

# 2008

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## FORMULARY

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LIST OF COVERED DRUGS

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# AdvantraRx

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

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



## What is the AdvantraRx Formulary?

A formulary is a list of covered drugs selected by **AdvantraRx** 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. **AdvantraRx** will generally cover the drugs listed in our formulary:

- As long as the drug is medically necessary,
- The prescription is filled at an **AdvantraRx** 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 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 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 improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's

manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of March 15, 2008. To get updated information about the drugs covered by **AdvantraRx**, please visit our website at [www.AdvantraRx.com](http://www.AdvantraRx.com) or call Customer Service at 1-866-823-4646, 24 hours a day, seven days a week. TTY/TDD users should call 1-866-236-1069.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 5. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 5. 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 46. 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?

**AdvantraRx covers both brand name drugs and generic drugs.** A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

## Are there any other restrictions on my coverage?

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

- **Prior Authorization:** AdvantraRx requires you to get prior authorization for certain drugs. This means that you will need to get approval from AdvantraRx before you fill your prescriptions. If you don't get approval, AdvantraRx may not cover the drug.
- **Quantity Limits:** For certain drugs, AdvantraRx limits the amount of the drug that AdvantraRx will cover. For example, AdvantraRx provides 4 units per prescription for FOSAMAX 70 mg per 30 days. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, AdvantraRx 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, AdvantraRx may not cover drug B unless you try Drug A first. If Drug A does not work for you, AdvantraRx 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 5.

You can ask AdvantraRx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the AdvantraRx formulary?" on this page for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. If you learn that AdvantraRx

does not cover your drug, you have two options:

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. For more information, you can contact Customer Service.

## How do I request an exception to the AdvantraRx Formulary?

You can ask AdvantraRx 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, AdvantraRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our 3rd tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the 2nd 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 4th tier.

## AdvantraRx

Generally, **AdvantraRx** 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 **AdvantraRx** prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about **AdvantraRx**, please call Customer Service at 1-866-823-4646, 24 hours a day, seven days a week. TTY/TDD users should call 1-866-236-1069. Or visit [www.AdvantraRx.com](http://www.AdvantraRx.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/seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## AdvantraRx's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by **AdvantraRx**. If you have trouble finding your drug in the list, turn to the Index that begins on page 46.

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

The information in the Requirements/Limits column tells you if **AdvantraRx** has any special requirements for coverage of your drug. As described above, the following abbreviations may be used in the Requirements/Limits column:

- **PA - Prior Authorization: AdvantraRx** requires you or your physician to get prior authorization before you fill your prescriptions.
- **QL - Quantity Limits:** For certain drugs, **AdvantraRx** limits the amount of the drug that it will cover.
- **ST - Step Therapy:** In some cases, **AdvantraRx** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **90D - 90 DAY Maintenance Supply:** **AdvantraRx** allows these medications for an extended supply up to 90 days.
- \* - These drugs do not count towards your total out of pocket expenditure and if you are receiving extra help to pay for your prescriptions, you will not receive any extra help to pay for these drugs. These drugs are offered with no cost sharing to you as a member.

AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
AKNE-MYCIN	ACNE	NF	3	3	90D
AZELEX	ACNE	NF	2	2	90D
BENZACLIN	ACNE	NF	3	3	90D
<i>clindamycin phosphate</i>	ACNE	1	1	1	90D
<i>erythromycin</i>	ACNE	1	1	1	
<i>erythromycin (soln)</i>	ACNE	1	1	1	90D
<i>erythromycin/benz perox</i>	ACNE	NF	3	3	90D
EVOCLIN	ACNE	NF	3	3	90D
RETIN-A MICRO	ACNE	2	2	2	90D
<i>sotret</i>	ACNE	3	3	3	QL
<i>tretinoin</i>	ACNE	1	1	1	90D
ADRENALIN	ALLERGIC REACTION	NF	2	2	
EPIPEN 2-PAK	ALLERGIC REACTION	2	2	2	QL
TWINJECT	ALLERGIC REACTION	2	2	2	QL
<i>alavert*</i>	ALLERGY				QL 90D
ALLEGRA-D 12H	ALLERGY	3	3	3	QL 90D
<i>allergy relief*</i>	ALLERGY				QL 90D
<i>allergy/nasal decong*</i>	ALLERGY				QL 90D
ASTELIN	ALLERGY	2	2	2	90D
BECONASE AQ	ALLERGY	NF	3	3	QL 90D
<i>carbinoxamine</i>	ALLERGY	1	1	1	90D
CLARINEX	ALLERGY	3	3	3	QL 90D
CLARINEX REDI	ALLERGY	3	3	3	QL 90D
CLARINEX-D 24H	ALLERGY	3	3	3	QL 90D
<i>clemastine fumarate</i>	ALLERGY	1	1	1	90D
<i>cyproheptadine hcl</i>	ALLERGY	1	1	1	90D
DEXCHLORPHENIRA	ALLERGY	1	1	1	90D
<i>fexofenadine hcl</i>	ALLERGY	1	1	1	QL 90D
<i>flunisolide</i>	ALLERGY	1	1	1	QL 90D
<i>fluticasone propionate</i>	ALLERGY	1	1	1	90D
<i>ipratropium (nas spr)</i>	ALLERGY	1	1	1	90D
<i>loratadine soln*</i>	ALLERGY				QL 90D
<i>loratadine*</i>	ALLERGY				QL 90D
<i>loratadine-d 12h*</i>	ALLERGY				QL 90D
<i>loratadine-d 24h*</i>	ALLERGY				QL 90D
NASACORT AQ	ALLERGY	2	2	2	QL 90D
NASAREL	ALLERGY	NF	3	3	QL 90D
NASONEX	ALLERGY	2	2	2	QL 90D
<i>promethazine (inj)</i>	ALLERGY	1	1	1	

\*Drugs marked with an asterisk "\*" do not count toward your total out-of-pocket expenditure and if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>promethazine hcl</i>	ALLERGY	1	1	1	90D
RHINOCORT AQUA	ALLERGY	3	3	3	QL 90D
SEMPREX-D	ALLERGY	NF	3	3	90D
RILUTEK	ALS (LOU GEHRIGS DISEASE)	4	4	4	PA
ARICEPT	ALZHEIMERS	2	2	2	90D
ARICEPT ODT	ALZHEIMERS	2	2	2	90D
COGNEX	ALZHEIMERS	NF	3	3	90D
<i>ergoloid mesylates</i>	ALZHEIMERS	1	1	1	90D
EXELON (caps, soln)	ALZHEIMERS	2	2	2	90D
EXELON (patch)	ALZHEIMERS	2	2	2	QL 90D
NAMENDA	ALZHEIMERS	2	2	2	QL 90D
RAZADYNE	ALZHEIMERS	3	3	3	QL 90D
RAZADYNE ER	ALZHEIMERS	3	3	3	QL 90D
ARANESP	ANEMIA	4	4	4	PA ST
PROCRIT	ANEMIA	3	3	3	QL PA
<i>lidocaine (soln)</i>	ANESTHETIC	1	1	1	
<i>lidocaine (oint)</i>	ANESTHETIC	1	1	1	90D
<i>lidocaine hcl (inj)</i>	ANESTHETIC	1	1	1	
<i>lidocaine/prilocaine</i>	ANESTHETIC	1	1	1	
<i>lidomar viscous</i>	ANESTHETIC	1	1	1	
DILATRATE SR	ANGINA	NF	2	2	90D
<i>isosorbide dinitrate</i>	ANGINA	1	1	1	90D
<i>isosorbide dinitrate er</i>	ANGINA	1	1	1	90D
<i>isosorbide mono er</i>	ANGINA	1	1	1	QL 90D
<i>isosorbide mono ir</i>	ANGINA	1	1	1	90D
NITRO-BID(oint)	ANGINA	2	2	2	90D
NITRO-DUR	ANGINA	1	1	1	QL 90D
<i>nitroglycerin (inj)</i>	ANGINA	1	1	1	90D
<i>nitroglycerin cr (cap)</i>	ANGINA	1	1	1	90D
<i>nitroglycerin 9mg (cap)</i>	ANGINA	1	1	1	90D
NITROLINGUAL SPR	ANGINA	2	2	2	90D
NITROSTAT	ANGINA	2	2	2	90D
RANEXA	ANGINA	3	3	3	QL ST 90D
ANTIZOL	ANTIDOTE	4	4	4	PA
<i>fomepizole</i>	ANTIDOTE	4	4	4	PA
<i>chloroquine phosphate</i>	ANTIMALARIAL	1	1	1	90D
DARAPRIM	ANTIMALARIAL	2	2	2	
<i>hydroxychloroquine</i>	ANTIMALARIAL	1	1	1	90D
<i>mefloquine hcl</i>	ANTIMALARIAL	1	1	1	
PRIMAQUINE	ANTIMALARIAL	NF	2	2	
ABILIFY(inj)	ANTIPSYCHOTIC	3	3	3	PA

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
ABILIFY	ANTIPSYCHOTIC	3	3	3	QL PA 90D
ABILIFY DISCMELT	ANTIPSYCHOTIC	3	3	3	QL PA 90D
<i>chlorpromazine</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>clozapine</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
FAZACLO	ANTIPSYCHOTIC	2	2	2	
<i>fluphenazine decanoate</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>fluphenazine hcl</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GEODON(inj)	ANTIPSYCHOTIC	3	3	3	QL PA
GEODON	ANTIPSYCHOTIC	3	3	3	QL PA 90D
<i>haloperidol</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>haloperidol decanoate</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>haloperidol lactate</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
INVEGA	ANTIPSYCHOTIC	2	2	2	QL 90D
<i>loxapine succinate</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MOBAN	ANTIPSYCHOTIC	2	2	2	90D
NAVANE(20mg)	ANTIPSYCHOTIC	2	2	2	90D
ORAP	ANTIPSYCHOTIC	2	3	3	90D
<i>perphenazine</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>prochlorperazine (inj)</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>prochlorperazine</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
RISPERDAL	ANTIPSYCHOTIC	2	2	2	QL 90D
RISPERDAL CONSTA	ANTIPSYCHOTIC	2	2	2	QL
RISPERDAL M-TAB	ANTIPSYCHOTIC	2	2	2	QL 90D
SEROQUEL	ANTIPSYCHOTIC	2	2	2	QL 90D
SEROQUEL XR	ANTIPSYCHOTIC	2	2	2	QL 90D
<i>thioridazine hcl</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>thiothixene</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>trifluoperazine hcl</i>	<i>ANTIPSYCHOTIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ZYPREXA	ANTIPSYCHOTIC	3	3	3	QL ST 90D
ZYPREXA ZYDIS	ANTIPSYCHOTIC	3	3	3	QL PA 90D
<i>buspirone hcl</i>	<i>ANXIETY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>hydroxyzine hcl (inj)</i>	<i>ANXIETY</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>hydroxyzine hcl</i>	<i>ANXIETY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>hydroxyzine pamoate</i>	<i>ANXIETY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MEPROBAMATE	ANXIETY	1	1	1	
<i>amiodarone hcl</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>disopyramide</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>disopyramide er</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>flecainide acetate</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MEXILETINE HCL	ARRYTHMIA	1	1	1	90D
NORPACE CR(100mg)	ARRYTHMIA	NF	2	2	90D

