



Formulary Information.....3
Formulary Listing10
Formulary Index82

NETWORK HEALTH INSURANCE CORPORATION
1570 Midway Place
PO Box 120
Menasha, WI 54952
Customer Service
1-800-316-3107
TTY/TDD 1-800-899-2114

Network Health Insurance Corporation - Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* Formulary

Network Platinum*Plus* Pharmacy (PPO)
Network Platinum*Premier* Pharmacy (PPO)
Network*Cares* (PPO)
Network Platinum*Select* (PPO)

2010 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.

H5215_CMPFM_10
07/2009

Last Updated 7-10

What is the Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* Formulary?

A formulary is a list of covered drugs selected by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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. Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 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 October 1, 2009. To get updated information about the drugs covered by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*, please visit our Web site at www.NPPdrugplans.com or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114. In limited instances, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* may make changes to the formulary during the year which would reduce or discontinue coverage of a drug. Examples of this include removing dosage forms from the formulary, changing a preferred drug to a non-preferred drug, and adding prior authorization. If this occurs, a corrected formulary page will be mailed to you listing the updated formulary status of the affected drug.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Medications”. If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 82. 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?

Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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:** Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* before you fill your prescriptions. If you

don't get approval, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* may not cover the drug.

- **Quantity Limits:** For certain drugs, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* limits the amount of the drug that Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* will cover. For example, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* provides two tablets per prescription for Kytril. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* may not cover drug B unless you try Drug A first. If Drug A does not work for you, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.NPPdrugplans.com.

You can ask Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*'s formulary?" on page 6 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* pays for certain OTC drugs. OTC drugs covered by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* are Omeprazole OTC and Prilosec OTC. Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* will provide these OTC drugs at no cost to you. The cost to Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*.
- You can ask Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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 Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*'s Formulary?

You can ask Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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 product drug tier.

Part D Comprehensive Formulary

Generally, Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* 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.

For more information

For more detailed information about your Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* prescription drug coverage, please review your Evidence of Coverage and other plan materials.

Part D Comprehensive Formulary


If you have questions about Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*, please call Customer Service at 1-800-378-5234, Monday, Wednesday, Thursday, and Friday, 8:00am – 5:00pm, and Tuesday, 8:00am – 4:00pm. TTY/TDD users should call 1-800-947-3529. Or visit www.NPPdrugplans.com. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*'s Formulary

The formulary below provides coverage information about some of the drugs covered by Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select*. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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

The information in the Notes column tells you if Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network*Cares* and Network Platinum*Select* has any special requirements for coverage of your drug.

Legend	
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy
	Available through Mail Order
◆	Limited access medication
*	Covered in the Gap

Network Platinum^{Plus} Pharmacy and Network Platinum^{Premier} Pharmacy				
This table defines the standard copay structure.				
Depending on your income level your actual cost-share could be less:				
Drug Tier	Initial Coverage Phase		Gap Coverage	
	Retail (One Month)	Mail (Three Month)	Retail (One Month)	Mail (Three Month)
Generics	\$7	\$19	\$9	\$24
Preferred Brands and Non-Preferred Generics	\$26	\$68	100%	100%
Non-Preferred Brands	\$53	\$150	100%	100%
Specialty Products	25%	Not available by mail	100%	Not available by mail

Network Platinum^{Select} Pharmacy				
This table defines the standard copay structure.				
Depending on your income level your actual cost-share could be less:				
Drug Tier	Initial Coverage Phase		Gap Coverage	
	Retail (One Month)	Mail (Three Month)	Retail (One Month)	Mail (Three Month)
Generics	\$7	\$19	100%	100%
Preferred Brands and Non-Preferred Generics	\$26	\$68	100%	100%
Non-Preferred Brands	\$53	\$150	100%	100%
Specialty Products	25%	Not available by mail	100%	Not available by mail

Network^{Cares} Pharmacy				
Depending on your income level you will pay the following cost-share:				
Drug Tier	Initial Coverage Phase		Gap Coverage	
	Retail (One Month)	Mail (Three Month)	Retail (One Month)	Mail (Three Month)
TIER 1 and TIER 2	\$0	\$0	\$0, \$1.10, \$2.50 15% or 100%	\$0, \$1.10, \$2.50 15% or 100%
TIER 3	\$0	\$0	\$0, \$3.30, \$6.30 15% or 100%	\$0, \$3.30, \$6.30 15% or 100%
TIER 4	\$0, \$3.30, \$6.30, \$94 or 15%	\$0, \$3.30, \$6.30, \$282 or 15%	\$0, \$3.30, \$6.30 15% or 100%	\$0, \$3.30, \$6.30 15% or 100%
TIER 5	\$0, \$3.30, \$6.30, 15% or 33%	Not available by mail	\$0, \$3.30, \$6.30 15% or 100%	Not available by mail

Formulary Listing

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
Anesthetics			
<i>Local Anesthetics</i>			
<i>lidocaine</i>	\$7*	2	☒
XYLOCAINE	\$53	4	☒
<i>Topical Anesthetics</i>			
ANESTACON	\$53	4	☒
EMLA	\$53	4	☒
<i>lidocaine viscous</i>	\$7*	2	☒
<i>lidocaine/prilocaine</i>	\$7*	2	☒
LIDODERM	\$26	3	☒
SYNERA	\$53	4	☒
XYLOCAINE	\$53	4	☒
Antiinfectives			
<i>Amebicides</i>			
<i>paromomycin sulfate</i>	\$7*	2	☒
<i>amikacin sulfate</i>	\$7*	2	☒
AMIKIN	\$53	4	☒
<i>gentamicin injectable solution</i>	\$7*	2	☒
ISOTONIC GENTAMICIN SULFATE	\$53	4	☒
NEO-FRADIN	\$53	4	☒
<i>neomycin sulfate</i>	\$7*	2	☒
TOBI	25%	5	
<i>tobramycin</i>	\$7*	2	☒
<i>Anthelmintics</i>			
ALBENZA	\$26	3	☒
BILTRICIDE	\$53	4	☒
<i>mebendazole</i>	\$7*	2	☒
STROMEKTOL	\$26	3	☒
<i>Antiretrovirals and Protease Inhibitors</i>			
APTIVUS	25%	5	
ATRIPLA	25%	5	
COMBIVIR	25%	5	

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
CRIXIVAN	\$26	3	☒
<i>didanosine</i>	\$7*	2	☒
EMTRIVA	\$26	3	☒
EPIVIR	\$26	3	☒
EPIVIR HBV	\$26	3	☒
EPZICOM	25%	5	
FUZEON	25%	5	
INTELENCE	25%	5	
INVIRASE	25%	5	
ISENTRESS	25%	5	
KALETRA	25%	5	
LEXIVA SUSPENSION	\$26	3	☒
LEXIVA TABLET	25%	5	
NORVIR CAPSULE	\$26	3	☒
NORVIR SOLUTION	25%	5	
PREZISTA	25%	5	
RESCRIPTOR	\$26	3	☒
RETROVIR	\$53	4	☒
RETROVIR INJECTABLE SOLUTION	\$26	3	☒
REYATAZ	25%	5	
SELZENTRY	25%	5	
<i>stavudine</i>	\$7*	2	☒
SUSTIVA	\$26	3	☒
TRIZIVIR	25%	5	
TRUVADA	25%	5	
VIDEX	\$53	4	☒
VIRACEPT	\$26	3	☒
VIRAMUNE	\$26	3	☒
VIREAD	\$26	3	☒
ZERIT	\$53	4	☒
ZIAGEN	\$26	3	☒
<i>zidovudine</i>	\$7*	2	☒
<i>Antituberculosis Drugs</i>			
CAPASTAT SULFATE	25%	5	
<i>ethambutol</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>isonarif</i>	\$7*	2	☒
<i>isoniazid</i>	\$7*	2	☒
MYAMBUTOL	\$53	4	☒
MYCOBUTIN	\$26	3	☒
PASER	\$53	4	☒
PRIFTIN	\$26	3	☒
<i>pyrazinamide</i>	\$7*	2	☒
RIFADIN	\$53	4	☒
RIFADIN INJECTABLE SOLUTION	25%	5	
RIFAMATE	\$53	4	☒
<i>rifampin capsule</i>	\$7*	2	☒
RIFAMPIN INJECTABLE SOLUTION	25%	5	
RIFATER	\$53	4	☒
SEROMYCIN	\$53	4	☒
STREPTOMYCIN SULFATE	\$53	4	☒
TRECTOR	\$53	4	☒
<i>Cephalosporins</i>			
CEDAX	\$53	4	☒
<i>cefaclor</i>	\$7*	2	☒
<i>cefaclor er</i>	\$7*	2	☒
<i>cefadroxil</i>	\$7*	2	☒
<i>cefazolin</i>	\$7*	2	☒
<i>cefdinir</i>	\$7*	2	☒
<i>cefepime</i>	\$7*	2	☒
CEFIZOX	\$53	4	☒
<i>cefotaxime</i>	\$7*	2	☒
<i>cefotetan</i>	\$7*	2	☒
<i>cefoxitin</i>	\$7*	2	☒
<i>cefpodoxime</i>	\$7*	2	☒
<i>cefprozil</i>	\$7*	2	☒
<i>ceftazidime</i>	\$7*	2	☒
CEFTIN	\$53	4	☒
<i>ceftriaxone</i>	\$7*	2	☒
<i>cefuroxime</i>	\$7*	2	☒
<i>cefuroxime/dextrose</i>	\$7*	2	☒
<i>cephalexin capsule and tablet</i>	\$7*	1	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>cephalexin suspension</i>	\$7*	2	☒
CLAFORAN	\$53	4	☒
CLAFORAN GALAXY	\$53	4	☒
FORTAZ	\$53	4	☒
KEFLEX	\$53	4	☒
MAXIPIME	\$53	4	☒
OMNICEF	\$53	4	☒
RANICLOR	\$53	4	☒
ROCEPHIN	\$53	4	☒
SPECTRACEF	\$53	4	☒
SUPRAX	\$53	4	☒
TAZICEF	\$53	4	☒
VANTIN	\$53	4	☒
ZINACEF	\$53	4	☒
<i>Chloramphenicols</i>			
<i>chloramphenicol sod succinate</i>	\$7*	2	☒
<i>Clindamycins</i>			
CLEOCIN	\$53	4	☒
<i>clindamycin</i>	\$7*	2	☒
<i>Erythromycins</i>			
E.E.S. 200	\$53	4	☒
E.E.S. 400	\$53	4	☒
ERYPED	\$53	4	☒
ERY-TAB	\$26	3	☒
ERYTHROCIN LACTOBIONATE	\$53	4	☒
<i>erythrocine stearate</i>	\$7*	2	☒
<i>erythromycin oral</i>	\$7*	2	☒
PCE	\$53	4	☒
<i>Ketolides</i>			
KETEK	\$53	4	☒
<i>Oral Antifungal Drugs</i>			
ANCOBON	25%	5	
<i>clotrimazole troche</i>	\$7*	2	☒
DIFLUCAN	\$53	4	☒
<i>fluconazole</i>	\$7*	2	☒
GRIFULVIN V	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>griseofulvin</i>	\$7*	2	☒
GRIS-PEG	\$26	3	☒
<i>itraconazole</i>	\$7*	2	PA ☒
<i>ketoconazole tablet</i>	\$7*	2	☒
LAMISIL GRANULES AND TABLET	\$53	4	PA ☒
NOXAFIL	25%	5	
<i>nystatin oral</i>	\$7*	2	☒
SPORANOX	\$53	4	PA ☒
<i>terbinafine</i>	\$7*	2	PA ☒
VFEND	25%	5	
<i>Other Antiinfective Drugs</i>			
ALINIA	\$26	3	☒
AZACTAM	25%	5	
AZACTAM 20 MG/ML INJECTABLE SOLUTION	\$53	4	☒
AZACTAM 40 MG/ML INJECTABLE SOLUTION	25%	5	
<i>baciiim</i>	\$7*	2	☒
<i>bacitracin injection</i>	\$7*	2	☒
COLISTIMETHATE	25%	5	
CUBICIN	25%	5	
DORIBAX	25%	5	
INVANZ	\$26	3	☒
<i>kanamycin sulfate</i>	\$7*	2	☒
LINCOICIN	\$26	3	☒
MEPRON	25%	5	
MERREM	\$53	4	☒
NEBUPENT	\$53	4	☒
NEUTREXIN	\$53	4	☒
PENTAM 300	\$53	4	☒
<i>polymyxin b sulfate</i>	\$7*	2	☒
PRIMAXIN 250 MG VIAL	\$26	3	☒
PRIMAXIN 500 MG VIAL	25%	5	
SYNERCID	25%	5	
TYGACIL	25%	5	
VANCOICIN CAPSULE	25%	5	

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
VANCOGIN INJECTABLE SOLUTION	\$26	3	☒
<i>vancomycin</i>	\$7*	2	☒
VIBATIV	\$53	4	☒
XIFAXAN	\$26	3	QL=9 tablets ☒
ZYVOX	25%	5	
<i>Other Antiviral Drugs</i>			
<i>acyclovir capsule</i>	\$7*	1	☒
<i>acyclovir injection, suspension, tablet</i>	\$7*	2	☒
<i>amantadine</i>	\$7*	2	☒
BARACLUDGE 0.5 MG, 1 MG TABLET	25%	5	
BARACLUDGE ORAL SOLUTION	\$53	4	☒
COPEGUS	25%	5	
CYTOVENE	\$26	3	☒
<i>famciclovir 125 mg, 500 mg</i>	\$7*	2	QL=21 tablets ☒
<i>famciclovir 250 mg</i>	\$7*	2	QL=68 tablets ☒
FAMVIR 125 MG, 500 MG	\$53	4	QL=21 tablets ☒
FAMVIR 250 MG	\$53	4	QL=68 tablets ☒
FLUMADINE	\$53	4	☒
<i>foscarnet sodium</i>	\$7*	2	☒
FOSCAVIR	\$53	4	☒
GANCICLOVIR	25%	5	
HEPSERA	25%	5	
REBETOL	25%	5	
RELENZA	\$53	4	☒
RIBAPAK	25%	5	
RIBASPHERE	25%	5	
RIBASPHERE 200 MG CAPSULE, 400 MG, 600 MG	25%	5	
<i>ribasphere 200 mg tablet</i>	\$7*	2	☒
<i>ribavirin</i>	\$7*	2	☒
RIBAVIRIN 200 MG CAPSULE, 400 MG, 600 MG	25%	5	
<i>ribavirin 200 mg tablet</i>	\$7*	2	☒
<i>rimantadine</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
TAMIFLU	\$26	3	☒
TYZEKA	\$53	4	☒
<i>valcyclovir</i>	\$7*	2	☒
VALCYTE	25%	5	
VALTREX	\$53	4	☒
VIRAZOLE	25%	5	
VISTIDE	25%	5	
ZOVIRAX ORAL	\$53	4	☒
<i>Other Macrolides</i>			
<i>azithromycin</i>	\$7*	2	☒
BIAXIN	\$53	4	☒
BIAXIN XL	\$53	4	☒
<i>clarithromycin</i>	\$7*	2	☒
<i>clarithromycin er</i>	\$7*	2	☒
ZITHROMAX	\$53	4	☒
ZMAX	\$53	4	☒
<i>Other Topical Antifungals</i>			
<i>ciclopirox</i>	\$7*	2	☒
<i>clotrimazole topical</i>	\$7*	2	☒
<i>econazole nitrate</i>	\$7*	2	☒
ERTACZO	\$53	4	☒
EXELDERM	\$53	4	☒
EXTINA	\$53	4	☒
<i>ketoconazole topical</i>	\$7*	2	☒
KURIC	\$53	4	☒
LAMISIL SOLUTION	\$53	4	☒
LOPROX	\$53	4	☒
MENTAX	\$53	4	☒
MYCOSTATIN	\$53	4	☒
NAFTIN	\$53	4	☒
NIZORAL	\$53	4	☒
<i>nyamyc</i>	\$7*	2	☒
<i>nystatin topical</i>	\$7*	2	☒
<i>nystop</i>	\$7*	2	☒
OXISTAT	\$53	4	☒
<i>pedi-dri</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
PENLAC	\$53	4	☒
XOLEGEL	\$53	4	☒
<i>Parenteral Antifungals</i>			
ABELCET	25%	5	
AMBISOME	25%	5	
AMPHOTEC	\$53	4	☒
<i>amphotericin b</i>	\$7*	2	☒
CANCIDAS	25%	5	
DIFLUCAN	\$53	4	☒
ERAXIS	\$26	3	☒
<i>fluconazole</i>	\$7*	2	☒
MYCAMINE	25%	5	
VFEND	25%	5	
<i>Penicillins</i>			
<i>amoclan</i>	\$7*	2	☒
<i>amoxicillin</i>	\$7*	1	☒
<i>amoxicillin 875 mg tablet</i>	\$7*	2	☒
<i>amoxicillin/clavulanate</i>	\$7*	2	☒
AMOXIL	\$26	3	☒
<i>ampicillin</i>	\$7*	2	☒
<i>ampicillin-sulbactam</i>	\$7*	2	☒
AUGMENTIN	\$53	4	☒
AUGMENTIN ES	\$53	4	☒
AUGMENTIN XR	\$53	4	☒
BICILLIN C-R	\$53	4	☒
BICILLIN L-A	\$53	4	☒
<i>dicloxacillin sodium</i>	\$7*	2	☒
MOXATAG	\$53	4	☒
NAFCILLIN	25%	5	
NALLPEN	25%	5	
OXACILLIN	25%	5	
<i>oxacillin 1 gm vial injectable solution</i>	\$7*	2	☒
<i>penicillin g potassium</i>	\$7*	2	☒
<i>penicillin g procaine</i>	\$7*	2	☒
<i>penicillin g sodium</i>	\$7*	2	☒
PENICILLIN GK/ISO-OSM	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
DEXTROSE			
<i>penicillin v potassium</i>	\$7*	1	☒
PFIZERPEN	\$53	4	☒
<i>piperacil-tazobact</i>	\$7*	2	☒
<i>piperacillin</i>	\$7*	2	☒
TIMENTIN	\$53	4	☒
<i>trimox</i>	\$7*	1	☒
UNASYN	\$53	4	☒
<i>veetids 250 mg tablet, suspension</i>	\$7*	2	☒
VEETIDS 500 MG TABLET	\$53	4	☒
ZOSYN 2.25 GRAM, 4.5 GRAM, 40.5 GRAM, 3.375 PRE-MIX BAG	\$26	3	☒
ZOSYN 3.375 GRAM VIAL	\$53	4	☒
<i>Plasmodicides</i>			
ARALEN PHOSPHATE	\$53	4	☒
<i>chloroquine phosphate</i>	\$7*	2	☒
COARTEM	\$26	3	☒
DARAPRIM	\$26	3	☒
FANSIDAR	\$53	4	☒
<i>hydroxychloroquine sulfate</i>	\$7*	2	☒
LARIAM	\$53	4	☒
MALARONE	\$26	3	☒
<i>mefloquine hcl</i>	\$7*	2	☒
PLAQUENIL	\$53	4	☒
PRIMAQUINE	\$53	4	☒
QUALAQUIN	\$53	4	☒
<i>Quinolones</i>			
AVELOX	\$53	4	☒
CIPRO I.V.	\$53	4	☒
CIPRO SUSPENSION	\$26	3	☒
CIPRO TABLET	\$53	4	☒
<i>ciprofloxacin</i>	\$7*	2	☒
<i>ciprofloxacin er</i>	\$7*	2	☒
FACTIVE	\$53	4	☒
LEVAQUIN	\$53	4	☒
NOROXIN	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>ofloxacin tablet</i>	\$7*	2	☒
PROQUIN XR	\$53	4	☒
<i>Sulfonamides</i>			
BACTRIM	\$53	4	☒
BACTRIM DS	\$53	4	☒
<i>erythromycin/sulfisoxazole</i>	\$7*	2	☒
GANTRISIN	\$26	3	☒
SEPTRA	\$26	3	☒
SEPTRA DS	\$26	3	☒
<i>sulfadiazine</i>	\$7*	2	☒
<i>sulfamethoxazole/trimethoprim injectable solution</i>	\$7*	2	☒
<i>sulfamethoxazole/trimethoprim oral</i>	\$7*	1	☒
<i>sulfatrim</i>	\$7*	2	☒
<i>Sulfones</i>			
DAPSONE	\$26	3	☒
<i>Tetracyclines</i>			
ADOXA	\$53	4	☒
ADOXA PAK	\$53	4	☒
DECLOMYCIN	\$53	4	☒
<i>demeclocycline</i>	\$7*	2	☒
DORYX	\$53	4	☒
<i>doxy-caps</i>	\$7*	2	☒
<i>doxycycline</i>	\$7*	2	☒
<i>doxycycline injectable solution</i>	\$7*	2	☒
<i>doxycycline monohydrate</i>	\$7*	2	☒
DYNACIN	\$53	4	☒
MINOCIN	\$53	4	☒
<i>minocycline</i>	\$7*	2	☒
<i>minocycline er</i>	\$7*	2	☒
MONODOX	\$53	4	☒
<i>myrac</i>	\$7*	2	☒
ORACEA	\$53	4	☒
SOLODYN	\$53	4	☒
<i>tetracycline</i>	\$7*	1	☒
VIBRAMYCIN	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
VIBRA-TABS	\$53	4	☒
<i>Topical Antibacterial Drugs</i>			
ALTABAX	\$53	4	☒
BACTROBAN	\$53	4	☒
CORTISPORIN TOPICAL	\$53	4	☒
<i>gentamicin topical</i>	\$7*	2	☒
<i>mupirocin</i>	\$7*	2	☒
PHISOHEX	\$53	4	☒
SILVADENE	\$53	4	☒
<i>silver sulfadiazine</i>	\$7*	2	☒
<i>ssd</i>	\$7*	2	☒
SULFAMYLON	\$26	3	☒
<i>thermazene</i>	\$7*	2	☒
<i>Topical Antifungal-Corticosteroid Combinations</i>			
<i>clotrimazole/betamethasone</i>	\$7*	2	☒
LOTRISONE	\$53	4	☒
<i>nystatin/triamcinolone</i>	\$7*	2	☒
<i>Topical Antiviral Drugs</i>			
DENAVIR	\$53	4	☒
ZOVIRAX TOPICAL	\$26	3	☒
<i>Trichomonocides</i>			
FLAGYL	\$53	4	☒
FLAGYL ER	\$53	4	☒
<i>metronidazole</i>	\$7*	2	☒
<i>metronidazole</i>	\$7*	2	☒
TINDAMAX	\$26	3	☒
<i>Urinary Antiinfectives</i>			
FURADANTINE	\$26	3	☒
HIPREX	\$53	4	☒
MACROBID	\$53	4	☒
MACRODANTIN	\$53	4	☒
<i>methenamine hippurate</i>	\$7*	2	☒
MONUROL	\$53	4	☒
<i>nitrofurantoin macrocrystal</i>	\$7*	2	☒
PRIMSOL	\$26	3	☒
<i>trimethoprim</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
UREX	\$53	4	☒
<i>Vaginal Antifungals</i>			
GYNAZOLE-1	\$53	4	☒
<i>miconazole 3</i>	\$7*	2	☒
TERAZOL	\$53	4	☒
<i>terconazole</i>	\$7*	2	☒
ZAZOLE	\$53	4	☒
Antineoplastics & Immunosuppressant Drugs			
<i>Antineoplastics/Immunosuppressant Drugs</i>			
ABRAXANE	\$26	3	☒
<i>adriamycin</i>	\$7*	2	☒
AFINITOR	25%	5	
AGRYLIN	\$53	4	☒
ALIMTA	25%	5	
ALKERAN	\$53	4	☒
AMEVIVE	25%	5	PA ♦
<i>amifostine</i>	\$7*	2	☒
<i>anagrelide</i>	\$7*	2	☒
ARAVA	\$53	4	☒
ARIMIDEX	\$26	3	☒
AROMASIN	\$26	3	☒
ARRANON	\$26	3	☒
ARZERRA	25%	5	
AVASTIN	\$26	3	☒
AZASAN	\$26	3	PA ☒
<i>azathioprine</i>	\$7*	2	PA ☒
<i>bicalutamide</i>	\$7*	2	☒
BICNU	\$26	3	☒
BLEOMYCIN SULFATE	25%	5	
BUSULFEX	\$26	3	☒
CAMPATH	25%	5	
CAMPTOSAR	25%	5	
<i>carboplatin</i>	\$7*	2	☒
CASODEX	\$53	4	☒
CEENU	\$26	3	☒
CELLCEPT	\$53	4	PA ☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>cerubidine</i>	\$7*	2	☒
CIMZIA	25%	5	PA
<i>cisplatin</i>	\$7*	2	☒
<i>cladribine</i>	\$7*	2	☒
CLOLAR	\$53	4	☒
COSMEGEN	\$26	3	☒
<i>cyclophosphamide</i>	\$7*	2	PA ☒
<i>cyclosporine</i>	\$7*	2	PA ☒
<i>cytarabine</i>	\$7*	2	☒
CYTOXAN TABLET	\$53	4	PA ☒
CYTOXAN VIAL	\$53	4	☒
<i>dacarbazine</i>	\$7*	2	☒
DACOGEN	\$26	3	☒
<i>daunorubicin</i>	\$7*	2	☒
DAUNOXOME	25%	5	
DEGARELIX	\$53	4	☒
DEPO-PROVERA	\$53	4	☒
<i>dexrazoxane</i>	\$7*	2	☒
DOXIL	\$53	4	☒
<i>doxorubicin</i>	\$7*	2	☒
DROXIA	\$26	3	☒
ELIGARD	\$26	3	☒
ELITEK	25%	5	
ELLENC	25%	5	
ELOXATIN	25%	5	
ELSPAR	25%	5	
EMCYT	\$26	3	☒
ENBREL	25%	5	PA
<i>epirubicin</i>	\$7*	2	☒
ERBITUX	\$26	3	☒
ETHYOL	25%	5	
ETOPOPHOS	\$26	3	☒
<i>etoposide</i>	\$7*	2	☒
FARESTON	\$26	3	☒
FASLODEX	25%	5	
FEMARA	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
FLUDARA	\$26	3	☒
FLUDARABINE 50 MG VIAL	\$26	3	☒
<i>fludarabine 50 mg/2 ml vial</i>	\$7*	2	☒
<i>fluorouracil injectable solution</i>	\$7*	2	☒
<i>flutamide</i>	\$7*	2	☒
FUSILEV	\$53	4	☒
GEMZAR	25%	5	
<i>gengraf</i>	\$7*	2	PA ☒
GLEEVEC	25%	5	
HERCEPTIN	25%	5	
HEXALEN	25%	5	
HUMIRA	25%	5	PA / QL=2 injections
HYCANTIN	\$26	3	☒
HYDREA	\$53	4	☒
<i>hydroxyurea</i>	\$7*	2	☒
IDAMYCIN PFS	25%	5	
<i>idarubicin hcl</i>	\$7*	2	☒
IFEX	\$53	4	☒
<i>ifosfamide</i>	\$7*	2	☒
<i>ifosfamide/mesna</i>	\$7*	2	☒
IMURAN	\$53	4	PA ☒
IRESSA	25%	5	♦
<i>irinotecan</i>	\$7*	2	☒
ISTODAX	25%	5	
IXEMPRA	25%	5	
<i>leflunomide</i>	\$7*	2	☒
<i>leucovorin calcium</i>	\$7*	2	☒
LEUKERAN	\$26	3	☒
LEUSTATIN	\$26	3	☒
LYSODREN	25%	5	
MATULANE	25%	5	
MEGACE	\$53	4	☒
MEGACE ES	\$53	4	☒
<i>megestrol</i>	\$7*	2	☒
<i>melphalan</i>	\$7*	2	☒
<i>mercaptopurine</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>mesna</i>	\$7*	2	☒
MESNEX	\$26	3	☒
<i>methotrexate</i>	\$7*	2	PA ☒
<i>mitomycin</i>	\$7*	2	☒
<i>mitoxantrone</i>	\$7*	2	☒
MUSTARGEN	\$26	3	☒
<i>mycophenolate</i>	\$7*	2	PA ☒
MYFORTIC	\$26	3	PA ☒
MYLOTARG	25%	5	
NAVELBINE	\$53	4	☒
NEORAL	\$53	4	PA ☒
NEXAVAR	25%	5	♦
NILANDRON	\$26	3	☒
NIPENT	25%	5	
NOVANTRONE	25%	5	
OCTREOTIDE	25%	5	
<i>octreotide 50 mcg/ml solution</i>	\$7*	2	☒
ONCASPAR	25%	5	
ONTAK	25%	5	
<i>onxol</i>	\$7*	2	☒
ORENCIA	25%	5	
ORTHOCLONE OKT-3	\$26	3	☒
<i>oxaliplatin</i>	\$7*	2	☒
<i>paclitaxel</i>	\$7*	2	☒
PENTOSTATIN	25%	5	
PHOTOFRIN	\$26	3	☒
PLATINOL-AQ	\$26	3	☒
PROGRAF AMPULE	\$26	3	PA ☒
PROGRAF CAPSULE	\$53	4	PA ☒
PURINETHOL	\$53	4	☒
RAPAMUNE	\$26	3	PA ☒
REMICADE	25%	5	
REVLIMID	25%	5	♦
REYATAZ	25%	5	
RHEUMATREX	\$53	4	PA ☒
RITUXAN	25%	5	

