

Horizon Healthcare of New Jersey, Inc.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Horizon Medicare Blue Value w/ Rx Enhanced

**2009 Comprehensive Formulary
(List of Covered Drugs)**

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

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

What is the Horizon Medicare Blue Value w/ Rx Enhanced Formulary?

A formulary is a list of covered drugs selected by Horizon Medicare Blue Value w/ Rx Enhanced in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Horizon Medicare Blue Value w/ Rx Enhanced will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Horizon Medicare Blue Value w/ Rx Enhanced network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2009. To get updated information about the drugs covered by Horizon Medicare Blue Value w/ Rx Enhanced, please visit our Web site at www.HorizonBlue.com/Medicare or call Member Service at 1-866-236-7376, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category,

“Direct Cardiac Inotropics”. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 52. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Horizon Medicare Blue Value w/ Rx Enhanced covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Horizon Medicare Blue Value w/ Rx Enhanced requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Horizon Medicare Blue Value w/ Rx Enhanced before you fill your prescriptions. If you don't get approval, Horizon Medicare Blue Value w/ Rx Enhanced may not cover the drug.
- **Quantity Limits:** For certain drugs, Horizon Medicare Blue Value w/ Rx Enhanced limits the amount of the drug that Horizon Medicare Blue Value w/ Rx Enhanced will cover. For example, Horizon Medicare Blue Value w/ Rx Enhanced provides 20 per prescription for Granisetron oral. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Horizon Medicare Blue Value w/ Rx Enhanced requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Horizon Medicare Blue Value w/ Rx Enhanced may not cover drug B unless you try Drug A first. If Drug A does not work for you, Horizon Medicare Blue Value w/ Rx Enhanced will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask Horizon Medicare Blue Value w/ Rx Enhanced to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Horizon Medicare Blue Value w/ Rx Enhanced formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Horizon Medicare Blue Value w/ Rx Enhanced does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Horizon Medicare Blue Value w/ Rx Enhanced. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Horizon Medicare Blue Value w/ Rx Enhanced.
- You can ask Horizon Medicare Blue Value w/ Rx Enhanced to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Horizon Medicare Blue Value w/ Rx Enhanced Formulary?

You can ask Horizon Medicare Blue Value w/ Rx Enhanced 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, Horizon Medicare Blue Value w/ Rx Enhanced limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you *can* ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty/self-injectable tier.

Generally, Horizon Medicare Blue Value w/ Rx Enhanced will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered

drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Medicare Part D Transition Policy

A transition supply will also be available to you if you should have a change in your treatment setting, such as going from a hospital to home care.

For more information

For more detailed information about your Horizon Medicare Blue Value w/ Rx Enhanced prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Horizon Medicare Blue Value w/ Rx Enhanced, please call Member Services at 1-866-236-7376, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit www.HorizonBlue.com/medicare

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.

Horizon Medicare Blue Value w/ Rx Enhanced's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Horizon Medicare Blue Value w/ Rx Enhanced. If you have trouble finding your drug in the list, turn to the Index that begins on page 52.

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

The information in the Notes column tells you if Horizon Medicare Blue Value w/ Rx Enhanced has any special requirements for coverage of your drug.

- PA stands for Prior Authorization
- QL stands for Quantity Limits
- ST stands for Step Therapy

Drug Name	Copayment	Requirements/ Limits
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Analgesics

Opioid Analgesics

Long-acting

AVINZA	\$36	QL
<i>fentanyl transdermal</i>	\$4	QL
<i>levorphanol</i>	\$4	
<i>methadone</i>	\$4	
<i>morphine ext-rel</i>	\$4	QL
OPANA ER	\$36	QL
<i>oxycodone ext-rel</i>	\$4	QL
<i>oxycodone hcl er tabs</i>	\$4	QL
OXYCONTIN	\$36	QL

Short-acting

<i>codeine/acetaminophen</i>	\$4	QL
<i>endocet</i>	\$4	QL
<i>hydrocodone/acetaminophen</i>	\$4	QL
<i>hydromorphone</i>	\$4	QL
<i>meperidine</i>	\$4	QL
<i>morphine tabs and solution</i>	\$4	QL
<i>oxycodone</i>	\$4	QL
<i>oxycodone/acetaminophen</i>	\$4	QL
<i>oxycodone/ibuprofen</i>	\$4	
<i>oxydose</i>	\$4	QL
ROXICET soln	\$36	QL
<i>roxicodone soln</i>	\$4	QL
<i>tramadol</i>	\$4	QL
<i>tramadol/acetaminophen</i>	\$4	QL

Non-opioid Analgesics

CELEBREX	\$36	QL
<i>diclofenac sodium</i>	\$4	
<i>diflunisal</i>	\$4	
<i>etodolac</i>	\$4	
<i>ibuprofen</i>	\$4	
INDOCIN susp	\$72	
<i>indomethacin</i>	\$4	

<i>indomethacin ext-rel</i>	\$4	
<i>meloxicam</i>	\$4	QL
<i>nabumetone</i>	\$4	
<i>naproxen</i>	\$4	
<i>naproxen sodium</i>	\$4	
<i>oxaprozin</i>	\$4	
<i>sulindac</i>	\$4	

Anesthetics

Local Anesthetics

EMLA/TEGADERM	\$36	
<i>lidocaine inj</i>	\$4	
LIDODERM PTCH	\$36	
VOLTAREN GEL	\$36	

Antibacterials

Aminoglycosides

<i>amikacin inj</i>	\$4	
<i>neomycin</i>	\$4	
<i>gentamicin inj</i>	\$4	
<i>paromomycin</i>	\$4	

Beta-lactam, Cephalosporins

1st generation

<i>cefadroxil</i>	\$4	
<i>cefazolin</i>	\$4	
<i>cephalexin</i>	\$4	

2nd generation

<i>cefaclor</i>	\$4	
<i>cefoxitin</i>	\$4	
<i>cefprozil</i>	\$4	
<i>cefuroxime axetil</i>	\$4	
<i>cefuroxime inj</i>	\$4	

3rd generation

<i>cefdinir</i>	\$4	
<i>cefotaxime</i>	\$4	
<i>cefpodoxime proxetil</i>	\$4	

<i>ceftriaxone</i>	\$4
4th generation	
<i>cefepime</i>	\$4

Beta-lactam, Penicillins

Amino Derivative	
<i>amoxicillin</i>	\$4
<i>amoxicillin/clavulanate</i>	\$4
AMOXIL PEDIATRIC DROPS	\$36
<i>ampicillin</i>	\$4
<i>ampicillin inj</i>	\$4
<i>penicillin inj</i>	\$4
<i>penicillin VK</i>	\$4
Extended Spectrum	
TIMENTIN	\$36
ZOSYN	\$36
Penicillinase-resistant	
<i>dicloxacillin</i>	\$4
<i>oxacillin</i>	\$4
<i>nafcillin</i>	\$4

Beta-lactam, Other

INVANZ	\$36
MERREM	\$36
PRIMAXIN IV	\$36

Macrolides

Erythromycin		
<i>erythromycin delayed-rel</i>	\$4	
<i>erythromycin ethylsuccinate</i>	\$4	
<i>erythromycin stearate</i>	\$4	
<i>erythromycin/sulfisoxazole</i>	\$4	
Macrolides (non-erythromycins, non-ketolides)		
<i>azithromycin</i>	\$4	QL
<i>clarithromycin</i>	\$4	QL
<i>clarithromycin er</i>	\$4	QL

Quinolones

AVELOX	\$36	QL
CIPRO susp	\$72	
<i>ciprofloxacin</i>	\$4	
<i>ciprofloxacin er</i>	\$4	QL
LEVAQUIN	\$36	QL

Sulfonamides

GANTRISIN	\$72	
<i>sulfamethoxazole/trimethoprim</i>	\$4	
<i>sulfamethoxazole/trimethoprim inj</i>	\$4	

Tetracyclines

<i>demeclocycline</i>	\$4	
<i>doxycycline</i>	\$4	
<i>doxycycline monohydrate</i>	\$4	
<i>minocycline</i>	\$4	
<i>tetracycline caps</i>	\$4	

Antibacterials, Others

Antifolate

<i>trimethoprim</i>	\$4	
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Glycopeptide

VANCOGIN	\$36	
<i>vancomycin</i>	\$4	

Lincomycin

CLEOCIN caps 75 mg	\$36	
CLEOCIN PEDIATRIC	\$36	
CLEOCIN vaginal supp	\$36	
<i>clindamycin</i>	\$4	
<i>clindamycin inj</i>	\$4	
<i>clindamycin vaginal crm</i>	\$4	
CLINDESSE VAGINAL CREAM	\$36	