\*Drugs marked with an asterisk "\*" do not count toward your total out-of-pocket expenditure and if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
PACERONE(100mg, 300mg)	ARRYTHMIA	NF	2	2	90D
<i>pacerone (200mg)</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
PROCAINAMIDE(inj)	ARRYTHMIA	1	1	1	
<i>procainamide</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>procainamide sr</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
PROCANBID	ARRYTHMIA	2	2	2	90D
<i>propafenone hcl</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinidine gluconate cr</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinidine gluconate er</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinidine gluconate sa</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinidine sulfate</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
RYTHMOL SR	ARRYTHMIA	2	2	2	QL 90D
<i>sorine</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>sotalol hcl</i>	<i>ARRYTHMIA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
TIKOSYN	ARRYTHMIA	3	2	2	90D
ARTHROTEC	ARTHRITIS	NF	3	3	90D
CELEBREX	ARTHRITIS	3	3	3	QL ST 90D
<i>diclofenac potassium</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>diclofenac sodium</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>diclofenac sodium ec</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>diclofenac sodium xr</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
DIFLUNISAL	ARTHRITIS	1	1	1	90D
<i>etodolac</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>etodolac er</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>fenoprofen calcium</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>flurbiprofen</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>ibuprofen</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
INDOCIN	ARTHRITIS	NF	2	2	90D
<i>indomethacin</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>indomethacin er</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>ketoprofen</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
KETOPROFEN ER	ARTHRITIS	3	3	3	90D
<i>ketorolac tromethamine</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
MECLOFENAMATE	ARTHRITIS	1	1	1	90D
<i>meloxicam</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>methotrexate sodium</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>mst 600</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>nabumetone</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
NALFON (200mg)	ARTHRITIS	2	2	2	90D
<i>naproxen</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>naproxen dr</i>	<i>ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>oxaprozin</i>	ARTHRITIS	1	1	1	90D
<i>piroxicam</i>	ARTHRITIS	1	1	1	90D
RIDAURA	ARTHRITIS	NF	2	2	90D
<i>sulindac</i>	ARTHRITIS	1	1	1	90D
<i>tolmetin sodium</i>	ARTHRITIS	1	1	1	90D
ACCOLATE	ASTHMA	3	3	3	QL 90D
ACCUNEB	ASTHMA	NF	2	2	PA
ADVAIR DISKUS	ASTHMA	2	2	2	QL 90D
ADVAIR HFA	ASTHMA	2	2	2	QL 90D
AEROBID	ASTHMA	3	3	3	QL 90D
AEROBID-M	ASTHMA	3	3	3	QL 90D
<i>albuterol</i>	ASTHMA	1	1	1	QL 90D
<i>albuterol (inhaler)</i>	ASTHMA	1	1	1	QL 90D
<i>albuterol sulfate er</i>	ASTHMA	3	1	1	90D
<i>albuterol sulfate/ipratropium</i>	ASTHMA		3	3	PA
ALBUTEROL SULF/ IPRATROPIUM (neb)	ASTHMA	3	3	3	PA
ALUPENT	ASTHMA	NF	2	2	90D
ASMANEX	ASTHMA	2	2	2	QL 90D
<i>cromolyn (neb)</i>	ASTHMA	1	1	1	PA
DUONEB	ASTHMA	NF	3	3	PA
<i>epinephrine hcl</i>	ASTHMA	1	1	1	
FLOVENT DISKUS	ASTHMA	2	2	2	QL 90D
FLOVENT HFA	ASTHMA	2	2	2	QL 90D
FORADIL AEROLIZER	ASTHMA	2	2	2	QL 90D
INTAL INHALER	ASTHMA	2	2	2	QL 90D
MAXAIR AUTOH	ASTHMA	NF	3	3	QL 90D
<i>metaproterenol (syrp)</i>	ASTHMA	1	1	1	90D
<i>metaproterenol (neb)</i>	ASTHMA	1	1	1	PA
PROAIR HFA	ASTHMA	2	2	2	QL 90D
PROVENTIL HFA	ASTHMA	3	3	3	QL 90D
PULMICORT 0.25MG, 0.5MG (resp)	ASTHMA	NF	2	2	QL PA
PULMICORT FLEX	ASTHMA	NF	3	3	QL 90D
PULMICORT TURBUHALER	ASTHMA	NF	3	3	QL 90D
QVAR	ASTHMA	2	3	3	90D
SEREVENT DISKUS	ASTHMA	NF	3	3	QL 90D
SINGULAIR	ASTHMA	2	2	2	QL 90D
SYMBICORT	ASTHMA	2	2	2	QL 90D
<i>terbutaline sulfate</i>	ASTHMA	1	1	1	90D
TILADE	ASTHMA	2	2	2	QL 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
VENTOLIN HFA	ASTHMA	3	3	3	QL 90D
VOSPIRE ER	ASTHMA	NF	2	2	90D
XOLAIR	ASTHMA	4	4	4	PA
XOPENEX HFA	ASTHMA	2	2	2	QL 90D
ZYFLO	ASTHMA	2	2	2	90D
ZYFLO CR	ASTHMA	3	3	3	QL 90D
EXJADE	BLOOD DISORDERS	4	4	4	PA
LEUKINE	BLOOD DISORDERS	4	4	4	PA
NEULASTA	BLOOD DISORDERS	4	4	4	PA
NEUMEGA	BLOOD DISORDERS	4	4	4	PA
NEUPOGEN	BLOOD DISORDERS	4	4	4	PA
SYPRINE	BLOOD DISORDERS	3	3	3	90D
<i>acebutolol hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ACEON	BLOOD PRESSURE	2	2	2	QL 90D
ALTACE	BLOOD PRESSURE	3	3	3	QL 90D
<i>amiloride/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
AMILORIDE HCL	BLOOD PRESSURE	1	1	1	90D
<i>amlodipine besylate</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>amlodipine/benazepril</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
ATACAND	BLOOD PRESSURE	3	3	3	QL 90D
ATACAND HCT	BLOOD PRESSURE	3	3	3	QL 90D
<i>atenolol</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>atenolol/chlorthalidone</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
AVALIDE	BLOOD PRESSURE	2	2	2	QL 90D
AVAPRO	BLOOD PRESSURE	2	2	2	QL 90D
<i>benazepril hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>benazepril/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
BENICAR	BLOOD PRESSURE	3	3	3	QL 90D
BENICAR HCT	BLOOD PRESSURE	3	3	3	QL 90D
<i>betaxolol hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>bisoprolol fumarate</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>bisoprolol/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>bumetanide (inj)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>bumetanide</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
BYSTOLIC	BLOOD PRESSURE	2	2	2	QL 90D
<i>captopril</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>captopril/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CARDIZEM LA	BLOOD PRESSURE	2	2	2	QL 90D
<i>cartia xt</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>carvedilol</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CATAPRES-TTS	BLOOD PRESSURE	NF	3	3	QL 90D
<i>chlorothiazide</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>chlorthalidone</i>	BLOOD PRESSURE	1	1	1	90D
<i>clonidine hcl</i>	BLOOD PRESSURE	1	1	1	90D
CLORPRES	BLOOD PRESSURE	NF	2	2	90D
COREG CR	BLOOD PRESSURE	2	2	2	QL 90D
COVERA-HS	BLOOD PRESSURE	NF	3	3	90D
COZAAR	BLOOD PRESSURE	3	3	3	QL 90D
DEMSEER	BLOOD PRESSURE	4	4	4	PA
DIBENZYLINE	BLOOD PRESSURE	3	2	2	90D
<i>dilt-xr</i>	BLOOD PRESSURE	1	1	1	90D
<i>diltia xt</i>	BLOOD PRESSURE	1	1	1	QL 90D
<i>diltiazem cd</i>	BLOOD PRESSURE	1	1	1	QL 90D
<i>diltiazem hcl</i>	BLOOD PRESSURE	1	1	1	QL 90D
<i>diltiazem hcl er</i>	BLOOD PRESSURE	1	1	1	QL 90D
DIOVAN	BLOOD PRESSURE	3	3	3	QL 90D
DIOVAN HCT	BLOOD PRESSURE	3	3	3	QL 90D
<i>doxazosin mesylate</i>	BLOOD PRESSURE	1	1	1	QL 90D
DYNACIRC-CR	BLOOD PRESSURE	3	3	3	QL 90D
EDECIN	BLOOD PRESSURE	NF	3	3	90D
<i>enalapril maleate</i>	BLOOD PRESSURE	1	1	1	90D
<i>enalapril/hctz</i>	BLOOD PRESSURE	1	1	1	90D
<i>felodipine er</i>	BLOOD PRESSURE	1	1	1	90D
<i>fosinopril sodium</i>	BLOOD PRESSURE	1	1	1	90D
<i>fosinopril/hctz</i>	BLOOD PRESSURE	1	1	1	90D
<i>furosemide</i>	BLOOD PRESSURE	1	1	1	90D
GUANABENZ	BLOOD PRESSURE	1	1	1	90D
<i>guanfacine hcl</i>	BLOOD PRESSURE	1	1	1	90D
<i>hydralazine hcl (inj)</i>	BLOOD PRESSURE	1	1	1	
<i>hydralazine hcl</i>	BLOOD PRESSURE	1	1	1	90D
<i>hydrochlorothiazide</i>	BLOOD PRESSURE	1	1	1	90D
HYZAAR	BLOOD PRESSURE	3	3	3	QL 90D
<i>indapamide</i>	BLOOD PRESSURE	1	1	1	90D
INNOPRAN XL	BLOOD PRESSURE	2	2	2	QL 90D
INSPRA	BLOOD PRESSURE	3	3	3	QL 90D
INVERSINE	BLOOD PRESSURE	NF	3	3	90D
<i>isradipine</i>	BLOOD PRESSURE	3	3	3	90D
<i>labetalol hcl (inj)</i>	BLOOD PRESSURE	1	1	1	
<i>labetalol hcl</i>	BLOOD PRESSURE	1	1	1	90D
LEVATOL	BLOOD PRESSURE	2	2	2	90D
LEXXEL	BLOOD PRESSURE	3	3	3	QL 90D
<i>lisinopril</i>	BLOOD PRESSURE	1	1	1	90D
<i>lisinopril/hctz</i>	BLOOD PRESSURE	1	1	1	90D
LOTREL	BLOOD PRESSURE	2	2	2	QL 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
METHYCLOTHIAZID	BLOOD PRESSURE	1	1	1	90D
<i>methyldopa</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>methyldopa/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metolazone</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metoprolol succinate er (25mg)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>metoprolol succinate er (50mg, 100mg, 200mg)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metoprolol tartrate</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metoprolol/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MICARDIS	BLOOD PRESSURE	2	2	2	QL 90D
MICARDIS HCT	BLOOD PRESSURE	2	2	2	QL 90D
<i>midodrine hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>minoxidil</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>moexipril hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>moexipril/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>nadolol</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>nicardipine hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>nifediac cc</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>nifedical xl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>nifedipine (caps)</i>	<i>BLOOD PRESSURE</i>	NF	3	3	<i>90D</i>
<i>nifedipine er</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>nimodipine</i>	<i>BLOOD PRESSURE</i>	NF	<i>1</i>	<i>1</i>	
NIMOTOP	BLOOD PRESSURE	NF	2	2	
NORVASC	BLOOD PRESSURE	3	3	3	QL 90D
PINDOLOL	BLOOD PRESSURE	1	1	1	90D
<i>prazosin hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>propranolol hcl (inj)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>propranolol hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>propranolol hcl er</i>	<i>BLOOD PRESSURE</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL 90D</i>
<i>propranolol/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinapril hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>quinapril/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>quinaretic</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>ramipril</i>	<i>BLOOD PRESSURE</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL 90D</i>
RESERPINE	BLOOD PRESSURE	1	1	1	90D
<i>spironolactone</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>spironolactone/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
SULAR	BLOOD PRESSURE	2	2	2	QL 90D
TARKA	BLOOD PRESSURE	3	3	3	QL 90D
<i>taztia xt</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>terazosin hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
TEVETEN	BLOOD PRESSURE	3	3	3	QL 90D
TEVETEN HCT	BLOOD PRESSURE	3	3	3	QL 90D
THALITONE	BLOOD PRESSURE	NF	2	2	90D
TIMOLIDE 10/25	BLOOD PRESSURE	NF	3	3	90D
TOPROL XL	BLOOD PRESSURE	2	2	2	QL 90D
TOPROL XL (50MG, 100MG, 200MG)	BLOOD PRESSURE	2	2	2	QL 90D
<i>torse mide</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>trandolapril</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>triamterene/hctz</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>verapamil hcl</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>verapamil hcl er (100mg, 200mg, 300mg)</i>	<i>BLOOD PRESSURE</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>90D</i>
<i>verapamil hcl er (180mg, 240mg, 360mg)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>verapamil hcl er (120mg)</i>	<i>BLOOD PRESSURE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
GOLYTELY	BOWEL PREP	2	2	2	
HALFLYTELY	BOWEL PREP	3	3	3	
MOVIPREP	BOWEL PREP	3	3	3	
NULYTELY	BOWEL PREP	2	2	2	
OSMOPREP	BOWEL PREP	3	3	3	
<i>peg 3350/electrolytes</i>	<i>BOWEL PREP</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>trilyte</i>	<i>BOWEL PREP</i>	<i>1</i>	<i>1</i>	<i>1</i>	
VISICOL	BOWEL PREP	3	3	3	
ALIMTA	CANCER	4	4	4	PA
ALKERAN	CANCER	2	2	2	PA
ARIMIDEX	CANCER	2	2	2	QL 90D
AROMASIN	CANCER	2	2	2	QL 90D
AVASTIN	CANCER	4	4	4	PA
BEXXAR	CANCER	4	4	4	PA
<i>bleomycin sulfate</i>	<i>CANCER</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>PA</i>
CAMPATH	CANCER	4	4	4	PA
CARAC	CANCER	NF	3	3	90D
CASODEX	CANCER	2	2	2	QL 90D
CEENU	CANCER	2	2	2	
<i>cisplatin</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
<i>cyclophosphamide</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
DROXIA	CANCER	2	2	2	90D
EFUDEX	CANCER	2	2	2	90D
ELIGARD	CANCER	4	4	4	PA
ELITEK	CANCER	4	4	4	PA
EMCYT	CANCER	2	2	2	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