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
SANDIMMUNE	\$53	4	PA ☒
SANDOSTATIN	25%	5	
SANDOSTATIN LAR	25%	5	
SIMPONI	25%	5	PA / QL=1 injection
SIMULECT	\$26	3	☒
SOMATULINE DEPOT	25%	5	
SPRYCEL	25%	5	
STELARA	25%	5	PA
SUTENT	25%	5	
<i>tacrolimus</i>	\$7*	2	PA / ☒
<i>tamoxifen</i>	\$7*	2	☒
TARCEVA	25%	5	
TARGRETIN	25%	5	
TASIGNA	25%	5	
TAXOTERE	25%	5	
THIOGUANINE	\$26	3	☒
<i>thiotepa injectable solution</i>	\$7*	2	☒
TORISEL	25%	5	
TREANDA	25%	5	
TRELSTAR DEPOT	\$26	3	☒ ♦
TRETINOIN 10 MG CAPSULE	25%	5	
TREXALL	\$26	3	PA ☒
TRISENOX	\$26	3	☒
TYKERB	25%	5	
TYSABRI	\$26	3	☒ ♦
UVADEX	\$26	3	☒
VECTIBIX	25%	5	
VELCADE	25%	5	
VESANOID	25%	5	
VIDAZA	25%	5	
<i>vinblastine</i>	\$7*	2	☒
<i>vincristine</i>	\$7*	2	☒
<i>vinorelbine</i>	\$7*	2	☒
VOTRIENT	25%	5	
ZANOSAR	\$26	3	☒
ZINECARD	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ZOLINZA	25%	5	
Autonomic and CNS Medications			
<i>Alcohol Antagonist</i>			
ANTABUSE	\$26	3	☒
<i>naltrexone</i>	\$7*	2	☒
<i>Analgesics</i>			
<i>butorphanol injection</i>	\$7*	2	☒
<i>nalbuphine hcl</i>	\$7*	2	☒
RYZOLT	\$53	4	☒
STADOL	\$53	4	☒
<i>tramadol</i>	\$7*	2	☒
<i>tramadol/acetaminophen</i>	\$7*	2	☒
ULTRACET	\$53	4	☒
ULTRAM	\$53	4	☒
ULTRAM ER	\$53	4	☒
<i>Antidementia Drugs</i>			
ARICEPT	\$26	3	☒
ARICEPT ODT	\$26	3	☒
COGNEX	\$53	4	☒
EXELON	\$26	3	☒
<i>galantamine hydrobromide</i>	\$7*	2	☒
NAMENDA	\$26	3	☒
RAZADYNE	\$53	4	☒
RAZADYNE ER	\$53	4	☒
<i>Antimania Drugs</i>			
DEPACON	\$53	4	☒
DEPAKENE	\$53	4	☒
DEPAKOTE	\$53	4	☒
DEPAKOTE ER	\$53	4	☒
DEPAKOTE SPRINKLE	\$53	4	☒
<i>divalproex</i>	\$7*	2	☒
<i>lithium carbonate</i>	\$7*	2	☒
<i>lithium citrate</i>	\$7*	2	☒
LITHOBID	\$53	4	☒
STAVZOR	\$53	4	☒
<i>valproate sodium</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>valproic acid</i>	\$7*	2	☒
<i>Antiparkinson Anticholinergic Drugs</i>			
<i>benztropine</i>	\$7*	2	☒
COGENTIN	\$53	4	☒
<i>trihexyphenidyl</i>	\$7*	2	☒
<i>Antipsychotic Drugs</i>			
ABILIFY DISCMELT, SOLUTION	\$53	4	☒
ABILIFY TABLET	\$26	3	☒
<i>chlorpromazine</i>	\$7*	2	☒
<i>clozapine</i>	\$7*	2	☒
CLOZARIL	\$53	4	ST ☒
FANAPT 1 MG, 2 MG, 4 MG	\$53	4	ST / QL=45 tablets ☒
FANAPT 6 MG	\$53	4	ST / QL=62 tablets ☒
FANAPT TITRATION, 8 MG, 10 MG, 12 MG	\$53	4	ST / ☒
FAZACLO	\$53	4	ST ☒
<i>fluphenazine</i>	\$7*	2	☒
GEODON	\$26	3	☒
HALDOL	\$53	4	☒
HALDOL DECANOATE	\$53	4	☒
<i>haloperidol</i>	\$7*	2	☒
<i>haloperidol decanoate</i>	\$7*	2	☒
<i>haloperidol lactate</i>	\$7*	2	☒
INVEGA	\$53	4	ST ☒
INVEGA SUSTENNA 39 MG, 78 MG	\$53	4	ST ☒
INVEGA SUSTENNA 117 MG, 156 MG, 234 MG	25%	5	ST
<i>loxapine</i>	\$7*	2	☒
<i>loxapine succinate</i>	\$7*	2	☒
LOXITANE	\$53	4	☒
MOBAN	\$53	4	☒
NAVANE	\$53	4	☒
ORAP	\$53	4	☒
<i>perphenazine</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
RISPERDAL	\$53	4	☒
RISPERDAL CONSTA	\$26	3	☒
<i>risperidone</i>	\$7*	2	☒
<i>risperidone odt</i>	\$7*	2	☒
SAPHRIS	\$53	4	ST ☒
SEROQUEL	\$53	4	☒
SEROQUEL XR	\$53	4	☒
SYMBYAX	\$53	4	☒
<i>thioridazine</i>	\$7*	2	☒
<i>thiothixene</i>	\$7*	2	☒
<i>trifluoperazine</i>	\$7*	2	☒
ZYPREXA INJECTION	25%	5	ST
ZYPREXA TABLET	\$26	3	ST ☒
ZYPREXA ZYDIS	\$53	4	ST ☒
<i>Antivertigo and Antiemetic Drugs</i>			
ALOXI	\$26	3	☒
ANTIVERT	\$53	4	☒
ANZEMET	\$53	4	PA / QL=1 tablet or 5 ml vial ☒
CESAMET	\$53	4	PA ☒
<i>compazine</i>	\$7*	2	☒
<i>compro</i>	\$7*	2	☒
<i>dronabinol</i>	\$7*	2	PA ☒
EMEND	\$26	3	PA ☒
<i>granisetron solution</i>	\$7*	2	☒
<i>granisetron tablet</i>	\$7*	2	PA / QL=2 tablets ☒
<i>granisol</i>	\$7*	2	PA / QL=1 bottle ☒
KYTRIL 1 MG TABLET	\$53	4	PA / QL=2 tablets ☒
KYTRIL INJECTION	\$53	4	☒
MARINOL	\$53	4	PA ☒
<i>meclizine</i>	\$7*	2	☒
<i>ondansetron 2 MG/ML vial, 32 mg/50 ml bag</i>	\$7*	2	PA ☒
<i>ondansteron 24 MG tablet</i>	\$7*	2	PA / QL=1 tablet ☒
<i>ondansteron 4 MG, 8 MG tablet</i>	\$7*	2	PA / QL=12 tablets ☒
<i>ondansteron 4 MG/5ML oral solution</i>	\$7*	2	PA / QL=3 vials ☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>ondansetron odt</i>	\$7*	2	PA / QL=12 tablets ☒
<i>phenadoz</i>	\$7*	2	☒
<i>prochlorperazine</i>	\$7*	2	☒
<i>promethazine</i>	\$7*	2	☒
<i>promethegan</i>	\$7*	2	☒
SANCUSO	25%	5	QL=1 patch
TIGAN	\$53	4	☒
TRANSDERM-SCOP	\$53	4	☒
<i>trimethobenzamide</i>	\$7*	2	☒
ZOFRAN 2MG/ML VIAL	\$53	4	PA ☒
ZOFRAN 4 MG, 8 MG, TABLET	\$53	4	PA / QL=12 tablets ☒
ZOFRAN 4 MG/5 ML SOLUTION	\$53	4	PA / QL=3 vials ☒
ZOFRAN ODT	\$53	4	PA / QL=12 tablets ☒
<i>Anxiolytics</i>			
BUSPAR	\$53	4	☒
<i>buspirone</i>	\$7*	2	☒
<i>meprobamate</i>	\$7*	2	☒
<i>Carbamazepines</i>			
<i>carbamazepine</i>	\$7*	2	☒
<i>carbamazepine er</i>	\$7*	2	☒
CARBATROL	\$53	4	☒
<i>epitol</i>	\$7*	2	☒
EQUETRO	\$53	4	☒
<i>oxcarbazepine</i>	\$7*	2	☒
TEGRETOL	\$53	4	☒
TEGRETOL XR 100 MG	\$26	3	☒
TEGRETOL XR 200 MG, 400 MG	\$53	4	☒
TRILEPTAL	\$53	4	☒
<i>Class II Narcotics</i>			
ACTIQ	25%	5	
ASTRAMORPH-PF	\$53	4	☒
AVINZA	\$53	4	☒
<i>codeine sulfate</i>	\$7*	2	☒
COMBUNOX	\$53	4	☒
DEMEROL	\$53	4	☒
DILAUDID	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
DOLOPHINE	\$53	4	☒
DURAGESIC	\$53	4	☒
DURAMORPH	\$53	4	☒
EMBEDA	\$53	4	QL=60 tablets ☒
<i>endocet</i>	\$7*	2	☒
<i>endodan</i>	\$7*	2	☒
<i>fentanyl injectable solution</i>	\$7*	2	☒
FENTANYL LOZENGE	25%	5	
<i>fentanyl patch</i>	\$7*	2	☒
FENTORA	25%	5	
<i>hydromorphone</i>	\$7*	2	☒
INFUMORPH	\$53	4	☒
KADIAN	\$53	4	☒
LEVO-DROMORAN	\$53	4	☒
<i>levorphanol</i>	\$7*	2	☒
MAGNACET	\$53	4	☒
<i>meperidine</i>	\$7*	2	☒
<i>meperidine injectable solution</i>	\$7*	2	☒
<i>methadone</i>	\$7*	2	☒
<i>methadose</i>	\$7*	2	☒
<i>morphine er</i>	\$7*	2	☒
<i>morphine sulfate</i>	\$7*	2	☒
MS CONTIN	\$53	4	☒
NUCYNTA	\$53	4	☒
ONSOLIS	25%	5	
OPANA	\$53	4	☒
OPANA ER	\$53	4	☒
ORAMORPH SR	\$53	4	☒
<i>oxycodone</i>	\$7*	2	☒
<i>oxycodone er</i>	\$7*	2	☒
<i>oxycodone/acetaminophen</i>	\$7*	2	☒
<i>oxycodone/aspirin</i>	\$7*	2	☒
<i>oxycodone/ibuprofen</i>	\$7*	2	☒
OXYCONTIN	\$26	3	☒
PERCOCET	\$53	4	☒
PERCODAN	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>roxicet caplet, tablet</i>	\$7*	2	☒
ROXICET SOLUTION	\$26	3	☒
ROXICODONE	\$53	4	☒
TYLOX	\$53	4	☒
<i>Class III Narcotics</i>			
<i>acetaminophen/codeine</i>	\$7*	2	☒
<i>apap/caffeine/dihydrocodeine</i>	\$7*	2	☒
<i>buprenorphine</i>	\$7*	2	☒
CAPITAL/CODEINE	\$53	4	☒
<i>co-gesic</i>	\$7*	2	☒
HYCET	\$53	4	☒
<i>hydrocodone bit/ibuprofen</i>	\$7*	2	☒
<i>hydrocodone/acetaminophen</i>	\$7*	2	☒
LORCET	\$53	4	☒
LORCET PLUS	\$53	4	☒
LORTAB	\$53	4	☒
<i>margesic h</i>	\$7*	2	☒
MAXIDONE	\$53	4	☒
NORCO	\$53	4	☒
PANLOR DC	\$53	4	☒
PANLOR SS	\$53	4	☒
<i>reprexain</i>	\$7*	2	☒
<i>reprexain 5/200</i>	\$7*	2	☒
<i>stagesic</i>	\$7*	2	☒
SUBOXONE	\$26	3	☒
SUBUTEX	\$53	4	☒
SYNALGOS-DC	\$53	4	☒
<i>trezix</i>	\$7*	2	☒
TYLENOL W/CODEINE	\$53	4	☒
VANACET	\$53	4	☒
VICODIN	\$53	4	☒
VICODIN ES	\$53	4	☒
VICODIN HP	\$53	4	☒
VICOPROFEN	\$53	4	☒
XODOL	\$53	4	☒
<i>zamicet</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ZERLOR	\$53	4	☒
ZYDONE	\$53	4	☒
<i>Class IV Narcotics</i>			
BALACET	\$53	4	☒
BUPRENEX	\$53	4	☒
DARVOCET A500	\$53	4	☒
DARVOCET-N	\$53	4	☒
DARVON	\$53	4	☒
DARVON-N	\$53	4	☒
<i>pentazocine/acetaminophen</i>	\$7*	2	☒
<i>propoxyphene</i>	\$7*	2	☒
<i>propoxyphene n/apap</i>	\$7*	2	☒
<i>propoxyphene/apap</i>	\$7*	2	☒
TALACEN	\$53	4	☒
TALWIN	\$53	4	☒
TALWIN NX	\$53	4	☒
<i>CNS Stimulant Drugs</i>			
ADDERALL	\$53	4	☒
ADDERALL XR	\$53	4	☒
<i>amphetamine salts</i>	\$7*	2	☒
CONCERTA	\$26	3	QL=34 tablets ☒
DAYTRANA	\$53	4	☒
DESOXYN	\$53	4	☒
DEXEDRINE	\$53	4	☒
DEXEDRINE SPANSULE	\$53	4	☒
<i>dexmethylphenidate</i>	\$7*	2	☒
<i>dextroamphetamine</i>	\$7*	2	☒
<i>dextroamphetamine er</i>	\$7*	2	☒
FOCALIN	\$53	4	☒
FOCALIN XR	\$53	4	☒
<i>liquadd</i>	\$7*	2	☒
METADATE CD	\$53	4	☒
<i>metadate er</i>	\$7*	2	☒
<i>methylin 5 mg, 10 mg, 20 mg tablet</i>	\$7*	2	☒
METHYLIN CHEWABLE TABLET, ORAL SOLUTION	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>methylin er</i>	\$7*	2	☒
<i>methyphenidate hcl</i>	\$7*	2	☒
NUVIGIL	\$26	3	ST ☒
PROVIGIL	\$26	3	ST ☒
RITALIN	\$53	4	☒
RITALIN LA	\$53	4	☒
RITALIN SR	\$53	4	☒
VYVANSE	\$26	3	☒
<i>Drugs To Prevent and Treat Headaches</i>			
AMERGE	\$53	4	ST / QL=9 tablets ☒
<i>ascomp/codeine</i>	\$7*	2	☒
AXERT	\$53	4	ST / QL=9 tablets ☒
<i>butalbital/caff/apap/codeine</i>	\$7*	2	☒
<i>butorphanol nasal spray</i>	\$7*	2	☒
CAFERGOT	\$53	4	☒
D.H.E.45	25%	5	
<i>dihydroergotamine</i>	\$7*	2	☒
EQUAGESIC	\$53	4	☒
ERGOMAR	\$53	4	☒
<i>ergotamine-caffeine</i>	\$7*	2	☒
FIORICET W/CODEINE	\$53	4	☒
FIORINAL W/CODEINE	\$53	4	☒
FROVA	\$53	4	ST / QL=9 tablets ☒
IMITREX 25 MG, 50 MG, 100 MG TABLET	\$53	4	ST / QL=9 tablets ☒
IMITREX INJECTION	\$53	4	ST / QL=8 injections ☒
IMITREX NASAL SPRAY	\$53	4	ST / QL=6 devices ☒
MAXALT	\$53	4	ST / QL=9 tablets ☒
MAXALT MLT	\$53	4	ST / QL=9 tablets ☒
<i>migergot</i>	\$7*	2	☒
MIGRANAL	\$26	3	QL=8 ampules ☒
RELPAK	\$53	4	ST / QL=9 tablets ☒
<i>sumatriptan 25 mg, 50 mg, 100 mg tablet</i>	\$7*	2	QL=9 tablets ☒
<i>sumatriptan injection</i>	\$7*	2	QL=8 injections ☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
SUMAVEL DOSEPRO	\$53	4	ST / QL=8 injections ☒
TREXIMET	\$53	4	ST / QL=9 tablets ☒
ZOMIG 5 MG NASAL SPRAY	\$53	4	ST / QL=6 devices ☒
ZOMIG 2.5 MG, 5 MG TABLET	\$53	4	ST / QL=9 tablets ☒
ZOMIG ZMT	\$53	4	ST / QL=9 tablets ☒
<i>Hydantoin</i>			
CEREBYX	\$53	4	☒
DILANTIN	\$26	3	☒
<i>fosphenytoin sodium</i>	\$7*	2	☒
PEGANONE	\$26	3	☒
PHENYTEK	\$53	4	☒
<i>phenytoin</i>	\$7*	2	☒
<i>MAO Inhibitors</i>			
EMSAM	\$53	4	☒
MARPLAN	\$26	3	☒
NARDIL	\$26	3	☒
PARNATE	\$53	4	☒
<i>tranylcypromine sulfate</i>	\$7*	2	☒
<i>Other Anticonvulsants</i>			
BANZEL	\$53	4	☒
FELBATOL	\$26	3	☒
<i>gabapentin</i>	\$7*	2	☒
GABITRIL	\$26	3	☒
KEPPRA	\$53	4	☒
KEPPRA XR	\$53	4	☒
LAMICTAL	\$53	4	☒
LAMICTAL ODT	\$53	4	☒
<i>lamotrigine</i>	\$7*	2	☒
<i>levetiracetam</i>	\$7*	2	☒
LYRICA	\$53	4	ST ☒
MYSOLINE	\$53	4	☒
NEURONTIN	\$53	4	☒
<i>primidone</i>	\$7*	2	☒
SABRIL	25%	5	♦
TOPAMAX	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>topiramate</i>	\$7*	2	☒
VIMPAT	\$26	3	☒
ZONEGRAN	\$53	4	☒
<i>zonisamide</i>	\$7*	2	☒
<i>Other Antidepressants</i>			
<i>amitriptyline/chlordiazepoxide</i>	\$7*	2	☒
<i>amitriptyline/perphenazine</i>	\$7*	2	☒
ALENZIN	\$53	4	☒
<i>budeprion sr</i>	\$7*	2	☒
<i>budeprion xl</i>	\$7*	2	☒
<i>bupropion</i>	\$7*	2	☒
<i>bupropion sr</i>	\$7*	2	☒
CYMBALTA 20 MG	\$26	3	QL=60 tablets ☒
CYMBALTA 30 MG	\$26	3	QL=30 tablets ☒
CYMBALTA 60 MG	\$26	3	☒
EFFEXOR	\$53	4	☒
EFFEXOR XR	\$26	3	☒
LIMBITROL	\$53	4	☒
<i>maprotiline hcl</i>	\$7*	2	☒
<i>mirtazapine</i>	\$7*	2	☒
<i>nefazodone</i>	\$7*	2	☒
<i>nefazodone hcl</i>	\$7*	2	☒
PRISTIQ	\$53	4	☒
REMERON	\$53	4	☒
SAVELLA	\$26	3	☒
<i>trazodone</i>	\$7*	2	☒
<i>venlafaxine</i>	\$7*	2	☒
VENLAFAXINE ER	\$26	3	☒
WELLBUTRIN	\$53	4	☒
WELLBUTRIN SR	\$53	4	☒
WELLBUTRIN XL	\$53	4	☒
<i>Other Antiparkinson Drugs</i>			
APOKYN	25%	5	♦
<i>atamet</i>	\$7*	2	☒
AZILECT	\$53	4	☒
<i>bromocriptine</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>carbidopa/levodopa</i>	\$7*	2	☒
<i>carbidopa/levodopa odt</i>	\$7*	2	☒
COMTAN	\$26	3	☒
ELDEPRYL	\$53	4	☒
LODOSYN	\$26	3	☒
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG	\$53	4	☒
MIRAPEX 0.75 MG	\$26	3	☒
MIRAPEX ER	\$53	4	☒
PARCOPA	\$53	4	☒
PARLODEL	\$53	4	☒
<i>pramipexole dihydrochloride</i>	\$7*	2	☒
REQUIP	\$53	4	☒
REQUIP XL	\$53	4	☒
<i>ropinirole hcl</i>	\$7*	2	☒
<i>selegiline</i>	\$7*	2	☒
SINEMET	\$53	4	☒
SINEMET CR	\$53	4	☒
STALEVO	\$26	3	☒
TASMAR	\$26	3	☒
ZELAPAR	\$53	4	☒
<i>Other CNS/Autonomic Drugs</i>			
<i>atropine injection</i>	\$7*	2	☒
CAMPRAL	\$26	3	☒
<i>depade</i>	\$7*	2	☒
<i>guanidine hcl</i>	\$7*	2	☒
INTUNIV	\$53	4	☒
MESTINON	\$53	4	☒
MYTELASE	\$53	4	☒
<i>naloxone hcl</i>	\$7*	2	☒
<i>pyridostigmine bromide</i>	\$7*	2	☒
REGONOL	\$53	4	☒
REVIA	\$53	4	☒
STRATTERA	\$26	3	☒
VIVITROL	25%	5	
XENAZINE	25%	5	PA ♦