Nitrofurantoin

FURADANTIN	\$72	
MACRODANTIN 25 mg	\$36	
<i>nitrofurantoin ext-rel</i>	\$4	
<i>nitrofurantoin macrocrystals</i>	\$4	

Oxazolidinone

ZYVOX TAB	\$72
ZYVOX VIAL	\$72

Miscellaneous

<i>colistimethate</i>	\$4
CUBICIN	\$36
<i>methenamine</i>	\$4
<i>metronidazole</i>	\$4
<i>metronidazole inj</i>	\$4
<i>metronidazole vaginal gel</i>	\$4
TYGACIL	\$36

Anticonvulsants

Calcium Channel Modifying Agents

CELONTIN	\$36
<i>ethosuximide</i>	\$4
<i>zonisamide</i>	\$4

GABA Augmenting Agents

<i>divalproex</i>	\$4
<i>divalproex tabs</i>	\$4
<i>divalproex sprinkle caps</i>	\$4
<i>divalproex er tabs</i>	\$4
<i>gabapentin</i>	\$4
GABITRIL	\$36
NEURONTIN sol 250/5ml	\$36
<i>primidone</i>	\$4
SABRIL	\$72
<i>valproate sodium inj</i>	\$4
<i>valproic acid</i>	\$4

Glutamate Reducing Agents

<i>lamotrigine</i>	\$4
<i>topiramate</i>	\$4
<i>topiramate sprinkle caps</i>	\$4

Sodium Channel Inhibitors

<i>carbamazepine</i>	\$4
<i>carbamazepine ext rel 200 mg tabs</i>	\$4
<i>carbamazepine ext rel 400 mg tabs</i>	\$4
CARBATROL	\$36

DILANTIN	\$36	
DILANTIN INFATABS	\$36	
<i>oxcarbazepine</i>	\$4	
PEGANONE	\$36	
<i>phenytoin inj</i>	\$4	
<i>phenytoin sodium extended</i>	\$4	
TEGRETOL XR 100 MG TABS	\$36	
VIMPAT	\$36	

Anticonvulsants, Other

BANZEL	\$36	
FELBATOL	\$36	
<i>levetiracetam tabs</i>	\$4	
<i>levetiracetam oral soln</i>	\$4	
LYRICA	\$72	PA

Antidementia Agents

Cholinesterase Inhibitors

ARICEPT	\$36	QL
ARICEPT ODT	\$36	QL
COGNEX	\$72	QL
EXELON	\$36	QL
<i>galantamine tabs</i>	\$4	QL
<i>galantamine er caps</i>	\$4	QL

Glutamate Pathway Modifiers

NAMENDA	\$36	QL
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Antidementia Agents, Others

<i>dihydroergotamine inj</i>	\$4	
<i>ergotamine/caffeine</i>	\$4	
MIGRANAL SPRAY	\$36	QL

Antidepressants

MAO Inhibitors

MARPLAN	\$36	
NARDIL	\$36	
<i>tranylcypromine</i>	\$4	

Serotonin/Norepinephrine Reuptake Inhibitors

<i>citalopram</i>	\$4	
CYMBALTA	\$72	
EFFEXOR XR	\$36	
<i>fluoxetine</i>	\$4	
<i>fluvoxamine</i>	\$4	
LEXAPRO	\$72	
<i>paroxetine er</i>	\$4	
<i>paroxetine hcl</i>	\$4	
<i>protriptyline tabs</i>	\$4	
PROZAC WEEKLY	\$36	QL
<i>sertraline hcl</i>	\$4	
<i>venlafaxine</i>	\$4	
VENLAFAXINE HCL ER	\$36	

Tricyclics

<i>amitriptyline</i>	\$4	
<i>amoxapine</i>	\$4	
<i>clomipramine</i>	\$4	
<i>desipramine</i>	\$4	
<i>doxepin</i>	\$4	
<i>imipramine hcl</i>	\$4	
<i>nortriptyline</i>	\$4	
<i>protriptyline tabs</i>	\$4	

Antidepressants, Other

<i>budeprion xl</i>	\$4	
<i>bupropion</i>	\$4	
<i>bupropion ext-rel</i>	\$4	
EMSAM	\$72	QL
<i>maprotiline</i>	\$4	
<i>mirtazapine</i>	\$4	
<i>trazodone</i>	\$4	

Antidotes, Deterrents, and Toxicologic Agents

Antidotes

Ion Exchange Resins

<i>sodium polystyrene sulfonate</i>	\$4	
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Deterrents

Alcohol Deterrents

ANTABUSE	\$36	
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CAMPRAL	\$36	
Other Deterrents		
SYPRINE	\$36	
Smoking Deterrents		
<i>bupropion</i>	\$4	
<i>bupropion ext-rel</i>	\$4	
CHANTIX	\$36	QL
NICOTROL	\$72	

Toxicologic Agents

Opioid Antagonists		
<i>naloxone inj</i>	\$4	
<i>naltrexone</i>	\$4	
RELISTOR	\$36	
SUBUTEX	\$36	QL
SUBOXONE	\$36	QL

Antiemetics

5-Hydroxytryptamine 3 (5-HT3) Antagonists		
<i>granisetron oral</i>	\$4	QL, PA
<i>granisetron iv</i>	\$4	QL
<i>ondansetron</i>	\$4	QL PA
<i>ondansetron inj</i>	\$4	QL
SANCUSO	\$36	QL PA

Neurokinin 1 (NK1) Receptor Antagonists		
EMEND	\$36	QL PA

Antiemetics (Non-5HT3 Antagonists)		
<i>chlorpromazine</i>	\$4	
<i>dronabinol</i>	\$4	PA, QL
<i>meclizine</i>	\$4	
<i>metoclopramide</i>	\$4	
<i>metoclopramide inj</i>	\$4	
<i>prochlorperazine</i>	\$4	
<i>prochlorperazine inj</i>	\$4	
<i>promethazine</i>	\$4	
<i>promethazine inj</i>	\$4	
TRANSDERM-SCOP	\$36	QL
<i>trimethobenzamide</i>	\$4	

Antifungals

Allylamine		
<i>terbinafine</i>	\$4	QL
Azole Antifungals		
<i>clotrimazole troches</i>	\$4	
<i>fluconazole 150 mg</i>	\$4	QL
<i>fluconazole inj</i>	\$4	
<i>fluconazole, except 150 mg</i>	\$4	
<i>itraconazole caps</i>	\$4	
<i>ketoconazole</i>	\$4	
<i>miconazole 3 supp</i>	\$4	
NOXAFIL	\$36	QL
<i>terconazole crm</i>	\$4	
VFEND	\$72	
VFEND inj	\$72	
Polyene		
<i>nystatin</i>	\$4	
Antifungals (Other)		
ABELCET	\$36	
AMBISOME	\$36	
<i>amphotericin b</i>	\$4	
ANCOBON	\$72	
<i>griseofulvin</i>	\$4	
GRIS-PEG	\$72	

Antigout Agents

Renal Tubular Blocking Agents		
<i>probenecid</i>	\$4	
Xanthine Oxidase Inhibitors		
<i>allopurinol</i>	\$4	
<i>allopurinol inj</i>	\$4	
ULORIC	\$72	PA
Antigout Agents (Non-Renal Tubular Blocking Agents and Non-Xanthine Inhibitors)		
<i>colchicine</i>	\$4	

Anti-inflammatories

Glucocorticoids

<i>dexamethasone</i>	\$4
<i>dexamethasone inj</i>	\$4
DEXAMETHASONE INTENSOL	\$36
DEXPAK PAK	\$36
<i>hydrocortisone inj</i>	\$4
<i>methylprednisolone</i>	\$4
<i>methylprednisolone inj</i>	\$4
<i>prednisone</i>	\$4
PREDNISONE INTENSOL	\$36
<i>prednisolone sodium phosphate</i>	\$4

NSAIDs

CELEBREX	\$36	QL
<i>diclofenac sodium</i>	\$4	
<i>diflunisal</i>	\$4	
<i>etodolac</i>	\$4	
<i>fenoprofen</i>	\$4	
FLECTOR PATCH	\$72	QL
<i>flurbiprofen</i>	\$4	
<i>ibuprofen</i>	\$4	
INDOCIN susp	\$72	
<i>indomethacin</i>	\$4	
<i>indomethacin ext-rel</i>	\$4	
<i>ketoprofen</i>	\$4	
<i>ketorolac</i>	\$4	QL
<i>meclofenamate</i>	\$4	
<i>meloxicam</i>	\$4	QL
<i>nabumetone</i>	\$4	
<i>naproxen</i>	\$4	
<i>naproxen sodium</i>	\$4	
<i>oxaprozin</i>	\$4	
<i>piroxicam</i>	\$4	
<i>sulindac</i>	\$4	
<i>tolmetin</i>	\$4	

