPOETIN ALFA
\$1880-1895	NEUPOGEN	FILGRASTIM
\$1915-1930	LEUKINE	SARGRAMOSTIM

NONFORMULARY

ARANESP [PA]
EPOGEN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

9. IMMUNOLOGY, HEMATOLOGY, GROWTH HORMONE

9 B. Colony Stimulating Factors

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$900-915	PROCRIT	EPOETIN ALFA
\$1880-1895	NEUPOGEN	FILGRASTIM
\$1915-1930	LEUKINE	SARGRAMOSTIM
\$2115-2130	NEUMEGA	OPRELVEKIN

NONFORMULARY

ARANESP [PA]
EPOGEN
NEULASTA (#)

9 C. Interferons and MS Therapy

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$900-1400	REBETOL (g)	RIBAVIRIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$140-155	ALFERON N	INTERFERON ALFA-N3
\$320-335	ROFERON-A	INTERFERON ALFA-2A,RECOMB.
\$785-800	COPEGUS	RIBAVIRIN
\$995-1010	COPAXONE	GLATIRAMER ACETATE
\$1010-1025	AVONEX	INTERFERON BETA-1A/ALBUMIN
\$1245-1260	PEGASYS	PEGINTERFERON ALFA-2A
\$1255-1270	PEG-INTRON, REDIPEN	PEGINTERFERON ALFA-2B
\$1255-1270	REBIF	INTERFERON BETA-1A/ALBUMIN
\$1480-1495	INTRON A	INTERFERON ALFA-2B,RECOMB.
\$1580-1595	INFERGEN	INTERFERON ALFACON-1
\$2500-3030	REBETRON	RIBAVIRIN/INTERFERON A-2B
\$2750-3955	ACTIMMUNE	INTERFERON GAMMA-1B,RECOMB.

NONFORMULARY

BETASERON

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

9 D. Growth Hormone

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$575-965	NUTROPIN DEPOT [PA]	SOMATROPIN
\$1105-1120	GENOTROPIN [PA]	SOMATROPIN
\$1515-1530	NUTROPIN AQ [PA]	SOMATROPIN
\$1725-1740	NUTROPIN [PA]	SOMATROPIN

NONFORMULARY

	HUMATROPE [PA]	
	NORDITROPIN [PA]	
	SAIZEN [PA]	
	SEROSTIM [PA]	
	ZORBTIVE [PA]	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

10. DERMATOLOGY

10 A. Very High Potency Corticosteroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	ULTRAVATE (g)	HALOBETASOL PROPIONATE
\$35-40	DIPROLENE OINTMENT (g)	BETAMET DIPROP/PROP GLY
\$60-65	TEMOVATE (g)	CLOBETASOL PROPIONATE
\$70-75	PSORCON, FLORONE (g)	DIFLORASONE DIACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

CLOBEX
OLUX

10 B. High Potency Corticosteroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ARISTOCORT, KENALOG 0.5% CR (g)	TRIAMCINOLONE ACETONIDE
\$5-10	VALISONE OINT. 0.1% (g)	BETAMETHASONE VALERATE
\$10-15	MAXIVATE, DIPROSONE (g)	BETAMETHASONE DIPROPIONATE
\$20-25	LIDEX (g)	FLUOCINONIDE
\$20-25	LIDEX E (g)	FLUOCINONIDE/EMOLLIENT
\$20-25	TOPICORT (g)	DESOXIMETASONE
\$40-80	PSORCON E CREAM (g)	DIFLORASONE DIACETATE/EMOLL
\$75-80	CLOBEVATE (g)	CLOBETASOL
\$75-80	DIPROLENE GEL, CR (AF) (g)	BETAMETHASONE DIPROPIONATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	DIPROSONE AEROSOL	BETAMETHASONE DIPROPIONATE
\$75-80	DIPROLENE LOTION	BETAMETHASONE DIPROPIONATE