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
XYREM	25%	5	♦
<i>Secondary Amines</i>			
<i>amoxapine</i>	\$7*	2	☒
<i>desipramine</i>	\$7*	2	☒
NORPRAMIN	\$53	4	☒
<i>nortriptyline hcl</i>	\$7*	2	☒
PAMELOR	\$53	4	☒
<i>protriptyline hcl</i>	\$7*	2	☒
VIVACTIL	\$53	4	☒
<i>Sedative/Hypnotic Drugs</i>			
AMBIEN	\$53	4	☒
AMBIEN CR	\$53	4	☒
EDLUAR	\$53	4	☒
LUNESTA	\$53	4	☒
ROZEREM	\$53	4	☒
SONATA	\$53	4	☒
<i>zaleplon</i>	\$7*	2	☒
<i>zolpidem</i>	\$7*	2	☒
<i>Selective Serotonin Reuptake Inhibitors</i>			
CELEXA	\$53	4	☒
<i>citalopram</i>	\$7*	2	☒
<i>fluoxetine</i>	\$7*	2	☒
<i>fluvoxamine maleate</i>	\$7*	2	☒
LEXAPRO	\$53	4	ST ☒
LUVOX CR	\$53	4	☒
<i>paroxetine</i>	\$7*	2	☒
<i>paroxetine er</i>	\$7*	2	☒
PAXIL	\$53	4	☒
PAXIL CR	\$53	4	☒
PEXEVA	\$53	4	☒
PROZAC	\$53	4	☒
PROZAC WEEKLY	\$53	4	☒
<i>rapiflux</i>	\$7*	2	☒
SARAFEM	\$53	4	☒
<i>selfemra</i>	\$7*	2	☒
<i>sertraline hcl</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ZOLOFT	\$53	4	☒
<i>Smoking Cessation Products</i>			
<i>buproban</i>	\$7*	2	☒
CHANTIX	\$53	4	☒
NICOTROL	\$26	3	☒
NICOTROL NS	\$26	3	☒
ZYBAN	\$53	4	☒
<i>Succinimides</i>			
CELONTIN	\$26	3	☒
<i>ethosuximide</i>	\$7*	2	☒
ZARONTIN	\$53	4	☒
<i>Tertiary Amines</i>			
<i>amitriptyline</i>	\$7*	2	☒
ANAFRANIL	\$53	4	☒
<i>clomipramine</i>	\$7*	2	☒
<i>doxepin</i>	\$7*	2	☒
<i>imipramine</i>	\$7*	2	☒
<i>imipramine pamoate</i>	\$7*	2	☒
SURMONTIL	\$53	4	☒
TOFRANIL	\$53	4	☒
TOFRANIL-PM	\$53	4	☒
<i>trimipramine</i>	\$7*	2	☒
Cardiovascular Medications			
<i>Amiodarones</i>			
<i>amiodarone</i>	\$7*	2	☒
CORDARONE	\$53	4	☒
PACERONE	\$26	3	☒
<i>pacerone 200 mg</i>	\$7*	2	☒
<i>Angiotensin Converting Enzyme Inhibitors</i>			
ACCUPRIL	\$53	4	☒
ACEON	\$53	4	☒
ALTACE	\$53	4	☒
<i>benazepril</i>	\$7*	1	☒
CAPOTEN	\$53	4	☒
<i>captopril</i>	\$7*	1	☒
<i>enalapril</i>	\$7*	1	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>fosinopril</i>	\$7*	2	☒
<i>lisinopril 2.5 mg, 5 mg, 10 mg, 20 mg tablet</i>	\$7*	1	☒
<i>lisinopril 30 mg, 40 mg tablet</i>	\$7*	2	☒
LOTENSIN	\$53	4	☒
MAVIK	\$53	4	☒
<i>moexipril hcl</i>	\$7*	2	☒
MONOPRIL	\$53	4	☒
<i>perindopril</i>	\$7*	2	☒
PRINIVIL	\$53	4	☒
<i>quinapril</i>	\$7*	2	☒
<i>ramipril</i>	\$7*	2	☒
<i>trandolapril</i>	\$7*	2	☒
UNIVASC 15 MG	\$53	4	☒
UNIVASC 7.5 MG	\$26	3	☒
VASOTEC	\$53	4	☒
ZESTRIL	\$53	4	☒
<i>Angiotensin II Receptor Antagonists</i>			
ATACAND	\$53	4	ST ☒
AVAPRO	\$53	4	ST ☒
BENICAR	\$26	3	ST ☒
COZAAR	\$26	3	ST ☒
DIOVAN	\$26	3	ST ☒
<i>losartan</i>	\$7*	2	☒
MICARDIS	\$53	4	ST ☒
TEVETEN	\$53	4	ST ☒
<i>Beta-Adrenergic Antagonist Drugs</i>			
<i>acebutolol</i>	\$7*	2	☒
<i>atenolol</i>	\$7*	1	☒
<i>betaxolol tablet</i>	\$7*	2	☒
<i>bisoprolol</i>	\$7*	2	☒
BYSTOLIC	\$53	4	☒
CARTROL	\$53	4	☒
<i>carvedilol</i>	\$7*	1	☒
COREG	\$53	4	☒
COREG CR	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
CORGARD	\$53	4	☒
INDERAL	\$53	4	☒
INNOPRAN XL	\$26	3	☒
KERLONE	\$53	4	☒
<i>labetalol</i>	\$7*	2	☒
LEVATOL	\$53	4	☒
LOPRESSOR	\$53	4	☒
<i>metoprolol er</i>	\$7*	2	☒
<i>metoprolol er, injectable solution</i>	\$7*	2	☒
<i>metoprolol tartrate</i>	\$7*	1	☒
<i>nadolol 20 mg, 40 mg</i>	\$7*	1	☒
<i>nadolol 80 mg, 160 mg</i>	\$7*	2	☒
<i>pindolol</i>	\$7*	1	☒
<i>propranolol er, injection, oral solution</i>	\$7*	2	☒
<i>propranolol tablet</i>	\$7*	1	☒
SECTRAL	\$53	4	☒
TENORMIN	\$53	4	☒
<i>timolol tablet</i>	\$7*	2	☒
TOPROL XL	\$53	4	☒
TRANDATE	\$53	4	☒
ZEBETA	\$53	4	☒
<i>Calcium Antagonists</i>			
ADALAT CC	\$53	4	☒
<i>afeditab cr</i>	\$7*	2	☒
<i>amlodipine</i>	\$7*	2	☒
CALAN	\$53	4	☒
CALAN SR	\$53	4	☒
CARDENE IV	\$53	4	☒
CARDENE SR	\$53	4	☒
CARDIZEM	\$53	4	☒
CARDIZEM CD	\$53	4	☒
<i>cartia xt</i>	\$7*	2	☒
COVERA-HS	\$53	4	☒
DILACOR XR	\$53	4	☒
<i>dilt-cd</i>	\$7*	2	☒
<i>diltiazem er</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>diltiazem injectable solution</i>	\$7*	2	☒
<i>diltiazem tablet</i>	\$7*	1	☒
<i>dilt-xr</i>	\$7*	2	☒
<i>diltzac</i>	\$7*	2	☒
DYNACIRC CR	\$53	4	☒
<i>felodipine er</i>	\$7*	2	☒
ISOPTIN SR	\$53	4	☒
<i>isradipine</i>	\$7*	2	☒
<i>nicardipine</i>	\$7*	2	☒
<i>nicardipine injectable solution</i>	\$7*	2	☒
<i>nifediac cc</i>	\$7*	2	☒
<i>nifedical xl</i>	\$7*	2	☒
<i>nifedipine</i>	\$7*	2	☒
<i>nifedipine er</i>	\$7*	2	☒
NIMODIPINE	25%	5	
<i>nisoldipine</i>	\$7*	2	☒
NORVASC	\$53	4	☒
PROCARDIA	\$53	4	☒
PROCARDIA XL	\$53	4	☒
SULAR	\$53	4	☒
<i>taztia xt</i>	\$7*	2	☒
TIAZAC	\$53	4	☒
<i>verapamil</i>	\$7*	2	☒
<i>verapamil er</i>	\$7*	2	☒
VERELAN	\$53	4	☒
VERELAN PM	\$53	4	☒
<i>Cardiac Glycosides</i>			
<i>digoxin 125 mcg, 250 mcg tablet</i>	\$7*	1	☒
<i>digoxin oral solution, injectable solution</i>	\$7*	2	☒
LANOXIN	\$26	3	☒
<i>Centrally Acting Antihypertensives</i>			
CATAPRES	\$53	4	☒
<i>clonidine 0.1 mg, 0.2 mg tablet</i>	\$7*	1	☒
<i>clonidine 0.3 mg tablet</i>	\$7*	2	☒
<i>clonidine patch</i>	\$7*	2	☒
<i>guanabenz</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>guanfacine 1 mg tablet</i>	\$7*	1	☒
<i>guanfacine 2 mg tablet</i>	\$7*	2	☒
<i>methyldopa</i>	\$7*	1	☒
<i>methyldopate hcl</i>	\$7*	2	☒
TENEX	\$53	4	☒
<i>Class 1 - Membrane Stabilizing</i>			
<i>disopyramide phosphate</i>	\$7*	2	☒
<i>flecainide acetate</i>	\$7*	2	☒
<i>mexiletine hcl</i>	\$7*	2	☒
NORPACE	\$53	4	☒
NORPACE CR	\$53	4	☒
<i>procainamide</i>	\$7*	2	☒
<i>propafenone</i>	\$7*	2	☒
<i>quinidine gluconate</i>	\$7*	2	☒
<i>quinidine sulfate</i>	\$7*	2	☒
RYTHMOL	\$53	4	☒
RYTHMOL SR	\$53	4	☒
TAMBOCOR	\$53	4	☒
<i>Drugs For Pheochromocytoma</i>			
DEMSEER	\$26	3	☒
DIBENZYLINE	\$26	3	☒
<i>Endothelin Receptor Antagonist</i>			
LETAIRIS	25%	5	
TRACLEER	25%	5	♦
<i>HMG-COA Combinations</i>			
ADVICOR	\$53	4	ST ☒
CADUET	\$53	4	ST ☒
SIMCOR	\$53	4	ST ☒
VYTORIN	\$26	3	ST ☒
<i>HMG-COA Reductase Inhibitors</i>			
ALTOPREV	\$53	4	ST ☒
CRESTOR	\$26	3	ST ☒
LESCOL	\$53	4	ST ☒
LESCOL XL	\$53	4	ST ☒
LIPITOR	\$26	3	ST ☒
<i>lovastatin</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
MEVACOR	\$53	4	☒
PRAVACHOL	\$53	4	☒
<i>pravastatin</i>	\$7*	2	☒
<i>simvastatin</i>	\$7*	2	☒
ZOCOR	\$53	4	☒
<i>Hypolipoproteinemics</i>			
ANTARA	\$53	4	ST ☒
<i>cholestyramine</i>	\$7*	2	☒
<i>cholestyramine light</i>	\$7*	2	☒
COLESTID	\$53	4	☒
<i>colestipol</i>	\$7*	2	☒
<i>fenofibrate</i>	\$7*	2	☒
FENOGLIDE	\$53	4	ST ☒
<i>gemfibrozil</i>	\$7*	2	☒
LIPOFEN	\$53	4	ST ☒
LOFIBRA	\$53	4	ST ☒
LOPID	\$53	4	☒
LOVAZA	\$53	4	☒
NIACOR	\$53	4	☒
NIASPAN	\$26	3	☒
<i>prevalite</i>	\$7*	2	☒
QUESTRAN	\$53	4	☒
QUESTRAN LIGHT	\$53	4	☒
TRICOR	\$53	4	ST ☒
TRIGLIDE	\$53	4	ST ☒
TRILIPIX	\$53	4	ST ☒
WELCHOL	\$53	4	☒
ZETIA	\$26	3	☒
<i>Loop Diuretics</i>			
<i>bumetanide 0.5 mg, 1 mg tablet</i>	\$7*	1	☒
<i>bumetanide 2 mg tablet, injection</i>	\$7*	2	☒
BUMEX	\$26	3	☒
DEMADEX	\$53	4	☒
EDECIN INJECTABLE SOLUTION	\$53	4	☒
EDECIN TABLET	\$26	3	☒
<i>furosemide injection, oral solution</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>furosemide tablet</i>	\$7*	1	☒
LASIX	\$26	3	☒
<i>torseamide</i>	\$7*	2	☒
<i>Nitrates</i>			
DILATRATE SR	\$53	4	☒
IMDUR	\$53	4	☒
ISMO	\$53	4	☒
ISOCHRON	\$53	4	☒
ISORDIL	\$53	4	☒
<i>isosorbide dinitrate</i>	\$7*	2	☒
<i>isosorbide mononitrate</i>	\$7*	2	☒
<i>isosorbide mononitrate er</i>	\$7*	2	☒
MINITRAN	\$53	4	☒
MONOKET	\$53	4	☒
<i>nitro-bid</i>	\$7*	2	☒
NITRO-DUR	\$53	4	☒
<i>nitroglycerin</i>	\$7*	2	☒
NITROLINGUAL	\$53	4	☒
NITROSTAT	\$53	4	☒
<i>Other Antiarrhythmics</i>			
BETAPACE	\$53	4	☒
BETAPACE AF	\$53	4	☒
MULTAQ	\$26	3	☒
<i>sorine</i>	\$7*	2	☒
<i>sotalol 120 mg, 160 mg, 240 mg</i>	\$7*	2	☒
<i>sotalol 80 mg</i>	\$7*	1	☒
<i>sotalol vial</i>	\$53	4	☒
TIKOSYN	\$26	3	☒
<i>Other Antihypertensives</i>			
ACCURETIC	\$53	4	☒
<i>amlodipine/benazepril</i>	\$7*	2	☒
ATACAND HCT	\$53	4	ST ☒
<i>atenolol/chlorthalidone</i>	\$7*	2	☒
AVALIDE	\$53	4	ST ☒
AZOR	\$53	4	ST ☒
<i>benazepril/hydrochlorothiazide</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
BENICAR HCT	\$26	3	ST ☒
<i>bisoprolol/hydrochlorothiazide</i>	\$7*	1	☒
<i>captopril/hydrochlorothiazide</i>	\$7*	2	☒
CLORPRES	\$53	4	☒
CORZIDE	\$53	4	☒
DIOVAN HCT	\$26	3	ST ☒
<i>enalapril/hydrochlorothiazide</i>	\$7*	2	☒
EXFORGE	\$53	4	ST ☒
EXFORGE HCT	\$53	4	ST ☒
<i>fosinopril/hydrochlorothiazide</i>	\$7*	2	☒
HYZAAR	\$26	3	ST ☒
<i>lisinopril/hydrochlorothiazide</i>	\$7*	1	☒
LOPRESSOR HCT	\$53	4	☒
<i>losartan/hydrochlorothiazide</i>	\$7*	2	☒
LOTENSIN HCT	\$53	4	☒
LOTREL	\$53	4	☒
<i>methyl dopa/hydrochlorothiazide</i>	\$7*	2	☒
<i>metoprolol/hydrochlorothiazide</i>	\$7*	2	☒
MICARDIS HCT	\$53	4	ST ☒
<i>moexipril/hydrochlorothiazide</i>	\$7*	2	☒
MONOPRIL HCT	\$53	4	☒
<i>nadolol/bendroflumethiazide</i>	\$7*	2	☒
PRINZIDE	\$53	4	☒
<i>propranolol/hydrochlorothiazide</i>	\$7*	2	☒
<i>quinapril/hydrochlorothiazide</i>	\$7*	2	☒
<i>quinaretic</i>	\$7*	2	☒
<i>reserpine</i>	\$7*	2	☒
TARKA	\$53	4	☒
TEKTURNA	\$53	4	ST ☒
TEKTURNA HCT	\$53	4	ST ☒
TENORETIC	\$53	4	☒
TEVETEN HCT	\$53	4	ST ☒
TWYNSTA	\$53	4	ST ☒
UNIRETIC	\$53	4	☒
VALTURNA	\$53	4	ST ☒
VASERETIC	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ZESTORETIC	\$53	4	☒
ZIAC	\$53	4	☒
<i>Other Cardiovascular Drugs</i>			
<i>midodrine hcl</i>	\$7*	2	☒
<i>pentopak</i>	\$7*	2	☒
<i>pentoxifylline</i>	\$7*	2	☒
<i>pentoxil</i>	\$7*	2	☒
PROAMATINE	\$53	4	☒
RANEXA	\$53	4	☒
TRENTAL	\$53	4	☒
<i>Other Vasodilating Drugs</i>			
ADCIRCA	25%	5	PA
BIDIL	\$26	3	☒
REMODULIN	25%	5	♦
REVATIO	25%	5	PA
VENTAVIS	\$26	3	☒ ♦
<i>Potassium Sparing Diuretics</i>			
ALDACTAZIDE	\$53	4	☒
ALDACTONE	\$53	4	☒
<i>amiloride</i>	\$7*	2	☒
<i>amiloride/hydrochlorothiazide</i>	\$7*	2	☒
DYAZIDE	\$26	3	☒
DYRENIUM	\$53	4	☒
<i>eplerenone</i>	\$7*	2	ST ☒
INSPRA	\$53	4	ST ☒
MAXZIDE	\$26	3	☒
<i>spironolactone 25 mg</i>	\$7*	1	☒
<i>spironolactone 50 mg, 100 mg</i>	\$7*	2	☒
<i>spironolactone/hydrochlorothiazide</i>	\$7*	2	☒
<i>triamterene/hydrochlorothiazide</i>	\$7*	2	☒
<i>Thiazide and Related Drugs</i>			
<i>chlorothiazide</i>	\$7*	2	☒
<i>chlorthalidone</i>	\$7*	1	☒
DIURIL INJECTABLE SOLUTION	25%	5	
DIURIL ORAL SUSPENSION	\$53	4	☒
<i>hydrochlorothiazide</i>	\$7*	1	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>indapamide</i>	\$7*	1	☒
<i>methyclothiazide</i>	\$7*	2	☒
<i>metolazone</i>	\$7*	2	☒
MICROZIDE	\$53	4	☒
THALITONE	\$53	4	☒
ZAROXOLYN	\$53	4	☒
<i>Vasodilator Antihypertensives</i>			
CARDURA	\$53	4	☒
CARDURA XL	\$53	4	ST ☒
<i>doxazosin</i>	\$7*	1	☒
<i>hydralazine 10 mg, 25 mg tablet</i>	\$7*	1	☒
<i>hydralazine 50 mg, 100 mg tablet, injectable solution</i>	\$7*	2	☒
<i>hydralazine hcl</i>	\$7*	1	☒
MINIPRESS	\$53	4	☒
<i>minoxidil</i>	\$7*	2	☒
<i>prazosin</i>	\$7*	1	☒
<i>terazosin</i>	\$7*	1	☒
Dermatological Medications			
<i>Antiacne Drugs</i>			
ACANYA	\$53	4	☒
AKNE-MYCIN	\$53	4	☒
ATRALIN	\$53	4	☒
AVITA	\$53	4	☒
AZELEX	\$53	4	☒
BENZAACLIN	\$53	4	☒
BENZAMYCIN	\$53	4	☒
CLEOCIN T	\$53	4	☒
CLINDAGEL	\$53	4	☒
<i>clindamycin/benzoyl peroxide</i>	\$7*	2	☒
<i>clindamycin topical</i>	\$7*	2	☒
DIFFERIN	\$53	4	☒
EPIDUO	\$53	4	☒
<i>erythromycin topical</i>	\$7*	2	☒
EVOCLIN	\$53	4	☒
FINACEA	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
METROCREAM	\$53	4	☒
METROGEL TOPICAL	\$53	4	☒
METROLOTION	\$53	4	☒
<i>metronidazole topical</i>	\$7*	2	☒
NORITATE	\$53	4	☒
RETIN-A	\$53	4	☒
RETIN-A MICRO	\$53	4	☒
TRETIN X	\$53	4	☒
<i>tretinoin</i>	\$7*	2	☒
ZIANA	\$53	4	☒
<i>Antipsoriasis and Antieczema Drugs</i>			
<i>calcipotriene</i>	\$7*	2	☒
DOVONEX	\$53	4	☒
KLARON	\$53	4	☒
<i>selenium sulfide</i>	\$7*	2	☒
SELSUN RX	\$53	4	☒
<i>sodium sulfacetamide</i>	\$7*	2	☒
SORIATANE	25%	5	
SORIATANE CK 10 MG	\$53	4	☒
SORIATANE CK 25 MG	25%	5	
TACLONEX	\$53	4	☒
TAZORAC	\$53	4	PA ☒
VECTICAL	\$53	4	☒
<i>Oral Dermatological Drugs</i>			
8-MOP	25%	5	
ACCUTANE	\$53	4	☒
<i>amnesteem</i>	\$7*	2	☒
<i>claravis</i>	\$7*	2	☒
OXSORALEN-ULTRA	25%	5	
<i>sotret</i>	\$7*	2	☒
<i>Scabicides</i>			
<i>acticin</i>	\$7*	2	☒
ELIMITE	\$53	4	☒
EURAX	\$26	3	☒
LINDANE	\$26	3	☒
<i>malathion</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
OVIDE	\$53	4	☒
<i>permethrin</i>	\$7*	2	☒
ULESFIA	\$26	3	☒
<i>Topical Corticosteroid Drugs</i>			
ACLOVATE	\$53	4	☒
ALA-CORT	\$26	3	☒
ALA-SCALP HP	\$53	4	☒
<i>alclometasone dipropionate</i>	\$7*	2	☒
<i>amcinonide</i>	\$7*	2	☒
ANUSOL-HC	\$53	4	☒
<i>betamethasone augmented dipropionate</i>	\$7*	2	☒
<i>betamethasone dipropionate</i>	\$7*	2	☒
<i>betamethasone valerate</i>	\$7*	2	☒
<i>beta-val</i>	\$7*	2	☒
CAPEX SHAMPOO	\$53	4	☒
CARMOL HC	\$53	4	☒
<i>clobetasol</i>	\$7*	2	☒
<i>clobetasol e</i>	\$7*	2	☒
<i>clobetasol propionate</i>	\$7*	2	☒
CLOBEX	\$53	4	☒
CLODERM	\$53	4	☒
CORDRAN	\$53	4	☒
CORDRAN SP	\$53	4	☒
<i>cormax</i>	\$7*	2	☒
CUTIVATE	\$53	4	☒
<i>del-beta</i>	\$7*	2	☒
DERMA-SMOOTH/FS	\$53	4	☒
DERMATOP	\$53	4	☒
DESONATE GEL	\$53	4	☒
<i>desonide</i>	\$7*	2	☒
DESOWEN	\$53	4	☒
<i>desoximetasone</i>	\$7*	2	☒
<i>diflorasone diacetate</i>	\$7*	2	☒
DIPROLENE	\$53	4	☒
DIPROLENE AF	\$53	4	☒
ELOCON	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>fluocinolone acetonide</i>	\$7*	2	☒
<i>fluocinonide</i>	\$7*	2	☒
<i>fluticasone topical</i>	\$7*	2	☒
<i>halobetasol propionate</i>	\$7*	2	☒
HALOG	\$53	4	☒
<i>hydrocortisone</i>	\$7*	2	☒
<i>hydrocortisone butyrate</i>	\$7*	2	☒
<i>hydrocortisone topical</i>	\$7*	2	☒
<i>hydrocortisone valerate</i>	\$7*	2	☒
ISOVATE	\$53	4	☒
KENALOG SPRAY	\$53	4	☒
LOCOID	\$53	4	☒
LOKARA	\$53	4	☒
LUXIQ	\$53	4	☒
<i>mometasone furoate</i>	\$7*	2	☒
OLUX-E	\$53	4	☒
PANDEL	\$53	4	☒
<i>prednicarbate</i>	\$7*	2	☒
TEMOVATE	\$53	4	☒
TEXACORT	\$53	4	☒
TOPICORT	\$53	4	☒
TOPICORT LP	\$53	4	☒
<i>triamcinolone topical</i>	\$7*	2	☒
<i>triderm</i>	\$7*	2	☒
U-CORT	\$53	4	☒
ULTRAVATE	\$53	4	☒
VANOS	\$53	4	☒
VERDESO	\$53	4	☒
WESTCORT	\$53	4	☒
<i>Topical Dermatological Drugs</i>			
ALDARA	\$26	3	☒
<i>ammonium lactate</i>	\$7*	2	☒
CARAC	\$53	4	☒
CONDYLOX	\$53	4	☒
EFUDEX	\$53	4	☒
ELIDEL	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
FLUOROPLEX CREAM	\$26	3	☒
<i>fluorouracil topical</i>	\$7*	2	☒
<i>imiquimod</i>	\$7*	2	☒
LAC-HYDRIN	\$53	4	☒
LACLOTION	\$53	4	☒
OXSORALEN	\$53	4	☒
PANRETIN	25%	5	PA
<i>podofilox</i>	\$7*	2	☒
PROTOPIC	\$53	4	☒
REGRANEX	\$26	3	☒
SANTYL	\$26	3	☒
SOLARAZE	\$26	3	☒
VEREGEN	\$53	4	☒
ZONALON	\$26	3	☒
Diagnostic and Miscellaneous Medications			
<i>Diagnostic Products</i>			
CHEMET	\$26	3	☒
EXJADE	25%	5	♦
THIOLA	\$26	3	☒
<i>Miscellaneous Drugs</i>			
ADAGEN	25%	5	♦
ANTIZOL	\$53	4	☒
BUPHENYL	25%	5	
<i>ergoloid mesylates</i>	\$7*	2	☒
<i>fomepizole</i>	\$7*	2	☒
ORFADIN	25%	5	♦
THALOMID	25%	5	
Ear-Nose-Throat Medications			
<i>Drugs Affecting The Ear</i>			
<i>acetazol hc</i>	\$7*	2	☒
<i>acetic acid</i>	\$7*	2	☒
<i>acetic acid/aluminum</i>	\$7*	2	☒
<i>borofair</i>	\$7*	2	☒
CETRAXAL	\$53	4	☒
CIPRO HC	\$26	3	☒
CIPRODEX	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
COLY MYCIN M	25%	5	
COLY MYCIN S	\$53	4	☒
CORTISPORIN EAR SUSPENSION	\$53	4	☒
CORTISPORIN-TC	\$53	4	☒
<i>cortomycin</i>	\$7*	2	☒
DERMOTIC	\$26	3	☒
FLOXIN EAR DROPS	\$53	4	☒
<i>neo/polymyxin/hc ear soln</i>	\$7*	2	☒
<i>neo/polymyxin/hc ear susp</i>	\$7*	2	☒
<i>ofloxacin</i>	\$7*	2	☒
PEDIOTIC	\$53	4	☒
<i>Drugs Affecting The Nose</i>			
ASTELIN	\$26	3	QL=2 bottles ☒
ASTEPRO	\$53	4	QL=2 bottles ☒
ATROVENT NASAL SPRAY 0.03%	\$53	4	QL=2 bottles ☒
ATROVENT NASAL SPRAY 0.06%	\$53	4	QL=3 bottles ☒
BECONASE AQ	\$53	4	ST / QL=2 bottles ☒
FLONASE	\$53	4	ST / QL=2 bottles ☒
<i>flunisolide</i>	\$7*	2	QL=2 bottles ☒
<i>fluticasone nasal spray</i>	\$7*	2	QL=2 bottles ☒
<i>ipratropium nasal spray 0.03%</i>	\$7*	2	QL=2 bottles ☒
<i>ipratropium nasal spray 0.06%</i>	\$7*	2	QL=3 bottles ☒
NASACORT AQ	\$53	4	ST / QL=2 bottles ☒
NASAREL	\$53	4	ST / QL=2 bottles ☒
NASONEX	\$26	3	ST / QL=2 bottles ☒
OMNARIS	\$53	4	ST / QL=2 bottles ☒
PATANASE	\$53	4	QL=2 bottles ☒
RHINOCORT AQUA	\$53	4	ST / QL=2 bottles ☒
TYZINE	\$26	3	☒
VERAMYST	\$53	4	ST / QL=20 gm ☒
<i>Drugs Affecting The Throat and Mouth</i>			
APHTHASOL	\$53	4	☒
<i>chlorhexidine gluconate rinse</i>	\$7*	2	☒
EVOXAC	\$53	4	☒
KEPIVANCE	25%	5	♦
PERIDEX	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>periogard</i>	\$7*	2	☒
PERIOSTAT	\$53	4	☒
<i>pilocarpine hcl</i>	\$7*	2	☒
SALAGEN	\$26	3	☒
<i>triamcinolone topical</i>	\$7*	2	☒
Endocrine Medications			
<i>Adrenal Corticosteroid Drugs</i>			
A-HYDROCORT	\$53	4	☒
<i>a-methapred</i>	\$7*	2	☒
CELESTONE	\$53	4	☒
CORTEF	\$26	3	☒
<i>cortisone</i>	\$7*	2	☒
DEPO-MEDROL	\$53	4	☒
<i>dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet</i>	\$7*	1	☒
<i>dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg, oral solution</i>	\$7*	2	☒
<i>dexamethasone injection</i>	\$7*	2	☒
<i>dexamethasone intensol</i>	\$7*	2	☒
DEXPAK	\$53	4	☒
<i>fludrocortisone acetate</i>	\$7*	2	☒
<i>hydrocortisone</i>	\$7*	2	☒
<i>hydrocortisone tablet</i>	\$7*	2	☒
MEDROL	\$53	4	☒
<i>methylprednisolone 4 mg pack</i>	\$7*	1	☒
<i>methylprednisolone 4 mg tablet</i>	\$7*	1	☒
<i>methylprednisolone 8 mg, 16 mg, 32 mg, injectable solution</i>	\$7*	2	☒
MILLIPRED	\$53	4	☒
ORAPRED	\$53	4	☒
PEDIAPRED	\$53	4	☒
<i>prednisolone solution</i>	\$7*	2	☒
<i>prednisone 50 mg tablet</i>	\$7*	2	☒
<i>prednisone intensol</i>	\$7*	2	☒
<i>prednisone solution</i>	\$7*	2	☒
<i>prednisone tablet</i>	\$7*	1	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
PRELONE	\$53	4	☒
SOLU-CORTEF	\$53	4	☒
SOLU-MEDROL	\$53	4	☒
STERAPRED	\$53	4	☒
STERAPRED DS	\$53	4	☒
<i>veripred</i>	\$7*	2	☒
<i>Antithyroid Drugs</i>			
<i>methimazole</i>	\$7*	2	☒
<i>propylthiouracil</i>	\$7*	2	☒
TAPAZOLE	\$53	4	☒
<i>Glucose Elevating Drugs</i>			
GLUCAGEN	\$26	3	☒
GLUCAGON EMERGENCY KIT	\$26	3	☒
PROGLYCEM	\$26	3	☒
<i>Insulin</i>			
APIDRA	\$53	4	☒
HUMALOG	\$26	3	☒
HUMULIN	\$26	3	☒
LANTUS	\$26	3	☒
LANTUS SOLOSTAR	\$26	3	☒
LEVEMIR	\$26	3	☒
NOVOLIN	\$26	3	☒
NOVOLOG	\$26	3	☒
RELION NOVOLIN	\$26	3	☒
<i>Insulin Sensitizers and Combinations</i>			
ACTOPLUS MET	\$26	3	ST ☒
ACTOS	\$26	3	ST ☒
AVANDAMET	\$26	3	ST ☒
AVANDARYL	\$53	4	ST ☒
AVANDIA	\$26	3	ST ☒
DUETACT	\$53	4	ST ☒
<i>Oral Hypoglycemics and Combinations</i>			
<i>acarbose</i>	\$7*	2	☒
AMARYL	\$53	4	☒
<i>chlorpropamide</i>	\$7*	2	☒
DIABETA	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network Platinum <i>Plus</i> *, Network Platinum <i>Premier</i> *, Network <i>Select</i> Pharmacy Plans Copay/Coinsurance	Network <i>Cares</i> Tier Level	Notes
FORTAMET	\$53	4	☒
<i>glimepiride</i>	\$7*	2	☒
<i>glipizide</i>	\$7*	2	☒
<i>glipizide er</i>	\$7*	2	☒
<i>glipizide xl</i>	\$7*	2	☒
<i>glipizide/metformin</i>	\$7*	2	☒
GLUCOPHAGE	\$53	4	☒
GLUCOPHAGE XR	\$53	4	☒
GLUCOTROL	\$53	4	☒
GLUCOTROL XL	\$53	4	☒
GLUCOVANCE	\$53	4	☒
GLUMETZA	\$53	4	☒
<i>glyburide</i>	\$7*	2	☒
<i>glyburide micronized</i>	\$7*	2	☒
<i>glyburide/metformin</i>	\$7*	2	☒
<i>glycron</i>	\$7*	2	☒
GLYNASE	\$53	4	☒
GLYSET	\$53	4	☒
METAGLIP	\$53	4	☒
<i>metformin</i>	\$7*	2	☒
<i>nateglinide</i>	\$7*	2	☒
PRANDIMET	\$53	4	☒
PRANDIN	\$26	3	☒
PRECOSE	\$53	4	☒
RIOMET	\$53	4	☒
STARLIX	\$53	4	☒
<i>tolazamide</i>	\$7*	2	☒
<i>tolbutamide</i>	\$7*	2	☒
<i>Other Endocrine Drugs</i>			
ACTONEL 5 MG, 30 MG	\$26	3	ST / QL=34 tablets ☒
ACTONEL 35 MG	\$26	3	ST / QL=5 tablets ☒
ACTONEL 75 MG	\$26	3	ST / QL=2 tablets ☒
ACTONEL 150 MG	\$26	3	ST / QL=1 tablet ☒
ACTONEL WITH CALCIUM	\$26	3	ST ☒
ALDURAZYME	25%	5	♦
<i>alendronate 5 mg, 10 mg, 40 mg</i>	\$7*	2	QL=34 tablets ☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>alendronate 35 mg, 70 mg</i>	\$7*	2	QL=5 tablets ☒
AREZIA 30 MG VIAL	\$53	4	☒
AREZIA 90 MG VIAL	25%	5	
BONIVA 1 MG/ML SYRINGE	\$26	3	ST ☒
BONIVA 150 MG TABLET	\$26	3	ST / QL=1 tablet ☒
BONIVA 2.5 MG TABLET	\$26	3	ST / QL=34 tablets ☒
BYETTA	\$26	3	☒
<i>cabergoline</i>	\$7*	2	☒
<i>calcitonin-salmon</i>	\$7*	2	☒
CEREDASE	25%	5	♦
CEREZYME	25%	5	♦
DDAVP	\$53	4	☒
DDAVP INJECTABLE SOLUTION	25%	5	
<i>desmopressin</i>	\$7*	2	☒
DIDRONEL	\$53	4	☒
ELAPRASE	25%	5	♦
<i>etidronate</i>	\$7*	2	☒
FABRAZYME	25%	5	♦
FORTEO	25%	5	
<i>fortical</i>	\$7*	2	☒
FOSAMAX 5 MG, 10 MG, 40 MG	\$53	4	QL=34 tablets ☒
FOSAMAX 35 MG, 70 MG	\$53	4	QL=5 tablets ☒
FOSAMAX ORAL SOLUTION	\$53	4	QL=5 bottles ☒
FOSAMAX PLUS D	\$53	4	QL=5 tablets ☒
JANUMET	\$26	3	ST ☒
JANUVIA	\$26	3	ST ☒
KUVAN	25%	5	PA
MIACALCIN	\$53	4	☒
MYOZYME	25%	5	♦
NAGLAZYME	25%	5	♦
ONGLYZA	\$53	4	ST ☒
<i>pamidronate disodium</i>	\$7*	2	☒
SAMSCA	25%	5	PA
SENSIPAR 30 MG TABLET	\$26	3	☒
SENSIPAR 60 MG, 90 MG TABLET	25%	5	
SKELID	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network Platinum <i>Plus</i> *, Network Platinum <i>Premier</i> *, Network <i>Select</i> Pharmacy Plans Copay/Coinsurance	Network <i>Cares</i> Tier Level	Notes
SOMAVERT	25%	5	♦
STIMATE	\$26	3	☒
SYMLIN	\$26	3	☒
SYMLINPEN	\$26	3	☒
VICTOZA	\$53	4	☒
VPRIV	25%	5	
ZAVESCA	25%	5	♦
ZOMETA	25%	5	
<i>Thyroid Supplements</i>			
CYTOMEL	\$53	4	☒
<i>levothroid</i>	\$7*	2	☒
<i>levothyroxine</i>	\$7*	1	☒
<i>levothyroxine 300 mcg tablet</i>	\$7*	2	☒
<i>levoxyl</i>	\$7*	2	☒
<i>liothyronine</i>	\$7*	2	☒
SYNTHROID	\$26	3	☒
THYROLAR	\$26	3	☒
<i>unithroid</i>	\$7*	2	☒
Gastrointestinal Medications			
<i>Antidiarrheal Drugs</i>			
<i>diphenoxylate w/atropine</i>	\$7*	2	☒
LOMOTIL	\$53	4	☒
<i>lonox</i>	\$7*	2	☒
<i>loperamide hcl</i>	\$7*	2	☒
MOTOFEN	\$53	4	☒
<i>Antispasmodics /Drugs Affect GI Motility</i>			
BENTYL	\$53	4	☒
<i>bethanechol</i>	\$7*	2	☒
CANTIL	\$53	4	☒
<i>dicyclomine</i>	\$7*	2	☒
<i>glycopyrrolate</i>	\$7*	2	☒
<i>methscopolamine</i>	\$7*	2	☒
<i>methscopolamine bromide</i>	\$7*	2	☒
<i>metoclopramide</i>	\$7*	2	☒
METOZOLV	\$53	4	☒
PAMINE	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
PAMINE FORTE	\$53	4	☒
<i>propantheline bromide</i>	\$7*	2	☒
REGLAN	\$53	4	☒
ROBINUL	\$53	4	☒
ROBINUL FORTE	\$53	4	☒
URECHOLINE	\$53	4	☒
<i>Antiulcer Drugs</i>			
AXID	\$53	4	☒
<i>cimetidine</i>	\$7*	2	☒
<i>famotidine</i>	\$7*	2	☒
<i>nizatidine</i>	\$7*	2	☒
PEPCID	\$53	4	☒
<i>ranitidine</i>	\$7*	2	☒
ZANTAC	\$53	4	☒
<i>Helicobacter Pylori Drugs</i>			
HELIDAC	\$26	3	☒
PREVPAC	\$26	3	☒
<i>Irritable Bowel Drugs</i>			
AMITIZA	\$53	4	☒
LOTRONEX	\$26	3	☒
<i>Laxatives and Cathartics</i>			
<i>lactulose</i>	\$7*	2	☒
<i>polyethylene glycol</i>	\$7*	2	☒
OSMOPREP	\$53	4	☒
VISICOL	\$26	3	☒
<i>Other Antiulcer Drugs</i>			
CARAFATE SUSPENSION	\$26	3	☒
CARAFATE TABLET	\$53	4	☒
CYTOTEC	\$53	4	☒
<i>misoprostol</i>	\$7*	2	☒
<i>sucralfate</i>	\$7*	2	☒
<i>Other GI Drugs</i>			
ACTIGALL	\$53	4	☒
APRISO	\$53	4	☒
ASACOL	\$26	3	☒
AZULFIDINE	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>balsalazide</i>	\$7*	2	☒
CANASA	\$26	3	☒
COLAZAL	\$53	4	☒
COLOCORT	\$53	4	☒
COLYTE	\$53	4	☒
CORTENEMA	\$53	4	☒
CORTIFOAM	\$26	3	☒
CREON	\$26	3	☒
DIPENTUM	\$53	4	☒
ENTOCORT EC	\$26	3	☒
<i>gavilyte</i>	\$7*	2	☒
GOLYTELY	\$53	4	☒
HALFLYTELY BOWEL PREP	\$53	4	☒
<i>hydrocortisone enema</i>	\$7*	2	☒
LIALDA	\$26	3	☒
<i>mesalamine</i>	\$7*	2	☒
MOVIPREP	\$53	4	☒
NULYTELY	\$53	4	☒
<i>peg 3350/electrolyte</i>	\$7*	2	☒
PENTASA	\$26	3	☒
PROCTOCORT	\$53	4	☒
PROCTOCREAM-HC	\$53	4	☒
<i>procto-pak</i>	\$7*	2	☒
<i>proctosol-hc</i>	\$7*	2	☒
<i>proctozone-hc</i>	\$7*	2	☒
PYLERA	\$53	4	☒
RELISTOR	\$53	4	☒
ROWASA	\$53	4	☒
SUCRAID	25%	5	
<i>sulfasalazine</i>	\$7*	2	☒
<i>sulfazine</i>	\$7*	2	☒
TRILYTE WITH FLAVOR PACKETS	\$7*	2	☒
ULTRASE MT	\$53	4	☒
URSO	\$53	4	☒
URSO FORTE	\$53	4	☒
<i>ursodiol</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ZENPEP	\$53	4	☒
<i>Proton Pump Inhibitors</i>			
ACIPHEX	\$53	4	ST ☒
DEXILANT	\$53	4	ST ☒
<i>lansoprazole</i>	\$26	3	☒
NEXIUM	\$53	4	ST ☒
NEXIUM I.V.	\$53	4	☒
OMEPRAZOLE	\$26	3	☒
PANTOPRAZOLE	\$26	3	ST ☒
PREVACID	\$53	4	ST ☒
PREVACID NAPRAPAC	\$53	4	ST ☒
PREVACID SOLUTAB	\$26	3	ST ☒
PRILOSEC CAPSULE	\$53	4	ST ☒
PROTONIX	\$53	4	ST ☒
PROTONIX INJECTABLE SOLUTION	\$53	4	☒
ZEGERID	\$53	4	☒
Immunologicals and Vaccines			
<i>Drugs To Treat Multiple Sclerosis</i>			
AMPYRA	25%	5	PA
AVONEX	25%	5	
BETASERON	25%	5	
COPAXONE	25%	5	
REBIF	25%	5	
<i>Erythroid Stimulants</i>			
ARANESP 25 MCG/ML, 25 MCG/0.42 ML	\$26	3	PA / QL=4 vials ☒
ARANESP 40 MCG/ML, 40 MCG/0.4 ML	\$26	3	PA ☒
ARANESP 60 MCG/ML, 100 MCG/ML, 150 MCG/0.3ML, 200 MCG/ML, 200 MCG/0.4ML, 300 MCG/ML, 500 MCG/ML	25%	5	PA
EPOGEN 2,000, 3,000, 4,000 UNITS/ML	\$26	3	PA / QL=12 vials ☒
EPOGEN 10,000, 20,000, 40,000	25%	5	PA