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FARESTON	CANCER	2	2	2	QL
FASLODEX	CANCER	4	4	4	QL PA
FEMARA	CANCER	2	2	2	QL 90D
FLUOROPLEX	CANCER	NF	2	2	90D
FLUOROURACIL(inj)	CANCER	1	1	1	
<i>fluorouracil</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>flutamide</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GLEEVEC	CANCER	4	4	4	QL PA
HERCEPTIN	CANCER	4	4	4	PA
HEXALEN	CANCER	4	4	4	PA
HYCAMTIN	CANCER	4	4	4	PA
<i>hydroxyurea</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	
INTRON-A	CANCER	4	4	4	PA
IRESSA	CANCER	4	4	4	QL PA
IXEMPRA KIT	CANCER	4	4	4	PA
<i>leucovorin calcium</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
LEUKERAN	CANCER	2	2	2	
<i>leuprolide acetate</i>	<i>CANCER</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>PA</i>
LEVULAN KERAST	CANCER	2	2	2	QL PA
LUPRON DEPOT	CANCER	4	4	4	PA
LYSODREN	CANCER	4	4	4	PA
MATULANE	CANCER	2	2	2	
<i>megestrol acetate</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>mercaptopurine</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>mesna</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
MESNEX	CANCER	4	4	4	PA
<i>mitoxantrone hcl</i>	<i>CANCER</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
MUSTARGEN	CANCER	4	4	4	PA
NEXAVAR	CANCER	4	4	4	QL PA
NILANDRON	CANCER	2	2	2	
ONTAK	CANCER	4	4	4	PA
PACLITAXEL	CANCER	4	4	4	PA
PANRETIN	CANCER	3	3	3	QL
PROLEUKIN	CANCER	4	4	4	PA
REVLIMID	CANCER	4	4	4	QL PA
RITUXAN	CANCER	4	4	4	PA
ROFERON-A	CANCER	3	3	3	PA
SOLARAZE	CANCER	2	2	2	
SOLTAMOX	CANCER	3	3	3	QL 90D
SPRYCEL	CANCER	4	4	4	QL PA
SUTENT	CANCER	4	4	4	QL PA
TABLOID	CANCER	2	2	2	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>tamoxifen citrate</i>	CANCER	1	1	1	90D
TARCEVA	CANCER	4	4	4	QL PA
TARGRETIN	CANCER	4	4	4	QL PA
TASIGNA	CANCER	4	4	4	QL PA
TESLAC	CANCER	2	2	2	
THALOMID	CANCER	4	4	4	QL PA
<i>thiotepa</i>	CANCER	3	3	3	PA
TORISEL	CANCER	4	4	4	PA
<i>tretinoin</i>	CANCER	1	1	1	PA
TRISENOX	CANCER	3	3	3	PA
TYKERB	CANCER	4	4	4	QL PA
VELCADE	CANCER	4	4	4	PA
VESANOID	CANCER	2	2	2	PA
VIDAZA	CANCER	4	4	4	PA
ZEVALIN Y-90	CANCER	4	4	4	PA
ZOLINZA	CANCER	4	4	4	QL PA
ACULAR	CATARACTS	2	2	2	90D
ACULAR LS	CATARACTS	2	2	2	90D
ACULAR PF	CATARACTS	2	2	2	90D
<i>diclofenac</i>	CATARACTS	1	1	1	90D
<i>flurbiprofen sodium</i>	CATARACTS	1	1	1	90D
NEVANAC	CATARACTS	3	3	3	90D
VOLTAREN	CATARACTS	2	2	2	90D
XIBROM	CATARACTS	3	3	3	QL 90D
BOTOX	CERVICAL DYSTONIA	4	4	4	PA
MYOBLOC	CERVICAL DYSTONIA	3	3	3	PA
ADVICOR	CHOLESTEROL	NF	2	2	QL 90D
ALTOPREV	CHOLESTEROL	2	2	2	QL 90D
ANTARA	CHOLESTEROL	3	3	3	QL 90D
CADUET	CHOLESTEROL	NF	3	3	QL 90D
<i>cholestyramine</i>	CHOLESTEROL	1	1	1	90D
<i>cholestyramine light</i>	CHOLESTEROL	1	1	1	90D
<i>colestipol hcl (granules)</i>	CHOLESTEROL	1	1	1	90D
<i>colestipol hcl (tabs)</i>	CHOLESTEROL	1	1	1	90D
CRESTOR	CHOLESTEROL	2	2	2	QL 90D
<i>fenofibrate</i>	CHOLESTEROL	1	1	1	90D
<i>gemfibrozil</i>	CHOLESTEROL	1	1	1	90D
LESCOL	CHOLESTEROL	3	3	3	QL 90D
LESCOL XL	CHOLESTEROL	NF	3	3	QL 90D
LIPITOR	CHOLESTEROL	3	3	3	QL 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>lovastatin</i>	CHOLESTEROL	1	1	1	QL 90D
LOVAZA	CHOLESTEROL	2	2	2	QL ST 90D
<i>niacor</i>	CHOLESTEROL	1	1	1	90D
NIASPAN	CHOLESTEROL	2	2	2	QL 90D
<i>pravastatin</i>	CHOLESTEROL	1	1	1	90D
<i>prevalite</i>	CHOLESTEROL	1	1	1	90D
SIMCOR	CHOLESTEROL	2	2	2	QL 90D
<i>simvastatin</i>	CHOLESTEROL	1	1	1	90D
TRICOR	CHOLESTEROL	3	3	3	QL 90D
TRIGLIDE	CHOLESTEROL	3	3	3	QL 90D
VYTORIN	CHOLESTEROL	2	2	2	QL 90D
WELCHOL	CHOLESTEROL	NF	3	3	90D
ZETIA	CHOLESTEROL	2	2	2	QL 90D
<i>anagrelide</i>	CIRCULATION	1	1	1	90D
<i>cilostazol</i>	CIRCULATION	1	1	1	90D
<i>dipyridamole</i>	CIRCULATION	1	1	1	90D
<i>papaverine hcl</i>	CIRCULATION	1	1	1	
<i>pentoxifylline cr</i>	CIRCULATION	1	1	1	90D
<i>pentoxifylline er</i>	CIRCULATION	1	1	1	90D
ARIXTRA	COAGULATION	3	3	3	PA
COUMADIN	COAGULATION	2	2	2	90D
CYKLOKAPRON	COAGULATION	2	2	2	
FRAGMIN	COAGULATION	3	3	3	PA
<i>heparin sodium</i>	COAGULATION	1	1	1	
INNOHEP	COAGULATION	4	4	4	PA
<i>jantoven</i>	COAGULATION	1	1	1	90D
LOVENOX	COAGULATION	3	3	3	PA
<i>warfarin sodium</i>	COAGULATION	1	1	1	90D
AMITIZA	CONSTIPATION	3	3	3	QL ST 90D
<i>constulose</i>	CONSTIPATION	1	1	1	90D
<i>enulose</i>	CONSTIPATION	1	1	1	90D
<i>generlac</i>	CONSTIPATION	1	1	1	90D
<i>glycolax</i>	CONSTIPATION	1	1	1	90D
KRISTALOSE	CONSTIPATION	NF	2	2	90D
<i>lactulose</i>	CONSTIPATION	1	1	1	90D
<i>polyethylene glycol 3350</i>	CONSTIPATION	1	1	1	90D
<i>apri</i>	CONTRACEPTION	1	1	1	90D
<i>aranelle</i>	CONTRACEPTION	1	1	1	90D
<i>aviane</i>	CONTRACEPTION	1	1	1	90D
<i>balziva</i>	CONTRACEPTION	1	1	1	90D
<i>camila</i>	CONTRACEPTION	1	1	1	90D
<i>cesia</i>	CONTRACEPTION	1	1	1	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>cryselle-28</i>	CONTRACEPTION	1	1	1	90D
<i>enpresse-28</i>	CONTRACEPTION	1	1	1	90D
<i>errin</i>	CONTRACEPTION	1	1	1	90D
ESTROSTEP FE	CONTRACEPTION	2	2	2	90D
<i>jolessa</i>	CONTRACEPTION	3	3	3	QL 90D
<i>jolivette</i>	CONTRACEPTION	1	1	1	90D
<i>junel</i>	CONTRACEPTION	1	1	1	90D
<i>junel fe</i>	CONTRACEPTION	1	1	1	90D
<i>kariva</i>	CONTRACEPTION	1	1	1	90D
<i>leena</i>	CONTRACEPTION	1	1	1	90D
<i>lessina-28</i>	CONTRACEPTION	1	1	1	90D
<i>levora</i>	CONTRACEPTION	1	1	1	90D
LOESTRIN 24 FE	CONTRACEPTION	3	3	3	90D
<i>low-ogestrel</i>	CONTRACEPTION	1	1	1	90D
<i>lutra</i>	CONTRACEPTION	1	1	1	90D
<i>medroxyprogesterone</i>	CONTRACEPTION	1	1	1	90D
<i>microgestin</i>	CONTRACEPTION	1	1	1	90D
<i>microgestin fe</i>	CONTRACEPTION	1	1	1	90D
<i>mononessa</i>	CONTRACEPTION	1	1	1	90D
<i>necon</i>	CONTRACEPTION	1	1	1	90D
<i>nora-be</i>	CONTRACEPTION	1	1	1	90D
<i>nortrel</i>	CONTRACEPTION	1	1	1	90D
OGESTREL	CONTRACEPTION	1	1	1	90D
ORTHO EVRA	CONTRACEPTION	2	2	2	QL 90D
ORTHO TRI-CY LO	CONTRACEPTION	2	2	2	90D
OVCON-35	CONTRACEPTION	3	3	3	90D
PLAN B	CONTRACEPTION	2	2	2	
<i>portia-28</i>	CONTRACEPTION	1	1	1	90D
<i>previfem</i>	CONTRACEPTION	1	1	1	90D
<i>quasense</i>	CONTRACEPTION	3	3	3	QL 90D
SEASONIQUE	CONTRACEPTION	3	3	3	QL 90D
<i>solia</i>	CONTRACEPTION	1	1	1	90D
<i>sprintec 28</i>	CONTRACEPTION	1	1	1	90D
<i>tilia fe</i>	CONTRACEPTION	1	1	1	90D
<i>tri-previfem</i>	CONTRACEPTION	1	1	1	90D
<i>tri-sprintec</i>	CONTRACEPTION	1	1	1	90D
<i>trinessa</i>	CONTRACEPTION	1	1	1	90D
<i>trivora-28</i>	CONTRACEPTION	1	1	1	90D
<i>velivet</i>	CONTRACEPTION	1	1	1	90D
YAZ	CONTRACEPTION	3	3	3	90D
<i>zovia</i>	CONTRACEPTION	1	1	1	90D
<i>aminophylline (inj)</i>	COPD	1	1	1	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>aminophylline</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ATROVENT HFA	COPD	2	2	2	QL 90D
COMBIVENT	COPD	2	2	2	QL 90D
ELIXOPHYLLIN	COPD	NF	3	3	90D
<i>ipratropium (neb)</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
SPIRIVA HANDIHALER	COPD	2	2	2	QL 90D
THEO-24	COPD	2	2	2	QL 90D
<i>theochron</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>theophylline cr</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>theophylline er</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>theophylline er (400mg, 600mg)</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>theophylline td</i>	<i>COPD</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ENTOCORT EC	CROHNS DISEASE	3	3	3	
PULMOZYME	CYSTIC FIBROSIS	4	4	4	PA
TOBI	CYSTIC FIBROSIS	4	4	4	QL PA
<i>chlorhexadine gluc oral</i>	DENTAL	<i>1</i>	<i>1</i>	<i>1</i>	
<i>amitriptyline hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>amitriptyline/cdp</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
AMOXAPINE	DEPRESSION	2	2	2	90D
<i>budeprion sr</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>budeprion xl</i>	<i>DEPRESSION</i>	NF	3	3	<i>QL 90D</i>
<i>bupropion hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>bupropion hcl sr</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>citalopram</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>clomipramine hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CYMBALTA	DEPRESSION	3	3	3	QL ST 90D
<i>desipramine hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>doxepin hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
EFFEXOR XR	DEPRESSION	2	2	2	QL 90D
EMSAM	DEPRESSION	3	3	3	QL PA 90D
<i>fluoxetine hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>fluvoxamine maleate</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>imipramine hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MAPROTILINE HCL	DEPRESSION	1	1	1	90D
MARPLAN	DEPRESSION	2	3	3	90D
<i>mirtazapine</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>mirtazapine (Sol Tab)</i>	<i>DEPRESSION</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL 90D</i>
NARDIL	DEPRESSION	2	2	2	90D
<i>nefazodone hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>nortriptyline hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>paroxetine</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
PAXIL CR	DEPRESSION	NF	3	3	QL ST 90D
PERPHEN/AMITRIP	DEPRESSION	1	1	1	90D
PEXEVA	DEPRESSION	3	3	3	QL 90D