NONFORMULARY

ARISTOCORT A
CYCLOCORT
HALOG, E
PSORCON E OINTMENT

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

10 C. Medium Potency Corticosteroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ARISTOCORT/KENALOG CR/OINT (g)	TRIAMCINOLONE ACETONIDE
\$5-10	SYNALAR 0.025% CREAM, OINT (g)	FLUOCINOLONE ACETONIDE
\$5-10	VALISONE (g)	BETAMETHASONE VALERATE
\$15-20	LOCOID SOLUTION (g)	HYDROCORTISONE BUTYRATE
\$20-40	CUTIVATE (g)	FLUTICASONE PROPIONATE
\$25-30	LOCOID OINTMENT (g)	HYDROCORTISONE BUTYRATE
\$25-30	WESTCORT (g)	HYDROCORTISONE VALERATE
\$30-35	ELOCON (g)	MOMETASONE FUROATE
\$30-35	TOPICORT LP (g)	DESOXIMETASONE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	CLODERM	CLOCORTOLONE PIVALATE
\$45-50	CORDRAN, TAPE, SP	FLURANDRENOLIDE

NONFORMULARY

ARISTOCORT A
DERMATOP
LOCOID CREAM
LUXIQ
PANDEL

10 D. Low Potency Corticosteroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	SYNALAR 0.01% CREAM, SOLN (g)	FLUOCINOLONE ACETONIDE
\$20-25	DERMACORT, HYTONE (RX) (g)	HYDROCORTISONE
\$25-50	ACLOVATE OINT (g)	ALCLOMETASONE DIPROPIONATE
\$30-35	DESOWEN, TRIDESILON (g)	DESONIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	CAPEX SHAMPOO	FLUOCINOLONE ACETONIDE

NONFORMULARY

ACLOVATE CREAM
DERMA-SMOOTH/FS

10 E. Topical Anesthetics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	XYLOCAINE VISCOUS (g)	LIDOCAINE HCL
\$15-20	XYLOCAINE (Rx ONLY) (g)	LIDOCAINE
\$35-40	EMLA (g)	LIDOCAINE/PRILOCAINE

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

10 F. Acne Treatment

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	BENZOYL PEROXIDE-RX (g)	BENZOYL PEROXIDE
\$20-25	ERYTHROMYCIN TOPICAL SOL & GEL (g)	ERYTHROMYCIN TOPICAL
\$25-30	CLEOCIN T (g)	CLINDAMYCIN PHOSPHATE
\$40-45	SULFACET-R (g)	SULFACETAMIDE SODIUM/SULFUR
\$45-90	BENZAMYCIN (g)	ERYTHROMYCIN BASE/BENZ PER
\$45-50	RETIN-A, AVITA (g) [PA]	TRETINOIN
\$50-60	PLEXION, TS (g)	SULFACETAMIDE SODIUM/SULFUR
\$55-60	METROCREAM (g)	METRONIDAZOLE
\$355-370	ACUTANE (REC DERM CONSULT) (g)	ISOTRETINOIN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-60	METROGEL, METROLOTION	METRONIDAZOLE
\$65-70	RETIN-A MICRO [PA]	TRETINOIN
\$70-75	DIFFERIN [PA]	ADAPALENE
\$100-105	TAZORAC	TAZAROTENE

NONFORMULARY

AKNE-MYCIN
AZELEX [PA]
BENZAC W, AC, WASH
BENZACLIN
BENZAGEL, BENZASHAVE, BREVOXYL
CLINAC BPO
DESQUAM-E
DESQUAM-X
DUAC
EVOCLIN FOAM
FINACEA [PA]
KLARON
NORITATE
TRIAZ
Z- CLINZ 5

10 G. Topical Antibacterials

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	GENTAMICIN CREAM, OINT (g)	GENTAMICIN SULFATE
\$20-35	BACTROBAN OINTMENT (g)	MUPIROICIN CALCIUM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	BACTROBAN CREAM	MUPIROICIN CALCIUM
\$50-55	BACTROBAN NASAL	MUPIROICIN CALCIUM