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
UNITS/ML			
PROCRIT 2,000, 3,000, 4,000 UNITS/ML	\$26	3	PA / QL=12 vials ☒
PROCRIT 10,000, 20,000, 40,000 UNITS/ML	25%	5	PA
<i>Growth Hormones and Related Drugs</i>			
GENOTROPIN	25%	5	PA
GENOTROPIN 0.2 MG	\$26	3	PA / QL=30 doses ☒
HUMATROPE	25%	5	PA
INCRELEX	25%	5	♦
NORDITROPIN	25%	5	PA
NORDITROPIN NORDIFLEX	25%	5	PA
NUTROPIN	25%	5	PA
NUTROPIN AQ	25%	5	PA
OMNITROPE	25%	5	PA
SAIZEN	25%	5	PA
SEROSTIM	25%	5	PA
TEV-TROPIN	25%	5	PA ♦
ZORBTIVE	25%	5	PA
<i>Immunoglobulin Antibodies</i>			
XOLAIR	25%	5	PA ♦
<i>Immunologicals and Vaccines</i>			
ACTHIB	\$26	3	☒
ADACEL	\$26	3	☒
ATGAM	25%	5	
ATTENUVAX VACCINE W/DILUENT	\$26	3	☒
BOOSTRIX	\$26	3	☒
CARIMUNE NF	25%	5	PA
CERVARIX	\$53	4	☒
COMVAX	\$26	3	☒
DAPTACEL	\$26	3	☒
DECAVAC	\$26	3	☒
DIPHThERIA-TETANUS TOXOID	\$26	3	☒
ENGERIX-B	\$26	3	☒
FLEBOGAMMA	25%	5	PA

