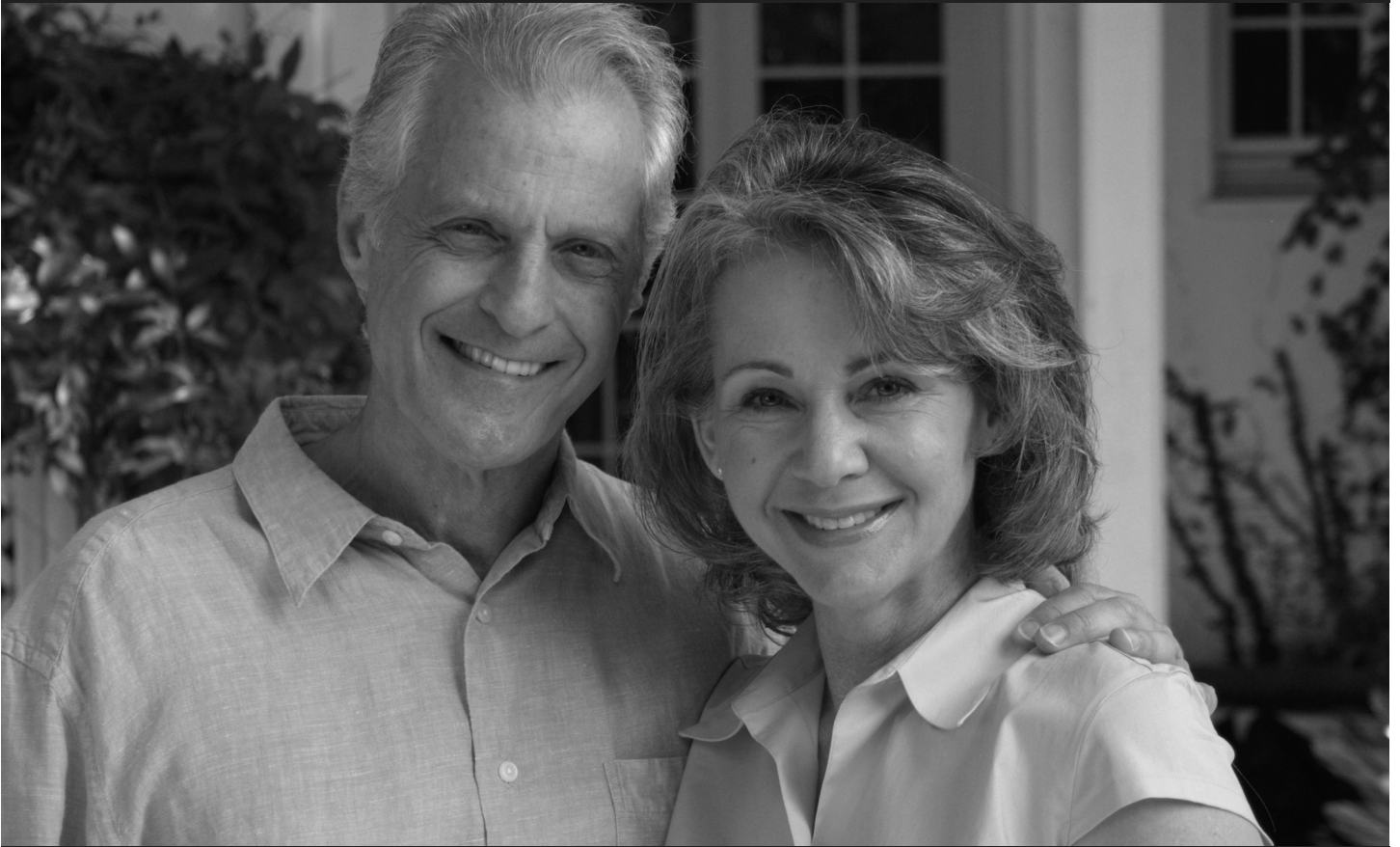


2006

PRESCRIPTION DRUG GUIDE



Humana Formulary (List of Covered Drugs)

HUMANA[®]
Guidance when you need it most

Welcome to Humana!

This Prescription Drug Guide explains:

- how your plan works
- what prescription drugs it covers,
- what you will pay for different kinds of drugs, and
- special steps you and your doctor need to take to get coverage for certain kinds of drugs.

The guide also includes some commonly asked questions as well as Humana's partial formulary for 2006. For a complete, updated formulary, please visit our Website at www.humana.com or call Customer Service at the number shown on your ID card.



What is the Humana Formulary?

A formulary is a list of drugs selected for their value and efficacy by Humana working with a team of health care providers. Humana generally covers drugs listed in our formulary as long as (1) the drug is medically necessary, (2) the prescription is filled at a Humana participating pharmacy, and (3) you follow Humana plan rules.

Can the Formulary change?

Yes, Humana may add or remove drugs from our formulary during the year. The enclosed formulary is current as of January 1, 2006. To get updated information about the prescription drugs covered by Humana, please visit our Website at www.humana.com or call Customer Service at the number shown on your ID card. If we remove drugs from our formulary, or add prior authorization, quantity limits, or step therapy restrictions on a drug or move a drug to a higher cost-sharing level, we must notify members who take the drug at least 60 days *before* the date the change becomes effective or when the member refills the drug. If the member needs a refill, he or she can get a 60-day supply. However, if the Food and Drug Administration determines a drug on our formulary is unsafe or the drug's manufacturer removes the drug from the market, we'll immediately remove the drug from our formulary and notify members who take the drug. If this occurs, you will want to talk with your doctor about possible alternative medications.

How do I use the Formulary?

There are two ways to find a drug on the formulary:

1. Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under a category name, "Cardiovascular Agents."

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that begins on page 27. The Index has an alphabetical list of all the drugs included in this document, both brand-name and generic. Next to your drug in the Index, you'll see the page number where you can find coverage information. Go to that page and find your drug in the first column.

How much will I pay for Humana Covered Drugs?

If you qualified for extra help with your drug costs, your costs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your costs are. Humana pays part of the costs for your covered drugs and you pay part of the cost as well.

The amount you pay depends on which drug category your drug falls under in the formulary and whether you fill your prescription at a participating network pharmacy.

There are two broad categories of prescription drugs: **generic** and **brand-name**.