NONFORMULARY

CENTANY

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

10 H. Topical Antifungals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	MYCOLOG II (g)	NYSTATIN/TRIAMCIN
\$5-15	MONISTAT-DERM (g)	MICONAZOLE NITRATE
\$15-20	LOTRIMIN (g)	CLOTRIMAZOLE
\$15-20	MYCOSTATIN (g)	NYSTATIN
\$25-35	NIZORAL SHAMPOO 2% (g)	KETOCONAZOLE
\$30-35	NIZORAL CREAM (g)	KETOCONAZOLE
\$35-50	LOTRISONE CR, LOTION (g)	CLOTRIMAZOLE/BETAMET DIPROP
\$35-40	SPECTAZOLE (g)	ECONAZOLE NITRATE
\$40-45	LOPROX LOTION, CREAM (g)	CICLOPIROX

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

ERTACZO
EXELDERM
LOPROX GEL, SHAMPOO
MENTAX
NAFTIN
OXISTAT
PENLAC

10 I. Topical Antivirals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$75-80	ZOVIRAX	ACYCLOVIR

NONFORMULARY

DENAVIR

10 J. Wound & Burn Therapy

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	SILVADENE (g)	SILVER SULFADIAZINE
\$15-20	GRANULEX (g)	TRYPSIN/BALSAM PERU/CASTOR OIL
\$40-45	ACCUZYME, ETHEZYME, GLADASE (g)	PAPAIN/UREA

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

REGRANEX [PA]
SANTYL

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

10 K. Antipsoriatic/Antiseborrheic

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	SELSUN RX (g)	SELENIUM SULFIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	CAPITROL	CHLOROXINE
\$65-70	DRITHOCREME	ANTHRALIN
\$155-170	DOVONEX	CALCIPOTRIENE
\$235-250	OXSORALEN, OXSORALEN-ULTRA	METHOXSALEN, RAPID
\$445-460	SORIATANE	ACITRETIN
\$1120-1135	ENBREL (#)	ETANERCEPT

NONFORMULARY

RAPTIVA

10 L. Scabicides/Pediculicides

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	ELIMITE (g)	PERMETHRIN
\$120-240	LINDANE (g)	LINDANE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	EURAX	CROTAMITON
\$50-55	OVIDE	MALATHION

NONFORMULARY

NONE

10 M. Miscellaneous Dermatologicals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	DRYSOL (g)	ALUMINUM CHLORIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$70-75	ELIDEL [ST]	PIMECROLIMUS
\$95-100	EFUDEX	FLUOROURACIL
\$120-135	CONDYLOX	PODOFILOX
\$1975-1990	PANRETIN	ALITRETINION

NONFORMULARY

ALDARA

CARMOL HC

PROTOPIC [PA]

TARGRETIN GEL

ZONALON/PRUDOXIN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

11. OPHTHALMOLOGY

11 A. Ophthalmic Beta Blockers

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	BETAGAN (g)	LEVOBUNOLOL HCL
\$20-25	OPTIPRANOLOL (g)	METIPRANOLOL
\$20-25	TIMOPTIC, ISTALOL (g)	TIMOLOL MALEATE
\$30-35	OCUPRESS (g)	CARTEOLOL HCL
\$30-35	TIMOPTIC-XE (g)	TIMOLOL MALEATE
\$40-45	BETOPTIC (SOLN) (g)	BETAXOLOL HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$65-70	BETOPTIC S	BETAXOLOL HCL

NONFORMULARY

BETIMOL

11 B. Other Glaucoma Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	EPIFRIN (g)	EPINEPHRINE
\$5-10	PILOCAR, ISOPTO-CARPINE (g)	PILOCARPINE HCL
\$10-15	PROPINE (g)	DIPIVEFRIN HCL
\$45-50	ALPHAGAN (g)	BRIMONIDINE TARTRATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	HUMORSOL	DEMACARIUM BROMIDE
\$20-25	ISOPTO CARBACHOL	CARBACHOL
\$35-40	PILOPINE HS	PILOCARPINE HCL
\$40-45	TRUSOPT	DORZOLAMIDE HCL
\$50-55	AZOPT	BRINZOLAMIDE
\$55-60	PHOSPHOLINE IODIDE	ECHOTHIOPHATE
\$65-70	ALPHAGAN P	BRIMONIDINE TARTRATE
\$70-75	COSOPT	TIMOLOL MALEATE/DORZOLAM HCL
\$70-75	TRAVATAN	TRAVOPROST
\$80-85	LUMIGAN	BIMATOPROST