PROZAC WEEKLY	DEPRESSION	NF	3	3	QL ST 90D
RAPIFLUX	DEPRESSION	NF	3	3	QL 90D
<i>sertraline hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
SURMONTIL	DEPRESSION	3	3	3	90D
SYMBYAX	DEPRESSION		3	3	QL 90D
<i>tranylcypromine sulfate</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>trazodone hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>trimipramine maleate</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
<i>venlafaxine hcl</i>	<i>DEPRESSION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
VIVACTIL	DEPRESSION	2	2	2	90D
WELLBUTRIN XL (150mg)	DEPRESSION	NF	3	3	QL ST 90D
LEXAPRO	DEPRESSION or ANXIETY	2	2	2	QL 90D
ALDARA	DERMATOLOGIC	2	2	2	
<i>ammonium lactate</i>	<i>DERMATOLOGIC</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL 90D</i>
CONDYLOX	DERMATOLOGIC	NF	2	2	
ELIDEL	DERMATOLOGIC	3	3	3	QL ST 90D
KLARON	DERMATOLOGIC	NF	2	2	
<i>metronidazole</i>	<i>DERMATOLOGIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
NORITATE	DERMATOLOGIC	NF	3	3	90D
<i>podocon 25 bz tc</i>	<i>DERMATOLOGIC</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>PA</i>
<i>podofilox</i>	<i>DERMATOLOGIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
PROTOPIC	DERMATOLOGIC	3	3	3	QL ST 90D
ROZEX	DERMATOLOGIC	NF	3	3	90D
<i>selenium sulfide</i>	<i>DERMATOLOGIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>silver sulfadiazine</i>	<i>DERMATOLOGIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>sodium sulfacetamide</i>	<i>DERMATOLOGIC</i>	<i>NF</i>	<i>3</i>	<i>3</i>	
<i>ssd</i>	<i>DERMATOLOGIC</i>	<i>1</i>	<i>1</i>	<i>1</i>	
SULFAMYLON	DERMATOLOGIC	NF	3	3	
ZONALON	DERMATOLOGIC	3	3	3	QL 90D
ANTABUSE	DETERRENT	2	2	2	
CAMPRAL	DETERRENT	3	3	3	QL
<i>naloxone hcl</i>	<i>DETERRENT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>naltrexone hcl</i>	<i>DETERRENT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
SUBOXONE	DETERRENT	3	3	3	QL PA
ACTOS	DIABETES	2	2	2	QL ST 90D
AVANDAMET	DIABETES	2	2	2	QL ST 90D
AVANDARYL	DIABETES	2	2	2	QL ST 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
AVANDIA	DIABETES	2	2	2	QL ST 90D
BYETTA	DIABETES	2	2	2	QL ST 90D
<i>chlorpropamide</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
DUETACT	DIABETES	2	2	2	QL ST 90D
<i>glimepiride</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glipizide</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glipizide er</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glipizide xl</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glipizide/metformin hcl</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GLUCAGEN HYPOKIT	DIABETES	2	2	2	QL
GLUCAGON KIT	DIABETES	2	2	2	QL
GLYBURIDE	DIABETES	1	1	1	90D
<i>glyburide</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glyburide micronized</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>glyburide/metformin hcl</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GLYCRON	DIABETES	2	1	1	90D
GLYSET	DIABETES	3	3	3	90D
HUMALOG(PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
HUMALOG MIX 50/50 (PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
HUMALOG MIX 75/25 (PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
HUMULIN 70/30(PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
HUMULIN N(PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
HUMULIN R (PA ON PENS ONLY)	DIABETES	3	3	3	PA 90D
JANUMET	DIABETES	3	3	3	QL PA 90D
JANUVIA	DIABETES	3	3	3	QL PA 90D
LANTUS	DIABETES	2	2	2	90D
LANTUS OPTICLIK	DIABETES	2	2	2	PA 90D
LEVEMIR	DIABETES	2	2	2	90D
LEVEMIR FLEXPEN	DIABETES	2	2	2	PA 90D
<i>metformin hcl</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metformin hcl er</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
NOVOLIN 70/30 (PA ON PENS ONLY)	DIABETES	2	2	2	PA 90D
NOVOLIN N (PA ON PENS ONLY)	DIABETES	2	2	2	PA 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
NOVOLIN R (PA ON PENS ONLY)	DIABETES	2	2	2	PA 90D
NOVOLOG (PA ON PENS ONLY)	DIABETES	2	2	2	PA 90D
NOVOLOG 70/30 (PA ON PENS ONLY)	DIABETES	2	2	2	PA 90D
PRANDIN	DIABETES	2	2	2	90D
PRECOSE	DIABETES	2	2	2	90D
PROGLYCEM	DIABETES	3	3	3	
RIOMET	DIABETES	3	3	3	90D
STARLIX	DIABETES	3	3	3	90D
SYMLIN PEN	DIABETES	3	3	3	PA QL 90D
SYMLIN VIAL	DIABETES	2	2	2	QL PA 90D
<i>tolazamide</i>	<i>DIABETES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
TOLBUTAMIDE	DIABETES	1	1	1	90D
ALCOHOL SWABS	DIABETIC SUPPLIES	1	1	1	90D
INSULIN PEN NEEDLE	DIABETIC SUPPLIES	2	2	2	90D
INSULIN SAFETY SYRINGE	DIABETIC SUPPLIES	3	3	3	90D
INSULIN SYRINGE	DIABETIC SUPPLIES	2	2	2	90D
GAUZE PADS 2"X2"	DIABETIC SUPPLIES	1	1	1	90D
NOVOFINE PEN NEEDLE	DIABETIC SUPPLIES	2	2	2	90D
<i>diphenoxylate/atropine</i>	<i>DIARRHEA</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>lofene</i>	<i>DIARRHEA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>lonox</i>	<i>DIARRHEA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
LOTRONEX	DIARRHEA	2	2	2	QL PA
MOTOFEN	DIARRHEA	NF	3	3	
CREON	DIGESTION	NF	2	2	90D
DYGASE	DIGESTION	2	2	2	90D
KU-ZYME HP	DIGESTION	NF	2	2	90D
LAPASE	DIGESTION	1	1	1	90D
LIPRAM 4500	DIGESTION	1	1	1	90D
LIPRAM-PN10	DIGESTION	1	1	1	90D
LIPRAM-PN16	DIGESTION	1	1	1	90D
LIPRAM-PN20	DIGESTION	1	1	1	90D
LIPRAM-UL12	DIGESTION	1	1	1	90D
LIPRAM-UL18	DIGESTION	1	1	1	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
LIPRAM-UL20	DIGESTION	1	1	1	90D
PALCAPS 10	DIGESTION	NF	3	3	90D
PALCAPS 20	DIGESTION	NF	3	3	90D
PANCREASE MT 4	DIGESTION	2	2	2	90D
PANCRECARB MS-16	DIGESTION	NF	3	3	90D
PANCRECARB MS-4	DIGESTION	NF	3	3	90D
PANCRECARB MS-8	DIGESTION	NF	3	3	90D
PANCRELIP MST-16	DIGESTION	1	1	1	90D
PANCRELIPASE	DIGESTION	1	1	1	90D
PANCRON 10	DIGESTION	1	1	1	90D
PANCRON 20	DIGESTION	1	1	1	90D
PANGESTYME CN 10	DIGESTION	1	1	1	90D
PANGESTYME CN 20	DIGESTION	1	1	1	90D
PANGESTYME EC	DIGESTION	1	1	1	90D
PANGESTYME MT 16	DIGESTION	1	1	1	90D
PANGESTYME UL 12	DIGESTION	1	1	1	90D
PANGESTYME UL 18	DIGESTION	1	1	1	90D
PANGESTYME UL 20	DIGESTION	1	1	1	90D
PANOCAPS	DIGESTION	NF	3	3	90D
PANOCAPS MT 16	DIGESTION	NF	3	3	90D
PANOCAPS MT 20	DIGESTION	NF	3	3	90D
PANOKASE	DIGESTION	1	1	1	90D
PANOKASE-16	DIGESTION	1	1	1	90D
PLARETASE 8000	DIGESTION	1	1	1	90D
ULTRACAPS MT 20	DIGESTION	NF	3	3	90D
ULTRASE	DIGESTION	2	2	2	90D
ULTRASE MT 12	DIGESTION	2	2	2	90D
ULTRASE MT 18	DIGESTION	2	2	2	90D
ULTRASE MT 20	DIGESTION	2	2	2	90D
VIOKASE 16	DIGESTION	2	2	2	90D
VIOKASE 8	DIGESTION	2	2	2	90D
<i>acetic acid</i>	<i>EAR INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>acetic acid/hydroc</i>	<i>EAR INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>antibiotic ear</i>	<i>EAR INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
BOROFAIR	EAR INFECTION	1	1	1	
CIPRO HC	EAR INFECTION	NF	3	3	
CIPRODEX	EAR INFECTION	2	2	2	
COLY-MYCIN-S	EAR INFECTION	2	3	3	90D
<i>cortomycin</i>	<i>EAR INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
DERMOTIC	EAR INFECTION	2	2	2	90D
FLOXIN OTIC	EAR INFECTION	2	2	2	
<i>neom/polym/hydr</i>	<i>EAR INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>ofloxacin</i>	<i>EAR INFECTION</i>	1	1	1	
<i>uni-otic</i>	<i>EAR INFECTION</i>	1	1	1	
GUANIDINE HCL	EATON-LAMBERT	2	3	3	90D
<i>ed k+10</i>	<i>ELECTROLYTES</i>	1	1	1	90D
K-TABS	ELECTROLYTES	2	2	2	90D
<i>k-vescent</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>kaon-cl-10</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>klor-con 10</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>klor-con 8</i>	<i>ELECTROLYTES</i>	1	1	1	90D
KLOR-CON M15	ELECTROLYTES	1	1	1	90D
<i>klor-con m20</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>klotrix</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>lr irrigation</i>	<i>ELECTROLYTES</i>	1	1	1	
<i>magnesium sulfate</i>	<i>ELECTROLYTES</i>	1	1	1	
MICRO-K	ELECTROLYTES	2	2	2	90D
<i>potassium chloride (iv)</i>	<i>ELECTROLYTES</i>	1	1	1	
<i>potassium chloride</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>potassium chloride cr</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>potassium chloride er</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>potassium chloride sa</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>potassium chloride sr</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>potassium citrate er</i>	<i>ELECTROLYTES</i>	1	1	1	90D
<i>sod polysty sulf</i>	<i>ELECTROLYTES</i>	1	1	1	
<i>sodium chloride 0.9%</i>	<i>ELECTROLYTES</i>	1	1	1	
ALDURAZYME	ENDOCRINE	4	4	4	PA
BUPHENYL	ENDOCRINE	4	4	4	PA
<i>cabergoline</i>	<i>ENDOCRINE</i>	3	3	3	90D
<i>chorionic gonadotropin</i>	<i>ENDOCRINE</i>	1	1	1	
CYSTADANE	ENDOCRINE	3	3	3	PA
ELAPRASE	ENDOCRINE	4	4	4	PA
HECTOROL	ENDOCRINE	2	2	2	QL PA
NAGLAZYME	ENDOCRINE	4	4	4	PA
<i>octreotide acetate</i>	<i>ENDOCRINE</i>	4	4	4	PA
SENSIPAR	ENDOCRINE	4	4	4	QL ST
SEROSTIM	ENDOCRINE	4	4	4	PA
SKELID	ENDOCRINE	NF	3	3	
SOMATULINE	ENDOCRINE	4	4	4	PA QL
SOMAVERT	ENDOCRINE	4	4	4	PA
SYNAREL	ENDOCRINE	2	2	2	
ZEMPLAR	ENDOCRINE	2	2	2	QL PA
ZOMETA	ENDOCRINE	4	4	4	PA
ZORBTIVE	ENDOCRINE	4	4	4	PA