- 1. Generic drugs** have the same active ingredients as brand-name drugs and are prescribed for the same reasons. The Federal Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand-name drugs. Your cost for generic drugs is usually lower than your cost for brand-name drugs.

Humana covers both brand-name drugs and generic drugs.

- 2. Brand-name drugs** include “preferred,” “non-preferred,” and “specialty” drugs:
 - **Preferred** – Brand-name prescription drugs that Humana offers at a lower cost to you than non-preferred drugs.
 - **Non-preferred** – More expensive prescription drugs that Humana offers at a higher cost to you than preferred drugs.
 - **Specialty** – Some injectable and other high-cost drugs.

Be sure to compare plans and then decide which one fits your medical situation and health care budget. Need help in matching a plan to your needs? Use the Rx CalculatorSM, a handy drug pricing tool you'll find online at www.humana-medicare.com.

Rx Calculator ...

For help in matching a plan to your needs you can use the Rx Calculator, a handy tool you can find online at

www.humana-medicare.com.

Starting October 15, 2005, you can use Humana's online Rx Calculator for help in managing and monitoring your prescription drug costs. The Rx Calculator is a patent-pending, Web-based, prescription drug-pricing tool that allows you to:

- Obtain estimates for drugs covered by Humana prescription drug plans in your zip code
- Get information about pricing, coverage, usage, dosage, and other details on more than 10,000 drugs
- Find out whether a generic alternative might save you money
- Get an idea of what your monthly drug costs will be, and how long it will take you to reach the various cost "thresholds" for your prescription drug plan

Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage, including:

- **Prior Authorization:** When you see this symbol “*” next to a drug on the list, it means that your doctor must obtain prior authorization for this drug. Unless your doctor requests and receives approval from Humana, your prescription may not be covered.
- **Quantity Limits:** For certain drugs, Humana puts a limit on drugs based on the length of time or quantity that can be prescribed. If your doctor prescribes a drug that falls outside the noted quantity limit, he must call Humana for approval. For example, Humana may cover a certain quantity per prescription for each prescription drug. This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** In some cases, Humana requires you to try certain drugs to treat your medical condition *before* we cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana may not cover drug B unless you try Drug A first. If Drug A does not work for you, Humana will cover Drug B.

For drugs that require prior authorization or fall outside the noted quantity limits, the doctor must call Humana at one of the following numbers. Representatives are available Monday through Friday, 8 a.m. to 6 p.m.

| | |
|---|-----------------------|
| Medicare Advantage Plans with prescription drugs..... | 1-800-457-4708 |
| Humana Prescription Drug Plan only | 1-800-281-6918 |
| Anyone with a speech or hearing impairment who uses a TDD device..... | 1-800-833-3301 |

You can find out if your drug has any additional requirements or limits by looking on the formulary. You can ask Humana to make an exception to these restrictions or limits. See the section, “How do I request an exception to Humana’s formulary?” for information on requesting an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, check our Website, or contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so Humana may cover your drug. You can contact Customer Service at the number shown on the back of your ID card.

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

1. You can ask Customer Service for a list of similar drugs that are covered by Humana. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.
2. You can ask Humana to make an exception and cover your drug. See below for information on requesting an exception.

How do I request an exception to Humana’s Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Humana limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can ask us to cover it as a preferred instead. This would lower the amount you pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.



Generally, Humana only approves your request for an exception if the alternative drugs are included on the plan's formulary as a lower category or additional utilization restrictions would not be as effective in treating your condition, or would cause you to have adverse medical effects. Contact us to ask us for an initial coverage decision for a formulary, category, or utilization restriction exception. When you are requesting a formulary, category or utilization restriction exception, submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of your request.

What are generic drugs?

Humana covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand-name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA) and can be just as effective as brand-name drugs. Generic drugs are listed in lower-case italics (for example: *ibuprofen*) in the formulary beginning on page 6. Brand-name drugs are capitalized in the formulary (for example: ALLEGRA).

Extra Services from Humana

If you enroll in a Humana prescription drug plan, you get these additional services at no extra charge:

- **Rx Discount** – A discount on prescription drugs not approved by Medicare. The amount of the discount varies, but the average is 20 percent of the cost of the drug
- **Maximize Your Benefit** – A Humana program that delivers telephone messages to let you know about opportunities to save on prescription drugs
- **Medication Therapy Management** – A drug management program to help certain members who have multiple chronic conditions and who anticipate spending over \$4,000 on medications a year.

For more information

For more detailed information about your Humana prescription drug coverage, please review your evidence of coverage booklet and other plan materials.

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

Or, visit www.medicare.gov.

Humana's Formulary

The formulary beginning on the next page provides coverage information about some of the drugs covered by Humana. Remember: This is only a partial list of drugs covered by Humana. If your prescription is not listed in this partial formulary, please visit our Website at www.humana.com or call Customer Service for additional help.

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

The information in the Requirements/Limits column tells you if Humana has any special requirements for coverage of your drug. If a column lists "none" then the supply will be based on benefits and if your physician prescribes a 30-, 60- or 90-day supply.

Generic drugs

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|-----------------------|----------------------------|--------------|
| ANALGESICS = (PAIN MANAGEMENT – NARCOTIC AND NON-NARCOTIC) | | | |
| <i>acetaminophen - codeine elixir</i> | None | None | No |
| <i>acetaminophen - codeine tablets</i> | 390 | 30 | No |
| <i>endocet</i> | 180-360 | 30 | No |
| <i>fentanyl transdermal patches</i> | 20 | 30 | No |
| <i>hydrocodone-acetaminophen</i> | 150-360 | 30 | No |
| <i>hydrocodone bit-ibuprofen</i> | 150 | 30 | No |
| <i>hydromorphone HCL</i> | None | None | No |
| <i>methadone HCL</i> | None | None | No |
| <i>methadose</i> | None | None | No |
| <i>morphine sulfate</i> | None | None | No |
| <i>oxycodone HCL</i> | None | None | No |
| <i>oxycodone ER tablets</i> | 120 | 30 | No |
| <i>oxycodone HCL-acetaminophen</i> | 180-360 | 30 | No |
| <i>propoxyphene HCL</i> | None | None | No |
| <i>propoxyphene napsylate-apap</i> | 180 | 30 | No |
| <i>roxicet</i> | 240-360 | 30 | No |
| <i>salsalate</i> | None | None | No |
| <i>tramadol HCL</i> | 240 | 30 | No |
| <i>tramadol HCL-acetaminophen</i> | 240 | 30 | No |