Antimigraine Agents

Abortive

Ergot Alkaloids

<i>dihydroergotamine inj</i>	\$4	
<i>ergot alkaloids</i>	\$4	
<i>ergotamine/caffeine</i>	\$4	
MIGRANAL spray	\$36	QL

Triptans

MAXALT MLT	\$36	QL
RELPAX	\$36	QL
<i>sumatriptan tabs inj</i>	\$4	QL

Prophylactic

Beta-adrenergic Blocking Agents

<i>propranolol</i>	\$4	
<i>propranolol oral soln</i>	\$4	
<i>propranolol ext-rel</i>	\$4	
<i>topiramate</i>	\$4	
<i>topiramate sprinkle caps</i>	\$4	

Antimigraine Agents, Prophylactic (Non-Beta-adrenergic Blocking Agents)

<i>divalproex er tabs</i>	\$4	
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Antimyasthenic Agents

Parasympathomimetics

GUANIDINE	\$36	
MESTINON TIMESPAN	\$36	
MYTELEASE	\$36	
<i>pyridostigmine</i>	\$4	
REGONOL	\$36	

Antimycobacterials

Antituberculars

<i>ethambutol</i>	\$4	
<i>isonarif</i>	\$4	
<i>isoniazid</i>	\$4	
<i>pyrazinamide</i>	\$4	
<i>rifampin</i>	\$4	
<i>rifampin inj</i>	\$4	

Antimycobacterials, Others

DAPSONE	\$36	
MYCOBUTIN	\$36	

Antineoplastics

Alkylating Agents

ALKERAN	\$36	PA
BICNU	\$36	PA
BUSULFEX	\$36	PA
CEENU	\$36	
<i>cyclophosphamide</i>	\$4	PA
DACARBAZINE 100 mg	\$36	PA
<i>dacarbazine 200 mg</i>	\$4	PA
EMCYT	\$36	
HEXALEN	\$36	
<i>ifosfamide</i>	\$4	PA
LEUKERAN	\$36	
MATULANE	\$36	
MUSTARGEN	\$36	PA
<i>thiotepa</i>	\$4	PA

Antimetabolites

ALIMTA	\$36	PA
<i>cytarabine</i>	\$4	PA
<i>floxuridine</i>	\$4	PA
<i>fluorouracil</i>	\$4	PA
GEMZAR	\$36	PA
<i>hydroxyurea caps 500 mg</i>	\$4	
<i>mercaptopurine</i>	\$4	
<i>methotrexate 2.5 mg</i>	\$4	
<i>methotrexate 25mg/ml vial</i>	\$4	PA
<i>pentostatin</i>	\$4	PA
TABLOID	\$36	
VIDAZA	33%	PA

Immune Modulators and Vaccines

ONTAK	\$36	PA
PROLEUKIN	\$36	PA
THERACYS	\$36	PA

Molecular Target Inhibitors

AFINITOR	33%	QL, PA
GLEEVEC	33%	QL
IRESSA	33%	QL, PA
TARCEVA	33%	QL, PA
<i>tretinoin</i>	\$4	
VELCADE	\$36	PA

Nucleoside Analogs

<i>cladribine</i>	\$4	PA
<i>fludarabine</i>	\$4	PA

Protective Agents

<i>dexrazoxane</i>	\$4	PA
<i>amifostine</i>	\$4	
LEUCOVORIN 10 mg	\$36	
<i>leucovorin 5 mg, 25 mg</i>	\$4	
<i>leucovorin inj</i>	\$4	PA
<i>mesna inj</i>	\$4	
MESNEX tabs 400 mg	\$36	

Topoisomerase Inhibitors

<i>etoposide</i>	\$4	PA
<i>irinotecan</i>	\$4	PA

Antineoplastics, Others

AVASTIN	33%	PA
<i>bleomycin</i>	\$36	
CAMPATH	\$36	PA
<i>carboplatin</i>	\$4	PA
<i>cisplatin</i>	\$4	PA
COSMEGEN	\$36	PA
<i>daunorubicin</i>	\$4	PA
<i>daunoxome</i>	\$4	PA
DOXIL	\$36	PA
<i>doxorubicin</i>	\$4	PA
ELOXATIN	\$36	PA
<i>epirubicin hcl</i>	\$4	PA
HERCEPTIN	\$36	PA
<i>idarubicin</i>	\$4	PA
<i>mitomycin</i>	\$4	PA
NILANDRON	\$36	

NEXAVAR	33%	PA QL
ONCASPAR	33%	PA
<i>paclitaxel</i>	\$4	PA
PHOTOFRIN	\$36	PA
SUTENT	33%	PA QL
TARGRETIN caps	\$36	
TASIGNA	33%	PA QL
TAXOTERE	\$36	PA
TRISENOX	\$36	
<i>vinblastine</i>	\$4	PA
<i>vincristine</i>	\$4	PA
<i>vinorelbine</i>	\$4	PA
ZOLINZA	33%	PA QL

Antiparasitics

Anthelmintics

ALBENZA	\$36	
<i>mebendazole</i>	\$4	

Antiprotozoals

Antimalarials

<i>chloroquine</i>	\$4	
DARAPRIM	\$72	
<i>hydroxychloroquine</i>	\$4	
MALARONE	\$36	
<i>mefloquine</i>	\$4	QL
MEPRON	\$36	QL
<i>primaquine</i>	\$4	
<i>quinine sulfate</i>	\$4	

Antiprotozoals (Non-antimalarials)

ALINIA	\$36	QL
TINDAMAX	\$72	

Pediculicides/Scabicides

EURAX	\$36	
<i>permethrin 5%</i>	\$4	
<i>lindane</i>	\$4	
<i>malathion</i>	\$4	

Antiparkinson Agents

COMT Inhibitors

COMTAN	\$36	
STALEVO	\$36	

Dopamine Agonists

APOKYN	33%	QL
<i>bromocriptine</i>	\$4	
<i>carbidopa/levodopa</i>	\$4	
<i>carbidopa/levodopa ext-rel</i>	\$4	
MIRAPEX	\$36	
NEUPRO	\$72	QL
<i>ropinirole</i>	\$4	

Antiparkinson Agents, Others

<i>amantadine</i>	\$4	
AZILECT	\$36	QL
<i>benztropine</i>	\$4	
<i>selegiline</i>	\$4	
<i>trihexyphenidyl</i>	\$4	

Antipsychotics

Atypicals

ABILIFY	\$36	
ABILIFY DISCMELT	\$72	
<i>clozapine</i>	\$4	
CLOZARIL	\$36	
FAZACLO	\$72	
GEODON CAPSULES	\$36	
INVEGA	\$72	
<i>risperidone</i>	\$4	
RISPERDAL CONSTA	\$36	
SAPHRIS	\$72	
SEROQUEL	\$36	
SEROQUEL XR	\$36	
ZYPREXA	\$36	
ZYPREXA VIAL	\$36	
ZYPREXA ZYDIS	\$36	

Conventional

<i>chlorpromazine</i>	\$4	
<i>chlorpromazine inj</i>	\$4	

<i>fluphenazine</i>	\$4
<i>fluphenazine decanoate inj</i>	\$4
<i>haloperidol</i>	\$4
<i>haloperidol inj</i>	\$4
<i>loxapine</i>	\$4
MOBAN	\$36
NAVANE 20 mg	\$36
ORAP	\$36
<i>perphenazine</i>	\$4
<i>thioridazine</i>	\$4
<i>thiothixene</i>	\$4
<i>trifluoperazine</i>	\$4

Antivirals

CMV Agents

CYTOVENE	\$36
<i>ganciclovir</i>	\$4
VALCYTE	\$36

Antiherpetic Agents

<i>acyclovir</i>	\$4
<i>acyclovir inj</i>	\$4
<i>famciclovir</i>	\$4
VALTREX	\$36

Anti-HIV Agents, Cellular Chemokine Receptor (CCR5)

Antagonist

SELZENTRY	\$36	QL
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Anti-HIV Agents, Fusion Inhibitor

FUZEON	33%	QL
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Anti-HIV Agents, Integrase Inhibitors

ISENTRESS	\$36	QL
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Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors

INTELENCE	\$36
RESCRIPTOR	\$36
SUSTIVA	\$36
VIRAMUNE	\$36

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors

ATRIPLA	\$36	
COMBIVIR	\$36	
<i>didanosine delayed-rel</i>	\$4	
EMTRIVA	\$36	
EPIVIR	\$36	
EPZICOM	\$36	
HIVID	\$36	
RETROVIR inj	\$36	
<i>stavudine caps oral soln</i>	\$4	
TRIZIVIR	\$36	
TRUVADA	\$36	
VIDEX	\$36	
VIDEX EC 125 mg	\$36	
VIREAD	\$36	
ZIAGEN	\$36	
<i>zidovudine</i>	\$4	

Anti-HIV Agents, Protease Inhibitors

APTIVUS	\$36	
CRIXIVAN	\$36	
INVIRASE	\$36	
KALETRA	\$36	
LEXIVA	\$36	
NORVIR	\$36	
PREZISTA	\$36	
REYATAZ	\$36	
VIRACEPT	\$36	

Anti-Influenza Agents

<i>amantadine</i>	\$4	
<i>rimantadine</i>	\$4	
TAMIFLU	\$36	QL

Antivirals, Others

BARACLUDE	\$36	
EPIVIR-HBV	\$36	
HEPSERA	\$36	
INTRON A	33%	PA
PEGASYS	33%	PA QL

RIBAVIRIN	33%	PA QL
ROFERON-A	33%	PA
TYZEKA	\$36	QL

Anxiolytics

Antidepressants

<i>doxepin</i>	\$4	
<i>fluoxetine</i>	\$4	
LEXAPRO	\$72	
<i>paroxetine hcl</i>	\$4	
<i>sertraline hcl</i>	\$4	

Anxiolytics, Others

<i>buspirone</i>	\$4	
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Bipolar Agents

<i>divalproex er tabs</i>	\$4	
GEODON CAPSULES	\$36	
GEODON 20MG VIAL	\$36	
<i>lithium carbonate</i>	\$4	
<i>lithium carbonate ext-rel</i>	\$4	
<i>lithium citr syr 8MEQ/5MLS</i>	\$4	

Blood Glucose Regulators

Antihypoglycemics

GLUCAGON	\$36	
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Hypoglycemics

Alpha Glucosidase Inhibitors

<i>acarbose</i>	\$4	
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Amylinomimetics

SYMLIN	\$36	QL
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Biguanides

ACTOPLUS MET	\$36	
AVANDAMET	\$36	
<i>glipizide/metformin</i>	\$4	
<i>glyburide, micronized</i>	\$4	

<i>glyburide/metformin</i>	\$4
JANUMET	\$36
<i>metformin</i>	\$4
<i>metformin ext-rel</i>	\$4

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

JANUMET	\$36	
JANUVIA	\$36	QL

Incretin Mimetics

BYETTA	\$36	QL
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Meglitinides

PRANDIN	\$72
STARLIX	\$72

Sulfonylureas

AVANDARYL	\$36
DUETACT	\$36
<i>glimepiride</i>	\$4
<i>glipizide</i>	\$4
<i>glipizide ext-rel</i>	\$4
<i>glipizide/metformin</i>	\$4
<i>glyburide</i>	\$4
<i>glyburide, micronized</i>	\$4
<i>glyburide/metformin</i>	\$4
<i>tolazamide</i>	\$4
<i>tolbutamide</i>	\$4

Thiazolidinediones

ACTOPLUS MET	\$36
ACTOS	\$36
AVANDAMET	\$36
AVANDARYL	\$36
AVANDIA	\$36
DUETACT	\$36

Insulins

Insulin, Rapid Acting

APIDRA	\$36
APIDRA SOLOSTAR	\$36
HUMALOG	\$72
NOVOLOG	\$36

Insulin, Short Acting

HUMULIN R	\$72
NOVOLIN R	\$36
RELION R	\$36

Insulin, Intermediate Acting

HUMULIN N	\$72
NOVOLIN N	\$36
RELION N	\$36

Insulin, Long Acting

LANTUS	\$36
LEVEMIR	\$36

Insulin Mixtures, Short and Intermediate Acting

HUMULIN 50/50	\$72
HUMULIN 70/30	\$72
NOVOLIN 70/30	\$36
NOVOLOG MIX 70/30	\$36
RELION 70/30	\$36

Insulin Mixtures, Analogs

NOVOLIN 70/30	\$36
NOVOLOG MIX 70/30	\$36

Supplies

ALCOHOL SWABS	\$36
GAUZE	\$36
INSULIN SYRINGES, NEEDLES	\$36
PEN NEEDLES MIS	\$36

Blood Products/Modifiers/Volume Expanders

Anticoagulants

Anticoagulants, Oral

COUMADIN	\$36
<i>warfarin</i>	\$4

Factor Xa Inhibitors

ARIXTRA	\$36	QL
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Heparin, Unfractionated

<i>heparin</i>	\$4
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Low Molecular Weight Heparins		
LOVENOX	\$36	QL

Anticoagulants, Others		
<i>pentoxifylline</i>	\$4	

Blood Formation Products

Erythropoietins		
ARANESP	33%	PA QL
ARANESP 25 mcg.	\$36	PA QL
EPOGEN	33%	PA QL
EPOGEN 2000, 3000, 4000U	\$72	PA QL
PROCRIT	33%	PA QL
PROCRIT 2000, 3000, 4000U	\$36	PA QL

Granulocyte Colony Stimulating Factors		
NEULASTA	33%	PA QL
NEUPOGEN	33%	PA QL

Other		
PROMACTA	33%	PA QL

Iron Overload Agents

EXJADE	33%	
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Platelet Aggregation Inhibitors

Adenosine Diphosphate P2Y12 Inhibitors		
<i>ticlopidine</i>	\$4	
PLAVIX	\$36	

Cyclic Adenosine Monophosphate Reuptake Inhibitors		
AGGRENOX	\$36	
<i>cilostazol</i>	\$4	
<i>dipyridamole</i>	\$4	

Phosphodiesterase III/Adenosine Uptake Inhibitors		
<i>anagrelide</i>	\$4	

Cardiovascular Agents

Alpha-adrenergic Agonists

CATAPRES-TTS	\$36	QL
<i>clonidine</i>	\$4	
<i>guanabenz</i>	\$4	
<i>guanfacine</i>	\$4	
<i>methyldopa</i>	\$4	
<i>midodrine</i>	\$4	

Alpha-adrenergic Blocking Agents

<i>doxazosin</i>	\$4	
<i>prazosin</i>	\$4	
<i>reserpine</i>	\$4	
<i>terazosin</i>	\$4	

Antiarrhythmics

Antiarrhythmics Classes IA, B, C

<i>disopyramide</i>	\$4	
<i>disopyramide ext-rel</i>	\$4	
<i>flecainide</i>	\$4	
<i>mexiletine</i>	\$4	
NORPACE CR 100 mg	\$36	
<i>procainamide 250 mg, 500 mg</i>	\$4	
<i>procainamide ext-rel 750 mg, 1000 mg</i>	\$4	
<i>propafenone</i>	\$4	
<i>quinidine gluconate ext-rel 324 mg</i>	\$4	
<i>quinidine sulfate 200 mg, 300 mg</i>	\$4	
<i>quinidine sulfate ext-rel 300 mg</i>	\$4	

Antiarrhythmics Classes Ia, II, III, IV

<i>amiodarone</i>	\$4	
<i>amiodarone inj</i>	\$4	
PACERONE	\$36	

Antiarrhythmics Class II

<i>acebutolol</i>	\$4
<i>atenolol</i>	\$4
<i>atenolol/chlorthalidone</i>	\$4
<i>bisoprolol</i>	\$4
<i>bisoprolol/hydrochlorothiazide</i>	\$4
<i>labetolol</i>	\$4
<i>labetolol inj</i>	\$4
<i>metoprolol</i>	\$4
<i>metoprolol inj</i>	\$4
<i>metoprolol/hydrochlorothiazide</i>	\$4
<i>nadolol</i>	\$4
<i>pindolol</i>	\$4
<i>propranolol</i>	\$4
<i>propranolol extended release</i>	\$4
<i>timolol maleate tabs</i>	\$4

Antiarrhythmics Class II/III

<i>sotalol</i>	\$4
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Antiarrhythmics Class III

<i>amiodarone</i>	\$4
<i>amiodarone inj</i>	\$4
PACERONE	\$36
TIKOSYN	\$36

Antiarrhythmics Class IV

<i>diltiazem</i>	\$4
<i>diltiazem ext-rel</i>	\$4
<i>diltiazem inj</i>	\$4
<i>verapamil</i>	\$4
<i>verapamil ext-rel</i>	\$4

Beta-adrenergic Blocking Agents

Alpha-beta-adrenergic Blocking Agents

<i>carvedilol</i>	\$4
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Cardioselective Beta-adrenergic Blocking Agents