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
FABRAZYME	ENZYME REPLACEMENTS	4	4	4	PA
ORFADIN	ENZYME REPLACEMENTS	4	4	4	PA
<i>carbamazepine</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CARBATROL	EPILEPSY	2	2	2	90D
CELONTIN	EPILEPSY	2	2	2	90D
DEPAKOTE	EPILEPSY	2	2	2	90D
DEPAKOTE ER	EPILEPSY	2	2	2	90D
DEPAKOTE SPRINKLES	EPILEPSY	2	2	2	90D
DILANTIN	EPILEPSY	2	2	2	90D
DILANTIN INFATABS	EPILEPSY	2	2	2	90D
<i>epitol</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>ethosuximide</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
FELBATOL	EPILEPSY	2	2	2	QL 90D
<i>gabapentin</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GABITRIL	EPILEPSY	3	3	3	QL 90D
KEPPRA	EPILEPSY	2	2	2	QL 90D
LAMICTAL	EPILEPSY	2	2	2	QL ST 90D
<i>lamotrigine chewable</i>	<i>EPILEPSY</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL ST 90D</i>
LYRICA	EPILEPSY	3	3	3	QL PA 90D
NEURONTIN (Solution)	EPILEPSY	2	2	2	90D
<i>oxcarbazepine</i>	<i>EPILEPSY</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL PA 90D</i>
PEGANONE	EPILEPSY	3	3	3	90D
PHENYTEK	EPILEPSY	2	2	2	90D
<i>phenytoin</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>phenytoin er</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>phenytoin sodium (inj)</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>primidone</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
TEGRETOL	EPILEPSY	2	2	2	90D
TEGRETOL-XR	EPILEPSY	2	2	2	90D
TOPAMAX	EPILEPSY	3	3	3	QL PA 90D
TOPAMAX SPRINKLE	EPILEPSY	3	3	3	QL PA 90D
TRILEPTAL	EPILEPSY	3	3	3	QL PA 90D
<i>valproate sodium</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>valproic acid</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>zonisamide</i>	<i>EPILEPSY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
ALAMAST	EYE ALLERGY	NF	2	2	90D
ALOCRIL	EYE ALLERGY	NF	2	2	90D
ALOMIDE	EYE ALLERGY	NF	2	2	90D
<i>cromolyn sodium (ophth)</i>	<i>EYE ALLERGY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ELESTAT	EYE ALLERGY	NF	3	3	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
EMADINE	EYE ALLERGY	NF	3	3	90D
OPTIVAR	EYE ALLERGY	3	3	3	90D
PATADAY	EYE ALLERGY	3	3	3	QL 90D
PATANOL	EYE ALLERGY	3	3	3	90D
<i>ak-con</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>atropine sulfate</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>cyclopentolate hcl</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	
LACRISERT	EYE DISORDERS	2	2	2	90D
<i>naphazoline hcl</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>parcaine</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>proparacaine hcl</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
RESTASIS	EYE DISORDERS	2	2	2	90D
<i>tropicamide</i>	<i>EYE DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>ak-poly-bac</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ak-tob</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
AZASITE	EYE INFECTION	3	3	3	QL
<i>bacit/neo/poly</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>bacitracin</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>bacitracin/polymyxin b</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
BLEPHAMIDE	EYE INFECTION	2	2	2	90D
CILOXAN	EYE INFECTION	NF	2	2	
<i>ciprofloxacin hcl</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>erythromycin (oint)</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>gentak</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>gentamicin sulfate</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>gentasol</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
NATACYN	EYE INFECTION	2	2	2	
<i>neo/poly/bac/hc</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>neo/poly/dexam</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>neocin-pg</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>neom/baci/poly</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>neom/poly/gram</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ocusulf-10</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ofloxacin</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>poly-dex</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
POLY-PRED	EYE INFECTION	2	2	2	90D
<i>polycin b</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>polym b/trimethop</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
QUIXIN	EYE INFECTION	NF	3	3	
<i>romycin</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>sulfacet/predn phos</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>sulfacetamide sodium</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
TOBRADEX	EYE INFECTION	2	2	2	90D
<i>tobramycin sulfate</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>tobrasol</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TOBREX	EYE INFECTION	2	2	2	
<i>trifluridine</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>trimethop/poly b</i>	<i>EYE INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
VIGAMOX	EYE INFECTION	2	2	2	QL
ZYLET	EYE INFECTION	NF	3	3	90D
ZYMAR	EYE INFECTION	3	3	3	
<i>liposyn</i>	<i>FAT EMULSION</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>PA</i>
CEREDASE	GAUCHER'S	4	4	4	PA
CEREZYME	GAUCHER'S	4	4	4	PA
ZAVESCA	GAUCHER'S	4	4	4	QL PA
<i>atreza</i>	<i>GI DISORDERS</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>90D</i>
CANTIL	GI DISORDERS	NF	3	3	90D
<i>dicyclomine hcl</i>	<i>GI DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
GASTROCROM	GI DISORDERS	2	2	2	90D
<i>glycopyrrolate (inj)</i>	<i>GI DISORDERS</i>	<i>3</i>	<i>3</i>	<i>3</i>	
<i>glycopyrrolate</i>	<i>GI DISORDERS</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>90D</i>
LOTRONEX	GI DISORDERS	2	2	2	QL PA
<i>metoclopramide hcl (inj)</i>	<i>GI DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>metoclopramide hcl</i>	<i>GI DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
PAMINE	GI DISORDERS	NF	3	3	90D
PAMINE FORTE	GI DISORDERS	NF	3	3	90D
PRO-BANTHINE (7.5mg)	GI DISORDERS	NF	2	2	90D
PROPANTHELINE	GI DISORDERS	1	1	1	90D
SUCRAID	GI DISORDERS	4	4	4	PA 90D
<i>ursodiol</i>	<i>GI DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>acetazolamide</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ALPHAGAN P 0.1%	GLAUCOMA	2	2	2	QL 90D
AZOPT	GLAUCOMA	2	2	2	90D
BETIMOL	GLAUCOMA	2	2	2	90D
BETOPTIC-S	GLAUCOMA	3	3	3	90D
<i>brimonidine tartrate</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>carteolol hcl</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
COMBIGAN	GLAUCOMA	2	2	2	QL 90D
COSOPT	GLAUCOMA	2	2	2	QL 90D
DIAMOX	GLAUCOMA	NF	2	2	90D
<i>dipivefrin hcl</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
IOPIDINE	GLAUCOMA	NF	2	2	90D
ISTALOL	GLAUCOMA	2	2	2	QL 90D
<i>levobunolol hcl</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
LUMIGAN	GLAUCOMA	2	2	2	QL 90D
<i>methazolamide</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>metipranolol</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
PHOSPHOL IOD	GLAUCOMA	2	2	2	90D
PILOPINE HS	GLAUCOMA	2	2	2	90D
<i>timolol maleate</i>	<i>GLAUCOMA</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
TRAVATAN	GLAUCOMA	2	2	2	QL 90D
TRAVATAN Z	GLAUCOMA	2	2	2	QL 90D
TRUSOPT	GLAUCOMA	3	3	3	90D
XALATAN	GLAUCOMA	3	3	3	QL 90D
<i>allopurinol</i>	<i>GOUT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>colchicine</i>	<i>GOUT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>probenecid</i>	<i>GOUT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>probenecid/colchicine</i>	<i>GOUT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
INCRELEX	GROWTH DEFICIENCY	3	3	3	PA
IPLEX	GROWTH DEFICIENCY	4	4	4	PA
NORDITROPIN NF	GROWTH DEFICIENCY	4	4	4	PA
TEV-TROPIN	GROWTH DEFICIENCY	4	4	4	PA
<i>digitek</i>	<i>HEART</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>digoxin</i>	<i>HEART</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
LANOXICAPS	HEART	2	2	2	90D
LANOXIN	HEART	2	2	2	90D
ANUSOL-HC (cream)	HEMMORHOIDS	2	2	2	90D
CORTIFOAM	HEMMORHOIDS	2	2	2	90D
<i>hydrocortisone</i>	<i>HEMMORHOIDS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>proctosol hc (cream)</i>	<i>HEMMORHOIDS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>proctozone-hc (cream)</i>	<i>HEMMORHOIDS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
BARACLUDGE	HEPATITIS B	4	4	4	QL PA
HEPSERA	HEPATITIS B	4	4	4	QL
TYZEKA	HEPATITIS B	3	3	3	PA
INFERGEN	HEPATITIS C	4	4	4	PA
PEG-INTRON	HEPATITIS C	4	4	4	QL PA ST
PEGASYS	HEPATITIS C	4	4	4	QL PA
REBETOL(soln)	HEPATITIS C	4	4	4	QL PA
<i>ribasphere</i>	<i>HEPATITIS C</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>PA</i>
<i>ribatab</i>	<i>HEPATITIS C</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>PA</i>
AGENERASE	HIV	2	2	2	
APTIVUS	HIV	4	4	4	QL