NONFORMULARY

IOPIDINE

XALATAN

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

11 C. Cycloplegic Mydriatics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	CYCLOGYL (g)	CYCLOPENTOLATE HCL
\$1-5	ISOPTO ATROPINE (g)	ATROPINE SULFATE
\$5-10	MYDRIACYL (g)	TROPICAMIDE
\$10-15	ISOPTO HOMATROPINE (g)	HOMATROPINE HBR

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	ISOPTO HYOSCINE	SCOPOLAMINE HYDROBROMIDE

NONFORMULARY

PAREMYD

11 D. Ophthalmic Anti-Inflammatory Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	OCUFEN (g)	FLURBIPROFEN SODIUM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	VOLTAREN	DICLOFENAC SODIUM

NONFORMULARY

ACULAR, PF, LS

XIBROM

11 E. Ophthalmic Anti-infectives

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	BACITRACIN (g)	BACITRACIN
\$1-5	BLEPH-10, SODIUM SULAMYD (g)	SULFACETAMIDE SODIUM
\$1-5	GARAMYCIN (g)	GENTAMICIN SULFATE
\$1-5	ILOTYCIN (g)	ERYTHROMYCIN BASE
\$1-5	TOBREX (g)	TOBRAMYCIN SULFATE
\$10-15	NEOSPORIN OPTH OINT (g)	NEOMY SULF/BACITRA/POLYMYXIN B
\$10-20	OCUFLOX (g)	OFLOXACIN
\$15-20	POLYSPORIN (g)	BACITRACIN/POLYMYXIN B SULFATE
\$15-20	POLYTRIM (g)	POLYMYXIN B SULFATE/TMP
\$20-25	NEOSPORIN SOLN (g)	NEOMY SULF/GRAMICID D/POLY
\$30-60	CILOXAN DROPS (g)	CIPROFLOXACIN HCL
\$70-75	VIROPTIC (g)	TRIFLURIDINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	CHLOROPTIC	CHLORAMPHENICOL
\$25-30	VIRA-A	VIDARABINE
\$40-45	CILOXAN OINT	CIPROFLOXACIN HCL
\$40-45	VIGAMOX	MOXIFLOXACIN

NONFORMULARY

QUIXIN

ZYMAR

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

11 F. Ophthalmic Steroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	DECADRON, MAXIDEX (g)	DEXAMETHASONE
\$15-20	FLUOR-OP, FML, FORTE, S.O.P (g)	FLUOROMETHOLONE
\$15-20	INFLAMASE, INFLAMASE FORTE (g)	PREDNISOLONE SOD PHOSPHATE
\$15-20	PRED FORTE (g)	PREDNISOLONE ACETATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$20-25	HMS	MEDRYSONE
\$25-30	PRED MILD	PREDNISOLONE ACETATE
\$30-35	VEXOL	RIMEXOLONE

NONFORMULARY

ALREX
LOTEMAX

11 G. Ophthalmic Anti-infective/Steroid Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	MAXITROL (g)	NEO/POLYMYX B SULF/DEXAMETH
\$5-10	NEO-DECADRON (g)	NEOMYCIN, DEXAMETHASONE
\$10-15	CORTISPORIN (g)	NEOMY SULF/BACITRAC ZN/POLY/HC
\$15-20	VASOCIDIN (g)	NA SULFACETM/PREDNIS SP

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	POLY-PRED	POLYMYXIN B, NEOMYCIN, PREDNISOLONE
\$40-45	BLEPHAMIDE DROPS, OINT	NA SULFACETM/PREDNISOL AC
\$55-60	TOBRADEX	TOBRAMYCIN SULFATE/DEXAMETH

NONFORMULARY

FML-S
PRED-G

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

11 H. Miscellaneous Ophthalmic Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	ALBALON (g)	NAPHAZOLINE HCL
\$1-5	NEO-SYNEPHRINE (g)	PHENYLEPHRINE HCL
\$25-30	OPTICROM (g)	CROMOLYN SODIUM