<i>acebutolol</i>	\$4
<i>atenolol</i>	\$4
<i>atenolol/chlorthalidone</i>	\$4

<i>bisoprolol</i>	\$4
<i>bisoprolol/hydrochlorothiazide</i>	\$4
<i>metoprolol</i>	\$4
<i>metoprolol inj</i>	\$4
<i>metoprolol/hydrochlorothiazide</i>	\$4
<i>metoprolol succinate er</i>	\$4

Nonselective Beta-adrenergic Blocking Agents

<i>labetalol</i>	\$4
<i>labetalol inj</i>	\$4
<i>nadolol</i>	\$4
<i>nadolol/bendroflumethiazide</i>	\$4
<i>pindolol</i>	\$4
<i>propranolol</i>	\$4
<i>propranolol extended release</i>	\$4
<i>timolol maleate tabs</i>	\$4

Calcium Channel Blocking Agents

Dihydropyridines

<i>amlodipine</i>	\$4
<i>amlodipine/benazepril</i>	\$4
AZOR	\$36
CADUET	\$72
EXFORGE	\$36
<i>felodipine ext-rel</i>	\$4
<i>isradipine</i>	\$4
<i>nicardipine</i>	\$4
<i>nifedipine ext-rel</i>	\$4
<i>nimodipine</i>	\$4

Calcium Channel Blocking Agents (Non-dihydropyridines)

<i>diltiazem</i>	\$4
<i>diltiazem ext-rel</i>	\$4
<i>diltiazem inj</i>	\$4
<i>verapamil</i>	\$4

Direct Cardiac Inotropics

<i>digoxin 0.125mg, 0.25mg</i>	\$4
<i>digoxin inj</i>	\$4

Diuretics

Carbonic Anhydrase Inhibitors

<i>acetazolamide</i>	\$4
<i>acetazolamide caps</i>	\$4
<i>methazolamide</i>	\$4

Loop Diuretics

<i>bumetanide</i>	\$4
<i>bumetanide inj</i>	\$4
DEMADEX INJ	\$36
<i>furosemide</i>	\$4
<i>furosemide oral soln</i>	\$4
<i>torseamide</i>	\$4

Potassium-sparing Diuretics

ALDACTAZIDE 50/50	\$36
<i>amiloride</i>	\$4
<i>amiloride/hydrochlorothiazide</i>	\$4
<i>spironolactone/hydrochlorothiazide</i>	\$4
<i>triamterene/hydrochlorothiazide</i>	\$4

Thiazide Diuretics

<i>atenolol/chlorthalidone</i>	\$4
AVALIDE	\$36
<i>benazepril/hydrochlorothiazide</i>	\$4
BENICAR HCT	\$36
<i>bisoprolol/hydrochlorothiazide</i>	\$4
<i>captopril/hydrochlorothiazide</i>	\$4
<i>chlorothiazide</i>	\$4
<i>chlorthalidone</i>	\$4
DIOVAN HCT	\$36
<i>enalapril/hydrochlorothiazide</i>	\$4
<i>hydrochlorothiazide</i>	\$4
<i>indapamide</i>	\$4
<i>lisinopril/hydrochlorothiazide</i>	\$4
<i>metolazone</i>	\$4
<i>metoprolol/hydrochlorothiazide</i>	\$4
<i>quinapril/hydrochlorothiazide</i>	\$4
THALITONE	\$36

Dyslipidemics

Bile Acid Sequestrants

<i>cholestyramine</i>	\$4
<i>colestipol</i>	\$4
WELCHOL	\$36

Fibrates

<i>fenofibrate</i>	\$4
<i>gemfibrozil</i>	\$4
LIPOFEN	\$36
TRICOR	\$36
TRILIPIX	\$36

3-hydroxy-3-methylglutaryl coenzyme A (HMG CoA) Reductase Inhibitors

ADVICOR	\$72
CADUET	\$72
LIPITOR	\$36
<i>lovastatin</i>	\$4
<i>pravastatin</i>	\$4
SIMCOR	\$36
<i>simvastatin</i>	\$4
VYTORIN	\$72

Cholesterol Absorption Inhibitors

ZETIA	\$72
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Nicotinic Acid

ADVICOR	\$72
NIASPAN	\$36
SIMCOR	\$36

Omega-3 Fatty Acids

LOVAZA	\$36
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Partial Fatty Acid Oxidase Inhibitors

RANEXA	\$36	QL
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Renin-angiotensin-aldosterone System Inhibitors

Aldosterone Recepto Antagonists

<i>eplerenone tabs</i>	\$4
<i>spironolactone</i>	\$4

Angiotensin-converting Enzyme (ACE)Inhibitors

<i>benazepril</i>	\$4
<i>benazepril/hydrochlorothiazide</i>	\$4
<i>captopril</i>	\$4
<i>captopril/hydrochlorothiazide</i>	\$4
<i>enalapril</i>	\$4
<i>enalapril/hydrochlorothiazide</i>	\$4
<i>fosinopril</i>	\$4
<i>fosinopril/hydrochlorothiazide</i>	\$4
<i>lisinopril</i>	\$4
<i>lisinopril/hydrochlorothiazide</i>	\$4
<i>moexipril</i>	\$4
<i>moexipril/hydrochlorothiazide</i>	\$4
<i>quinapril</i>	\$4
<i>quinapril/hydrochlorothiazide</i>	\$4
<i>ramipril</i>	\$4
<i>trandolapril</i>	\$4

Angiotension II Receptor Antagonists

AVALIDE	\$36
AVAPRO	\$36
AZOR	\$36
BENICAR	\$36
BENICAR HCT	\$36
DIOVAN	\$36
DIOVAN HCT	\$36
EXFORGE	\$36

Direct Renin Inhibitor

TEKTURNA	\$72	QL
TEKTURNA HCT	\$72	QL

Vasodilators**Vasodilators, Direct-Acting Arterial**

<i>hydralazine</i>	\$4
<i>hydralazine inj</i>	\$4
<i>minoxidil</i>	\$4

Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate ext-rel tabs</i>	\$4	
<i>isosorbide dinitrate oral</i>	\$4	
<i>isosorbide mononitrate</i>	\$4	
<i>isosorbide mononitrate ext-rel</i>	\$4	
NITRO-DUR 0.1 mg/hr 0.3 mg/hr, 0.8 mg/hr	\$72	
<i>nitroglycerin sublingual</i>	\$4	
<i>nitroglycerin transdermal</i>	\$4	
NITROLINGUAL	\$36	
Vasodilators, Endothelin Receptor Antagonists		
LETAIRIS	33%	QL
TRACLEER	33%	QL
Vasodilators, Others		
BIDIL	\$36	
REVATIO	33%	PA QL

Central Nervous System Agents

Amphetamines

<i>amphetamine salt combo</i>	\$4	PA QL
<i>dextroamphetamine</i>	\$4	PA
<i>dextroamphetamine ext-rel</i>	\$4	PA
VYVANSE	\$72	PA QL

Non-amphetamines

METHYLIN oral soln	\$72	PA
METHYLIN tabs	\$4	
METHYLIN er	\$4	QL
<i>methylphenidate</i>	\$4	
<i>methylphenidate ext-rel</i>	\$4	QL
PROVIGIL	\$36	PA QL
STRATTERA	\$72	PA QL

Central Nervous System Agents, Others

RILUTEK	33%	
XENAZINE	33%	PA QL
XYREM	33%	QL

Dental and Oral Agents

<i>chlorhexidine soln</i>	\$4
<i>doxycycline hyclate</i>	\$4
<i>lidocaine viscous</i>	\$4
<i>minocycline</i>	\$4
<i>triamcinolone paste</i>	\$4

Dermatological Agents

Dermatological Antibacterials

ALTABAX	\$72
AZELEX	\$36
BACTROBAN crm	\$36
<i>clindamycin/benzoyl peroxide</i>	\$4
<i>clindamycin gel, lotion, soln</i>	\$4
<i>erythromycin gel 2%</i>	\$4
<i>erythromycin soln</i>	\$4
<i>erythromycin/benzoyl peroxide</i>	\$4
FINACEA	\$72
<i>gentamicin</i>	\$4
<i>metronidazole crm, gel, ltn</i>	\$4
<i>mupirocin oint</i>	\$4
<i>silver sulfadiazine</i>	\$4

Dermatological Antifungals

<i>ciclopirox</i>	\$4
<i>clotrimazole</i>	\$4
<i>econazole</i>	\$4
<i>ketoconazole</i>	\$4
<i>ketoconazole shampoo 2%</i>	\$4
LOPROX shampoo	\$36
MENTAX	\$72
<i>nystatin</i>	\$4
OXISTAT	\$72