| | | | |
|---|------|------|----|
| ANTI-INFLAMMATORIES = (PAIN MANAGEMENT – NON-NARCOTIC, STEROIDS) | | | |
| <i>dexamethasone</i> | None | None | No |
| <i>diclofenac sodium</i> | None | None | No |
| <i>etodolac</i> | None | None | No |
| <i>ibuprofen</i> | None | None | No |
| <i>indomethacin</i> | None | None | No |
| <i>ketoprofen</i> | None | None | No |
| <i>methylprednisolone</i> | None | None | No |
| <i>nabumetone</i> | None | None | No |
| <i>naproxen</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| ANTI-INFLAMMATORIES = (PAIN MANAGEMENT – NON-NARCOTIC, STEROIDS) (continued) | | | |
| <i>naproxen sodium</i> | None | None | No |
| <i>oxaprozin</i> | None | None | No |
| <i>piroxicam</i> | None | None | No |
| <i>prednisolone acetate</i> | None | None | No |
| <i>prednisone*</i> | None | None | No |
| ANTIBACTERIALS = (ANTIBIOTICS) | | | |
| <i>amoxicillin-potassium clavulanate</i> | None | None | No |
| <i>amoxicillin</i> | None | None | No |
| <i>amoxil</i> | None | None | No |
| <i>cefuroxime</i> | None | None | No |
| <i>cephalexin</i> | None | None | No |
| <i>ciprofloxacin HCL</i> | None | None | No |
| <i>clarithromycin</i> | None | None | No |
| <i>clindamycin HCL</i> | None | None | No |
| <i>doxycycline hyclate</i> | None | None | No |
| <i>erythrocin stearate</i> | None | None | No |
| <i>erythromycin base</i> | None | None | No |
| <i>metronidazole</i> | None | None | No |
| <i>minocycline HCL</i> | None | None | No |
| <i>nitrofurantoin monohydrate macrocrystal</i> | None | None | No |
| <i>penicillin V potassium</i> | None | None | No |
| <i>sulfamethoxazole/trimethoprim</i> | None | None | No |
| <i>tetracycline HCL</i> | None | None | No |
| ANTICONVULSANTS | | | |
| <i>carbamazepine</i> | None | None | No |
| <i>gabapentin</i> | 180 | 30 | No |
| <i>phenytoin sodium, extended</i> | None | None | No |
| <i>valproic acid</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| ANTIDEPRESSANTS = (MENTAL HEALTH – DEPRESSION) | | | |
| <i>amitriptyline HCL</i> | None | None | No |
| <i>budeprion SR, bupropion SR</i> | None | None | No |
| <i>bupropion HCL</i> | None | None | No |
| <i>citalopram HBR</i> | 30-90 | 30 | No |
| <i>doxepin HCL</i> | None | None | No |
| <i>fluoxetine HCL</i> | 60 | 30 | No |
| <i>imipramine HCL</i> | None | None | No |
| <i>mirtazapine</i> | None | None | No |
| <i>nortriptyline HCL</i> | None | None | No |
| <i>paroxetine HCL</i> | 30 | 30 | No |
| <i>trazodone HCL</i> | None | None | No |
| ANTIEMETICS | | | |
| <i>meclizine HCL</i> | None | None | No |
| <i>prochlorperazine maleate</i> | None | None | No |
| <i>promethegan</i> | None | None | No |
| <i>promethazine</i> | None | None | No |
| ANTIFUNGALS = (ANTI-INFECTIVES) | | | |
| <i>fluconazole</i> | 150 mg: 2 | 30 | No |
| <i>ketoconazole</i> | None | None | No |
| <i>nystatin</i> | None | None | No |
| ANTIGOUT AGENTS = (PAIN MANAGEMENT – NON-NARCOTIC) | | | |
| <i>allopurinol</i> | None | None | No |
| <i>colchicine</i> | None | None | No |
| <i>probenecid</i> | None | None | No |
| ANTINEOPLASTICS = (CHEMOTHERAPY) | | | |
| <i>hydroxyurea</i> | None | None | No |
| <i>methotrexate* tablets</i> | None | None | No |
| ANTIPARASITICS = (ANTI-INFECTIVES) | | | |
| <i>hydroxychloroquine sulfate</i> | None | None | No |
| <i>quinine sulfate</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| ANTIPARKINSON AGENTS = (MISCELLANEOUS – NEUROLOGY) | | | |
| <i>amantadine</i> | None | None | No |
| <i>benztropine mesylate</i> | None | None | No |
| <i>carbidopa-levodopa</i> | None | None | No |
| <i>trihexyphenidyl HCL</i> | None | None | No |
| ANTIPSYCHOTICS = (MENTAL HEALTH – MISC.) | | | |
| <i>haloperidol</i> | None | None | No |
| <i>thioridazine HCL</i> | None | None | No |
| ANTIVIRALS = (ANTI-INFECTIVES) | | | |
| <i>acyclovir</i> | None | None | No |
| ANXIOLYTICS = (MENTAL HEALTH – ANXIETY) | | | |
| <i>amitriptyline - perphenazine</i> | None | None | No |
| <i>bupirone HCL</i> | None | None | No |
| <i>hydroxyzine HCL</i> | None | None | No |
| <i>hydroxyzine pamoate</i> | None | None | No |
| <i>meprobamate</i> | None | None | No |
| AUTONOMIC AGENTS = (HEART) | | | |
| <i>methyl dopa</i> | None | None | No |
| <i>midodrine HCL</i> | None | None | No |
| BIPOLAR AGENTS = (MENTAL HEALTH – MISC.) | | | |