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
GAMASTAN S/D	\$26	3	☒
GAMMAGARD LIQUID	25%	5	PA
GAMUNEX	25%	5	PA
GARDASIL	\$26	3	☒
HAVRIX	\$26	3	☒
IMOVAX RABIES VACCINE	\$26	3	☒
INFANRIX	\$26	3	☒
IPOL	\$26	3	☒
IXIARO	\$53	4	☒
JE-VAX	\$26	3	☒
MENACTRA	\$26	3	☒
MENOMUNE-A/C/Y/W-135	\$26	3	☒
MERUVAX II VACCINE W/DILUENT	\$26	3	☒
M-M-R II VACCINE W/DILUENT	\$26	3	☒
OCTAGAM	25%	5	PA
PEDIARIX	\$26	3	☒
PEDVAXHIB	\$26	3	☒
POLYGAM S/D	25%	5	PA
PRIVIGEN	25%	5	PA
PROQUAD	\$26	3	☒
RABAVERT	\$26	3	☒
RECOMBIVAX HB	\$26	3	☒
ROTATEQ	\$26	3	☒
SYNAGIS	25%	5	
TETANUS DIPHTHERIA TOXOIDS	\$26	3	☒
<i>tetanus toxoid adsorbed</i>	\$7*	2	☒
THYMOGLOBULIN	25%	5	
TRIHIBIT	\$26	3	☒
TRIPEDIA	\$26	3	☒
TWINRIX	\$26	3	☒
TYPHIM VI	\$26	3	☒
VAQTA	\$26	3	☒
VARIVAX VACCINE	\$26	3	☒
VIVAGLOBIN	25%	5	
VIVOTIF BERNA	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
YF-VAX	\$26	3	☒
ZOSTAVAX	\$26	3	☒
<i>Interferons</i>			
ACTIMMUNE	25%	5	♦
ALFERON N	25%	5	
EXTAVIA	25%	5	
INFERGEN	25%	5	
INTRON A	25%	5	
INTRON A 10 MMM	\$26	3	☒
PEGASYS	25%	5	
PEG-INTRON	25%	5	
REBIF	25%	5	
<i>Interleukin Receptor Antagonist</i>			
ACTEMRA	25%	5	PA
ARCALYST	25%	5	PA ♦
KINERET	25%	5	PA
<i>Interleukins</i>			
NEUMEGA	25%	5	
PROLEUKIN	25%	5	PA
ZENAPAX	25%	5	
<i>Myeloid Stimulants</i>			
LEUKINE	25%	5	
MOZOBIL	25%	5	
NEULASTA	25%	5	
NEUPOGEN	25%	5	
<i>Thrombopoietic Agents</i>			
PROMACTA	25%	5	PA ♦
Medical (Miscellaneous) Supplies			
<i>Diabetic Supplies</i>			
ALCOHOL SWABS	\$26	3	☒
GAUZE	\$26	3	☒
INSULIN SYRINGE	\$26	3	☒
SYRINGE	\$26	3	☒
UNIFINE PENTIPS	\$26	3	☒
Musculoskeletal Medications			
<i>CNS Muscle Relaxants</i>			

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
AMRIX	\$53	4	☒
<i>carisoprodol</i>	\$7*	2	☒
<i>carisoprodol compound/codeine</i>	\$7*	2	☒
<i>chlorzoxazone</i>	\$7*	2	☒
<i>cyclobenzaprine</i>	\$7*	1	☒
FEXMID	\$53	4	☒
FLEXERIL	\$53	4	☒
<i>metaxalone</i>	\$7*	2	☒
<i>methocarbamol</i>	\$7*	2	☒
NORFLEX	\$53	4	☒
<i>orphenadrine</i>	\$7*	2	☒
PARAFON FORTE DSC	\$53	4	☒
RILUTEK	25%	5	PA
ROBAXIN	\$53	4	☒
SKELAXIN	\$53	4	☒
SOMA	\$53	4	☒
<i>Direct Muscle Relaxants</i>			
<i>baclofen 10 mg tablet</i>	\$7*	1	☒
<i>baclofen 20 mg tablet</i>	\$7*	2	☒
DANTRIUM	\$53	4	☒
<i>dantrolene sodium</i>	\$7*	2	☒
MYOBLOC	\$26	3	☒
<i>tizanidine</i>	\$7*	2	☒
ZANAFLEX	\$53	4	☒
<i>Drugs To Prevent and Treat Gout</i>			
<i>allopurinol tablet</i>	\$7*	1	☒
<i>allopurinol vial</i>	\$7*	2	☒
ALOPRIM	\$53	4	☒
<i>col-probenecid</i>	\$7*	2	☒
COLCRYS	\$53	4	☒
<i>probenecid</i>	\$7*	2	☒
ULORIC	\$26	3	☒
ZYLOPRIM	\$53	4	☒
<i>Non-Steroidal Antiinflammatory Agents</i>			
ANAPROX	\$53	4	☒
ANAPROX DS	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ARTHROTEC	\$53	4	ST ☒
CATAFLAM	\$53	4	☒
CELEBREX	\$26	3	ST ☒
CLINORIL	\$53	4	☒
DAYPRO	\$53	4	ST ☒
<i>diclofenac potassium</i>	\$7*	2	☒
<i>diclofenac</i>	\$7*	2	☒
<i>diclofenac sodium sa</i>	\$7*	2	ST ☒
<i>diflunisal</i>	\$7*	2	☒
<i>etodolac</i>	\$7*	2	☒
<i>etodolac sa</i>	\$7*	2	ST ☒
FELDENE	\$53	4	☒
<i>fenoprofen</i>	\$7*	2	☒
<i>flurbiprofen</i>	\$7*	2	☒
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet, solution</i>	\$7*	1	☒
INDOCIN	\$53	4	☒
INDOCIN SR	\$53	4	☒
<i>indomethacin</i>	\$7*	2	☒
<i>ketoprofen</i>	\$7*	2	☒
<i>ketoprofen sa</i>	\$7*	2	ST ☒
<i>ketorolac tromethamine</i>	\$7*	2	☒
<i>meclofenamate sodium</i>	\$7*	2	☒
<i>meloxicam</i>	\$7*	2	☒
MOBIC	\$53	4	ST ☒
<i>nabumetone</i>	\$7*	2	ST ☒
NALFON	\$53	4	☒
NAPRELAN	\$53	4	ST ☒
NAPROSYN	\$53	4	☒
<i>naproxen 250 mg tablet, 375 mg and 500 mg enteric coated tablet, suspension</i>	\$7*	2	☒
<i>naproxen 375 mg, 550 mg tablet</i>	\$7*	1	☒
<i>naproxen sodium</i>	\$7*	1	☒
<i>oxaprozin</i>	\$7*	2	ST ☒
<i>piroxicam 10 mg</i>	\$7*	2	☒
<i>piroxicam 20 mg</i>	\$7*	1	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
PONSTEL	\$53	4	ST ☒
<i>sulindac</i>	\$7*	2	☒
<i>tolmetin</i>	\$7*	2	☒
VOLTAREN TABLET	\$53	4	☒
VOLTAREN XR	\$53	4	ST ☒
ZIPSOR	\$53	4	ST ☒
<i>Other Drugs For Arthritis</i>			
CUPRIMINE	\$26	3	☒
DEPEN	\$53	4	☒
RIDAURA	\$26	3	☒
SYPRINE	\$26	3	☒
<i>Topical Anti-Inflammatory Drugs</i>			
FLECTOR	\$53	4	☒
VOLTAREN TOPICAL	\$26	3	☒
Nutrition Blood Modifiers Electrolytes			
<i>Antiplatelet Drugs</i>			
AGGRENOX	\$53	4	☒
<i>cilostazol</i>	\$7*	2	☒
<i>dipyridamole</i>	\$7*	2	☒
EFFIENT	\$26	3	☒
PERSANTINE	\$53	4	☒
PLAVIX	\$26	3	☒
PLETAL	\$53	4	☒
TICLID	\$53	4	☒
<i>ticlopidine hcl</i>	\$7*	2	☒
<i>Blood Detoxicants</i>			
<i>constulose</i>	\$7*	2	☒
<i>enulose</i>	\$7*	2	☒
FOSRENOL	\$53	4	☒
<i>generlac</i>	\$7*	2	☒
KRISTALOSE	\$53	4	☒
RENAGEL	\$53	4	☒
RENVELA	\$53	4	☒
<i>Electrolytes, Irrigating Solutions, Etc.</i>			
<i>alcohol in dextrose</i>	\$7*	2	☒
AMINOSYN	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
AMINOSYN II	\$26	3	☒
AMINOSYN M	\$26	3	☒
AMINOSYN-HBC	\$26	3	☒
AMINOSYN-HF	\$26	3	☒
AMINOSYN-PF	\$26	3	☒
AMMONIUM CHLORIDE	\$53	4	☒
CLINIMIX	\$26	3	☒
CLINIMIX E	\$26	3	☒
CLINISOL	\$26	3	☒
CYSTAGON	\$26	3	☒
<i>dextrose 10%-1/4ns-kcl</i>	\$7*	2	☒
<i>dextrose 5%-1/2ns-kcl</i>	\$7*	2	☒
<i>dextrose 5%-1/3ns-kcl</i>	\$7*	2	☒
<i>dextrose 5%-1/4ns-kcl</i>	\$7*	2	☒
<i>dextrose 5%-potassium chloride</i>	\$7*	2	☒
<i>dextrose iv</i>	\$7*	2	☒
<i>dextrose with sodium chloride</i>	\$7*	2	☒
FREAMINE	\$26	3	☒
HEPATAMINE	\$26	3	☒
HEPATASOL	\$26	3	☒
INTRALIPID	\$26	3	☒
IONOSOL-B	\$26	3	☒
IONOSOL-MB	\$26	3	☒
IONOSOL-T	\$26	3	☒
ISOLYTE H	\$26	3	☒
ISOLYTE M	\$26	3	☒
ISOLYTE P	\$26	3	☒
ISOLYTE S	\$26	3	☒
<i>lactated ringers</i>	\$7*	2	☒
LIPOSYN II	\$26	3	☒
LIPOSYN III	\$7*	2	☒
<i>magnesium sulfate</i>	\$7*	2	☒
MAGNESIUM SULFATE IN D5W	\$26	3	☒
NEPHRAMINE	\$26	3	☒
NORMOSOL-M	\$26	3	☒
NORMOSOL-R	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
NOVAMINE	\$26	3	☒
PHYSIOLYTE	\$26	3	☒
PHYSIOSOL	\$26	3	☒
PLASMA-LYTE	\$26	3	☒
PLASMA-LYTE A	\$26	3	☒
PLASMA-LYTE R	\$26	3	☒
<i>potassium chloride/normal saline</i>	\$7*	2	☒
<i>potassium chloride in d5w/nacl</i>	\$7*	2	☒
PREMASOL	\$26	3	☒
PROCALAMINE	\$26	3	☒
PROSOL	\$53	4	☒
QUICK MIX W/LYTES	\$26	3	☒
RENAMIN	\$26	3	☒
<i>ringers</i>	\$7*	2	☒
<i>sodium bicarbonate</i>	\$7*	2	☒
<i>sodium chloride</i>	\$7*	2	☒
<i>sodium lactate</i>	\$7*	2	☒
<i>sterile water irrigation</i>	\$7*	2	☒
<i>tis-u-sol</i>	\$7*	2	☒
TPN ELECTROLYTES	\$26	3	☒
TRAVASOL	\$26	3	☒
TROPHAMINE	\$26	3	☒
<i>Fluoride Products</i>			
<i>sodium flouride</i>	\$7*	2	☒
<i>Hemostatics</i>			
CYKLOKAPRON	\$26	3	☒
<i>Injectable Anticoagulants</i>			
ARIEXTRA 2.5 MG SYRINGE	\$53	4	☒
ARIEXTRA 5 MG, 7.5 MG, 10 MG SYRINGE	25%	5	
FRAGMIN 2,500, 5,000 UNITS/ML	\$53	4	☒
FRAGMIN 7,500, 10,000, 25,000 UNITS/ML	25%	5	
<i>heparin sodium</i>	\$7*	2	☒
INNOHEP	\$53	4	☒
LOVENOX	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network Platinum <i>Plus</i> *, Network Platinum <i>Premier</i> *, Network <i>Select</i> Pharmacy Plans Copay/Coinsurance	Network <i>Cares</i> Tier Level	Notes
<i>Oral Anticoagulants, Vitamin K</i>			
COUMADIN	\$53	4	☒
<i>jantoven</i>	\$7*	2	☒
<i>warfarin</i>	\$7*	2	☒
<i>Potassium Removing Resins</i>			
KAYEXALATE	\$53	4	☒
KIONEX	\$53	4	☒
<i>sps</i>	\$7*	2	☒
<i>Potassium Supplements</i>			
<i>dextrose 5%-potassium chloride</i>	\$7*	2	☒
<i>dextrose iv</i>	\$7*	2	☒
<i>kaon-cl 10</i>	\$7*	2	☒
<i>klor-con</i>	\$7*	2	☒
<i>klor-con m</i>	\$7*	2	☒
K-TAB	\$26	3	☒
<i>potassium chloride</i>	\$7*	2	☒
<i>potassium chloride er</i>	\$7*	2	☒
<i>potassium chloride er 10 meq</i>	\$7*	1	☒
<i>potassium chloride in lact ringers</i>	\$7*	2	☒
<i>Therapeutic Vitamins and Minerals</i>			
CALCIJEX	\$53	4	☒
<i>calcitriol</i>	\$7*	2	☒
<i>calcium acetate</i>	\$7*	2	☒
CARNITOR	\$53	4	☒
<i>eliphos</i>	\$7*	2	☒
HECTOROL	\$26	3	☒
<i>levocarnitine</i>	\$7*	2	☒
PHOSLO	\$53	4	☒
ROCALTROL	\$53	4	☒
ZEMPLAR	\$53	4	☒
Obstetrical and Gynecological Medications			
<i>Androgen Drugs</i>			
ANADROL	25%	5	
ANDRODERM	\$53	4	PA ☒
ANDROGEL	\$53	4	PA ☒
ANDROID	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ANDROXY	\$26	3	☒
<i>danazol</i>	\$7*	2	☒
DELATESTRYL	\$53	4	☒
DEPO-TESTOSTERONE	\$53	4	☒
METHITEST	\$53	4	☒
OXANDRIN	\$53	4	☒
<i>oxandrolone</i>	\$7*	2	☒
STRIANT	\$53	4	PA ☒
TESTIM	\$26	3	PA ☒
<i>testosterone cypionate</i>	\$7*	2	☒
<i>testosterone enanthate</i>	\$7*	2	☒
TESTRED	\$53	4	☒
<i>Contraceptives</i>			
<i>apri</i>	\$7*	2	☒
<i>aranelle</i>	\$7*	2	☒
<i>aviane</i>	\$7*	2	☒
<i>balziva</i>	\$7*	2	☒
BREVICON	\$53	4	☒
<i>cesia</i>	\$7*	2	☒
<i>cryselle</i>	\$7*	2	☒
CYCLESSA	\$53	4	☒
DESOGEN	\$53	4	☒
<i>enpresse</i>	\$7*	2	☒
ESTROSTEP FE	\$53	4	☒
<i>junel</i>	\$7*	2	☒
<i>junel fe</i>	\$7*	2	☒
<i>kariva</i>	\$7*	2	☒
<i>kelnor</i>	\$7*	2	☒
<i>leena</i>	\$7*	2	☒
<i>lessina</i>	\$7*	2	☒
<i>levora</i>	\$7*	2	☒
LO/OVRAL	\$53	4	☒
LOESTRIN	\$53	4	☒
LOESTRIN FE	\$53	4	☒
LOSEASONIQUE	\$53	4	☒
<i>low-ogestrel</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>luteal</i>	\$7*	2	☒
LYBREL	\$53	4	☒
<i>microgestin</i>	\$7*	2	☒
<i>microgestin fe</i>	\$7*	2	☒
MODICON	\$53	4	☒
<i>mononessa</i>	\$7*	2	☒
<i>necon</i>	\$7*	2	☒
<i>next choice</i>	\$7*	2	☒
NORDETTE	\$53	4	☒
NORINYL	\$53	4	☒
<i>nortrel</i>	\$7*	2	☒
NUVARING	\$53	4	☒
<i>ocella</i>	\$7*	2	☒
<i>ogestrel</i>	\$7*	2	☒
ORTHO EVRA	\$53	4	☒
ORTHO TRI-CYCLEN LO	\$53	4	☒
ORTHO-CEPT	\$53	4	☒
ORTHO-CYCLEN	\$53	4	☒
ORTHO-NOVUM 7/7/7	\$53	4	☒
OVCON	\$53	4	☒
PLAN B	\$53	4	☒
<i>portia</i>	\$7*	2	☒
<i>previfem</i>	\$7*	2	☒
<i>quasense</i>	\$7*	2	☒
<i>reclipsen</i>	\$7*	2	☒
SEASONALE	\$53	4	☒
SEASONIQUE	\$53	4	☒
<i>solia</i>	\$7*	2	☒
<i>sprintec</i>	\$7*	2	☒
<i>sronyx</i>	\$7*	2	☒
<i>tri-legest fe</i>	\$7*	2	☒
<i>trinessa</i>	\$7*	2	☒
TRI-NORINYL	\$53	4	☒
<i>tri-previfem</i>	\$7*	2	☒
<i>tri-sprintec</i>	\$7*	2	☒
<i>trivora</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>velivet</i>	\$7*	2	☒
YASMIN	\$53	4	☒
YAZ	\$53	4	☒
<i>zovia</i>	\$7*	2	☒
<i>Estrogen Drugs</i>			
ALORA	\$26	3	☒
CENESTIN	\$26	3	☒
CLIMARA	\$53	4	☒
DELESTROGEN	\$53	4	☒
DEPO-ESTRADIOL	\$53	4	☒
DIVIGEL	\$53	4	QL=34 packets ☒
ELESTRIN	\$53	4	QL=144 gm ☒
ENJUVIA	\$53	4	☒
ESTRACE	\$26	3	☒
ESTRADERM	\$53	4	☒
<i>estradiol</i>	\$7*	1	☒
<i>estradiol patch</i>	\$7*	2	☒
<i>estradiol tds</i>	\$7*	2	☒
<i>estradiol valerate</i>	\$7*	2	☒
ESTRASORB	\$53	4	☒
ESTRING	\$53	4	☒
ESTROGEL	\$53	4	☒
<i>estropipate .75 mg, 1.5 mg tablet</i>	\$7*	1	☒
<i>estropipate 3 mg tablet</i>	\$7*	2	☒
EVAMIST	\$53	4	☒
EVISTA	\$26	3	☒
FEMRING	\$53	4	☒
FEMTRACE	\$53	4	☒
GYNODIOL	\$53	4	☒
MENEST	\$26	3	☒
MENOSTAR	\$53	4	☒
OGEN	\$53	4	☒
ORTHO-EST	\$53	4	☒
PREMARIN	\$26	3	☒
PREMARIN VAGINAL CREAM	\$53	4	☒
VAGIFEM	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
VIVELLE-DOT	\$53	4	☒
<i>Estrogen/Progestin Combinations</i>			
ACTIVELLA	\$53	4	☒
ANGELIQ	\$53	4	☒
CLIMARA PRO	\$53	4	☒
COMBIPATCH	\$53	4	☒
<i>estradiol/norethindrone a</i>	\$7*	2	☒
FEMHRT	\$53	4	☒
PREFEST	\$26	3	☒
PREMPHASE	\$53	4	☒
PREMPRO	\$53	4	☒
<i>OB/GYN Topical Antiinfectives</i>			
CLEOCIN VAGINAL	\$53	4	☒
<i>clindamycin vaginal</i>	\$7*	2	☒
CLINDESSE	\$53	4	☒
METROGEL-VAGINAL	\$53	4	☒
<i>metronidazole vaginal</i>	\$7*	2	☒
<i>vandazole</i>	\$7*	2	☒
<i>Oxytocics</i>			
METHERGINE	\$26	3	☒
<i>Prenatal Vitamins</i>			
<i>prenatabs obn</i>	\$7*	2	☒
<i>Progestin Drugs</i>			
AYGESTIN	\$53	4	☒
<i>camila</i>	\$7*	2	☒
CRINONE	\$53	4	☒
DEPO-PROVERA	\$53	4	☒
DEPO-PROVERA SUBQ	\$26	3	☒
ENDOMETRIN	\$53	4	☒
<i>errin</i>	\$7*	2	☒
<i>jolivette</i>	\$7*	2	☒
<i>medroxyprogesterone injection</i>	\$7*	2	PA ☒
<i>medroxyprogesterone tablet</i>	\$7*	1	PA ☒
<i>nora-be</i>	\$7*	2	☒
<i>norethindrone acetate</i>	\$7*	2	☒
NOR-Q-D	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ORTHO MICRONOR	\$53	4	☒
PROCHIEVE	\$53	4	☒
PROMETRIUM	\$26	3	☒
PROVERA	\$53	4	PA ☒
<i>Specialized OB/GYN Drugs</i>			
<i>chorionic gonadotropin</i>	\$7*	2	☒
<i>leuprolide acetate</i>	\$7*	2	☒
LUPRON	25%	5	
LUPRON DEPOT	25%	5	
LUPRON DEPOT 3.75 and 11.25 MG	\$26	3	☒
LUPRON DEPOT-PED	25%	5	
<i>novarel</i>	\$7*	2	☒
PREGNYL	\$53	4	☒
SYNAREL	25%	5	
Ophthalmic Medications			
<i>Antiglaucoma Drugs</i>			
<i>acetazolamide</i>	\$7*	2	☒
ALPHAGAN P	\$53	4	☒
<i>apraclonidine</i>	\$7*	2	☒
AZOPT	\$26	3	☒
BETAGAN	\$53	4	☒
<i>betaxolol eye drops</i>	\$7*	2	☒
BETIMOL	\$53	4	☒
BETOPTIC S	\$53	4	☒
<i>brimonidine</i>	\$7*	2	☒
<i>carteolol</i>	\$7*	2	☒
COMBIGAN	\$53	4	☒
COSOPT	\$53	4	☒
DIAMOX SEQUELS	\$53	4	☒
<i>dipivefrin hcl</i>	\$7*	2	☒
<i>dorzolamide</i>	\$7*	2	☒
<i>dorzolamide/timolol</i>	\$7*	2	☒
IOPIDINE	\$53	4	☒
ISTALOL	\$53	4	☒
<i>levobunolol</i>	\$7*	2	☒
LUMIGAN	\$53	4	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>methazolamide</i>	\$7*	2	☒
<i>metipranolol</i>	\$7*	2	☒
OPTIPRANOLOL	\$53	4	☒
PHOSPHOLINE IODIDE	\$26	3	☒
<i>pilocarpine hcl</i>	\$7*	2	☒
PILOPINE HS	\$53	4	☒
PROPINE	\$53	4	☒
<i>timolol ophthalmic</i>	\$7*	2	☒
TIMOPTIC	\$53	4	☒
TIMOPTIC-XE	\$53	4	☒
TRAVATAN Z	\$53	4	☒
TRUSOPT	\$53	4	☒
XALATAN	\$26	3	☒
<i>Ophthalmic Antiinfective Drugs</i>			
<i>ak-poly-bac</i>	\$7*	2	☒
<i>aktob</i>	\$7*	2	☒
AZASITE	\$53	4	☒
<i>bacitracin ointment</i>	\$7*	2	☒
<i>bacitracin/polymyxin</i>	\$7*	2	☒
BESIVANCE	\$53	4	☒
BLEPH-10	\$53	4	☒
CILOXAN	\$26	3	☒
<i>ciprofloxacin eye drops</i>	\$7*	2	☒
<i>erythromycin eye ointment</i>	\$7*	2	☒
GENOPTIC	\$53	4	☒
<i>gentak</i>	\$7*	2	☒
<i>gentamicin ophthalmic</i>	\$7*	2	☒
<i>gentasol</i>	\$7*	2	☒
IQUIX	\$53	4	☒
<i>neomycin/bacitracin/polymyxin</i>	\$7*	2	☒
<i>neomycin/polymyxin/gramicidin</i>	\$7*	2	☒
<i>neomycin/polymyxin/hydrocortisone</i>	\$7*	2	☒
NEOSPORIN	\$53	4	☒
OCUFLOX	\$53	4	☒
<i>ocusulf</i>	\$7*	2	☒
<i>ofloxacin eye drops</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
<i>polycin-b</i>	\$7*	2	☒
<i>polymyxin b sul/trimethoprim</i>	\$7*	2	☒
POLYTRIM	\$53	4	☒
QUIXIN	\$53	4	☒
<i>romycin</i>	\$7*	2	☒
<i>sodium sulfacetamide</i>	\$7*	2	☒
<i>tobramycin eye drops</i>	\$7*	2	☒
<i>tobrasol</i>	\$7*	2	☒
TOBREX	\$53	4	☒
<i>trifluridine</i>	\$7*	2	☒
VIGAMOX	\$26	3	☒
VIROPTIC	\$53	4	☒
ZIRGAN	\$53	4	☒
ZYMAR	\$53	4	☒
<i>Ophthalmic Antiinfective/Corticosteroids</i>			
BLEPHAMIDE	\$53	4	☒
BLEPHAMIDE S.O.P.	\$53	4	☒
<i>dexasporin</i>	\$7*	2	☒
MAXITROL	\$53	4	☒
<i>neo/polymyxin/dexamethasone</i>	\$7*	2	☒
<i>neomycin/bacitracin/poly/hc</i>	\$7*	2	☒
<i>neomycin/polymyxin b sulf</i>	\$7*	2	☒
<i>neomycin/polymyxin/dexameth</i>	\$7*	2	☒
<i>poly-dex</i>	\$7*	2	☒
POLY-PRED	\$53	4	☒
PRED-G	\$53	4	☒
<i>sulfacetamide-prednisolone</i>	\$7*	2	☒
TOBRADEX	\$53	4	☒
<i>tobramycin/dexamethasone</i>	\$7*	2	☒
ZYLET	\$53	4	☒
<i>Ophthalmic Corticosteroid Drugs</i>			
ALREX	\$53	4	☒
<i>dexamethasone eye drops</i>	\$7*	2	☒
DUREZOL	\$53	4	☒
FLAREX	\$53	4	☒
<i>fluorometholone</i>	\$7*	2	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
FLUOR-OP	\$53	4	☒
FML	\$53	4	☒
FML FORTE	\$53	4	☒
FML S.O.P.	\$53	4	☒
LOTEMAX	\$53	4	☒
MAXIDEX	\$53	4	☒
OMNIPRED	\$53	4	☒
PRED FORTE	\$53	4	☒
PRED MILD	\$26	3	☒
<i>prednisolone ac eye drop</i>	\$7*	2	☒
<i>prednisolone eye drops</i>	\$7*	2	☒
VEXOL	\$53	4	☒
<i>Other Ophthalmic Drugs</i>			
ACULAR	\$53	4	☒
ACULAR LS	\$53	4	☒
ACUVAIL	\$53	4	☒
<i>ak-con</i>	\$7*	2	☒
ALAMAST	\$53	4	☒
ALCAINE	\$53	4	☒
ALOCRIAL	\$53	4	☒
ALOMIDE	\$53	4	☒
<i>azelastine</i>	\$7*	2	☒
BEPREVE	\$26	3	☒
BOTOX	\$53	4	PA ☒
CROLOM	\$53	4	☒
<i>cromolyn eye drops</i>	\$7*	2	☒
<i>diclofenac sodium</i>	\$7*	2	☒
ELESTAT	\$53	4	☒
EMADINE	\$53	4	☒
<i>flurbiprofen</i>	\$7*	2	☒
<i>ketorolac ophthalmic solution</i>	\$7*	2	☒
LACRISERT	\$26	3	☒
<i>mydral</i>	\$7*	2	☒
MYDRIACYL	\$53	4	☒
<i>naphazoline eye drops</i>	\$7*	2	☒
NATACYN	\$26	3	☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
NEVANAC	\$53	4	☒
OCUFEN	\$53	4	☒
OPTIVAR	\$53	4	☒
<i>parcaine</i>	\$7*	2	☒
PATADAY	\$53	4	☒
PATANOL	\$53	4	☒
<i>proparacaine</i>	\$7*	2	☒
RESTASIS	\$53	4	☒
<i>tropicacyl</i>	\$7*	2	☒
<i>tropicamide</i>	\$7*	2	☒
VOLTAREN EYE DROPS	\$53	4	☒
XIBROM	\$53	4	☒
Respiratory Medications			
<i>Antihistamines</i>			
ALLEGRA	\$53	4	☒
<i>carbinoxamine maleate</i>	\$7*	2	☒
<i>cetirizine</i>	\$7*	2	☒
CLARINEX	\$53	4	☒
<i>clemastine fumarate</i>	\$7*	2	☒
<i>cyproheptadine</i>	\$7*	2	☒
<i>dexchlorpheniramine maleate</i>	\$7*	2	☒
<i>diphenhydramine hcl</i>	\$7*	2	☒
<i>diphenhydramine oral solution</i>	\$7*	2	☒
<i>fexofenadine</i>	\$7*	2	☒
<i>hydroxyzine</i>	\$7*	2	☒
<i>hydroxyzine pamoate</i>	\$7*	2	☒
<i>palgic</i>	\$7*	2	☒
PHENERGAN INJECTION	\$53	4	☒
<i>promethazine</i>	\$7*	2	☒
VISTARIL	\$53	4	☒
XYZAL	\$53	4	☒
<i>Beta-2 Adrenergic Drugs</i>			
ACCUNEB	\$53	4	☒
<i>albuterol sulfate</i>	\$7*	2	☒
<i>albuterol sulfate er</i>	\$7*	2	☒
ALBUTEROL SULFATE HFA	\$26	3	QL=3 inhalers ☒