Dermatological Anti-inflammatories

<i>alclometasone dipropionate</i>	\$4
<i>betamethasone dipropionate augmented crm 0.05%</i>	\$4
<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	\$4
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	\$4

<i>betamethasone valerate crm, lotion, oint 0.1%</i>	\$4	
CAPEX SHA 0.01%	\$36	
<i>clobetasol propionate crm, oint 0.05%</i>	\$4	
CORDRAN lotion, OINT	\$72	
CORDRAN SP CRM	\$72	
CORDRAN tape	\$36	
DERMA-SMOOTH OIL F/S	\$72	
<i>desonide</i>	\$4	
DEXAMETHASON CON	\$36	
<i>desoximetasone crm, oint, gel</i>	\$4	
<i>diflorasone diacetate crm, oint</i>	\$4	
<i>fluocin acet crm 0.01%</i>	\$4	
<i>fluocinolone crm, oint, soln</i>	\$4	
<i>fluocinonide crm, gel, oint</i>	\$4	
<i>fluticasone propionate crm, oint 0.005%</i>	\$4	
<i>halobetasol propionate crm, oint</i>	\$4	
<i>hydrocortisone butyrate oint, soln</i>	\$4	
<i>hydrocortisone crm 2.5%</i>	\$4	
<i>hydrocortisone rectal crm</i>	\$4	
<i>hydrocortisone tabs</i>	\$4	
<i>hydrocortisone valerate crm, oint</i>	\$4	
<i>mometasone crm, oint 0.1%</i>	\$4	
SOLARAZE	\$36	
<i>triamcinolone acetonide crm, lotion, oint</i>	\$4	
Dermatological Antipruritic		
ZONALON crm	\$36	
Dermatological Antivirals		
DENAVIR	\$36	
ZOVIRAX oint, crm	\$36	
Dermatological Mitotic Inhibitors		
CONDYLOX gel	\$72	
<i>podofilox soln</i>	\$4	
Dermatological Photochemotherapy Agents		
<i>fluorouracil</i>	\$4	
LEVULAN KERASTICK	\$36	
OXSORALEN-ULTRA	\$36	
Dermatological Retinoids		
DIFFERIN	\$36	PA

<i>isotretinoin</i>	\$4	PA
PANRETIN gel	\$36	
SORIATANE	\$72	
TARGRETIN GEL	\$36	
<i>tretinoin</i>	\$4	PA

Dermatological Vitamin D Analog

DOVONEX	\$36	
<i>calcipotriene top soln</i>	\$4	

Dermatological Wound Care Agents

REGRANEX	\$36	PA QL
SANTYL	\$36	

Enzyme Replacements/Modifiers

ADAGEN	33%	
ALDURAZYME	33%	PA
BUPHENYL	33%	
CEREZYME	33%	PA
CREON	\$36	
CYSTAGON	\$36	
FABRAZYME	33%	PA
KUVAN	33%	PA
ORFADIN	33%	
PANCREASE MT	\$36	
<i>pancrelipase</i>	\$4	
SUCRAID	33%	
ULTRASE	\$72	
ULTRASE MT	\$72	
VIOKASE	\$36	
ZAVESCA	33%	PA QL

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>dicyclomine</i>	\$4	
<i>dicyclomine inj</i>	\$4	
<i>glycopyrrolate</i>	\$4	
<i>methscopolamine</i>	\$4	
<i>propantheline</i>	\$4	

H2 Blocking Agents

<i>famotidine</i>	\$4	
<i>famotidine inj</i>	\$4	
<i>nizatidine</i>	\$4	
<i>ranitidine</i>	\$4	

Irritable Bowel Syndrome Agents

AMITIZA	\$72	PA QL
LOTRONEX	\$36	PA

Protectants

<i>misoprostol</i>	\$4	
<i>sucralfate</i>	\$4	

PPIs

NEXIUM	\$36	QL
<i>omeprazole delayed-rel</i>	\$4	QL
<i>pantoprazole sodium</i>	\$4	QL
PREVACID	\$36	QL
PREVPAC	\$36	QL
PROTONIX 40MG IV	\$36	

Gastrointestinal Agents, Others

<i>atropine</i>	\$4	
<i>diphenoxylate/atropine</i>	\$4	
<i>generlac</i>	\$4	
HALFLYTELY	\$36	
HALFLYTELY FLAVOR PACKS	\$36	
<i>lactulose</i>	\$4	
<i>loperamide</i>	\$4	
MOVIPREP	\$36	
NULYTELY	\$72	
OSMOPREP	\$36	
<i>peg 3350/electrolytes</i>	\$4	
<i>pilocarpine tablets</i>	\$4	
<i>polyethylene glycol 3350</i>	\$4	
TRILYTE	\$72	
<i>ursodiol</i>	\$4	
VISICOL	\$72	

Genitourinary Agents

Antispasmodics, Urinary

DETROL	\$36	QL
DETROL LA	\$36	QL
ENABLEX	\$36	QL
<i>oxybutynin tabs and syrup</i>	\$4	QL
<i>oxybutynin er</i>	\$4	QL
OXYTROL	\$36	QL
RAPAFLO	\$72	QL
SANCTURA XR	\$72	QL
VESICARE	\$36	QL

Benign Prostatic Hypertrophy Agents

Alpha 1-adrenergic Blocking Agents

<i>doxazosin</i>	\$4
FLOMAX	\$36
<i>terazosin</i>	\$4

5-alpha-reductase Inhibitors

AVODART	\$36
<i>finasteride</i>	\$4

Phosphate Binders

<i>calcium acetate caps</i>	\$4
FOSRENOL	\$36
RENAGEL	\$36
RENVELA	\$36

Genitourinary Agents, Others

<i>bethanechol</i>	\$4
ELMIRON	\$36
<i>phenazopyridine</i>	\$4
<i>potassium citrate</i>	\$4
THIOLA	\$36

Adrenal

Glucocorticoids

<i>cortisone acetate</i>	\$4
<i>dexamethasone</i>	\$4
<i>dexamethasone inj</i>	\$4
DEXAMETHASONE INTENSOL	\$36

DEXPAK PAK	\$36
<i>methylprednisolone</i>	\$4
<i>methylprednisolone inj</i>	\$4
<i>prednisolone sodium phosphate</i>	\$4
<i>prednisone</i>	\$4
PREDNISONO INTENSOL	\$36

Glucocorticoids- Topical-Low Potency

<i>alclometasone dipropionate</i>	\$4
<i>desonide</i>	\$4
<i>fluocinolone acetonide crm, oint soln</i>	\$4
<i>hydrocortisone</i>	\$4

Glucocorticoids- Topical-Medium Potency

<i>fluocinolone acetonide crm, oint soln</i>	\$4
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Glucocorticoids- Topical-High Potency

<i>amcinonide crm, oint, lotn</i>	\$4
<i>betamethasone dipropionate augmented crm 0.05%</i>	\$4
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	\$4
<i>betamethasone valerate crm, lotion, oint 0.1%</i>	\$4
<i>fluocinolone acetonide crm, oint soln</i>	\$4
<i>fluocinonide crm, gel, oint</i>	\$4

Glucocorticoids- Topical-Very High Potency

<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	\$4
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	\$4
<i>betamethasone valerate crm, lotion, oint 0.1%</i>	\$4
<i>clobetasol propionate crm, oint 0.05%</i>	\$4
<i>halobetasol propionate crm, oint 0.05%</i>	\$4

Mineralcorticoids

<input type="checkbox"/> <i>hydrocortisones</i>	\$4
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Parathyroid/Metabolic Bone Disease Agents

Biphosphonates, Oral

ACTONEL	\$36	QL
ACTONEL W/CALCIUM	\$36	QL
<i>alendronate</i>	\$4	QL
BONIVA	\$72	QL
<i>etidronate disodium</i>	\$4	

Biphosphonates, Parenteral

<i>pamidronate</i>	\$4	PA
ZOMETA	\$36	PA

Calcium Regulating Hormones

PHOSLO	\$36	
RENAGEL	\$36	

Vitamin D-related Agents/Metabolic Bone Disease Agents

HECTOROL	\$36	
ZEMPLAR	\$36	QL

Parathyroid/Metabolic Bone Disease Agents (Other)

<i>calcitonin-salmon nasal spray</i>	\$4	
FORTEO	33%	QL
<i>fortical</i>	\$4	
MIACALCIN INJ	\$36	

Pituitary

<i>desmopressin</i>	\$4	
INCRELEX	33%	PA
NORDITROPIN	33%	PA
NUTROPIN/NUTROPIN AQ	33%	PA

Prostaglandins

<i>misoprostol</i>	\$4	
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Sex Hormones/Modifiers**Androgens/Anabolic Steroids**