| <i>lithium carbonate</i> | None | None | No |
| BLOOD GLUCOSE REGULATORS = (DIABETES) | | | |
| <i>glimepiride</i> | None | None | No |
| <i>glipizide</i> | None | None | No |
| <i>glipizide ER</i> | None | None | No |
| <i>glipizide XL</i> | None | None | No |
| <i>glipizide/metformin</i> | None | None | No |
| <i>glyburide</i> | None | None | No |
| <i>glyburide micronized</i> | None | None | No |
| <i>glyburide-metformin HCL</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|--|------------------------------|-----------------------------------|---------------------|
| BLOOD GLUCOSE REGULATORS = (DIABETES) (continued) | | | |
| <i>metformin HCL</i> | None | None | No |
| <i>metformin HCL ER</i> | 500 mg: 120; 750 mg: 60 | None | No |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS = (BLOOD AGENTS AND BLOOD THINNERS) | | | |
| <i>cilostazol</i> | None | None | No |
| <i>jantoven</i> | None | None | No |
| <i>pentoxifylline</i> | None | None | No |
| <i>ticlopidine HCL</i> | None | None | No |
| <i>warfarin sodium</i> | None | None | No |
| CARDIOVASCULAR AGENTS = (HEART, CHOLESTEROL) | | | |
| <i>acebutolol HCL</i> | None | None | No |
| <i>acetazolamide</i> | None | None | No |
| <i>afeditab CR</i> | 30 | 30 | No |
| <i>amiloride HCL - HCTZ</i> | None | None | No |
| <i>amiodarone HCL</i> | None | None | No |
| <i>atenolol</i> | None | None | No |
| <i>atenolol - chlorthalidone</i> | None | None | No |
| <i>benazepril HCL</i> | None | None | No |
| <i>benazepril HCL-HCTZ</i> | None | None | No |
| <i>betaxolol HCL</i> | None | None | No |
| <i>bisoprolol fumarate</i> | None | None | No |
| <i>bisoprolol fumarate/HCTZ</i> | None | None | No |
| <i>bumetanide</i> | None | None | No |
| <i>captopril</i> | None | None | No |
| <i>cartia XT</i> | 30 | 30 | No |
| <i>chlorthalidone</i> | None | None | No |
| <i>cholestyramine</i> | None | None | No |
| <i>cholestyramine light</i> | None | None | No |
| <i>clonidine HCL</i> | None | None | No |
| <i>digitek</i> | None | None | No |
| <i>digoxin</i> | None | None | No |
| <i>diltia XT</i> | 30 | 30 | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| CARDIOVASCULAR AGENTS = (HEART, CHOLESTEROL) (continued) | | | |
| <i>diltiazem HCL ER</i> | 30 | 30 | No |
| <i>doxazosin mesylate</i> | None | None | No |
| <i>enalapril maleate</i> | None | None | No |
| <i>enalapril maleate/HCTZ</i> | None | None | No |
| <i>felodipine ER</i> | 30 | 30 | No |
| <i>flecainide acetate</i> | None | None | No |
| <i>fosinopril sodium</i> | None | None | No |
| <i>furosemide</i> | None | None | No |
| <i>gemfibrozil</i> | 60 | 30 | No |
| <i>guanfacine HCL</i> | None | None | No |
| <i>hydralazine HCL</i> | None | None | No |
| <i>hydrochlorothiazide</i> | None | None | No |
| <i>indapamide</i> | None | None | No |
| <i>isosorbide dinitrate</i> | None | None | No |
| <i>isosorbide mononitrate</i> | None | None | No |
| <i>labetalol HCL</i> | None | None | No |
| <i>lisinopril</i> | None | None | No |
| <i>lisinopril-HCTZ</i> | None | None | No |
| <i>lovastatin</i> | 60 | 30 | No |
| <i>methazolamide</i> | None | None | No |
| <i>metolazone</i> | None | None | No |
| <i>metoprolol tartrate</i> | None | None | No |
| <i>minitran</i> | None | None | No |
| <i>minoxidil</i> | None | None | No |
| <i>nadolol</i> | None | None | No |
| <i>nifediac CC</i> | 30 | 30 | No |
| <i>nifedical XL</i> | 30 | 30 | No |
| <i>nifedipine ER</i> | 30 | 30 | No |
| <i>nitroglycerin</i> | None | None | No |
| <i>nitroquick</i> | None | None | No |
| <i>nitrotab</i> | None | None | No |
| <i>pacerone</i> | None | None | No |
| <i>prazosin HCL</i> | None | None | No |
| <i>propafenone HCL</i> | None | None | No |
| <i>propranolol HCL</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| CARDIOVASCULAR AGENTS = (HEART, CHOLESTEROL) (continued) | | | |
| <i>quinapril HCL</i> | None | None | No |
| <i>quinaretic</i> | None | None | No |
| <i>sotalol</i> | None | None | No |
| <i>spironolactone</i> | None | None | No |
| <i>spironolactone - HCTZ</i> | None | None | No |
| <i>taztia XT</i> | 30 | 30 | No |
| <i>terazosin HCL</i> | None | None | No |
| <i>timolol maleate</i> | None | None | No |
| <i>toremide</i> | None | None | No |
| <i>triamterene w/HCTZ</i> | None | None | No |
| <i>verapamil HCL</i> | None | None | No |