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
BRETHINE	\$26	3	☒
BROVANA	\$26	3	QL=60 inhalations ☒
FORADIL	\$53	4	QL=2 inhalers ☒
<i>levalbuterol</i>	\$7*	2	☒
MAXAIR	\$53	4	QL=2 inhalers ☒
<i>metaproterenol sulfate</i>	\$7*	2	☒
PERFOROMIST	\$53	4	☒
PROVENTIL HFA INHALER	\$53	4	QL=3 inhalers ☒
SEREVENT DISKUS	\$53	4	QL=2 inhalers ☒
<i>terbutaline sulfate</i>	\$7*	2	☒
VENTOLIN HFA	\$53	4	QL=3 inhalers ☒
VOSPIRE ER	\$53	4	☒
XOPENEX 0.31 MG / 3 ML, 0.63 MG / 3 ML	\$26	3	☒
XOPENEX 1.25 MG / 3 ML	\$53	4	☒
XOPENEX HFA INHALER	\$26	3	PA / QL=3 inhalers ☒
<i>Combination Antihistamine/Decongestants</i>			
ALLEGRA	\$53	4	☒
ALLEGRA-D	\$53	4	☒
CLARINEX	\$53	4	☒
<i>promethazine vc</i>	\$7*	2	☒
SEMPREX-D	\$53	4	☒
<i>Leukotriene Modifiers</i>			
ACCOLATE	\$53	4	ST ☒
SINGULAIR	\$26	3	ST ☒
ZYFLO CR	\$53	4	ST ☒
<i>Methyl Xanthine Drugs</i>			
<i>aminophylline</i>	\$7*	2	☒
ELIXOPHYLLIN	\$53	4	☒
LUFYLLIN	\$53	4	☒
THEO-24	\$53	4	☒
<i>theochron</i>	\$7*	2	☒
<i>theophylline</i>	\$7*	2	☒
<i>theophylline er</i>	\$7*	2	☒
UNIPHYL	\$53	4	☒
<i>Other Drugs For Asthma</i>			

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
ACETADOTE	\$53	4	☒
<i>acetylcysteine</i>	\$7*	2	☒
ADVAIR DISKUS	\$26	3	ST / QL=2 inhalers ☒
ADVAIR HFA	\$26	3	ST / QL=2 inhalers ☒
AEROBID-M	\$53	4	QL=3 inhalers ☒
<i>albuterol sulfate/ipratropium</i>	\$7*	2	☒
ALVESCO	\$53	4	QL=2 inhalers ☒
ASMANEX	\$53	4	QL=120 inhalations ☒
ATROVENT HFA INHALER	\$26	3	QL=3 inhalers ☒
AZMACORT	\$53	4	QL=2 inhalers ☒
<i>budesonide nebulizer solution</i>	\$7*	2	☒
COMBIVENT	\$26	3	QL=3 inhalers ☒
<i>cromolyn nebulizer solution</i>	\$7*	2	☒
DUONEB	\$53	4	☒
<i>epinephrine</i>	\$7*	2	☒
EPIPEN	\$26	3	☒
EPIPEN JR	\$26	3	☒
FLOVENT DISKUS	\$26	3	QL=2 inhalers ☒
FLOVENT HFA	\$26	3	QL=2 inhalers ☒
GASTROCROM	\$26	3	☒
<i>ipratropium bromide 0.02% soln</i>	\$7*	2	☒
PULMICORT FLEXHALER 180 MCG	\$53	4	QL=3 inhalers ☒
PULMICORT FLEXHALER 90 MCG	\$53	4	QL=2 inhalers ☒
PULMICORT RESPULES	\$26	3	☒
QVAR	\$53	4	QL=3 inhalers ☒
SPIRIVA	\$26	3	☒
SYMBICORT	\$26	3	ST / QL=2 inhalers ☒
TWINJECT	\$26	3	☒
<i>Other Respiratory Drugs</i>			
ARALAST	25%	5	♦
PROLASTIN	25%	5	♦
PULMOZYME	\$53	4	☒
ZEMAIRA	25%	5	♦
Urological Medications			
<i>Anticholinergic Antispasmodics</i>			

♦ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Part D Comprehensive Formulary

Drug Name	Network PlatinumPlus*, Network PlatinumPremier*, NetworkSelect Pharmacy Plans Copay/Coinsurance	NetworkCares Tier Level	Notes
DETROL	\$53	4	ST ☒
DETROL LA	\$53	4	ST ☒
DITROPAN XL	\$53	4	ST ☒
ENABLEX	\$53	4	ST ☒
<i>flavoxate</i>	\$7*	2	☒
GELNIQUE	\$53	4	ST ☒
<i>oxybutynin er</i>	\$7*	2	☒
<i>oxybutynin oral solution</i>	\$7*	2	☒
<i>oxybutynin tablet</i>	\$7*	1	☒
OXYTROL	\$53	4	ST ☒
SANCTURA	\$53	4	ST ☒
SANCTURA XR	\$53	4	ST ☒
TOVIAZ	\$53	4	ST ☒
VESICARE	\$53	4	ST ☒
<i>Drugs To Treat Urinary Tract Disorders</i>			
<i>finasteride</i>	\$7*	2	☒
FLOMAX	\$26	3	ST ☒
PROSCAR	\$53	4	☒
<i>tamsulosin</i>	\$7*	2	☒
<i>Other Genitourinary Products</i>			
AVODART	\$53	4	☒
CYSTADANE	\$26	3	☒
ELMIRON	\$26	3	☒
LITHOSTAT	\$53	4	☒
<i>potassium citrate</i>	\$7*	2	☒
RAPAFLO	\$53	4	ST ☒
UROCIT-K	\$53	4	☒
UROXATRAL	\$53	4	ST ☒

◆ This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

INDEX

8-MOP, 48
ABELCET, 17
ABILIFY, 27
ABRAXANE, 21
ACANYA, 47
acarbose, 54
ACCOLATE, 79
ACCUNEB, 78
ACCUPRIL, 38
ACCURETIC, 44
AC CUTANE, 48
acebutolol, 39
ACEON, 38
ACETADOTE, 80
acetaminophen/codeine, 31
acetazolamide, 74
acetic acid, 51
acetylcysteine, 80
ACIPHEX, 60
ACLOVATE, 49
ACTEMRA, 63
ACTHIB, 61
acticin, 48
ACTIGALL, 58
ACTIMMUNE, 63
ACTIQ, 29
ACTIVELLA, 73
ACTONEL, 55
ACTOPLUS MET, 54
ACTOS, 54
ACULAR, 77
ACUVAIL, 77
acyclovir, 15
ADACEL, 61
ADAGEN, 51
ADALAT CC, 40
ADCIRCA, 46
ADDERALL, 32
ADDERALL XR, 32
ADOXA, 19
ADOXA PAK, 19
adriamycin, 21
ADVAIR, 80
ADVICOR, 42
AEROBID-M, 80
afeditab cr, 40
AFINITOR, 21
AGGRENOLX, 66
AGRYLIN, 21
A-HYDROCORT, 53
ak-con, 77
AKNE-MYCIN, 47
ak-poly-bac, 75
aktob, 75
ALA-CORT, 49
ALAMAST, 77
ALA-SCALP HP, 49
ALBENZA, 10
albuterol sulfate, 78
ALBUTEROL SULFATE HFA, 78
albuterol sulfate/ipratropium, 80
ALCAINE, 77
alclometasone dipropionate, 49
alcohol in dextrose, 66
ALCOHOL SWABS, 63
ALDACTAZIDE, 46
ALDACTONE, 46
ALDARA, 50
ALDURAZYME, 55
alendronate, 55, 56
ALFERON N, 63
ALIMTA, 21
ALINIA, 14
ALKERAN, 21
ALLEGRA, 78, 79
allopurinol, 64
ALOCRIL, 77
ALOMIDE, 77
ALOPRIM, 64
ALORA, 72
ALOXI, 28
ALPHAGAN P, 74
ALREX, 76
ALTABAX, 20
ALTACE, 38
ALTOPREV, 42
ALVESCO, 80
amantadine, 15
AMARYL, 54

Part D Comprehensive Formulary

AMBIEN, 37
AMBIEN CR, 37
AMBISOME, 17
amcinonide, 49
AMERGE, 33
a-methapred, 53
AMEVIVE, 21
amifostine, 21
amikacin sulfate, 10
AMIKIN, 10
amiloride, 46
amiloride/hydrochlorothiazide, 46
aminophylline, 79
AMINOSYN, 66, 67
amiodarone, 38
AMITIZA, 58
amitriptyline, 38
amitriptyline/chlordiazepoxide, 35
amitriptyline/perphenazine, 35
amlodipine, 40
amlodipine/benazepril, 44
AMMONIUM CHLORIDE, 67
ammonium lactate, 50
amnesteam, 48
amoclan, 17
amoxapine, 37
amoxicillin, 17
amoxicillin/clavulanate, 17
AMOXIL, 17
amphetamine salts, 32
AMPHOTEC, 17
amphotericin b, 17
ampicillin, 17
ampicillin-sulbactam, 17
AMPYRA, 60
AMRIX, 64
ANADROL, 69
ANAFRANIL, 38
anagrelide, 21
ANAPROX, 64
ANAPROX DS, 64
ANCOBON, 13
ANDRODERM, 69
ANDROGEL, 69
ANDROID, 69
ANDROXY, 70
ANESTACON, 10
ANGELIQ, 73
ANTABUSE, 26
ANTARA, 43
ANTIVERT, 28
ANTIZOL, 51
ANUSOL-HC, 49
ANZEMET, 28
apap/caffeine/dihydrocodeine, 31
APHTHASOL, 52
APIDRA, 54
APLENZIN, 35
APOKYN, 35
apraclonidine, 74
apri, 70
APRISO, 58
APTIVUS, 10
ARALAST, 80
ARALEN PHOSPHATE, 18
aranelle, 70
ARANESP, 60
ARAVA, 21
ARCALYST, 63
AREDIA, 56
ARICEPT, 26
ARIMIDEX, 21
ARIXTRA, 68
AROMASIN, 21
ARRANON, 21
ARTHROTEC, 65
ARZERRA, 21
ASACOL, 58
ascomp/codeine, 33
ASMANEX, 80
ASTELIN, 52
ASTEPRO, 52
ASTRAMORPH-PF, 29
ATACAND, 39
ATACAND HCT, 44
atamet, 35
atenolol, 39
atenolol/chlorthalidone, 44
ATGAM, 61
ATRALIN, 47
ATRIPLA, 10
atropine injection, 36

ATROVENT HFA INHALER, 80
ATROVENT NASAL SPRAY, 52
ATTENUVAX, 61
AUGMENTIN, 17
AVALIDE, 44
AVANDAMET, 54
AVANDARYL, 54
AVANDIA, 54
AVAPRO, 39
AVASTIN, 21
AVELOX, 18
aviane, 70
AVINZA, 29
AVITA, 47
AVODART, 81
AVONEX, 60
AXERT, 33
AXID, 58
AYGESTIN, 73
AZACTAM, 14
AZACTAM, 14
AZASAN, 21
AZASITE, 75
azathioprine, 21
azelastine, 77
AZELEX, 47
AZILECT, 35
azithromycin, 16
AZMACORT, 80
AZOPT, 74
AZOR, 44
AZULFIDINE, 58
bacim, 14
bacitracin injection, 14
bacitracin ointment, 75
bacitracin/polymyxin, 75
baclofen, 64
BACTRIM, 19
BACTROBAN, 20
BALACET, 32
balsalazide, 59
balziva, 70
BANZEL, 34
BARACLUDE, 15
BECONASE AQ, 52
benazepril, 38
BENICAR, 39
BENTYL, 57
BENZAACLIN, 47
BENZAMYCIN, 47
benztropine, 27
BEPREVE, 77
BESIVANCE, 75
BETAGAN, 74
betamethasone augmented dipropionate, 49
betamethasone dipropionate, 49
betamethasone valerate, 49
BETAPACE, 44
BETAPACE AF, 44
BETASERON, 60
beta-val, 49
betaxolol eye drops, 74
betaxolol tablet, 39
bethanechol, 57
BETIMOL, 74
BETOPTIC S, 74
BIAXIN, 16
bicalutamide, 21
BICILLIN, 17
BICNU, 21
BIDIL, 46
BILTRICIDE, 10
bisoprolol, 39
bisoprolol/hydrochlorothiazide, 45
BLEOMYCIN SULFATE, 21
BLEPH-10, 75
BLEPHAMIDE, 76
BONIVA, 56
BOOSTRIX, 61
borofair, 51
BOTOX, 77
BRETHINE, 79
BREVICON, 70
brimonidine, 74
bromocriptine, 35
BROVANA, 79
budeprion sr, 35
budeprion xl, 35
budesonide nebulizer solution, 80
bumetanide, 43
BUMEX, 43

Part D Comprehensive Formulary

BUPHENYL, 51
BUPRENEX, 32
buprenorphine, 31
buproban, 38
bupropion, 35
bupropion sr, 35
BUSPAR, 29
bupirone, 29
BUSULFEX, 21
butalbital/caff/apap/codeine, 33
butorphanol injection, 26
butorphanol nasal spray, 33
BYETTA, 56
BYSTOLIC, 39
cabergoline, 56
CADUET, 42
CAFERGOT, 33
CALAN, 40
CALCIJEX, 69
calcipotriene, 48
calcitonin-salmon, 56
calcitriol, 69
calcium acetate, 69
camila, 73
CAMPATH, 21
CAMPRAL, 36
CAMPTOSAR, 21
CANASA, 59
CANCIDAS, 17
CANTIL, 57
CAPASTAT SULFATE, 11
CAPEX SHAMPOO, 49
CAPITAL/CODEINE, 31
CAPOTEN, 38
captopril, 38
captopril/hydrochlorothiazide, 45
CARAC, 50
CARAFATE, 58
carbamazepine, 29
CARBATROL, 29
carbidopa/levodopa, 36
carbinoxamine maleate, 78
carboplatin, 21
CARDENE, 40
CARDIZEM, 40
CARDURA, 47
CARDURA XL, 47
CARIMUNE NF, 61
carisoprodol, 64
carisoprodol compound/codeine, 64
CARMOL HC, 49
CARNITOR, 69
carteolol, 74
cartia xt, 40
CARTROL, 39
carvedilol, 39
CASODEX, 21
CATAFLAM, 65
CATAPRES, 41
CEDAX, 12
CEENU, 21
cefaclor, 12
cefadroxil, 12
cefazolin, 12
cefdinir, 12
cefepime, 12
CEFIZOX, 12
cefotaxime, 12
cefotetan, 12
cefoxitin, 12
cefpodoxime, 12
cefprozil, 12
ceftazidime, 12
CEFTIN, 12
ceftriaxone, 12
cefuroxime, 12
cefuroxime/dextrose, 12
CELEBREX, 65
CELESTONE, 53
CELEXA, 37
CELLCEPT, 21
CELONTIN, 38
CENESTIN, 72
cephalexin, 12, 13
CEREBYX, 34
CEREDASE, 56
CEREZYME, 56
cerubidine, 22
CERVARIX, 61
CESAMET, 28
cesia, 70
cetirizine, 78