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
ATRIPLA	HIV	4	4	4	QL
COMBIVIR	HIV	2	2	2	
CRIXIVAN	HIV	2	2	2	
<i>didanosine</i>	<i>HIV</i>	<i>1</i>	<i>1</i>	<i>1</i>	
EMTRIVA (caps)	HIV	2	2	2	QL
EMTRIVA(soln)	HIV	2	2	2	QL
EPIVIR	HIV	2	2	2	
EPIVIR HBV	HIV	2	2	2	
EPZICOM	HIV	2	2	2	
FUZEON	HIV	4	4	4	QL
INTELENCE	HIV	4	4	4	QL
INVIRASE	HIV	2	2	2	
ISENTRESS	HIV	4	4	4	QL
KALETRA (cap, tab)	HIV	2	2	2	QL
KALETRA(soln)	HIV	2	2	2	
LEXIVA	HIV	2	2	2	
NORVIR	HIV	2	2	2	
PREZISTA	HIV	4	4	4	QL
RESCRIPTOR	HIV	2	2	2	
RETROVIR IV	HIV	3	3	3	
REYATAZ	HIV	2	2	2	QL
SELZENTRY	HIV	4	4	4	QL
SUSTIVA	HIV	2	2	2	
TRIZIVIR	HIV	2	2	2	
TRUVADA	HIV	4	4	4	QL
VALCYTE	HIV	4	4	4	
VIDEX EC	HIV	2	2	2	
VIDEX PEDIATRIC	HIV	2	2	2	
VIRACEPT	HIV	2	2	2	
VIRAMUNE	HIV	2	2	2	
VIREAD	HIV	2	2	2	
ZERIT	HIV	2	2	2	
ZIAGEN	HIV	2	2	2	
<i>zidovudine</i>	<i>HIV</i>	<i>1</i>	<i>1</i>	<i>1</i>	
ACTIVELLA	HORMONE	3	3	3	QL 90D
ALORA	HORMONE	NF	3	3	QL 90D
ANADROL-50	HORMONE	NF	3	3	PA
ANDRODERM	HORMONE	NF	3	3	QL PA
ANDROGEL	HORMONE	2	2	2	PA
ANDROGEL PUMP	HORMONE	2	2	2	PA
ANDROID	HORMONE	NF	2	2	PA
ANDROXY	HORMONE	1	1	1	PA