CENTRAL NERVOUS SYSTEM AGENTS = (MENTAL HEALTH STIMULANTS)

| | | | |
|----------------------------|------|------|----|
| <i>methylphenidate HCL</i> | None | None | No |
|----------------------------|------|------|----|

DERMATOLOGICAL AGENTS = (DERMATOLOGY - OTHER)

| | | | |
|-----------------------------------|------|------|----|
| <i>betamethasone dipropionate</i> | None | None | No |
| <i>betamethasone dp augmented</i> | None | None | No |
| <i>clobetasol propionate</i> | None | None | No |
| <i>clotrimazole</i> | None | None | No |
| <i>clotrimazole/betamethasone</i> | None | None | No |
| <i>cyproheptadine HCL</i> | None | None | No |
| <i>desonide</i> | None | None | No |
| <i>desoximetasone</i> | None | None | No |
| <i>econazole nitrate</i> | None | None | No |
| <i>fluocinonide</i> | None | None | No |
| <i>hydrocortisone acetate</i> | None | None | No |
| <i>mometasone furoate</i> | None | None | No |
| <i>mupirocin</i> | None | None | No |
| <i>nystatin - triamcinolone</i> | None | None | No |
| <i>ssd (silver sulfadiazine)</i> | None | None | No |
| <i>triamcinolone acetonide</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|--|------------------------------|-----------------------------------|---------------------|
| GASTROINTESTINAL AGENTS = (STOMACH/GASTRO, STOMACH – PPI, STOMACH – H2) | | | |
| <i>belladonna - phenobarbital</i> | None | None | No |
| <i>cimetidine</i> | None | None | No |
| <i>clidinium - chlordiazepoxide</i> | None | None | No |
| <i>dicyclomine HCL</i> | None | None | No |
| <i>diphenoxylate - atropine</i> | None | None | No |
| <i>famotidine</i> | None | None | No |
| <i>glycolax packet</i> | 12 packets | 30 | No |
| <i>glycolax powder</i> | 527 g | 30 | No |
| <i>hyoscyamine sulfate</i> | None | None | No |
| <i>lactulose</i> | None | None | No |
| <i>lonox</i> | None | None | No |
| <i>metoclopramide HCL</i> | None | None | No |
| <i>omeprazole</i> | 30 | 30 | No |
| <i>peg 3350/electrolyte packet</i> | 12 packets | 30 | No |
| <i>peg 3350/electrolyte powder</i> | 527 g | None | No |
| <i>proctosol-HC</i> | None | None | No |
| <i>ranitidine HCL</i> | None | None | No |
| <i>sucralfate</i> | None | None | No |
| <i>ursodiol</i> | None | None | No |

GENITOURINARY AGENTS

| | | | |
|-----------------------------|------|------|----|
| <i>bethanechol chloride</i> | None | None | No |
| <i>oxybutynin chloride</i> | None | None | No |
| <i>phenazopyridine HCL</i> | None | None | No |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING = (HORMONE THERAPY AND THYROID)

| | | | |
|------------------------------------|------|------|----|
| <i>estradiol</i> | None | None | No |
| <i>estradiol transdermal patch</i> | None | None | No |
| <i>estropipate</i> | None | None | No |
| <i>levothroid</i> | None | None | No |
| <i>levothyroxine sodium</i> | None | None | No |
| <i>levoxyl</i> | None | None | No |
| <i>medroxyprogesterone acetate</i> | None | None | No |
| <i>thyroid</i> | None | None | No |

| Generic drugs (<i>continued</i>) | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|-----------------------|----------------------------|--------------|
| Drug Name | | | |
| HORMONAL AGENTS, SUPPRESSANT = (CHEMOTHERAPY) | | | |
| <i>megestrol acetate</i> | None | None | No |
| <i>tamoxifen citrate</i> | None | None | No |
| HORMONAL AGENTS, SUPPRESSANT/REPLACEMENT/MODIFYING = (THYROID) | | | |
| <i>methimazole</i> | None | None | No |
| <i>propylthiouracil</i> | None | None | No |
| IMMUNOLOGICAL AGENTS = (IMMUNE SUPPRESSANTS) | | | |
| <i>azathioprine* tablets</i> | None | None | No |
| INFLAMMATORY BOWEL DISEASE AGENTS = (STOMACH/GASTRO) | | | |
| <i>sulfasalazine</i> | None | None | No |
| OPHTHALMIC AGENTS = (EYE/EAR/MOUTH/THROAT) | | | |
| <i>brimonidine tartrate</i> | None | None | No |
| <i>erythromycin</i> | None | None | No |
| <i>gentamicin sulfate</i> | None | None | No |
| <i>levobunolol HCL</i> | None | None | No |
| <i>neo/polymyxin/dexamethasone</i> | None | None | No |
| <i>pilocarpine HCL</i> | None | None | No |
| <i>tobramycin sulfate</i> | None | None | No |
| OTIC AGENTS = (EYE/EAR/MOUTH/THROAT) | | | |
| <i>neomycin/polymyxin/hc</i> | None | None | No |
| RESPIRATORY TRACT AGENTS = (ASTHMA/ALLERGY) | | | |
| <i>albuterol inhaler, tablets, syrup</i> | None | None | No |
| <i>fexofenadine</i> | 30-60 | 30 | No |
| <i>ipratropium bromide nasal spray</i> | None | None | No |
| <i>theophylline anhydrous</i> | None | None | No |

Generic drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|--|-----------------------|----------------------------|--------------|
| SKELETAL MUSCLE RELAXANTS = (MUSCLE/BONE) | | | |
| <i>baclofen</i> | None | None | No |
| <i>carisoprodol</i> | None | None | No |
| <i>chlorzoxazone</i> | None | None | No |
| <i>cyclobenzaprine HCL</i> | None | None | No |
| <i>methocarbamol</i> | None | None | No |
| <i>orphenadrine citrate</i> | None | None | No |
| <i>tizanidine HCL</i> | None | None | No |

| | | | |
|--|------|------|----|
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES = (NUTRITIONAL/VITAMIN) | | | |
| <i>klor-con</i> | None | None | No |
| <i>klor-con M</i> | None | None | No |
| <i>klor-con/EF</i> | None | None | No |
| <i>klor-con/25</i> | None | None | No |
| <i>potassium chloride</i> | None | None | No |

Preferred brand-name drugs

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|---|----------------------------|----------------|
| ANTI-INFLAMMATORIES = (PAIN MANAGEMENT – COX 2's) | | | |
| CELEBREX | 60 | 30 | Yes |
| ANTIBACTERIALS = (ANTIBIOTICS) | | | |
| BIAXIN | None | None | No |
| BIAXIN XL | None | None | No |
| KETEK | None | None | No |
| LEVAQUIN TABLETS | None | None | No |
| OMNICEF | None | None | No |
| ZITHROMAX | None | None | No |
| ANTICONVULSANTS | | | |
| DEPAKOTE | None | None | No |
| DEPAKOTE ER | None | None | No |
| DILANTIN | None | None | No |
| KEPPRA | None | None | No |
| LAMICTAL | None | None | No |
| ANTIDEMETIA AGENTS = (MENTAL HEALTH – MISC.) | | | |
| ARICEPT | None | None | No |
| EXELON | None | None | No |
| NAMENDA | None | None | No |
| REMINYL/RAZADYNE | None | None | No |
| ANTIDEPRESSANTS = (MENTAL HEALTH – DEPRESSION) | | | |
| EFFEXOR | None | None | No |
| EFFEXOR XR | 30-90 | 30 | No |
| WELLBUTRIN XL | 150 mg: 90; 300 mg: 30 | 30 | No |
| ZOLOFT | 60 | 30 | No |
| ANTIMIGRAINE AGENTS = (PAIN MANAGEMENT – MIGRAINE) | | | |
| DEPAKOTE ER | None | None | No |
| IMITREX | injectable kit: 3 kits nasal spray: 1 box tablets: 18 | 30 30 30 | No No No |

Preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| ANTIPARKINSON AGENTS = (MISC. – NEUROLOGY) | | | |
| COMTAN | None | None | No |
| REQUIP | None | None | No |
| ANTIPSYCHOTICS = (MENTAL HEALTH - MISC.) | | | |
| ABILIFY | 30 | 30 | No |
| GEODON | 60 | 30 | No |
| RISPERDAL | 60-120 | 30 | No |
| SEROQUEL | 60-120 | 30 | No |
| ZYPREXA, ZYPREXA ZYDIS | 30 | 30 | No |
| ANTIVIRALS = (ANTI-INFECTIVES) | | | |
| VALTREX | None | None | No |
| BLOOD GLUCOSE REGULATORS = (DIABETES) | | | |
| ACTOS | 30 | 30 | No |
| AVANDAMET | 60 | 30 | No |
| AVANDIA | 30-60 | 30 | No |
| HUMALOG | None | None | No |
| HUMALOG MIX 75/25 | None | None | No |
| HUMULIN L | None | None | No |
| HUMULIN N | None | None | No |
| HUMULIN 50/50 | None | None | No |
| HUMULIN 70/30 | None | None | No |
| HUMULIN R | None | None | No |
| LANTUS | None | None | No |
| NOVOLIN 70/30 | None | None | No |
| NOVOLIN N | None | None | No |
| NOVOLOG | None | None | No |
| NOVOLOG MIX 70/30 | None | None | No |
| NOVOLIN R | None | None | No |
| PRANDIN | None | None | No |
| PRECOSE | None | None | No |
| STARLIX | None | None | No |

Preferred brand-name drugs (*continued*)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|-----------|-----------------------|----------------------------|--------------|
|-----------|-----------------------|----------------------------|--------------|

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS = (BLOOD AGENTS)

| | | | |
|--------|------|------|----|
| PLAVIX | None | None | No |
|--------|------|------|----|

CARDIOVASCULAR AGENTS = (HEART, CHOLESTEROL)

| | | | |
|-------------|-------|------|----|
| ALTACE | None | None | No |
| AVALIDE | 30 | 30 | No |
| AVAPRO | 30 | 30 | No |
| BENICAR | 30 | 30 | No |
| BENICAR HCT | 30 | 30 | No |
| COREG | None | None | No |
| CRESTOR | 30 | 30 | No |
| INNOPRAN XL | None | None | No |
| LESCOL | 60 | 30 | No |
| LESCOL XL | 30 | 30 | No |
| LIPITOR | 30 | 30 | No |
| LOTREL | None | None | No |
| NORVASC | 30 | 30 | No |
| TOPROL XL | None | None | No |
| TRICOR | 30-60 | 30 | No |
| VYTORIN | 30 | 30 | No |
| ZETIA | 30 | 30 | No |

DERMATOLOGICAL AGENTS = (DERMATOLOGY – OTHER)

| | | | |
|---------|------|------|----|
| DOVONEX | None | None | No |
|---------|------|------|----|

GASTROINTESTINAL AGENTS = (STOMACH/GASTRO, STOMACH – PPI)

| | | | |
|---------|----|----|----|
| NEXIUM | 30 | 30 | No |
| ZELNORM | 60 | 30 | No |

Preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|-----------------------------|------------------------------|-----------------------------------|---------------------|
| GENITOURINARY AGENTS | | | |
| AVODART | None | None | No |
| CIALIS | 4 | 30 | No |
| DETROL | None | None | No |
| DETROL LA | None | None | No |
| FLOMAX | None | None | No |
| LEVITRA | 4 | 30 | No |
| PROSCAR | None | None | No |
| VESICARE | None | None | No |
| VIAGRA | 4 | 30 | No |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING = (HORMONE THERAPY AND OSTEOPOROSIS)

| | | | |
|-------------------------|------|------|----|
| ACTONEL | None | None | No |
| ANDROGEL | None | None | No |
| CENESTIN | None | None | No |
| EVISTA | None | None | No |
| FOSAMAX, FOSAMAX PLUS D | None | None | No |
| HECTOROL | None | None | No |
| MENEST | None | None | No |
| MIACALCIN NASAL SPRAY | None | None | No |
| PREMARIN | None | None | No |
| SYNTHROID | None | None | No |

IMMUNOLOGICAL AGENTS = (IMMUNOSUPPRESSANTS)

| | | | |
|-----------|------|------|----|
| CELLCEPT* | None | None | No |
|-----------|------|------|----|

INFLAMMATORY BOWEL DISEASE AGENTS = (STOMACH/GASTRO)

| | | | |
|--------|------|------|----|
| ASACOL | None | None | No |
|--------|------|------|----|

Preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|-----------------------|----------------------------|--------------|
| OPHTHALMIC AGENTS = (EYE/EAR/MOUTH/THROAT) | | | |
| ALPHAGAN P | None | None | No |
| AZOPT | None | None | No |
| LUMIGAN | None | None | No |
| PATANOL | None | None | No |
| TRAVATAN | None | None | No |
| TRUSOPT | None | None | No |
| XALATAN | None | None | No |

| | | | |
|--|------|------|----|
| RESPIRATORY TRACT AGENTS = (ASTHMA, COUGH/COLD/ALLERGY) | | | |
| ADVAIR DISKUS | None | None | No |
| ASTELIN | None | None | No |
| COMBIVENT | None | None | No |
| FLONASE | None | None | No |
| FLOVENT | None | None | No |
| FLOVENT HFA | None | None | No |
| NASONEX | None | None | No |
| SEREVENT DISKUS | None | None | No |
| SINGULAIR | None | None | No |
| SPIRIVA | None | None | No |

| | | | |
|--|----|----|----|
| SEDATIVES/HYPNOTICS = (MENTAL HEALTH – MISC.) | | | |
| AMBIEN | 30 | 30 | No |

| | | | |
|---|------|------|----|
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES = (STOMACH/GASTRO) | | | |
| PHOSLO | None | None | No |