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	ZADITOR	KETOTIFEN FUMARATE
\$50-55	LACRISERT	HYDROXYPROPYL CELLULOSE
\$55-60	ALOMIDE	LODOXAMIDE TROMETHAMINE
\$55-60	LIVOSTIN	LEVOCABASTINE HCL
\$60-65	ALOCRIAL	NEDOCROMIL SODIUM
\$60-65	PATANOL	OLOPATADINE HCL
\$80-85	RESTASIS	CYCLOSPORIN OPHTH

NONFORMULARY

	ALAMAST	
	ELESTAT	
	EMADINE	
	OPTIVAR	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

12. OTIC & NASAL PREPARATIONS

12 A. Nasal Preparations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	FLUNISOLIDE	FLUNISOLIDE
\$45-50	ATROVENT NASAL SPRAY (g)	IPRATROPIUM BROMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	ASTELIN	AZELASTINE HCL
\$55-60	BECONASE AQ	BECLOMETHASONE DIPROPIONATE
\$55-60	FLONASE	FLUTICASONE PROPIONATE
\$55-60	NASACORT AQ	TRIAMCINOLONE ACETONIDE
\$55-60	RHINOCORT, AQUA	BUDESONIDE
\$60-65	NASONEX	MOMETASONE FUROATE

NONFORMULARY

NASAREL

12 B. Otic Preparations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	AURALGAN (g)	ANTIPYRINE/BENZOCAINE/GLYCERIN
\$5-10	DOMEBORO OTIC (g)	ACETIC ACID/ALUMINUM ACETATE
\$15-20	ACETASOL, HC/VOSOL, HC (g)	ACETIC ACID
\$20-25	CORTISPORIN (g)	NEOMY SULF/POLYMYX B SULF/HC

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	CERUMENEX	TRIETHANOLAMINE
\$45-50	FLOXIN OTIC	OFLOXACIN
\$65-70	CIPRO HC	CIPROFLOXACIN HCL/HC
\$75-85	CIPRODEX	CIPROFLOXACIN HCL/DEXAMETHASONE

NONFORMULARY

COLY-MYCIN S

CORTISPORIN-TC

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

13. RESPIRATORY, COUGH & COLD

13 A. Antihistamines

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	BENADRYL (g) (!)	DIPHENHYDRAMINE HCL
\$10-15	CLARITIN, ALAVERT (OTC) (BCN Only) (g)	LORATADINE
\$10-15	PERIACTIN (g) (!)	CYPROHEPTADINE HCL
\$10-15	PHENERGAN (g) (!)	PROMETHAZINE HCL
\$15-20	ATARAX, VISTARIL (g) (!)	HYDROXYZINE
\$15-20	POLARAMINE (g) (!)	DEXCHLORPHENIRAMINE MALEATE
\$15-20	TAVIST RX (2.68MG, SYRUP) (g) (!)	CLEMASTINHE FUMARATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$45-50	ASTELIN NASAL SPRAY	AZELASTINE HCL
\$55-60	ALLEGRA [ST]	FEXOFENADINE HCL

NONFORMULARY

	CLARINEX [PA]	
	HISTEX IE (!)	
	ZYRTEC [PA]	

13 B. Antihistamine/Decongestant Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	DECONAMINE SYR, SR (g) (!)	PSEUDOEPHEDRINE HCL/CHLOR-MAL
\$10-15	RONDEC, RONDEC TR (g) (!)	P-EPHED HCL/CARBINOX MAL
\$15-20	BROMFED, BROMFED PD (g) (!)	P-EPHED HCL/BROMPHENIRAMIN
\$40-45	CLARITIN-D 12HR, 24HR (OTC) (BCN Only)	P-EPHED SUL/LORATADINE
\$40-45	RYNATAN PED SUSP (g) (!)	PHENYLEPHRINE/CHLOR-TAN

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$50-55	SEMPREX-D	PSEUDOEPHEDRINE HCL/ACRIVAS
\$55-60	ALLEGRA-D [ST]	P-EPHED HCL/FEXOFENADINE HCL

NONFORMULARY

	CLARINEX-D [PA]	
	RYNATAN (!)	
	ZYRTEC-D [PA]	