Part D Comprehensive Formulary

CETRAXAL, 51
CHANTIX, 38
CHEMET, 51
chloramphenicol sod succinate, 13
chlorhexidine gluconate rinse, 52
chloroquine phosphate, 18
chlorothiazide, 46
chlorpromazine, 27
chlorpropamide, 54
chlorthalidone, 46
chlorzoxazone, 64
cholestyramine, 43
chorionic gonadotropin, 74
ciclopirox, 16
cilostazol, 66
CILOXAN, 75
cimetidine, 58
CIMZIA, 22
CIPRO, 18
CIPRO HC, 51
CIPRODEX, 51
ciprofloxacin, 18
ciprofloxacin eye drops, 75
cisplatin, 22
citalopram, 37
cladribine, 22
CLAFORAN, 13
claravis, 48
CLARINEX, 78, 79
clarithromycin, 16
clemastine fumarate, 78
CLEOCIN, 13
CLEOCIN T, 47
CLEOCIN VAGINAL, 73
CLIMARA, 72
CLIMARA PRO, 73
CLINDAGEL, 47
clindamycin, 13
clindamycin topical, 47
clindamycin vaginal, 73
clindamycin/benzoyl peroxide, 47
CLINDESSE, 73
CLINIMIX, 67
CLINISOL, 67
CLINORIL, 65
clobetasol, 49
clobetasol e, 49
clobetasol propionate, 49
CLOBEX, 49
CLODERM, 49
CLOLAR, 22
clomipramine, 38
clonidine, 41
clonidine patch, 41
CLORPRES, 45
clotrimazole topical, 16
clotrimazole troche, 13
clotrimazole/betamethasone, 20
clozapine, 27
CLOZARIL, 27
COARTEM, 18
codeine sulfate, 29
COGENTIN, 27
co-gesi, 31
COGNEX, 26
COLAZAL, 59
COLCRYST, 64
COLESTID, 43
colestipol, 43
COLISTIMETHATE, 14
COLOCORT, 59
col-probenecid, 64
COLY MYCIN, 52
COLYTE, 59
COMBIGAN, 74
COMBIPATCH, 73
COMBIVENT, 80
COMBIVIR, 10
COMBUNOX, 29
compazine, 28
compro, 28
COMTAN, 36
COMVAX, 61
CONCERTA, 32
CONDYLOX, 50
constulose, 66
COPAXONE, 60
COPEGUS, 15
CORDARONE, 38
CORDRAN, 49
COREG, 39
CORGARD, 40

cormax, 49
CORTEF, 53
CORTENEMA, 59
CORTIFOAM, 59
cortisone, 53
CORTISPORIN, 52
CORTISPORIN TOPICAL, 20
cortomycin, 52
CORZIDE, 45
COSMEGEN, 22
COSOPT, 74
COUMADIN, 69
COVERA-HS, 40
COZAAR, 39
CREON, 59
CRESTOR, 42
CRINONE, 73
CRIXIVAN, 11
CROLOM, 77
cromolyn eye drops, 77
cromolyn nebulizer solution, 80
cryselle, 70
CUBICIN, 14
CUPRIMINE, 66
CUTIVATE, 49
CYCLESSA, 70
cyclobenzaprine, 64
cyclophosphamide, 22
cyclosporine, 22
CYKLOKAPRON, 68
CYMBALTA, 35
cyproheptadine, 78
CYSTADANE, 81
CYSTAGON, 67
cytarabine, 22
CYTOMEL, 57
CYTOTEC, 58
CYTOVENE, 15
CYTOXAN, 22
D.H.E.45, 33
dacarbazine, 22
DACOGEN, 22
danazol, 70
DANTRIUM, 64
dantrolene sodium, 64
DAPSONE, 19
DAPTACEL, 61
DARAPRIM, 18
DARVOCET, 32
DARVON, 32
daunorubicin, 22
DAUNOXOME, 22
DAYPRO, 65
DAYTRANA, 32
DDAVP, 56
DECAVAC, 61
DECLOMYCIN, 19
DEGARELIX, 22
DELATESTRYL, 70
del-beta, 49
DELESTROGEN, 72
DEMADEX, 43
demeclocycline, 19
DEMEROL, 29
DEMSER, 42
DENAVIR, 20
DEPACON, 26
depade, 36
DEPAKENE, 26
DEPAKOTE, 26
DEPEN, 66
DEPO-ESTRADIOL, 72
DEPO-MEDROL, 53
DEPO-PROVERA, 22, 73
DEPO-PROVERA SUBQ, 73
DEPO-TESTOSTERONE, 70
DERMA-SMOOTH/FS, 49
DERMATOP, 49
DERMOTIC, 52
desipramine, 37
desmopressin, 56
DESOGEN, 70
DESONATE GEL, 49
desonide, 49
DESOWEN, 49
desoximetasone, 49
DESOPYN, 32
DETROL, 81
dexamethasone, 53
dexamethasone eye drops, 76
dexasporin, 76
dexchlorpheniramine maleate, 78

DEXEDRINE, 32
 DEXILANT, 60
dexmethylphenidate, 32
 DEXPAK, 53
dexrazoxane, 22
dextroamphetamine, 32
dextrose, 67, 69
 DIABETA, 54
 DIAMOX SEQUELS, 74
 DIBENZYLINE, 42
diclofenac, 65
diclofenac sodium, 77
dicloxacillin sodium, 17
dicyclomine, 57
didanosine, 11
 DIDRONEL, 56
 DIFFERIN, 47
diflorasone diacetate, 49
 DIFLUCAN, 13, 17
diflunisal, 65
digoxin, 41
dihydroergotamine, 33
 DILACOR XR, 40
 DILANTIN, 34
 DILATRATE SR, 44
 DILAUDID, 29
dilt-c, 40
diltiazem, 40, 41
dilt-x, 41
diltzac, 41
 DIOVAN, 39
 DIOVAN HCT, 45
 DIPENTUM, 59
diphenhydramine, 78
diphenoxylate w/atropine, 57
 DIPHTHERIA-TETANUS TOXOID,
 61
dipivefrin hcl, 74
 DIPROLENE, 49
dipyridamole, 66
disopyramide phosphate, 42
 DITROPAN XL, 81
 DIURIL, 46
divalproex, 26
 DIVIGEL, 72
 DOLOPHINE, 30
 DORIBAX, 14
 DORYX, 19
dorzolamide, 74
dorzolamide/timolol, 74
 DOVONEX, 48
doxazosin, 47
doxepin, 38
 DOXIL, 22
doxorubicin, 22
doxy-caps, 19
doxycycline, 19
dronabinol, 28
 DROXIA, 22
 DUETACT, 54
 DUONEB, 80
 DURAGESIC, 30
 DURAMORPH, 30
 DUREZOL, 76
 DYAZIDE, 46
 DYNACIN, 19
 DYNACIRC CR, 41
 DYRENIUM, 46
 E.E.S., 13
econazole nitrate, 16
 EDECRIN, 43
 EDLUAR, 37
 EFFEXOR, 35
 EFFEXOR XR, 35
 EFFIENT, 66
 EFUDEX, 50
 ELAPRASE, 56
 ELDEPRYL, 36
 ELESTAT, 77
 ELESTRIN, 72
 ELIDEL, 50
 ELIGARD, 22
 ELIMITE, 48
eliphos, 69
 ELITEK, 22
 ELIXOPHYLLIN, 79
 ELLENCE, 22
 ELMIRON, 81
 ELOCON, 49
 ELOXATIN, 22
 ELSPAR, 22
 EMADINE, 77

Part D Comprehensive Formulary

EMBEDA, 30
EMCYT, 22
EMEND, 28
EMLA, 10
EMSAM, 34
EMTRIVA, 11
ENABLEX, 81
enalapril, 38
enalapril/hydrochlorothiazide, 45
ENBREL, 22
endocet, 30
endodan, 30
ENDOMETRIN, 73
ENGERIX-B, 61
ENJUVIA, 72
enpresse, 70
ENTOCORT EC, 59
enulose, 66
EPIDUO, 47
epinephrine, 80
EPIPEN, 80
EPIRUBICIN, 22
epitol, 29
EPIVIR, 11
eplerenone, 46
EPOGEN, 60
EPZICOM, 11
EQUAGESIC, 33
EQUETRO, 29
ERAXIS, 17
ERBITUX, 22
ergoloid mesylates, 51
ERGOMAR, 33
ergotamine-caffeine, 33
errin, 73
ERTACZO, 16
ERYPED, 13
ERY-TAB, 13
erythrocine, 13
ERYTHROCIN LACTOBIONATE, 13
erythromycin eye ointment, 75
erythromycin oral, 13
erythromycin topical, 47
erythromycin/sulfisoxazole, 19
ESTRACE, 72
ESTRADERM, 72
estradiol, 72
estradiol/norethindrone a, 73
ESTRASORB, 72
ESTRING, 72
ESTROGEL, 72
estropipate, 72
ESTROSTEP FE, 70
ethambutol, 11
ethosuximide, 38
ETHYOL, 22
etidronate, 56
etodolac, 65
ETOPOPHOS, 22
etoposide, 22
EURAX, 48
EVAMIST, 72
EVISTA, 72
EVOCLIN, 47
EVOXAC, 52
EXELDERM, 16
EXELON, 26
EXFORGE, 45
EXFORGE HCT, 45
EXJADE, 51
EXTAVIA, 63
EXTINA, 16
FABRAZYME, 56
FACTIVE, 18
famciclovir, 15
famotidine, 58
FAMVIR, 15
FANAPT, 27
FANSIDAR, 18
FARESTON, 22
FASLODEX, 22
FAZACLO, 27
FELBATOL, 34
FELDENE, 65
felodipine er, 41
FEMARA, 22
FEMHRT, 73
FEMRING, 72
FEMTRACE, 72
fenofibrate, 43
FENOGLIDE, 43
fenopropfen, 65

Part D Comprehensive Formulary

fentanyl injectable solution, 30
FENTANYL LOZENGE, 30
fentanyl patch, 30
FENTORA, 30
FEXMID, 64
fexofenadine, 78
FINACEA, 47
finasteride, 81
FIORICET W/CODEINE, 33
FIORINAL W/CODEINE, 33
FLAGYL, 20
FLAGYL ER, 20
FLAREX, 76
flavoxate, 81
FLEBOGAMMA, 61
flecainide acetate, 42
FLECTOR, 66
FLEXERIL, 64
FLOMAX, 81
FLONASE, 52
FLOVENT, 80
FLOXIN EAR DROPS, 52
fluconazole, 13, 17
FLUDARA, 23
FLUDARABINE 50 MG VIAL, 23
fludarabine 50 mg/2 ml vial, 23
fludrocortisone acetate, 53
FLUMADINE, 15
flunisolide, 52
fluocinolone acetonide, 50
fluocinonide, 50
fluorometholone, 76
FLUOR-OP, 77
FLUOROPLEX CREAM, 51
fluorouracil injectable solution, 23
fluorouracil topical, 51
fluoxetine, 37
fluphenazine, 27
flurbiprofen, 65, 77
flutamide, 23
fluticasone nasal spray, 52
fluticasone topical, 50
fluvoxamine maleate, 37
FML, 77
FOCALIN, 32
FOCALIN XR, 32
fomepizole, 51
FORADIL, 79
FORTAMET, 55
FORTAZ, 13
FORTEO, 56
fortical, 56
FOSAMAX, 56
foscarnet sodium, 15
FOSCAVIR, 15
fosinopril, 39
fosinopril/hydrochlorothiazide, 45
fosphenytoin sodium, 34
FOSRENOL, 66
FRAGMIN, 68
FREAMINE, 67
FROVA, 33
FURADANTINE, 20
furosemide, 43, 44
FUSILEV, 23
FUZEON, 11
gabapentin, 34
GABITRIL, 34
galantamine hydrobromide, 26
GAMASTAN S/D, 62
GAMMAGARD LIQUID, 62
GAMUNEX, 62
GANCICLOVIR, 15
GANTRISIN, 19
GARDASIL, 62
GASTROCROM, 80
GAUZE, 63
gavilyte-g, 59
GELNIQUE, 81
gemfibrozil, 43
GEMZAR, 23
generlac, 66
gengraf, 23
GENOPTIC, 75
GENOTROPIN, 61
gentak, 75
gentamicin injectable solution, 10
gentamicin ophthalmic, 75
gentamicin topical, 20
gentasol, 75
GEODON, 27
GLEEVEC, 23

glimepiride, 55
glipizide, 55
glipizide/metformin, 55
GLUCAGEN, 54
GLUCAGON EMERGENCY KIT, 54
GLUCOPHAGE, 55
GLUCOTROL, 55
GLUCOVANCE, 55
GLUMETZA, 55
glyburide, 55
glyburide/metformin, 55
glycopyrrolate, 57
glycron, 55
GLYNASE, 55
GLYSET, 55
GOLYTELY, 59
granisetron, 28
granisol, 28
GRIFULVIN V, 13
griseofulvin, 14
GRIS-PEG, 14
guanabenz, 41
guanfacine, 42
guanidine hcl, 36
GYNAZOLE-1, 21
GYNODIOL, 72
HALDOL, 27
HALFLYTELY BOWEL PREP, 59
halobetasol propionate, 50
HALOG, 50
haloperidol, 27
HAVRIX, 62
HECTOROL, 69
HELIDAC, 58
heparin sodium, 68
HEPATAMINE, 67
HEPATASOL, 67
HEPSERA, 15
HERCEPTIN, 23
HEXALEN, 23
HIPREX, 20
HUMALOG, 54
HUMATROPE, 61
HUMIRA, 23
HUMULIN, 54
HYCAMTIN, 23
HYCET, 31
hydralazine, 47
HYDREA, 23
hydrochlorothiazide, 46
hydrocodone bit/ibuprofen, 31
hydrocodone/acetaminophen, 31
hydrocortisone, 50, 53
hydrocortisone butyrate, 50
hydrocortisone enema, 59
hydrocortisone topical, 50
hydrocortisone valerate, 50
hydromorphone, 30
hydroxychloroquine sulfate, 18
hydroxyurea, 23
hydroxyzine, 78
HYZAAR, 45
ibuprofen, 65
IDAMYCIN PFS, 23
idarubicin hcl, 23
IFEX, 23
ifosfamide, 23
ifosfamide/mesna, 23
IMDUR, 44
imipramine, 38
imiquimo, 51
IMITREX, 33
IMOVAX, 62
IMURAN, 23
INCRELEX, 61
indapamide, 47
INDERAL, 40
INDOCIN, 65
indomethacin, 65
INFERGEN, 63
INFUMORPH, 30
INNOHEP, 68
INNOPRAN XL, 40
INSPRA, 46
INSULIN SYRINGE, 63
INTELENCE, 11
INTRALIPID, 67
INTRON A, 63
INTUNIV, 36
INVANZ, 14
INVEGA, 27
INVEGA SUSTENNA, 27

- INVIRASE, 11
IONOSOL, 67
IOPIDINE, 74
IPOL, 62
ipratropium bromide 0.02% soln, 80
ipratropium nasal spray, 52
IQUIX, 75
IRESSA, 23
irinotecan, 23
ISENTRESS, 11
ISMO, 44
ISOCHRON, 44
ISOLYTE, 67
isonarif, 12
isoniazid, 12
ISOPTIN SR, 41
ISORDIL, 44
isosorbide, 44
ISOTONIC GENTAMICIN SULFATE,
10
ISOVATE, 50
isradipine, 41
ISTALOL, 74
ISTODAX, 23
itraconazole, 14
IXEMPRA, 23
IXIARO, 62
jantoven, 69
JANUMET, 56
JANUVIA, 56
JE-VAX, 62
jolivette, 73
junel, 70
KADIAN, 30
KALETRA, 11
kanamycin sulfate, 14
kaon-cl 10, 69
kariva, 70
KAYEXALATE, 69
KEFLEX, 13
kelnor, 70
KENALOG SPRAY, 50
KEPIVANCE, 52
KEPPRA, 34
KEPPRA XR, 34
KERLONE, 40
KETEK, 13
ketoconazole tablet, 14
ketoconazole topical, 16
ketoprofen, 65
Ketorolac ophthalmic solution, 77
ketorolac tromethamine, 65
KINERET, 63
KIONEX, 69
KLARON, 48
klor-con, 69
KRISTALOSE, 66
K-TAB, 69
KURIC, 16
KUVAN, 56
KYTRIL, 28
labetalol, 40
LAC-HYDRIN, 51
LACLOTION, 51
LACRISERT, 77
lactated ringers, 67
lactulose, 58
LAMICTAL, 34
LAMISIL, 14
LAMISIL SOLUTION, 16
lamotrigine, 34
LANOXIN, 41
lansoprazole, 60
LANTUS, 54
LANTUS SOLOSTAR, 54
LARIAM, 18
LASIX, 44
leena, 70
leflunomide, 23
LESCOL, 42
lessina, 70
LETAIRIS, 42
leucovorin calcium, 23
LEUKERAN, 23
LEUKINE, 63
leuprolide acetate, 74
LEUSTATIN, 23
levabuterol, 79
LEVAQUIN, 18
LEVATOL, 40
LEVEMIR, 54
levetiracetam, 34

levobunolol, 74
levocarnitine, 69
LEVO-DROMORAN, 30
levora, 70
levorphanol, 30
levothroid, 57
levothyroxine, 57
levoxyl, 57
LEXAPRO, 37
LEXIVA, 11
LIALDA, 59
lidocaine, 10
lidocaine viscous, 10
lidocaine/prilocaine, 10
LIDODERM, 10
LIMBITROL, 35
LINCOCIN, 14
LINDANE, 48
liothyronine, 57
LIPITOR, 42
LIPOFEN, 43
LIPOSYN II, 67
LIPOSYN III, 67
liquadd, 32
lisinopril, 39
lisinopril/hydrochlorothiazide, 45
lithium carbonate, 26
lithium citrate, 26
LITHOBID, 26
LITHOSTAT, 81
LO/OVRAL, 70
LOCOID, 50
LODOSYN, 36
LOESTRIN, 70
LOESTRIN FE, 70
LOFIBRA, 43
LOKARA, 50
LOMOTIL, 57
lonox, 57
loperamide hcl, 57
LOPID, 43
LOPRESSOR, 40
LOPRESSOR HCT, 45
LOPROX, 16
LORCET, 31
LORCET, 31
LORTAB, 31
losartan, 39
losartan/hydrochlorothiazide, 45
LOSEASONIQUE, 70
LOTEMAX, 77
LOTENSIN, 39
LOTENSIN HCT, 45
LOTREL, 45
LOTRISONE, 20
LOTRONEX, 58
lovastatin, 42
LOVAZA, 43
LOVENOX, 68
low-ogestrel, 70
loxapine, 27
LOXITANE, 27
LUFYLLIN, 79
LUMIGAN, 74
LUNESTA, 37
LUPRON, 74
LUPRON DEPOT, 74
lutea, 71
LUVOX CR, 37
LUXIQ, 50
LYBREL, 71
LYRICA, 34
LYSODREN, 23
MACROBID, 20
MACRODANTIN, 20
MAGNACET, 30
magnesium sulfate, 67
MAGNESIUM SULFATE IN D5W, 67
MALARONE, 18
malathion, 48
maprotiline hcl, 35
margesic h, 31
MARINOL, 28
MARPLAN, 34
MATULANE, 23
MAVIK, 39
MAXAIR, 79
MAXALT, 33
MAXALT MLT, 33
MAXIDEX, 77
MAXIDONE, 31
MAXIPIME, 13

MAXITROL, 76
MAXZIDE, 46
mebendazole, 10
meclizine, 28
meclofenamate sodium, 65
MEDROL, 53
medroxyprogesterone, 73
mefloquine hcl, 18
MEGACE, 23
MEGACE ES, 23
megestrol, 23
meloxicam, 65
melphalan, 23
MENACTRA, 62
MENEST, 72
MENOMUNE, 62
MENOSTAR, 72
MENTAX, 16
meperidine, 30
meperidine injectable solution, 30
meprobamate, 29
MEPRON, 14
mercaptapurine, 23
MERREM, 14
MERUVAX, 62
mesalamine, 59
MESNA, 24
MESNEX, 24
MESTINON, 36
METADATE CD, 32
metadate er, 32
METAGLIP, 55
metaproterenol sulfate, 79
metaxalone, 64
metformin, 55
methadone, 30
methadose, 30
methazolamide, 75
methenamine hippurate, 20
METHERGINE, 73
methimazole, 54
METHITEST, 70
methocarbamol, 64
methotrexate, 24
methscopolamine, 57
methyclothiazide, 47
methyldopa, 42
methyldopa/hydrochlorothiazide, 45
methyldopate hcl, 42
METHYLIN, 32
methylin er, 33
methylphenidate hcl, 33
methylprednisolone, 53
metipranolol, 75
metoclopramide, 57
metolazone, 47
metoprolol er, 40
metoprolol tartrate, 40
metoprolol/hydrochlorothiazide, 45
METOZOLV, 57
METROCREAM, 48
METROGEL TOPICAL, 48
METROGEL-VAGINAL, 73
METROLOTION, 48
metronidazole, 20
metronidazole topical, 48
metronidazole vaginal, 73
MEVACOR, 43
mexiletine hcl, 42
MIACALCIN, 56
MICARDIS, 39
MICARDIS HCT, 45
miconazole 3, 21
microgestin, 71
MICROZIDE, 47
midodrine hcl, 46
migergot, 33
MIGRANAL, 33
MILLIPRED, 53
MINIPRESS, 47
MINITRAN, 44
MINOCIN, 19
minocycline, 19
minocycline er, 19
minoxidil, 47
MIRAPEX, 36
MIRAPEX ER, 36
mirtazapine, 35
misoprostol, 58
mitomycin, 24
mitoxantrone, 24
M-M-R II, 62

MOBAN, 27
MOBIC, 65
MODICON, 71
moexipril hcl, 39
moexipril/hydrochlorothiazide, 45
mometasone furoate, 50
MONODOX, 19
MONOKET, 44
mononessa, 71
MONOPRIL, 39
MONOPRIL HCT, 45
MONUROL, 20
morphine er, 30
morphine sulfate, 30
MOTOFEN, 57
MOVIPREP, 59
MOXATAG, 17
MOZOBIL, 63
MS CONTIN, 30
MULTAQ, 44
mupirocin, 20
MUSTARGEN, 24
MYAMBUTOL, 12
MYCAMINE, 17
MYCOBUTIN, 12
mycophenolate, 24
MYCOSTATIN, 16
mydral, 77
MYDRIACYL, 77
MYFORTIC, 24
MYLOTARG, 24
MYOBLOC, 64
MYOZYME, 56
myrac, 19
MYSOLINE, 34
MYTELASE, 36
nabumetone, 65
nadolol, 40
nadolol/bendroflumethiazide, 45
NAFCILLIN, 17
NAFTIN, 16
NAGLAZYME, 56
nalbuphine hcl, 26
NALFON, 65
NALLPEN, 17
naloxone hcl, 36
naltrexone, 26
NAMENDA, 26
naphazoline eye drops, 77
NAPRELAN, 65
NAPROSYN, 65
naproxen, 65
naproxen sodium, 65
NARDIL, 34
NASACORT AQ, 52
NASAREL, 52
NASONEX, 52
NATACYN, 77
nateglinide, 55
NAVANE, 27
NAVELBINE, 24
NEBUPENT, 14
necon, 71
nefazodone, 35
nefazodone hcl, 35
neo/polymyxin/dexamethasone, 76
neo/polymyxin/hc ear soln, 52
neo/polymyxin/hc ear susp, 52
NEO-FRADIN, 10
neomycin sulfate, 10
neomycin/bacitracin/poly/hc, 76
neomycin/bacitracin/polymyxin, 75
neomycin/polymyxin b sulf, 76
neomycin/polymyxin/dexameth, 76
neomycin/polymyxin/gramicidin, 75
neomycin/polymyxin/hydrocortisone, 75
NEORAL, 24
NEOSPORIN, 75
NEPHRAMINE, 67
NEULASTA, 63
NEUMEGA, 63
NEUPOGEN, 63
NEURONTIN, 34
NEUTREXIN, 14
NEVANAC, 78
NEXAVAR, 24
NEXIUM, 60
next choice, 71
NIACOR, 43
NIASPAN, 43
nicardipine, 41