ANDRODERM	\$36	PA QL
<i>estradiol/norethindrone acetate</i>	\$4	
TESTIM	\$36	PA QL
<i>testosterone</i>	\$4	QL
<i>testosterone cypionate inj</i>	\$4	QL

Estrogens

ALORA	\$36	QL
CENESTIN	\$36	
CLIMARA PRO	\$36	QL
COMBIPATCH	\$36	QL
<i>desogestrel/EE</i>	\$4	
<i>desogestrel/EE 0.15/30</i>	\$4	
ENJUVIA	\$36	
ESTRACE crm	\$72	
ESTRADERM	\$36	QL
<i>estradiol</i>	\$4	
<i>estradiol transdermal</i>	\$4	QL
ESTRING	\$72	QL
<i>estropipate</i>	\$4	
<i>ethynodiol diacetate/EE 1/35 - Zovia 1/35</i>	\$4	
<i>ethynodiol diacetate/EE 1/50 - Zovia 1/50</i>	\$4	
FEMHRT	\$72	
FEMRING	\$36	QL
<i>levonorgestrel/EE - Trivora</i>	\$4	
<i>levonorgestrel/EE 0.1/20</i>	\$4	
<i>levonorgestrel/EE 0.15/30 - Levora</i>	\$4	
LOESTRIN 24 Fe	\$36	
<i>norgestimate/EE</i>	\$4	
<i>norgestimate/EE 0.25/35</i>	\$4	
<i>norgestrel/EE 0.3/30 - Low-Ogestrel</i>	\$4	
NUVARING	\$36	QL
ORTHO EVRA	\$36	QL
PLAN B	\$36	<18yo
PREFEST	\$72	
PREMARIN	\$36	
PREMARIN VIAL	\$36	
PREMPHASE	\$36	
PREMPRO	\$36	
<i>tri-lo-sprintec</i>	\$4	
VAGIFEM	\$36	
VIVELLE/VIVELLE-DOT	\$36	QL
<i>drospirenone/ ethinyl estradiol</i>	\$4	
YAZ	\$36	

Progestins

DEPO-PROVERA 104MG	\$36	QL
<i>medroxyprogesterone acetate</i>	\$4	
MEGACE ES	\$36	

<i>megestrol acetate</i>	\$4
<i>norethindrone</i>	\$4
<i>norethindrone acetate</i>	\$4
<i>norethindrone acetate/EE 1.5/30</i>	\$4
<i>norethindrone acetate/EE 1/20</i>	\$4
<i>norethindrone acetate/EE/iron 1.5/30</i>	\$4
<i>norethindrone acetate/EE/iron 1/20</i>	\$4
<i>norethindrone/EE</i>	\$4
<i>norethindrone/EE 0.5/35</i>	\$4
<i>norethindrone/EE 1/35</i>	\$4
<i>norethindrone/ME 1/50</i>	\$4
PROMETRIUM	\$72

Selective Estrogen Receptor Modifying Agents

EVISTA	\$36
SYNAREL	\$36

Thyroid

<i>levothyroxine</i>	\$4
<i>levothyroxine - Levoxyl</i>	\$4
<i>levothyroxine inj</i>	\$4
<i>liothyronine sodium</i>	\$4
SYNTHROID	\$36
<i>unithroid</i>	\$4

Hormonal Agents, Suppressant

Adrenal

LYSODREN	\$36
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Pituitary

<i>bromocriptine</i>	\$4	
<i>cabergoline</i>	\$4	QL
<i>leuprolide acetate</i>	33%	PA QL
<i>leuprolide acetate 1mg/0.2ml kit</i>	\$4	PA QL
LUPRON DEPOT	33%	PA QL
LUPRON DEPOT 3.75mg, 11.25mg	\$72	PA QL
SANDOSTATIN LAR	33%	QL
SOMATULINE	33%	QL
SOMAVERT	33%	PA QL
SYNAREL	\$36	
TRELSTAR	\$72	QL PA

Sex Hormones/Modifiers

Antiandrogens	
<i>bicalutamide</i>	\$4
<i>flutamide</i>	\$4
Antiestrogens/Modifiers	
danazol	\$4
FARESTON	\$36
FASLODEX	\$36
SOLTAMOX	\$72
<i>tamoxifen</i>	\$4
Aromatase Inhibitors	
ARIMIDEX	\$36
AROMASIN	\$36
FEMARA	\$36

Thyroid

Parathyroid	
<i>methimazole</i>	\$4
<i>propylthiouracil</i>	\$4
SENSIPAR	\$36

Immunological Agents

Immunizing Agents, Passive

Immunoglobulins		
CARIMUNE	33%	PA
FLEBOGAMMA	33%	PA
GAMASTAN S/D	33%	PA
GAMMAGARD S/D	33%	PA
GAMUNEX	33%	PA
IMMUNE GLOBULIN	33%	PA
IVEEGAM EN	33%	PA
OCTAGAM	33%	PA
PANGLOBULIN	33%	PA
PANGLOBULIN NF	33%	PA
POLYGAM S/D	33%	PA
VIVAGLOBIN	33%	PA

Immune Stimulants

ATTENUVAX INJ	\$36	
COMVAX	\$36	
DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, HEPATITIS B (RECOMBINANT), and POLIOVIRUS (INACTIVATED) VACCINE	\$36	
DIPHThERIA, TETANUS TOXOIDS, and ACELLULAR PERTUSSIS VACCINE	\$36	
ENGERIX-B	\$36	PA
GARDASIL	\$36	QL
HAVRIX INJ	\$36	
HAEMOPHILUS B CONJUGATE and HEPATITIS B (RECOMBINANT) VACCINE	\$36	
HAEMOPHILUS B CONJUGATE VACCINE	\$36	
HEPATITIS A INACTIVATED and HEPATITIS B (RECOMBINANT) VACCINE	\$36	
HEPATITIS B (RECOMBINANT) VACCINE	\$36	PA
INFANRIX	\$36	
I POL (INACTIVE)	\$36	
JAPANESE ENCEPHALITIS VIRUS VACCINE	\$36	
MEASLES VIRUS VACCINE (LIVE)	\$36	
MEASLES, MUMPS, and RUBELLA VACCINES (COMBINED)	\$36	
MENINGOCOCCAL POLYSACCHARIDE VACCINE	\$36	
MENOMUNE	\$36	
MERUVAX II INJ (LIVE)	\$36	
MUMPS VIRUS VACCINE (LIVE)	\$36	
POLIOVIRUS VACCINE (INACTIVATED)	\$36	
RABIES VACCINE	\$36	
RABAVERT	\$36	
ROTATEQ	\$36	
RUBELLA VIRUS VACCINE	\$36	
TICE BCG	\$36	
TWINRIX	\$36	
TYPHOID VACCINE LIVE ORAL	\$36	
TYPHOID VI POLYSACCHARIDE VACCINE	\$36	
VARIVAX	\$36	
YELLOW FEVER VACCINE	\$36	
ZOSTAVAX	\$36	QL

Immune Stimulants (Non-Vaccines)

ACTIMMUNE	33%	PA QL
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Immune Suppressants**Tumor Necrosis Factor (TNF) Inhibitors**

ENBREL	33%	PA QL
HUMIRA	33%	PA QL
KINERET	33%	QL

Immune Suppressants (Non-TNF Inhibitors)

AZASAN	\$36	PA
<i>azathioprine</i>	\$4	PA
CELLCEPT	\$72	PA
<i>cyclosporine</i>	\$4	PA
<i>cyclosporine, modified</i>	\$4	PA
NEORAL	\$36	PA
PROGRAF	\$72	PA
RAPAMUNE	\$36	PA
RAPTIVA	33%	PA QL
SANDIMMUNE	\$36	PA

Immunomodulators**Interferons**

AVONEX	33%	QL
BETASERON	33%	QL
INFERGEN	33%	PA QL
INTRON A	33%	PA
PEGASYS	33%	PA QL
REBIF	33%	QL
REMICADE	33%	PA
ROFERON-A	33%	PA

Immunomodulators, Others

ALDARA	\$72	
COPAXONE	33%	QL
CUPRIMINE	\$36	
ELIDEL	\$36	PA
ENBREL	33%	PA QL
HUMIRA	33%	PA QL
KINERET	33%	QL
<i>leflunomide</i>	\$4	
PROTOPIC	\$36	PA