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

13 C. Antitussive Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	DECONAMINE, CX, SR (g) (!)	PSEUDOEPHEDRINE HCL/CHLOR-MAL
\$1-5	ROBITUSSIN-DAC (g)	GUAIFENESIN/P-EPHED HCL/COD
\$5-10	HISTUSSIN HC (g) (!)	PHENYLEPHRINE/HYDROCODONE/CP
\$5-10	PHENERGAN DM (g) (!)	D-METHORPHAN HB/PROMETH HCL
\$5-10	ROBITUSSIN A-C (g)	GUAIFENESIN/CODEINE PHOS
\$10-15	BROMFED-DM (g) (!)	D-METHORPHAN HB/P-EPD HCL/BPM
\$10-15	HISTUSSIN D (g)	P-EPHED HCL/HYDROCODONE BIT
\$10-15	HUMIBID DM (g)	GUAIFENESIN/D-METHORPHAN HB
\$10-15	HYCOTUSS, KWELCOF (g)	GUAIFENESIN/HYDROCODONE BIT
\$15-20	PHENERGAN W/CODEINE (g) (!)	PHENYLEPHRINE HCL/COD/PROMETH
\$15-20	RONDEC DM (g) (!)	DM HB/P-EPHED HCL/CARBINOX
\$25-30	TESSALON, TESSALON PERLES (g)	BENZONATATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$40-45	TUSSIONEX (!)	HYDROCODONE/CHLOR-POLI

NONFORMULARY

NONE

13 D. Expectorant Combinations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	ENTEX PSE, DECONSAL II (g)	GUAIFENESIN/PSEUDOEPHEDRINE
\$5-10	GUAIFED (g)	GUAIFENESIN/P-EPHED HCL
\$10-15	PHENERGAN VC (g) (!)	PHENYLEPHRINE HCL/PROMETH HCL
\$20-25	GUAIFED-PD (g)	GUAIFENESIN/PHENYLEPHRINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

NONE

13 F. Oral Beta-Agonists

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	PROVENTIL, VENTOLIN (g)	ALBUTEROL
\$25-30	ALUPENT (g)	METAPROTERENOL SULFATE
\$25-30	BRETHINE (g)	TERBUTALINE SULFATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

NONE

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

13 G. Inhaled Beta-Agonists

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	PROVENTIL, VENTOLIN (g)	ALBUTEROL
\$25-30	METAPROTERENOL SOLUTION (g)	METAPROTERENOL SULFATE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$35-40	ALUPENT MDI	METAPROTERENOL SULFATE
\$40-45	PROVENTIL HFA	ALBUTEROL SULFATE
\$60-65	MAXAIR AUTOHALER	PIRBUTEROL ACETATE
\$75-80	FORADIL [PA]	FORMOTEROL FUMARATE
\$85-95	SEREVENT, DISKUS [PA]	SALMETEROL

NONFORMULARY

ACCUNEB
VENTOLIN HFA
XOPENEX

13 H. Inhaled Steroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$60-65	AZMACORT	TRIAMCINOLONE ACETONIDE
\$60-65	QVAR	BECLOMETHASONE DIPROPIONATE
\$70-75	FLOVENT, HFA	FLUTICASONE PROPIONATE
\$130-145	PULMICORT RESPULES	BUDESONIDE
\$145-160	PULMICORT	BUDESONIDE

NONFORMULARY

AEROBID, M

13 I. Intranasal Steroids

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	FLUNISOLIDE	FLUNISOLIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-60	BECONASE AQ	BECLOMETHASONE DIPROPIONATE
\$55-60	FLONASE	FLUTICASONE PROPIONATE
\$55-60	NASACORT AQ	TRIAMCINOLONE ACETONIDE
\$55-60	RHINOCORT, AQUA	BUDESONIDE
\$60-65	NASONEX	MOMETASONE FUROATE

NONFORMULARY

NASAREL

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

13 J. Theophyllines

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	THEO-DUR (g)	THEOPHYLLINE ANHYDROUS

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	THEOLAIR SR	THEOPHYLLINE ANHYDROUS
\$20-25	SLO-BID	THEOPHYLLINE ANHYDROUS
\$85-90	UNIPHYL	THEOPHYLLINE ANHYDROUS