Non-preferred brand-name drugs

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|-----------------------|----------------------------|--------------|
| ANALGESICS = (PAIN MANAGEMENT – NARCOTIC AND NON-NARCOTIC) | | | |
| DURAGESIC | 20 | 30 | No |
| LIDODERM | 90 | 30 | No |
| OXYCONTIN | 120 | 30 | No |
| ULTRACET | 240 | 30 | No |
| VICODIN ES | 150 | 30 | No |
| ANESTHETICS = (DERMATOLOGY/OTHER) | | | |
| LIDOCAINE HCL INJECTION* | None | None | No |
| ANTI-INFLAMMATORIES = (PAIN MANAGEMENT – NON-NARCOTIC) | | | |
| ARTHROTEC | None | None | No |
| MOBIC | 30 | 30 | Yes |
| ANTIBACTERIALS = (ANTIBIOTICS) | | | |
| AUGMENTIN XR | None | None | No |
| AVELOX | None | None | No |
| CIPRO XR | None | None | No |
| ERY-TAB | None | None | No |
| TEQUIN | None | None | No |
| ANTICONSULSANTS | | | |
| NEURONTIN | 180 | 30 | No |
| TOPAMAX | None | None | No |
| TRILEPTAL | None | None | No |
| ANTIDEPRESSANTS = (MENTAL HEALTH – DEPRESSION) | | | |
| CELEXA | 30-90 | 30 | No |
| CYMBALTA | 30-60 | 30 | No |
| LEXAPRO | 30 | 30 | No |
| PAXIL CR | 60-90 | 30 | No |
| ANTIMIGRAINE | | | |
| RELPAX | 6 | 30 | No |

Non-preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|------------------|------------------------------|-----------------------------------|---------------------|
|------------------|------------------------------|-----------------------------------|---------------------|

ANTINEOPLASTICS = (CHEMOTHERAPY)

| | | | |
|--------|------|------|----|
| EFUDEX | None | None | No |
|--------|------|------|----|

ANTPARKINSON AGENTS = (MISC. – NEUROLOGY)

| | | | |
|---------|------|------|----|
| MIRAPEX | None | None | No |
|---------|------|------|----|

BLOOD GLUCOSE REGULATORS = (DIABETES)

| | | | |
|---------------|--------------------------|------|----|
| AMARYL | None | None | No |
| GLUCOPHAGE | None | None | No |
| GLUCOPHAGE XR | 500 mg:120; 750 mg:60 | 30 | No |
| GLUCOTROL XL | None | None | No |
| GLUCOVANCE | None | None | No |
| METAGLIP | None | None | No |
| RELION 70/30 | None | None | No |
| RELION N | None | None | No |
| RELION R | None | None | No |

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS = (BLOOD AGENTS AND BLOOD THINNERS)

| | | | |
|----------|-------------|------|----|
| AGGRENOX | None | None | No |
| COUMADIN | None | None | No |
| LOVENOX | 10 syringes | 30 | No |
| PLETAL | None | None | No |

| | | | |
|-------------|------|------|----|
| ADALAT CC | 30 | 30 | No |
| ADVICOR | 60 | 30 | No |
| ALTOPREV | 30 | 30 | No |
| ATACAND | 30 | 30 | No |
| ATACAND HCT | 30 | 30 | No |
| CADUET | 30 | 30 | No |
| CARDIZEM CD | 30 | 30 | No |
| CARDIZEM LA | 30 | 30 | No |
| CARDURA | None | None | No |
| CATAPRES | None | None | No |
| COZAAR | 60 | 30 | No |

Non-preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| CARDIOVASCULAR AGENTS = (HEART, CHOLESTEROL) (continued) | | | |
| DILT-XR | 30 | 30 | No |
| DIOVAN | 60 | 30 | No |
| DIOVAN HCT | 30 | 30 | No |
| DYAZIDE | None | None | No |
| DYNACIRC CR | 30 | 30 | No |
| HYZAAR | 60 | 30 | No |
| INDERAL LA | None | None | No |
| LANOXIN | None | None | No |
| LOTENSIN | None | None | No |
| LOTENSIN HCT | None | None | No |
| MAVIK | None | None | No |
| MICARDIS | 30 | 30 | No |
| MICARDIS HCT | 30 | 30 | No |
| MONOPRIL | None | None | No |
| NITROSTAT | None | None | No |
| PLENDIL | 30 | 30 | No |
| PRAVACHOL | 30 | 30 | No |
| SULAR | 30 | 30 | No |
| TARKA | None | None | No |
| TIAZAC | 30 | 30 | No |
| UNIRETIC | None | None | No |
| UNIVASC | None | None | No |
| WELCHOL | None | None | No |
| ZESTRIL | None | None | No |
| ZOCOR | 30 | 30 | No |

CENTRAL NERVOUS SYSEM AGENTS = (MENTAL HEALTH STIMULANTS)

| | | | |
|-------------|----|----|----|
| ADDERALL XR | 60 | 30 | No |
| CONCERTA | 30 | 30 | No |
| PROVIGIL | 60 | 30 | No |
| STRATTERA | 60 | 30 | No |

DERMATOLOGICAL AGENTS = (DERMATOLOGY – OTHER)

| | | | |
|-----------|------|------|----|
| BACTROBAN | None | None | No |
| DIFFERIN | None | None | No |
| ELIDEL | None | None | No |

Non-preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|--|------------------------------|-----------------------------------|---------------------|
| DERMATOLOGICAL AGENTS = (DERMATOLOGY – OTHER) (continued) | | | |
| METROGEL | None | None | No |
| ZOVIRAX OINT | None | None | No |

GASTROINTESTINAL AGENTS = (STOMACH/GASTRO, STOMACH – PPI)

| | | | |
|----------------------------|------------|------|-----|
| ACIPHEX | 30 | 30 | Yes |
| COLYTE WITH FLAVOR PACKETS | None | None | No |
| MIRALAX PACKET | 12 packets | 30 | No |
| MIRALAX POWDER | 527 g | 30 | No |
| PREVACID | 30 | 30 | Yes |
| PRILOSEC | 30 | 30 | Yes |
| PROTONIX | 30 | 30 | Yes |