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
CENESTIN	HORMONE	3	3	3	QL 90D
COMBIPATCH	HORMONE	NF	3	3	QL 90D
<i>danazol</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	
DEPOTESTOSTERONE	HORMONE	NF	3	3	PA
DIVIGEL	HORMONE	3	3	3	QL 90D
ENJUVIA	HORMONE	3	3	3	QL 90D
ESCLIM	HORMONE	3	3	3	QL 90D
ESTRACE	HORMONE	2	2	2	90D
ESTRADERM	HORMONE	2	2	2	QL 90D
<i>estradiol (tab)</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>estradiol (patch)</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
ESTRASORB	HORMONE	NF	3	3	QL 90D
ESTRING	HORMONE	3	3	3	QL 90D
ESTROGEL	HORMONE	NF	3	3	QL 90D
<i>estropipate</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
EVAMIST	HORMONE	3	3	3	QL 90D
FEMHRT 1/5	HORMONE	3	3	3	QL 90D
FEMHRT LOW DOSE	HORMONE	3	3	3	QL 90D
FEMRING	HORMONE	NF	3	3	QL 90D
GYNODIOL	HORMONE	1	1	1	90D
<i>gynodiol</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
MENEST	HORMONE	NF	2	2	90D
MENOSTAR	HORMONE	NF	3	3	90D
NANDROLONE DEC	HORMONE	1	1	1	
<i>norethindrone acetate</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>oxandrolone</i>	<i>HORMONE</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL PA</i>
PREFEST	HORMONE	3	3	3	QL 90D
PREMARIN	HORMONE	2	2	2	QL 90D
PREMARIN CREAM	HORMONE	2	2	2	90D
PREMPHASE	HORMONE	2	2	2	QL 90D
PREMPRO	HORMONE	2	2	2	QL 90D
PROMETRIUM	HORMONE	3	2	2	90D
TESTIM	HORMONE	NF	3	3	QL PA ST
<i>testosterone cypionate</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>testosterone enanthate</i>	<i>HORMONE</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TESTRED	HORMONE	NF	2	2	PA
VAGIFEM	HORMONE	3	3	3	90D
VIVELLE	HORMONE	2	2	2	QL 90D
VIVELLE-DOT	HORMONE	2	2	2	QL 90D
<i>dextrose 10%/nacl 0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 2.5% lr 1/2st</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 5%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>dextrose 5%/lr</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 5%/nacl 0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 5%/nacl 0.33%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 5%/nacl 0.45%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextrose 5%/nacl 0.9%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl0.075%/d5w/ns0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl0.15%/d5w/ns0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl0.15%/d5w/ns0.9%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl0.224%/d5w/ns0.2%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>kcl0.224%/d5w/ns0.45%</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ringer's injection</i>	<i>HYDRATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>tpn electrolytes ftv</i>	<i>HYDRATION</i>	<i>3</i>	<i>3</i>	<i>3</i>	
FLEBOGAMMA	IMMUNE GLOBULIN	4	4	4	PA
GAMASTAN	IMMUNE GLOBULIN	4	4	4	PA
GAMMAGARD	IMMUNE GLOBULIN	4	4	4	PA
GAMUNEX	IMMUNE GLOBULIN	4	4	4	PA
OCTAGAM	IMMUNE GLOBULIN	4	4	4	PA
THYMOGLOBULIN	IMMUNE SUPPRESANT	4	4	4	PA
ACTIMMUNE	IMMUNE SYSTEM DISORDERS	4	4	4	PA
<i>desmopressin acetate</i>	<i>INCONTINENCE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
DETROL	INCONTINENCE	NF	3	3	90D
DETROL LA	INCONTINENCE	NF	3	3	QL 90D
ENABLEX	INCONTINENCE	2	2	2	QL 90D
<i>oxybutynin chloride (ir)</i>	<i>INCONTINENCE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>oxybutynin chloride er</i>	<i>INCONTINENCE</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL 90D</i>
OXYTROL	INCONTINENCE	3	3	3	QL 90D
SANCTURA	INCONTINENCE	2	2	2	QL 90D
SANCTURA XR	INCONTINENCE	2	2	2	QL 90D
VESICARE	INCONTINENCE	NF	3	3	QL 90D
<i>acyclovir</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
ALBENZA	INFECTION	NF	3	3	
ALINIA	INFECTION	3	3	3	
<i>amikacin sulfate</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>amoxicillin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>amoxicillin/clavulanate</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ampicillin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ampicillin-sulbactam</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
ANCOBON	INFECTION	NF	3	3	
AUGMENTIN XR	INFECTION	NF	2	2	
AVELOX	INFECTION	3	3	3	QL
AZACTAM	INFECTION	2	2	2	PA
<i>azithromycin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
BACTROBAN NASAL	INFECTION	NF	2	2	
BILTRICIDE	INFECTION	NF	3	3	
BIO-STATIN	INFECTION	NF	2	2	
CANCIDAS	INFECTION	4	4	4	PA
CEDAX	INFECTION	2	2	2	
<i>cefaclor</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefaclor er</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefadroxil</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefazolin sodium</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefdinir</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefotaxime sodium</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefoxitin sodium</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefpodoxime proxetil</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefprozil</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ceftazidime</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
CEFTIN(susp)	INFECTION	2	2	2	
<i>ceftriaxone sodium</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cefuroxime</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>cephalexin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
CHLORAMPHENICOL	INFECTION	1	1	1	
CIPRO(susp)	INFECTION	NF	2	2	
CIPRO XR	INFECTION	NF	3	3	QL
<i>ciprofloxacin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>ciprofloxacin er</i>	<i>INFECTION</i>	<i>NF</i>	<i>3</i>	<i>3</i>	<i>QL</i>
<i>clarithromycin</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>clarithromycin er</i>	<i>INFECTION</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL</i>
CLEOCIN	INFECTION	NF	2	2	
CLEOCIN PED GRAN	INFECTION	NF	2	2	
<i>clindamycin (inj)</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>clindamycin hcl (cap)</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>clindamycin phosphate</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CLINDESSE	INFECTION	NF	3	3	
<i>clotrimazole</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>colistimethate sodium</i>	<i>INFECTION</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>PA</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
CUBICIN	INFECTION	4	4	4	
DAPSONE	INFECTION	2	2	2	
<i>demeclocycline hcl</i>	<i>INFECTION</i>	4	4	4	
DENAVIR	INFECTION	2	2	2	QL
<i>dicloxacillin sodium</i>	<i>INFECTION</i>	1	1	1	
DISPERMOX	INFECTION	NF	3	3	
<i>doxy-caps</i>	<i>INFECTION</i>	1	1	1	
<i>doxycycline hyclate</i>	<i>INFECTION</i>	1	1	1	
<i>doxycycline monohyd</i>	<i>INFECTION</i>	NF	3	3	
DYNABAC D5-PAK	INFECTION	NF	3	3	
<i>e.e.s. 200</i>	<i>INFECTION</i>	1	1	1	
<i>e.e.s. 400</i>	<i>INFECTION</i>	1	1	1	
E.E.S. GRANULES	INFECTION	2	2	2	
ERY-TAB	INFECTION	2	2	2	
ERYPED	INFECTION	2	2	2	
<i>erythrocin stearate</i>	<i>INFECTION</i>	1	1	1	
<i>erythromycin /sulf</i>	<i>INFECTION</i>	1	1	1	
<i>erythromycin ethyl</i>	<i>INFECTION</i>	1	1	1	
ERYTHROMYCIN LACTOBIONATE	INFECTION	2	2	2	
FACTIVE	INFECTION	NF	3	3	
<i>famciclovir</i>	<i>INFECTION</i>	3	1	1	QL
FAMVIR	INFECTION	NF	2	2	QL
FANSIDAR	INFECTION	NF	3	3	
<i>fluconazole</i>	<i>INFECTION</i>	1	1	1	
FLUMADINE	INFECTION	2	3	3	
<i>foscarnet sodium</i>	<i>INFECTION</i>	3	3	3	PA
FURADANTIN	INFECTION	NF	2	2	90D
GANCICLOVIR	INFECTION	1	1	1	
GANTRISIN PED	INFECTION	NF	2	2	90D
<i>gentamicin sulfate</i>	<i>INFECTION</i>	1	1	1	
GEOCILLIN	INFECTION	3	3	3	
GRIS-PEG	INFECTION	2	2	2	
<i>griseofulvin microsize</i>	<i>INFECTION</i>	NF	3	3	
GYNAZOLE-1	INFECTION	NF	3	3	
INVANZ	INFECTION	3	3	3	
<i>itraconazole</i>	<i>INFECTION</i>	1	1	1	PA
KETEK	INFECTION	3	3	3	
<i>ketoconazole</i>	<i>INFECTION</i>	1	1	1	
LAMISIL	INFECTION	2	2	2	PA QL
LEVAQUIN	INFECTION	3	3	3	QL
MAXIPIME	INFECTION	2	2	2	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>mebendazole</i>	<i>INFECTION</i>	1	1	1	
MEPRON	INFECTION	4	4	4	PA
MERREM	INFECTION	3	3	3	
<i>methenamine hippurate</i>	<i>INFECTION</i>	1	1	1	90D
METRO IV	INFECTION	2	2	2	
<i>metronidazole</i>	<i>INFECTION</i>	1	1	1	
<i>minocycline hcl</i>	<i>INFECTION</i>	1	1	1	
MINTEZOL	INFECTION	2	2	2	
MONUROL	INFECTION	NF	3	3	
MYCAMINE	INFECTION	3	3	3	PA
<i>nafcillin sodium</i>	<i>INFECTION</i>	1	1	1	
NEBUPENT	INFECTION	2	2	2	PA
NEO-FRADIN	INFECTION	2	3	3	
<i>neomycin sulfate</i>	<i>INFECTION</i>	1	1	1	
<i>neomycin/polymyxin b</i>	<i>INFECTION</i>	1	1	1	
NEUTREXIN	INFECTION	4	4	4	PA
<i>nitrofurantoin macro</i>	<i>INFECTION</i>	1	1	1	90D
<i>nitrofurantoin mono</i>	<i>INFECTION</i>	1	1	1	90D
NOXAFIL	INFECTION	4	4	4	QL PA
<i>nystatin</i>	<i>INFECTION</i>	1	1	1	
<i>ofloxacin</i>	<i>INFECTION</i>	1	1	1	
OMNI-PAC	INFECTION	2	2	2	
OMNICEF	INFECTION	2	2	2	
OXACILLIN SODIUM	INFECTION	1	1	1	
PANIXINE DISP	INFECTION	2	2	2	
<i>paromomycin sulfate</i>	<i>INFECTION</i>	1	1	1	
PCE	INFECTION	2	2	2	
<i>penicillin g potassium</i>	<i>INFECTION</i>	1	1	1	
<i>penicillin v potassium</i>	<i>INFECTION</i>	1	1	1	
<i>pentamidine isethionate</i>	<i>INFECTION</i>	1	1	1	
<i>pfizerpen-g</i>	<i>INFECTION</i>	1	1	1	
<i>phenazopyridine hcl</i>	<i>INFECTION</i>	1	1	1	
PIPERACILLIN	INFECTION	3	3	3	
PRIMAXIN I.M.	INFECTION	3	3	3	
PRIMAXIN IV	INFECTION	3	3	3	
RANICLOR	INFECTION	3	3	3	
RELENZA DISKH	INFECTION	NF	3	3	QL
<i>rimantadine hcl</i>	<i>INFECTION</i>	1	1	1	
SPECTRACEF	INFECTION	NF	2	2	
SPORANOX(soln)	INFECTION	NF	2	2	PA
STROMEKTOL	INFECTION	NF	3	3	
SULFADIAZINE	INFECTION	1	1	1	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>sulfameth/trimeth</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>sulfameth/trimeth ds</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>sulfatrim</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
SUMYCIN	INFECTION	2	2	2	
SUPRAX(susp)	INFECTION	NF	2	2	
SYNERCID	INFECTION	4	4	4	PA
TAMIFLU	INFECTION	3	3	3	QL
<i>tazicef</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TERAZOL 3 (supp)	INFECTION	NF	3	3	
<i>terbinafine hcl</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
<i>terconazole (cream)</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>terconazole (supp)</i>	<i>INFECTION</i>	<i>3</i>	<i>3</i>	<i>3</i>	
<i>tetracycline hcl</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TINDAMAX	INFECTION	NF	3	3	
<i>tobramycin sulfate</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>trimethoprim</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>trimox</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TYGACIL	INFECTION	3	3	3	PA
VALTREX	INFECTION	3	3	3	QL
VANCOCIN(125mg)	INFECTION	4	4	4	QL ST
VANCOCIN(250mg)	INFECTION	4	4	4	QL PA ST
<i>vancomycin hcl</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>vandazole</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
VANTIN	INFECTION	2	2	2	
<i>veetids</i>	<i>INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
VFEND	INFECTION	4	4	4	QL PA
VFEND IV	INFECTION	4	4	4	PA
VIBRAMYCIN	INFECTION	NF	3	3	
VIRAZOLE	INFECTION	NF	3	3	PA
XIFAXAN	INFECTION	2	2	2	
ZMAX(susp)	INFECTION	3	3	3	QL
ZOVIRAX(oint)	INFECTION	2	3	3	QL
ZYVOX	INFECTION	4	4	4	QL PA
CALCIJEX	INFECTION	2	2	2	
<i>calcitriol</i>	<i>KIDNEY</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CYSTAGON	KIDNEY	3	3	3	PA 90D
FOSRENOL	KIDNEY	3	3	3	QL ST 90D
PHOSLO	KIDNEY	2	2	2	90D
RENAGEL	KIDNEY	3	3	3	90D
RENVELA	KIDNEY	3	3	3	
THIOLA	KIDNEY	3	3	3	
<i>acticin</i>	<i>LICE/SCABIES</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
EURAX	LICE/SCABIES	NF	2	2	
<i>lindane (Shampoo)</i>	<i>LICE/SCABIES</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
<i>lindane (Lotion)</i>	<i>LICE/SCABIES</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>QL</i>
OVIDE	LICE/SCABIES	NF	3	3	
<i>permethrin</i>	<i>LICE/SCABIES</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>lithium carbonate</i>	<i>LITHIUM</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>lithium carbonate er</i>	<i>LITHIUM</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>lithium citrate</i>	<i>LITHIUM</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
LITHOBID	LITHIUM	2	2	2	90D
<i>acetylcysteine (neb)</i>	<i>LUNG DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>PA</i>
ARALAST	LUNG DISORDERS	2	2	2	PA
PROLASTIN	LUNG DISORDERS	4	4	4	PA
AMERGE	MIGRAINES	NF	3	3	QL
AXERT	MIGRAINES	3	3	3	QL
<i>dihydroergotamine</i>	<i>MIGRAINES</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>PA</i>
ERGOMAR	MIGRAINES	NF	2	2	90D
<i>ergotamine/caff</i>	<i>MIGRAINES</i>	<i>1</i>	<i>1</i>	<i>1</i>	
FROVA	MIGRAINES	NF	3	3	QL
IMITREX	MIGRAINES	2	2	2	QL
MAXALT-MLT	MIGRAINES	2	2	2	QL
MIGERGOT	MIGRAINES	1	1	1	
MIGRANAL	MIGRAINES	2	2	2	QL PA
RELPAK	MIGRAINES	3	3	3	QL
ZOMIG	MIGRAINES	3	3	3	QL
ZOMIG ZMT	MIGRAINES	3	3	3	QL
<i>triamcinolone orabase</i>	<i>MOUTH</i>	<i>1</i>	<i>1</i>	<i>1</i>	
AVONEX	MULTIPLE SCLEROSIS	4	4	4	QL PA
BETASERON	MULTIPLE SCLEROSIS	4	4	4	QL PA
COPAXONE	MULTIPLE SCLEROSIS	4	4	4	QL PA
REBIF	MULTIPLE SCLEROSIS	4	4	4	QL PA
<i>baclofen</i>	<i>MUSCLE RELAXANTS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>carisoprodol</i>	<i>MUSCLE RELAXANTS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>carisoprodol/asa/cod</i>	<i>MUSCLE RELAXANTS</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>carisoprodol/aspirin</i>	<i>MUSCLE RELAXANTS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>chlorzoxazone</i>	MUSCLE RELAXANTS	1	1	1	90D