NONFORMULARY

QUIBRON-T

13 K. Epinephrine

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$75-80	EPIPEN, EPIPEN JR.	EPINEPHRINE

NONFORMULARY

NONE

13 L. Miscellaneous Pulmonary Agents

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$25-30	INTAL SOLN (g)	CROMOLYN SODIUM
\$40-45	MUCOMYST (g)	ACETYLCYSTEINE
\$55-60	ATROVENT SOLN (g)	IPRATROPIUM BROMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-60	ATROVENT MDI	IPRATROPIUM BROMIDE
\$55-60	COMBIVENT	ALBUTEROL SULFATE/IPRATROPIUM
\$55-60	TILADE	NEDOCROMIL SODIUM
\$60-65	ACCOLATE	ZAFIRLUKAST
\$70-75	INTAL	CROMOLYN SODIUM
\$70-75	SINGULAIR [ST]	MONTELUKAST SODIUM
\$100-120	SPIRIVA	TIOTROPIUM BROMIDE
\$130-145	ADVAIR DISKUS	FLUTICASONE/SALMETEROL
\$1340-1355	PULMOZYME	DORNASE ALFA

NONFORMULARY

DUONEB

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

14. UROLOGY

14 A. Urinary Antispasmodics

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	BENTYL (g) (!)	DICYCLOMINE HCL
\$5-10	DITROPAN (g) (!)	OXYBUTYNIN CHLORIDE
\$15-20	LEVBID (g) (!)	HYOSCYAMINE SULFATE
\$15-20	LEVSIN, LEVSIN SL (g) (!)	HYOSCYAMINE SULFATE
\$15-20	LEVSINEX (g) (!)	HYOSCYAMINE SULFATE
\$30-35	PRO-BANTHINE 15MG (g) (!)	PROPANTHELINE BROMIDE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	PRO-BANTHINE 7.5MG (!)	PROPANTHELINE BROMIDE
\$70-75	DETROL	TOLTERODINE TARTRATE
\$70-75	DETROL LA	TOLTERODINE TARTRATE
\$70-75	URISPAS	FLAVOXATE HCL

NONFORMULARY

DITROPAN XL		
OXYTROL		
SANCTURA		

14 B. Miscellaneous Urologicals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	PYRIDIUM (g)	PHENAZOPYRIDINE HCL
\$15-40	URECHOLINE (g)	BETHANECHOL CHLORIDE
\$20-25	URISED (g)	MTH/ME BLUE/BA/SALICY/ATP/HYOS
\$30-35	POLYCITRA (g)	SOD/POTASS/K CIT/SODIUM CIT/CA

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	K-PHOS NEUTRAL	PHOSPHORUS
\$25-30	UROCIT-K	POTASSIUM CITRATE
\$30-35	RENACIDIN	CITRIC ACID IRRIGANT
\$180-195	ELMIRON	PENTOSAN POLYSULFATE SODIUM

NONFORMULARY

NONE		
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(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

14 C. BPH Treatment

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$10-15	CARDURA (g) (!)	DOXAZOSIN MESYLATE
\$10-15	HYTRIN (g)	TERAZOSIN HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$50-55	UROXATRAL	ALFUZOSIN
\$60-65	PROSCAR	FINASTERIDE

NONFORMULARY

AVODART
FLOMAX

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

15. VITAMINS & SUPPLEMENTS

15 A. Vitamins and Minerals

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	AQUASOL A (g)	VITAMIN A
\$1-5	CYANOCOBALAMIN (g)	CYANOCOBALAMIN
\$1-5	FOLVITE (g)	FOLIC ACID
\$1-5	LURIDE (g)	SODIUM FLUORIDE
\$1-5	POLY-VI-FLOR (g)	FLUORIDE ION/MULTIVITAMINS
\$1-5	PRENATAL VITS (g)	PRENATAL VIT/IRON,CARB/DOSS/FA
\$1-5	TRI-VI-FLOR (g)	FLUORIDE ION/VIT A,C&D
\$5-10	CALCIFEROL (g)	ERGOCALCIFEROL
\$5-10	PREVIDENT (g)	SODIUM FLUORIDE
\$45-50	ROCALTROL (g)	CALCITRIOL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	MEPHYTON	PHYTONADIONE
\$60-65	NASCOBAL	CYANOCOBALAMIN