Part D Comprehensive Formulary

NICOTROL, 38
nifediac cc, 41
nifedical xl, 41
nifedipine, 41
NILANDRON, 24
NIMODIPINE, 41
NIPENT, 24
nisoldipine, 41
nitro-bid, 44
NITRO-DUR, 44
nitrofurantoin macrocrystal, 20
nitroglycerin, 44
NITROLINGUAL, 44
NITROSTAT, 44
nizatidine, 58
NIZORAL, 16
nora-be, 73
NORCO, 31
NORDETTE, 71
NORDITROPIN, 61
norethindrone acetate, 73
NORFLEX, 64
NORINYL, 71
NORITATE, 48
NORMOSOL, 67
NOROXIN, 18
NORPACE, 42
NORPACE CR, 42
NORPRAMIN, 37
NOR-Q-D, 73
nortrel, 71
nortriptyline hcl, 37
NORVASC, 41
NORVIR, 11
NORVIR, 11
NOVAMINE, 68
NOVANTRONE, 24
novarel, 74
NOVOLIN, 54
NOVOLOG, 54
NOXAFIL, 14
NUCYNTA, 30
NULYTELY, 59
NUTROPIN, 61
NUVARING, 71
NUVIGIL, 33
nyamyc, 16
nystatin oral, 14
nystatin topical, 16
nystatin/triamcinolone, 20
nystop, 16
ocella, 71
OCTAGAM, 62
OCTREOTIDE, 24
octreotide 50 mcg/ml solution, 24
OCUFEN, 78
OCUFLOX, 75
ocusulf, 75
ofloxacin, 52
ofloxacin eye drops, 75
ofloxacin tablet, 19
OGEN, 72
ogestrel, 71
OLUX-E, 50
OMEPRAZOLE, 60
OMNARIS, 52
OMNICEF, 13
OMNIPRED, 77
OMNITROPE, 61
ONCASPAR, 24
ondansetron, 28, 29
ondansteron 4 MG/5ML oral solution, 28
ONGLYZA, 56
ONSOLIS, 30
ONTAK, 24
onxol, 24
OPANA, 30
OPANA ER, 30
OPTIPRANOLOL, 75
OPTIVAR, 78
ORACEA, 19
ORAMORPH SR, 30
ORAP, 27
ORAPRED, 53
ORENCIA, 24
ORFADIN, 51
orphenadrine, 64
ORTHO EVRA, 71
ORTHO MICRONOR, 74
ORTHO TRI-CYCLEN LO, 71
ORTHO-CEPT, 71

ORTHOCLONE OKT-3, 24
 ORTHO-CYCLEN, 71
 ORTHO-EST, 72
 ORTHO-NOVUM, 71
 OSMOPREP, 58
 OVCON, 71
 OVIDE, 49
 OXACILLIN, 17
oxacillin 1 gm vial injectable solution,
 17
oxaliplatin, 24
 OXANDRIN, 70
oxandrolone, 70
oxaprozin, 65
oxcarbazepine, 29
 OXISTAT, 16
 OXSORALEN, 51
 OXSORALEN-ULTRA, 48
oxybutynin, 81
oxycodone, 30
oxycodone er, 30
oxycodone/acetaminophen, 30
oxycodone/aspirin, 30
oxycodone/ibuprofen, 30
 OXYCONTIN, 30
 OXYTROL, 81
 PACERONE, 38
pacerone 200 mg, 38
paclitaxel, 24
palgic, 78
 PAMELOR, 37
pamidronate disodium, 56
 PAMINE, 57
 PAMINE FORTE, 58
 PANDEL, 50
 PANLOR DC, 31
 PANLOR SS, 31
 PANRETIN, 51
 PANTOPRAZOLE, 60
 PARAFON FORTE DSC, 64
parcaine, 78
 PARCOPA, 36
 PARLODEL, 36
 PARNATE, 34
paromomycin sulfate, 10
paroxetine, 37
paroxetine er, 37
 PASER, 12
 PATADAY, 78
 PATANASE, 52
 PATANOL, 78
 PAXIL, 37
 PAXIL CR, 37
 PCE, 13
 PEDIAPRED, 53
 PEDIARIX, 62
pedi-dri, 16
 PEDIOTIC, 52
 PEDVAXHIB, 62
peg 3350/electrolyte, 59
 PEGANONE, 34
 PEGASYS, 63
 PEG-INTRON, 63
penicillin g potassium, 17
penicillin g procaine, 17
penicillin g sodium, 17
 PENICILLIN GK/ISO-OSM
 DEXTROSE, 17
penicillin v potassium, 18
 PENLAC, 17
 PENTAM 300, 14
 PENTASA, 59
pentazocine/acetaminophen, 32
pentopak, 46
 PENTOSTATIN, 24
pentoxifylline, 46
pentoxil, 46
 PEPCID, 58
 PERCOCET, 30
 PERCODAN, 30
 PERFOROMIST, 79
 PERIDEX, 52
perindopril, 39
periogard, 53
 PERIOSTAT, 53
permethrin, 49
perphenazine, 27
 PERSANTINE, 66
 PEXEVA, 37
 PFIZERPEN, 18
phenadoz, 29
 PHENERGAN INJECTION, 78

PHENYTEK, 34
phenytoin, 34
PHISOHEX, 20
PHOSLO, 69
PHOSPHOLINE IODIDE, 75
PHOTOFRIN, 24
PHYSIOLYTE, 68
PHYSIOSOL, 68
pilocarpine hcl, 53, 75
PILOPINE HS, 75
pindolol, 40
piperacillin, 18
piperacil-tazobact, 18
piroxicam, 65
PLAN B, 71
PLAQUENIL, 18
PLASMA-LYTE, 68
PLATINOL-AQ, 24
PLAVIX, 66
PLETAL, 66
podofilox, 51
polycin-b, 76
poly-dex, 76
polyethylene, 58
POLYGAM S/D, 62
polymyxin b sul/trimethoprim, 76
polymyxin b sulfate, 14
POLY-PRED, 76
POLYTRIM, 76
PONSTEL, 66
portia, 71
potassium chloride, 69
potassium chloride, 68
potassium citrate, 81
pramipexole dihydrochloride, 36
PRANDIMET, 55
PRANDIN, 55
PRAVACHOL, 43
pravastatin, 43
prazosin, 47
PRECOSE, 55
PRED FORTE, 77
PRED MILD, 77
PRED-G, 76
prednicarbate, 50
prednisolone eye drops, 77
prednisolone solution, 53
prednisone, 53
PREFEST, 73
PREGNYL, 74
PRELONE, 54
PREMARIN, 72
PREMARIN VAGINAL CREAM, 72
PREMASOL, 68
PREMPHASE, 73
PREMPRO, 73
prenatabs obn, 73
PREVACID, 60
prevalite, 43
previfem, 71
PREVPAC, 58
PREZISTA, 11
PRIFTIN, 12
PRILOSEC CAPSULE, 60
PRIMAQUINE, 18
PRIMAXIN, 14
primidone, 34
PRIMSOL, 20
PRINIVIL, 39
PRINZIDE, 45
PRISTIQ, 35
PRIVIGEN, 62
PROAMATINE, 46
probenecid, 64
procainamide, 42
PROCALAMINE, 68
PROCARDIA, 41
PROCHIEVE, 74
prochlorperazine, 29
PROCRIT, 61
PROCTOCORT, 59
PROCTOCREAM-HC, 59
procto-pak, 59
proctosol-hc, 59
proctozone-hc, 59
PROGLYCEM, 54
PROGRAF, 24
PROLASTIN, 80
PROLEUKIN, 63
PROMACTA, 63
promethazine, 29, 78
promethazine vc, 79

promethegan, 29
PROMETRIUM, 74
propafenone, 42
propantheline bromide, 58
proparacaine, 78
PROPINE, 75
propoxyphene, 32
propoxyphene n/apap, 32
propoxyphene/apap, 32
propranolol, 40
propranolol/hydrochlorothiazide, 45
propylthiouracil, 54
PROQUAD, 62
PROQUIN XR, 19
PROSCAR, 81
PROSOL, 68
PROTONIX, 60
PROTOPIC, 51
protriptyline hcl, 37
PROVENTIL HFA INHALER, 79
PROVERA, 74
PROVIGIL, 33
PROZAC, 37
PULMICORT, 80
PULMOZYME, 80
PURINETHOL, 24
PYLERA, 59
pyrazinamide, 12
pyridostigmine bromide, 36
QUALAQUIN, 18
quasense, 71
QUESTRAN, 43
QUICK MIX W/LYTES, 68
quinapril, 39
quinapril/hydrochlorothiazide, 45
quinaretic, 45
quinidine gluconate, 42
quinidine sulfate, 42
QUIXIN, 76
QVAR, 80
RABAVERT, 62
ramipril, 39
RANEXA, 46
RANICLOR, 13
ranitidine, 58
RAPAFLO, 81
RAPAMUNE, 24
rapiflux, 37
RAZADYNE, 26
REBETOL, 15
REBIF, 60, 63
reclipsen, 71
RECOMBIVAX HB, 62
REGLAN, 58
REGONOL, 36
REGRANEX, 51
RELENZA, 15
RELION NOVOLIN, 54
RELISTOR, 59
RELPAX, 33
REMERON, 35
REMICADE, 24
REMODULIN, 46
RENAGEL, 66
RENAMIN, 68
REVELA, 66
reprexain, 31
reprexain, 31
REQUIP, 36
REQUIP XL, 36
RESCRIPTOR, 11
reserpine, 45
RESTASIS, 78
RETIN-A, 48
RETROVIR, 11
RETROVIR, 44
RETROVIR, 45
RETROVIR, 62
REVATIO, 46
REVIA, 36
REVLIMID, 24
REYATAZ, 11, 24
RHEUMATREX, 24
RHINOCORT AQUA, 52
RIBAPAK, 15
RIBASPHERE, 15
ribasphere 200 mg tablet, 15
ribavirin, 15
RIBAVIRIN, 15
RIDAURA, 66
RIFADIN, 12
RIFAMATE, 12

Part D Comprehensive Formulary

rifampin, 12
RIFAMPIN, 12
RIFATER, 12
RILUTEK, 64
rimantadine, 15
ringers, 68
RIOMET, 55
RISPERDAL, 28
RISPERDAL CONSTA, 28
risperidone, 28
RITALIN, 33
RITUXAN, 24
ROBAXIN, 64
ROBINUL, 58
ROBINUL FORTE, 58
ROCALTROL, 69
ROCEPHIN, 13
romycin, 76
ropinirole hcl, 36
ROTATEQ, 62
ROWASA, 59
roxiket caplet, tablet, 31
ROXICET SOLUTION, 31
ROXICODONE, 31
ROZEREM, 37
RYTHMOL, 42
RYTHMOL SR, 42
RYZOLT, 26
SABRIL, 34
SAIZEN, 61
SALAGEN, 53
SAMSCA, 56
SANCTURA, 81
SANCUSO, 29
SANDIMMUNE, 25
SANDOSTATIN, 25
SANDOSTATIN LAR, 25
SANTYL, 51
SAPHRIS, 28
SARAFEM, 37
SAVELLA, 35
SEASONALE, 71
SEASONIQUE, 71
SECTRAL, 40
selegiline, 36
selenium sulfide, 48
selfemra, 37
SELSUN RX, 48
SELZENTRY, 11
SEMPREX-D, 79
SENSIPAR, 56
SEPTRA, 19
SEPTRA DS, 19
SEREVENT DISKUS, 79
SEROMYCIN, 12
SEROQUEL, 28
SEROSTIM, 61
sertraline hcl, 37
SILVADENE, 20
silver sulfadiazine, 20
SIMCOR, 42
SIMPONI, 25
SIMULECT, 25
simvastatin, 43
SINEMET, 36
SINEMET CR, 36
SINGULAIR, 79
SKELAXIN, 64
SKELID, 56
sodium bicarbonate, 68
sodium chloride, 68
sodium flouride, 68
sodium lactate, 68
sodium sulfacetamide, 48, 76
SOLARAZE, 51
solia, 71
SOLODYN, 19
SOLU-CORTEF, 54
SOLU-MEDROL, 54
SOMA, 64
SOMATULINE DEPOT, 25
SOMAVERT, 57
SONATA, 37
SORIATANE, 48
SORIATANE CK, 48
sorine, 44
sotalol, 44
sotret, 48
SPECTRACEF, 13
SPIRIVA, 80
spironolactone, 46

spironolactone/hydrochlorothiazide,
 46
 SPORANOX, 14
sprintec, 71
 SPRYCEL, 25
sps, 69
sronyx, 71
ssd, 20
 STADOL, 26
stagesic, 31
 STALEVO, 36
 STARLIX, 55
stavudine, 11
 STAVZOR, 26
 STELARA, 25
 STERAPRED, 54
sterile water irrigation, 68
 STIMATE, 57
 STRATTERA, 36
 STREPTOMYCIN, 12
 STRIANT, 70
 STROMEKTOL, 10
 SUBOXONE, 31
 SUBUTEX, 31
 SUCRAID, 59
sucrafate, 58
 SULAR, 41
sulfacetamide-prednisolone, 76
sulfadiazine, 19
sulfamethoxazole/trimethoprim, 19
 SULFAMYLON, 20
sulfasalazine, 59
sulfatrim, 19
sulfazine, 59
sulindac, 66
sumatriptan, 33
 SUMAVEL DOSEPRO, 34
 SUPRAX, 13
 SURMONTIL, 38
 SUSTIVA, 11
 SUTENT, 25
 SYMBICORT, 80
 SYMBYAX, 28
 SYMLIN, 57
 SYMLINPEN, 57
 SYNAGIS, 62
 SYNALGOS-DC, 31
 SYNAREL, 74
 SYNERA, 10
 SYNERCID, 14
 SYNTHROID, 57
 SYPRINE, 66
 SYRINGE, 63
 TACLONEX, 48
tacrolimus, 25
 TALACEN, 32
 TALWIN, 32
 TALWIN, 32
 TAMBOCOR, 42
 TAMIFLU, 16
tamoxifen, 25
tamsulosin, 81
 TAPAZOLE, 54
 TARCEVA, 25
 TARGRETIN, 25
 TARKA, 45
 TASIGNA, 25
 TASMAR, 36
 TAXOTERE, 25
 TAZICEF, 13
 TAZORAC, 48
taztia xt, 41
 TEGRETOL, 29
 TEGRETOL, 29
 TEKTURNA, 45
 TEKTURNA HCT, 45
 TEMOVATE, 50
 TENEX, 42
 TENORETIC, 45
 TENORMIN, 40
 TERAZOL, 21
terazosin, 47
terbinafine, 14
terbutaline sulfate, 79
terconazole, 21
 TESTIM, 70
testosterone, 70
testosterone, 70
 TESTRED, 70
 TETANUS DIPHTHERIA TOXOIDS,
 62
tetanus toxoid adsorbed, 62

tetracycline, 19
TEVETEN, 39
TEVETEN HCT, 45
TEV-TROPIN, 61
TEXACORT, 50
THALITONE, 47
THALOMID, 51
THEO-24, 79
theochron, 79
theophylline, 79
thermazene, 20
THIOGUANINE, 25
THIOLA, 51
thioridazine, 28
thiotepa injectable solution, 25
thiothixene, 28
THYMOGLOBULIN, 62
THYROLAR, 57
TIAZAC, 41
TICLID, 66
ticlopidine hcl, 66
TIGAN, 29
TIKOSYN, 44
TIMENTIN, 18
timolol eye drops, 75
timolol tablet, 40
TIMOPTIC, 75
TINDAMAX, 20
tis-u-sol, 68
tizanidine, 64
TOBI, 10
TOBRADEX, 76
tobramycin, 10
tobramycin eye drops, 76
tobramycin/dexamethasone, 76
tobrasol, 76
TOBEX, 76
TOFRANIL, 38
tolazamide, 55
tolbutamide, 55
tolmetin, 66
TOPAMAX, 34
TOPICORT, 50
TOPICORT LP, 50
topiramate, 35
TOPROL XL, 40
TORISEL, 25
toremide, 44
TOVIAZ, 81
TPN ELECTROLYTES, 68
TRACLEER, 42
tramadol, 26
tramadol/acetaminophen, 26
TRANDATE, 40
trandolapril, 39
TRANSDERM-SCOP, 29
tranylcypromine sulfate, 34
TRAVASOL, 68
TRAVATAN Z, 75
trazodone, 35
TREANDA, 25
TRECATOR, 12
TRELSTAR DEPOT, 25
TRENTAL, 46
TRETIN X, 48
tretinoin, 48
TRETINOIN 10 MG CAPSULE, 25
Trexall, 25
Treximet, 34
trezix, 31
triamcinolone topical, 50, 53
triamterene/hydrochlorothiazide, 46
TRICOR, 43
triderm, 50
trifluoperazine, 28
trifluridine, 76
TRIGLIDE, 43
trihexyphenidyl, 27
TRIHIBIT, 62
tri-legest fe, 71
TRILEPTAL, 29
TRILIPIX, 43
TRILYTE WITH FLAVOR PACKETS,
59
trimethobenzamide, 29
trimethoprim, 20
trimipramine, 38
trimox, 18
trinessa, 71
TRI-NORINYL, 71
TRIPEDIA, 62
tri-previfem, 71

TRISENOX, 25
tri-sprintec, 71
trivora, 71
TRIZIVIR, 11
TROPHAMINE, 68
tropicacyl, 78
tropicamide, 78
TRUSOPT, 75
TRUVADA, 11
TWINJECT, 80
TWINRIX, 62
TWYNSTA, 45
TYGACIL, 14
TYKERB, 25
TYLENOL W/CODEINE, 31
TYLOX, 31
TYPHIM VI, 62
TYSABRI, 25
TYZEKA, 16
TYZINE, 52
U-CORT, 50
ULESFIA, 49
ULORIC, 64
ULTRACET, 26
ULTRAM, 26
ULTRAM ER, 26
ULTRASE MT, 59
ULTRAVATE, 50
UNASYN, 18
UNIFINE PENTIPS, 63
UNIPHYL, 79
UNIRETIC, 45
unithroid, 57
UNIVASC, 39
URECHOLINE, 58
UREX, 21
UROCID-K, 81
UROXATRAL, 81
URSO, 59
URSO FORTE, 59
ursodiol, 59
UVADEX, 25
VAGIFEM, 72
valcyclovir, 16
VALCYTE, 16
valproate sodium, 26
valproic acid, 27
VALTREX, 16
VALTURNA, 45
VANACET, 31
VANCOCIN, 14, 15
vancomycin, 15
vandazole, 73
VANOS, 50
VANTIN, 13
VAQTA, 62
VARIVAX, 62
VASERETIC, 45
VASOTEC, 39
VECTIBIX, 25
VECTICAL, 48
veetids 250 mg tablet, suspension,
18
VEETIDS 500 MG TABLET, 18
VELCADE, 25
velivet, 72
venlafaxine, 35
VENLAFAXINE ER, 35
VENTAVIS, 46
VENTOLIN HFA, 79
VERAMYST, 52
verapamil, 41
VERDESO, 50
VEREGEN, 51
VERELAN, 41
veripred, 54
VESANOID, 25
VESICARE, 81
VEXOL, 77
VFEND, 14, 17
VIBATIV, 15
VIBRAMYCIN, 19
VIBRA-TABS, 20
VICODIN, 31
VICODIN, 31
VICOPROFEN, 31
VICTOZA, 57
VIDAZA, 25
VIDEX, 11
VIGAMOX, 76
VIMPAT, 35
vinblastine, 25

Part D Comprehensive Formulary

vincristine, 25
vinorelbine, 25
VIRACEPT, 11
VIRAMUNE, 11
VIRAZOLE, 16
VIREAD, 11
VIROPTIC, 76
VISICOL, 58
VISTARIL, 78
VISTIDE, 16
VIVACTIL, 37
VIVAGLOBIN, 62
VIVELLE-DOT, 73
VIVITROL, 36
VIVOTIF BERNA, 62
VOLTAREN, 66
VOLTAREN EYE DROPS, 78
VOLTAREN TOPICAL, 66
VOSPIRE ER, 79
VOTRIENT, 25
VPRIV, 57
VYTORIN, 42
VYVANSE, 33
warfarin, 69
WELCHOL, 43
WELLBUTRIN, 35
WESTCORT, 50
XALATAN, 75
XENAZINE, 36
XIBROM, 78
XIFAXAN, 15
XODOL, 31
XOLAIR, 61
XOLEGEL, 17
XOPENEX, 79
XYLOCAINE, 10
XYREM, 37
XYZAL, 78
YASMIN, 72
YAZ, 72
YF-VAX, 63
zaleplon, 37
zamicet, 31
ZANAFLEX, 64
ZANOSAR, 25
ZANTAC, 58
ZARONTIN, 38
ZAROXOLYN, 47
ZAVESCA, 57
ZAZOLE, 21
ZEBETA, 40
ZEGERID, 60
ZELAPAR, 36
ZEMAIRA, 80
ZEMPLAR, 69
ZENAPAX, 63
ZENPEP, 60
ZERIT, 11
ZERLOR, 32
ZESTORETIC, 46
ZESTRIL, 39
ZETIA, 43
ZIAC, 46
ZIAGEN, 11
ZIANA, 48
zidovudine, 11
ZINACEF, 13
ZINECARD, 25
ZIPSOR, 66
ZIRGAN, 76
ZITHROMAX, 16
ZMAX, 16
ZOCOR, 43
ZOFRAN, 29
ZOLINZA, 26
ZOLOFT, 38
zolpidem, 37
ZOMETA, 57
ZOMIG, 34
ZONALON, 51
ZONEGRAN, 35
zonisamide, 35
ZORBTIVE, 61
ZOSTAVAX, 63
ZOSYN, 18
zovia, 72
ZOVIRAX ORAL, 16
ZOVIRAX TOPICAL, 20
ZYBAN, 38
ZYDONE, 32
ZYFLO CR, 79
ZYLET, 76

Part D Comprehensive Formulary

ZYLOPRIM, 64
ZYMAR, 76

ZYPREXA, 28
ZYVOX, 15