GENITOURINARY AGENTS

| | | | |
|-------------|------|------|----|
| DITROPAN XL | None | None | No |
| OXYTROL | None | None | No |
| UROCIT-K | None | None | No |
| UROXATRAL | None | None | No |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING = (HORMONE THERAPY, THYROID AND OSTEOPOROSIS)

| | | | |
|----------------|------|------|----|
| ARMOUR THYROID | None | None | No |
| BONIVA | None | None | No |
| CLIMARA | None | None | No |
| ESTRACE | None | None | No |
| ESTRATEST | None | None | No |
| FEMHRT | None | None | No |
| PREMPRO | None | None | No |
| VIVELLE-DOT | None | None | No |

HORMONAL AGENTS, SUPPRESSANTS = (CHEMOTHERAPY)

| | | | |
|---------------|-------|--------|----|
| ARIMIDEX | None | None | No |
| CASODEX | 30 | 30 | No |
| FEMARA | None | None | No |
| LUPRON DEPOT* | 1 kit | 30-120 | No |

IMMUNOLOGICAL AGENTS = (IMMUNOSUPPRESSANTS)

| | | | |
|----------|------|------|----|
| PROGRAF* | None | None | No |
|----------|------|------|----|

Non-preferred brand-name drugs (continued)

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|------------------------------|-----------------------------------|---------------------|
| OPHTHALMIC AGENTS = (EYE/EAR/MOUTH/THROAT) | | | |
| ACULAR | None | None | No |
| ACULAR LS | None | None | No |
| COSOPT | None | None | No |
| LOTEMAX | None | None | No |
| RESTASIS | None | None | No |
| TOBRADEX | None | None | No |
| VIGAMOX | None | None | No |
| ZYMAR | None | None | No |
| RESPIRATORY TRACT AGENTS = (ASTHMA, COUGH/COLD/ALLERGY) | | | |
| ACCOLATE | None | None | No |
| ALLEGRA | 30-60 | 30 | No |
| ALLEGRA-D 12 HOUR | 60 | 30 | No |
| ALLEGRA-D 24 HOUR | 30 | 30 | No |
| ATROVENT INHALER | None | None | No |
| AZMACORT | None | None | No |
| CLARINEX | 30 | 30 | No |
| CLARINEX-D 24 HOUR | 30 | 30 | No |
| NASACORT AQ | None | None | No |
| PULMICORT INHALER | None | None | No |
| RHINOCORT AQUA | None | None | No |
| VOSPIRE ER | None | None | No |
| ZYRTEC SOLUTION | 150 ml | 30 | No |
| ZYRTEC TABLETS | 30 | 30 | No |
| ZYRTEC-D | 60 | 30 | No |
| SEDATIVES/HYPNOTICS = (MENTAL HEALTH – MISC.) | | | |
| SONATA | 30 | 30 | No |
| SKELETAL MUSCLE RELAXANTS = MUSCLE/BONE | | | |
| FLEXERIL | None | None | No |
| SKELAXIN | None | None | No |
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES = (NUTRITIONAL/VITAMIN AND STOMACH/GASTRO) | | | |
| MICRO-K | None | None | No |
| RENAGEL | None | None | No |

Specialty drugs

| Drug Name | Quantity Limit Amount | Quantity Limit Days Supply | Step Therapy |
|---|-----------------------|----------------------------|--------------|
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS = (BLOOD AGENTS) | | | |
| ARANESP* | 4 inj | 30 | No |
| EPOGEN* | 12 inj | 30 | No |
| EPOGEN 40,000 U* | 4 inj | 30 | No |
| PROCRIT* | 12 inj | 30 | No |
| PROCRIT 40,000 U* | 4 inj | 30 | No |

| | | | |
|--|---|----|----|
| IMMUNOLOGICAL AGENTS = (PAIN MANAGEMENT – NON-NARCOTIC; MULTIPLE SCLEROSIS) | | | |
| ENBREL* | 50 mg: 4 syringes; 25 mg MDV 8 vials | 30 | No |
| HUMIRA* | 2 syringes | 30 | No |
| REBIF* | 12 syringes | 30 | No |

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A

| | |
|---|----|
| ABILIFY | 17 |
| ACCOLATE | 25 |
| ACCUPRIL | 22 |
| Acebutolol HCL | 10 |
| acetaminophen - codeine elixir | 6 |
| acetaminophen - codeine tablets | 6 |
| Acetazolamide | 10 |
| ACIPHEX | 24 |
| ACTONEL | 19 |
| ACTOS | 17 |
| ACULAR | 25 |
| ACULAR LS | 25 |
| Acyclovir | 9 |
| ADALAT CC | 22 |
| ADDERALL XR | 23 |
| ADVAIR DISKUS | 20 |
| ADVICOR | 22 |
| Afeditab CR | 10 |
| AGGRENIX | 22 |
| albuterol inhaler, tablets, syrup | 14 |
| ALLEGRA | 25 |
| ALLEGRA-D 12 HOUR | 25 |
| ALLEGRA-D 24 HOUR | 25 |
| Allopurinol | 8 |
| ALPHAGAN P | 20 |
| ALTACE | 18 |
| ALTOPREV | 22 |
| Amantadine | 9 |
| AMARYL | 22 |
| AMBIEN | 20 |
| Amiloride HCL w/HCTZ | 10 |
| Amiodarone HCL | 10 |
| Amitriptyline HCL | 8 |
| Amitriptyline w/perphenazine | 9 |
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| ASACOL | 19 |
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| | |
|---------------------------------|----|
| ATACAND HCT | 22 |
| Atenolol | 10 |
| Atenolol w/chlorthalidone | 10 |
| ATROVENT INHALER | 25 |
| AUGMENTIN XR | 21 |
| AVALIDE | 18 |
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| AVAPRO | 18 |
| AVELOX | 21 |
| AVODART | 19 |
| azathioprine* tablets | 14 |
| AZMACORT | 25 |
| AZOPT | 20 |

B

| | |
|----------------------------------|----|
| Baclofen | 15 |
| BACTROBAN | 23 |
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