NONFORMULARY

NIFEREX FORTE
NUTRIFAC ZX
SUPERVITE

15 B. Potassium Replacement

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$1-5	MICRO-K 10MEQ (g)	POTASSIUM CHLORIDE 10MEQ CONT REL CAP
\$5-10	K-TAB, K-DUR, SLOW-K, KAON CL (g)	POTASSIUM CHLORIDE SR TAB
\$10-15	KAYCIEL, KAON-CL, KAON LIQUID (g)	POTASSIUM CHLORIDE LIQUID
\$10-15	K-LOR, KLOR-CON (g)	POTASSIUM CHLORIDE POWDER
\$15-20	K-LYTE, KLOR-CON/EF (g)	POT CHLORIDE/POT BICARB/CIT AC

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	MICRO-K 8MEQ	POTASSIUM CHLORIDE 8MEQ CONT REL CAP

NONFORMULARY

KAOCHLOR-EFF
K-LYTE DS

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

16. DIAGNOSTIC & OTHER MISCELLANEOUS

16 A. Diagnostics & Other Miscellaneous

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$5-10	PERIDEX (g)	CHLORHEXIDINE GLUCONATE
\$15-20	COLYTE, GOLYTELY (g)	SOD SULF/SOD/NAHCO3/KCL/PEG'S
\$15-25	NULYTELY (g)	SOD CHLORIDE/NAHCO3/KCL/PEG'S
\$65-75	CARNITOR (g)	LEVOCARNITINE

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	ANTABUSE	DISULFIRAM
\$110-125	SALAGEN	PILOCARPINE HCL
\$245-260	RENAGEL	SEVELAMER HCL
\$2530-2545	SOMAVERT	PEGVISOMANT

NONFORMULARY

EVOXAC
FOSRENOL
GOLYTELY PACKETS
HALFLYTELY (#)
PHOSLO
VISICOL
ZAVESCA

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

17. LIFESTYLE MODIFICATION

17 A. Impotence

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	YOHIMBINE HCL (g)	YOHIMBINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$50-55	VIAGRA [PA] (#)	SILDENAFIL CITRATE
\$60-65	CIALIS [PA] (#)	TADALAFIL
\$145-160	MUSE [PA] (#)	ALPROSTADIL
\$165-180	CAVERJECT [PA] (#)	ALPROSTADIL

NONFORMULARY

EDEX [PA] (#)
LEVITRA [PA] (#)

17 B. Weight Loss Preparations

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$15-20	PRELU-2, BONTRIL (g) (!) [PA] (#)	PHENDIMETRAZINE TARTRATE
\$20-25	TENUATE, DOSPAN (g) (!) [PA] (#)	DIETHYLPROPION HCL
\$30-35	ADIPEX-P (g) (!) [PA] (#)	PHENTERMINE HCL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$55-60	DIDREX (!) [PA] (#)	BENZPHETAMINE HCL
\$65-70	IONAMIN (!) [PA] (#)	PHENTERMINE RESIN

NONFORMULARY

MERIDIA (!) [PA] (#)
XENICAL [PA] (#)

17 C. Smoking Cessation

FORMULARY PREFERRED

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$30-35	NICOTINE GUM, NICORETTE (g) [PA] (#)	NICOTINE POLACRILEX
\$85-90	ZYBAN (g) [PA] (#)	BUPROPION HCL
\$95-100	NICOTINE PATCH (g) [PA] (#)	NICOTINE TRANSDERMAL

FORMULARY OPTIONS

<i>Cost</i>	<i>Trade Name</i>	<i>Generic Name</i>
\$-	NONE	

NONFORMULARY

NICOTROL, INHALER, NS (#)

(g) Use generic equivalent.

(!) Potentially inappropriate for use in older adults.

[PA] Prior authorization may be required.

[ST] Step therapy may be required.

(#) Quantity limits may apply.

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