REMICADE	33%	PA
RIDAURA	\$36	
REVLIMID	33%	PA QL
THALOMID	33%	PA QL

Inflammatory Bowel Disease Agents

Glucocorticoids

CORTIFOAM	\$36	
ENTOCORT EC	\$36	
<i>hydrocortisone enema</i>	\$4	

Salicylates

APRISO	\$36	QL
ASACOL	\$36	
<i>balsalazide</i>	\$4	
CANASA	\$36	
DIPENTUM	\$36	
<i>mesalamine rectal susp</i>	\$4	
PENTASA	\$36	
<i>sulfasalazine</i>	\$4	
<i>sulfasalazine delayed-rel</i>	\$4	

Sulfonamides

<i>sulfasalazine</i>	\$4	
<i>sulfasalazine delayed-rel</i>	\$4	

Ophthalmic Agents

Ophthalmic Antiallergy Agents

ALOCRIIL	\$72	
ALOMIDE	\$72	
ALREX	\$36	
<i>cromolyn sodium</i>	\$4	

Ophthalmic Antibacterials

AZASITE	\$72	
<i>bacitracin</i>	\$4	
BLEPHAMIDE SOP oint 10%/0.2%	\$36	
CILOXAN oint	\$36	
<i>ciprofloxacin</i>	\$4	
<i>erythromycin</i>	\$4	

<i>gentamicin</i>	\$4
<i>neomycin/polymyxin B/dexamethasone</i>	\$4
<i>neomycin/polymyxin B/gramicidin</i>	\$4
<i>neomycin/polymyxin B/hydrocortisone</i>	\$4
<i>ofloxacin</i>	\$4
<i>polymyxin B/bacitracin</i>	\$4
<i>polymyxin B/trimethoprim</i>	\$4
QUIXIN	\$72
<i>sulfacetamide 10%</i>	\$4
<i>sulfacetamide/prednisolone phosphate 10%/0.33%</i>	\$4
<i>tobramycin</i>	\$4
<i>tobramycin/dexamethasone oph susp</i>	\$4
TOBEX oint	\$36
VIGAMOX	\$36
ZYMAR	\$72

Ophthalmic Antifungals

NATACYN	\$36
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Ophthalmic Antiglaucoma Agents

Alpha-adrenergic Agonists, Ophthalmic

ALPHAGAN P	\$36
<i>brimonidine 0.2%</i>	\$4
COMBIGAN	\$36
<i>dipivefrin</i>	\$4

Beta-adrenergic Blocking Agents, Ophthalmic

<i>betaxolol</i>	\$4
BETIMOL	\$72
BETOPTIC S	\$36
<i>carteolol</i>	\$4
COMBIGAN	\$36
<i>levobunolol</i>	\$4
<i>metipranolol</i>	\$4
<i>timolol maleate</i>	\$4
<i>timolol maleate gel</i>	\$4

Carbonic Anhydrase Inhibitors, Ophthalmic

AZOPT	\$36
<i>dorzolamide hcl</i>	\$4
<i>dorzolamide hcl oph soln</i>	\$4

<i>timolol maleate oph soln</i>	\$4
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Miotics, Ophthalmic

<i>homatropine</i>	\$4
<i>pilocarpine</i>	\$4
<i>tropicamide</i>	\$4

Prostaglandins, Ophthalmic

LUMIGAN	\$36	QL
TRAVATAN	\$36	QL
TRAVATAN Z	\$36	QL
XALATAN	\$36	QL

Ophthalmic Anti-inflammatories

ACULAR	\$72
ACULAR LS	\$72
BLEPHAMIDE SOP oint 10%/0.2%	\$36
<i>dexamethasone sodium phosphate</i>	\$4
<i>diclofenac</i>	\$4
<i>fluorometholone</i>	\$4
FML FORTE SUS	\$36
FML oint	\$36
LOTEMAX	\$72
<i>neomycin/polymyxin B/dexamethasone</i>	\$4
<i>neomycin/polymyxin B/hydrocortisone</i>	\$4
NEVANAC SUSP 0.1%	\$36
PRED MILD	\$72
<i>prednisolone acetate 1%</i>	\$4
<i>prednisolone phosphate 1%</i>	\$4
<i>sulfacetamide/prednisolone phosphate 10%/0.33%</i>	\$4

Ophthalmic Antiviral

<i>trifluridine</i>	\$4
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Ophthalmic Agents, Others

Ocular Surface Agents, Ophthalmic

LACRISERT	\$36
RESTASIS	\$36

Otic Agents

Otic Antibacterials

<i>acetic acid</i>	\$4
<i>acetic acid/aluminum acetate</i>	\$4
<i>acetic acid/hydrocortisone</i>	\$4
CIPRO HC OTIC	\$36
CIPRODEX	\$36
<i>neomycin/polymyxin B/hydrocortisone</i>	\$4

Otic Anti-inflammatories

<i>acetic acid/hydrocortisone</i>	\$4
CIPRO HC OTIC	\$36
CIPRODEX	\$36
<i>neomycin/polymyxin B/hydrocortisone</i>	\$4

Respiratory Tract Agents

Antihistamines

Histamine (H1) Blocking Agents, Mildly/Non-sedating

ASTELIN	\$36	QL
<i>fexofenadine</i>	\$4	QL

H1 Blocking Agents, Sedating

<i>clemastine 2.68 mg</i>	\$4
<i>cyproheptadine</i>	\$4
<i>cyproheptadine syrup</i>	\$4
<i>diphenhydramine</i>	\$4
<i>diphenhydramine inj</i>	\$4
<i>hydroxyzine hcl</i>	\$4
<i>hydroxyzine hcl inj</i>	\$4

Antileukotrienes

Receptor Antagonists

ACCOLATE	\$72	QL
SINGULAIR	\$36	QL

Synthesis Inhibitors

ZYFLO CR	\$36	QL
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Bronchodilators, Anticholinergic

<i>albuterol sulfate and ipratropium bromide neb sol</i>	\$4	PA, QL
ATROVENT HFA INHALER	\$36	QL
COMBIVENT	\$36	QL
<i>ipratropium soln</i>	\$4	QL
<i>ipratropium spray</i>	\$4	
SPIRIVA	\$36	QL

Bronchodilators, Anti-inflammatories

ADVAIR	\$36	QL
ADVAIR HFA	\$36	QL
ASMANEX	\$36	QL
AZMACORT	\$72	QL
FLOVENT HFA	\$36	QL
FLOVENT DISKUS	\$36	QL
NASONEX	\$36	QL
PULMICORT	\$72	PA, QL
QVAR	\$72	QL
SYMBICORT	\$36	QL

Bronchodilators, Sympathomimetic

ADVAIR	\$36	QL
ADVAIR HFA	\$36	QL
<i>albuterol inhaler</i>	\$4	
<i>albuterol sulfate neb sol</i>	\$4	PA
<i>albuterol syrup, tabs</i>	\$4	
BROVANA	\$72	QL, PA
COMBIVENT	\$36	QL
EIPEN	\$36	QL
EIPEN JR.	\$36	QL
FORADIL	\$36	QL
MAXAIR	\$72	QL
<i>metaproterenol soln</i>	\$4	PA
PROAIR HFA	\$36	
SEREVENT	\$36	QL
SYMBICORT	\$36	QL
<i>terbutaline</i>	\$4	
<i>terbutaline inj</i>	\$4	
VENTOLIN HFA	\$36	
XOPENEX HFA	\$4	

XOPENEX neb	\$36	PA
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Bronchodilators, Phosphodiesterase 2 Inhibitors (Xanthines)

<i>aminophylline tabs</i>	\$4	
<i>aminophylline inj</i>	\$4	
ELIXOPHYLLIN	\$36	
THEO-24	\$36	
<i>theophylline</i>	\$4	
<i>theophylline ext-rel tabs</i>	\$4	

Mast Cell Stabilizers

<i>cromolyn soln</i>	\$4	PA QL
GASTROCROM	\$36	
INTAL inhaler	\$36	QL
TILADE	\$36	QL

Respiratory Tract Agents, Others

<i>acetylcyst soln</i>	\$4	PA
PULMOZYME	33%	QL, PA
TOBI	33%	QL, PA
TRACLEER	33%	QL
XOLAIR	33%	PA

Sedatives/Hypnotics

<i>zaleplon</i>	\$4	QL
<i>zolpidem</i>	\$4	QL

Skeletal Muscle Relaxants

<i>baclofen</i>	\$4	
<i>cyclobenzaprine</i>	\$4	QL
<i>dantrolene</i>	\$4	
SKELAXIN	\$36	QL

Therapeutic Nutrients/Minerals/Electrolytes

Electrolytes/Minerals

<i>calcitriol</i>	\$4	
<i>calcitriol inj</i>	\$4	
<i>potassium chloride ext-rel</i>	\$4	
<i>potassium citrate</i>	\$4	

Vitamins

prenatal vitamins

\$4

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