<i>cyclobenzaprine hcl</i>	MUSCLE RELAXANTS	1	1	1	90D
<i>dantrolene sodium</i>	MUSCLE RELAXANTS	1	1	1	90D
<i>methocarbamol</i>	MUSCLE RELAXANTS	1	1	1	90D
<i>orphenadrine citrate</i>	MUSCLE RELAXANTS	3	1	1	
<i>orphenadrine comp</i>	MUSCLE RELAXANTS	3	1	1	90D
<i>orphenadrine comp ds</i>	MUSCLE RELAXANTS	3	1	1	90D
<i>orphengesic</i>	MUSCLE RELAXANTS	3	1	1	90D
<i>orphengesic forte</i>	MUSCLE RELAXANTS	3	1	1	90D
SKELAXIN	MUSCLE RELAXANTS	NF	3	3	90D
<i>tizanidine hcl</i>	MUSCLE RELAXANTS	1	1	1	90D
MESTINON	MYASTHENIA	NF	2	2	90D
MYTELASE	MYASTHENIA	NF	3	3	90D
<i>pyridostigmine</i>	MYASTHENIA	1	1	1	90D
PROVIGIL	NARCOLEPSY	3	3	3	QL PA
XYREM	NARCOLEPSY	2	2	2	QL PA
ANZEMET	NAUSEA	3	3	3	QL PA
EMEND	NAUSEA	2	2	2	QL PA
<i>granisetron</i>	NAUSEA	1	1	1	PA QL
KYTRIL	NAUSEA	NF	2	2	QL PA
MARINOL	NAUSEA	3	3	3	QL PA
<i>meclizine hcl</i>	NAUSEA	1	1	1	90D
<i>ondansetron hcl</i>	NAUSEA	1	1	1	QL PA
<i>ondansetron odt</i>	NAUSEA	1	1	1	QL PA
<i>phenadoz</i>	NAUSEA	1	1	1	90D
<i>promethazine hcl</i>	NAUSEA	1	1	1	90D
<i>promethegan</i>	NAUSEA	1	1	1	90D
<i>trimethobenz (300mg cap)</i>	NAUSEA	1	1	1	90D
ACTONEL	OSTEOPOROSIS	3	3	3	QL 90D
ACTONEL + CAL	OSTEOPOROSIS	3	3	3	QL 90D
<i>alendronate</i>	OSTEOPOROSIS	1	1	1	QL 90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
BONIVA	OSTEOPOROSIS	3	3	3	QL 90D
<i>etidronate disodium</i>	<i>OSTEOPOROSIS</i>	NF	3	3	90D
EVISTA	OSTEOPOROSIS	2	2	2	QL 90D
FORTEO	OSTEOPOROSIS	4	4	4	QL PA
<i>fortical</i>	<i>OSTEOPOROSIS</i>	1	1	1	90D
FOSAMAX	OSTEOPOROSIS	2	2	2	QL 90D
FOSAMAX+D 70/2800	OSTEOPOROSIS	2	2	2	QL 90D
MIACALCIN	OSTEOPOROSIS	2	2	2	90D
<i>pamidronate disodium</i>	<i>OSTEOPOROSIS</i>	3	3	3	PA
REVATIO	P.A.H.	4	4	4	QL PA
TRACLEER	P.A.H.	4	4	4	QL PA
<i>acetaminophen/codeine</i>	<i>PAIN</i>	1	1	1	
<i>ascomp/codeine</i>	<i>PAIN</i>	NF	3	3	
<i>aspirin/codeine</i>	<i>PAIN</i>	1	1	1	
<i>butal/apap/caff/cod</i>	<i>PAIN</i>	NF	3	3	
<i>butal/asa/caff/cod</i>	<i>PAIN</i>	NF	3	3	
<i>butorphanol tartrate</i>	<i>PAIN</i>	1	1	1	
CAPITAL/CODEINE	PAIN	NF	2	2	
DARVON-N	PAIN	NF	2	2	
<i>dolagesic</i>	<i>PAIN</i>	1	1	1	
<i>dolorex forte</i>	<i>PAIN</i>	1	1	1	
<i>hydrocodone/apap</i>	<i>PAIN</i>	1	1	1	
<i>hydrocodone/apap hs</i>	<i>PAIN</i>	1	1	1	
<i>hydrocodone/ibuprofen</i>	<i>PAIN</i>	NF	3	3	
LIDODERM	PAIN	2	2	2	QL 90D
<i>margesic-h</i>	<i>PAIN</i>	1	1	1	
<i>pentazocine/apap</i>	<i>PAIN</i>	1	1	1	
<i>pentazocine/naloxone</i>	<i>PAIN</i>	1	1	1	
<i>propoxyphene hcl</i>	<i>PAIN</i>	1	1	1	
<i>propoxyphene-n/apap</i>	<i>PAIN</i>	1	1	1	
<i>propoxyphene/apap</i>	<i>PAIN</i>	1	1	1	
<i>tramadol hcl</i>	<i>PAIN</i>	1	1	1	90D
<i>tramadol/apap</i>	<i>PAIN</i>	3	3	3	90D
<i>vanacet</i>	<i>PAIN</i>	1	1	1	
VOPAC	PAIN	NF	3	3	
<i>duramorph</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>endocet</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>eth-oxydose</i>	<i>PAIN (SEVERE)</i>	1	1	1	
FENTANYL(loz)	PAIN (SEVERE)	4	4	4	QL PA
<i>fentanyl (patch)</i>	<i>PAIN (SEVERE)</i>	1	1	1	
FENTORA	PAIN (SEVERE)	4	4	4	QL PA
<i>hydromorphone hcl</i>	<i>PAIN (SEVERE)</i>	1	1	1	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
KADIAN	PAIN (SEVERE)	2	2	2	
<i>levorphanol tartrate</i>	<i>PAIN (SEVERE)</i>	NF	3	3	
<i>meperidine hcl</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>meperitab</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>methadone (5mg,10mg,soln)</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>methadose (5mg,10mg)</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>morphine sulfate</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>morphine sulfate er</i>	<i>PAIN (SEVERE)</i>	1	1	1	
OPANA ER	PAIN (SEVERE)	2	2	2	QL
ORAMORPH SR	PAIN (SEVERE)	1	1	1	
<i>oxycodone hcl (ir)</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>oxycodone hcl cr</i>	<i>PAIN (SEVERE)</i>	1	1	1	PA
<i>oxycodone hcl er</i>	<i>PAIN (SEVERE)</i>	1	1	1	PA
<i>oxycodone-apap</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>oxycodone/aspirin</i>	<i>PAIN (SEVERE)</i>	1	1	1	
<i>oxycodone/ibuprofen</i>	<i>PAIN (SEVERE)</i>	3	3	3	QL
ROXANOL	PAIN (SEVERE)	2	2	2	
<i>roxicet</i>	<i>PAIN (SEVERE)</i>	1	1	1	
ROXICODONE	PAIN (SEVERE)	2	2	2	
AMINOSYN	PARENTERAL NUTRITION	3	3	3	PA
<i>aminosyn-hf</i>	<i>PARENTERAL NUTRITION</i>	3	3	3	PA
<i>amantadine hcl</i>	<i>PARKINSONS</i>	1	1	1	90D
APOKYN	PARKINSONS	4	4	4	PA
<i>atamet</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>benztropine mesylate</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>bromocriptine mesylate</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>carbidopa/levodopa</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>carbidopa/levodopa cr</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>carbidopa/levodopa er</i>	<i>PARKINSONS</i>	1	1	1	90D
<i>carbidopa/levodopa sr</i>	<i>PARKINSONS</i>	1	1	1	90D
COMTAN	PARKINSONS	2	2	2	90D
KEMADRIN	PARKINSONS	NF	3	3	90D
LODOSYN	PARKINSONS	NF	3	3	90D
MIRAPEX	PARKINSONS	2	2	2	90D
PARCOPA	PARKINSONS	2	2	2	90D
REQUIP	PARKINSONS	2	2	2	90D
<i>selegiline hcl</i>	<i>PARKINSONS</i>	1	1	1	90D
STALEVO	PARKINSONS	2	2	2	90D
TASMAR	PARKINSONS	3	3	3	90D
<i>trihexyphenidyl hcl</i>	<i>PARKINSONS</i>	1	1	1	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
KUVAN	PHENYLKETONURIA (PKU)	4	4	4	PA
CARENATAL DHA	PRENATAL VITAMINS	1	1	1	90D
<i>prenatal rx</i>	<i>PRENATAL VITAMINS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
AVODART	PROSTATE (BPH)	2	2	2	QL 90D
<i>finasteride</i>	<i>PROSTATE (BPH)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL 90D</i>
FLOMAX	PROSTATE (BPH)	2	2	2	QL 90D
UROXATRAL	PROSTATE (BPH)	2	2	2	QL 90D
8-MOP	PSORIASIS	2	2	2	
DOVONEX	PSORIASIS	2	2	2	90D
OXSORALEN	PSORIASIS	2	2	2	90D
OXSORALEN ULTRA	PSORIASIS	2	2	2	90D
RAPTIVA	PSORIASIS	4	4	4	QL PA
SORIATANE	PSORIASIS	3	3	3	QL
TAZORAC	PSORIASIS	2	2	2	90D
PERFOROMIST	RESPIRATORY	3	3	3	QL PA
CUPRIMINE	RHEUMATOID ARTHRITIS	2	2	2	90D
DEPEN TITRATABS	RHEUMATOID ARTHRITIS	2	2	2	90D
ENBREL	RHEUMATOID ARTHRITIS	4	4	4	QL PA
HUMIRA	RHEUMATOID ARTHRITIS	4	4	4	QL PA
KINERET	RHEUMATOID ARTHRITIS	4	4	4	QL PA
<i>leflunomide</i>	<i>RHEUMATOID ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>methotrexate</i>	<i>RHEUMATOID ARTHRITIS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ORENCIA	RHEUMATOID ARTHRITIS	4	4	4	PA
REMICADE	RHEUMATOID ARTHRITIS	4	4	4	PA
EVOXAC	SJOGRENS	2	2	2	90D
<i>pilocarpine hcl</i>	<i>SJOGRENS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
ALTABAX	SKIN INFECTION	3	3	3	QL
BACTROBAN	SKIN INFECTION	NF	2	2	
<i>gentamicin sulfate</i>	<i>SKIN INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>mupirocin</i>	<i>SKIN INFECTION</i>	<i>1</i>	<i>1</i>	<i>1</i>	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
AMBIEN	SLEEP DISORDERS	2	2	2	QL
LUNESTA	SLEEP DISORDERS	3	3	3	QL
SONATA	SLEEP DISORDERS	NF	3	3	QL
<i>zolpidem tartrate</i>	<i>SLEEP DISORDERS</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
<i>buproban</i>	<i>SMOKING CESSATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>bupropion hcl sr</i>	<i>SMOKING CESSATION</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
NICOTROL NS	SMOKING CESSATION	2	2	2	QL
ALREX	STEROID (EYE)	2	2	2	QL 90D
<i>dexamethasone phos</i>	<i>STEROID (EYE)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
FLAREX	STEROID (EYE)	NF	3	3	90D
<i>fluorometholone</i>	<i>STEROID (EYE)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
FML FORTE	STEROID (EYE)	3	2	2	90D
FML S.O.P.	STEROID (EYE)	3	2	2	90D
LOTEMAX	STEROID (EYE)	2	2	2	QL 90D
MAXIDEX	STEROID (EYE)	2	2	2	90D
PRED MILD	STEROID (EYE)	2	2	2	90D
PRED-G	STEROID (EYE)	2	2	2	90D
<i>prednisol</i>	<i>STEROID (EYE)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>prednisolone acetate</i>	<i>STEROID (EYE)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
VEXOL	STEROID (EYE)	NF	2	2	90D
<i>a-methapred</i>	<i>STEROID (INJ)</i>	<i>1</i>	<i>1</i>	<i>1</i>	
ARISTOSPAN	STEROID (INJ)	3	3	3	
CELESTONE	STEROID (INJ)	NF	2	2	90D
<i>dexamethasone phos inj</i>	<i>STEROID (INJ)</i>	<i>1</i>	<i>1</i>	<i>1</i>	
KENALOG-10 (inj)	STEROID (INJ)	NF	3	3	
KENALOG-40 (inj)	STEROID (INJ)	NF	3	3	
KENALOG (aer)	STEROID (INJ)	NF	2	2	90D
<i>methylprednisolone act</i>	<i>STEROID (INJ)</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>methylprednisolone succ</i>	<i>STEROID (INJ)</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>prednisolone phosph</i>	<i>STEROID (INJ)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CORTEF(5mg,10mg)	STEROID (ORAL)	NF	2	2	90D
<i>cortisone acetate</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>dexamethasone</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>fludrocortisone acetate</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>hydrocortisone</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>methylprednisolone</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>prednisolone</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>prednisone</i>	<i>STEROID (ORAL)</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
STERAPRED	STEROID (ORAL)	2	2	2	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>ala-cort</i>	STEROID (TOPICAL)	1	1	1	90D
<i>alclometasone</i>	STEROID (TOPICAL)	1	1	1	90D
<i>amcinonide</i>	STEROID (TOPICAL)	1	1	1	90D
<i>apexicon e</i>	STEROID (TOPICAL)	3	3	3	
<i>aug betamethasone dip</i>	STEROID (TOPICAL)	1	1	1	90D
<i>beta-val</i>	STEROID (TOPICAL)	1	1	1	90D
<i>betamethasone dip</i>	STEROID (TOPICAL)	1	1	1	90D
<i>betamethasone valerate</i>	STEROID (TOPICAL)	1	1	1	90D
CAPEX	STEROID (TOPICAL)	NF	2	2	90D
<i>clobetasol propionate</i>	STEROID (TOPICAL)	1	1	1	90D
<i>clobetasol propionate e</i>	STEROID (TOPICAL)	1	1	1	90D
CLOBEX	STEROID (TOPICAL)	NF	3	3	90D
CLODERM	STEROID (TOPICAL)	NF	3	3	90D
CORDRAN	STEROID (TOPICAL)	NF	3	3	90D
<i>del-beta</i>	STEROID (TOPICAL)	1	1	1	90D
DERMASMOOTH/FS	STEROID (TOPICAL)	NF	2	2	90D
DERMATOP	STEROID (TOPICAL)	NF	3	3	
<i>desonide</i>	STEROID (TOPICAL)	1	1	1	90D
<i>desoximetasone</i>	STEROID (TOPICAL)	1	1	1	90D
<i>diflorasone diacetate</i>	STEROID (TOPICAL)	1	1	1	90D
<i>fluocinolone acetonide</i>	STEROID (TOPICAL)	1	1	1	90D
<i>fluocinonide</i>	STEROID (TOPICAL)	1	1	1	90D
<i>fluocinonide-e</i>	STEROID (TOPICAL)	1	1	1	90D
<i>fluticasone propionate</i>	STEROID (TOPICAL)	1	1	1	90D
<i>halobetasol propionate cream</i>	STEROID (TOPICAL)	1	1	1	90D
<i>halobetasol propionate oint</i>	STEROID (TOPICAL)	3	1	1	90D
HALOG	STEROID (TOPICAL)	NF	3	3	90D
<i>hydrocortisone</i>	STEROID (TOPICAL)	1	1	1	90D
<i>hydrocortisone butyrate</i>	STEROID (TOPICAL)	1	1	1	90D
<i>hydrocortisone in absorbase</i>	STEROID (TOPICAL)	1	1	1	90D
<i>hydrocortisone valerate</i>	STEROID (TOPICAL)	1	1	1	90D
KENALOG	STEROID (TOPICAL)	NF	2	2	90D
LOCOID	STEROID (TOPICAL)	2	2	2	90D
<i>mometasone furoate</i>	STEROID (TOPICAL)	1	1	1	90D
<i>prednicarbate</i>	STEROID (TOPICAL)	NF	3	3	90D
PSORCON E	STEROID (TOPICAL)	3	3	3	90D
TEXACORT	STEROID (TOPICAL)	NF	2	2	90D
<i>triamcinolone acetonide</i>	STEROID (TOPICAL)	1	1	1	90D
<i>triderm</i>	STEROID (TOPICAL)	1	1	1	90D
VANOS	STEROID (TOPICAL)	NF	3	3	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
ADDERALL XR	STIMULANT	NF	2	2	QL
<i>amphetamine salt combo</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
CONCERTA	STIMULANT	NF	3	3	QL
<i>dexmethylphenidate</i>	<i>STIMULANT</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL</i>
<i>dextroamphetamine</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>dextroamphetamine cr</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
FOCALIN	STIMULANT	3	3	3	QL
METADATE CD	STIMULANT	3	3	3	QL
<i>metadate er</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
<i>methylin</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>methylphenidate hcl</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
<i>methylphenidate hcl er</i>	<i>STIMULANT</i>	<i>1</i>	<i>1</i>	<i>1</i>	
RITALIN LA	STIMULANT	NF	3	3	QL
STRATTERA	STIMULANT	NF	3	3	QL 90D
AGGRENOX	STROKE	3	3	3	QL 90D
PLAVIX	STROKE	2	2	2	QL 90D
<i>ticlopidine hcl</i>	<i>STROKE</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
CYTOMEL	THYROID	2	2	2	90D
<i>levothyroid</i>	<i>THYROID</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>levothyroxine sodium</i>	<i>THYROID</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>levoxyl</i>	<i>THYROID</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>methimazole</i>	<i>THYROID</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
NORTHYX	THYROID	3	3	3	QL 90D
<i>propylthiouracil</i>	<i>THYROID</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
SYNTHROID	THYROID	2	2	2	90D
THYROLAR	THYROID	NF	3	3	90D
<i>unithroid</i>	<i>THYROID</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>90D</i>
<i>ciclopirox (cream, susp)</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>90D</i>
<i>ciclopirox gel</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>QL</i>
<i>ciclopirox nail lacquer</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>QL</i>
<i>clotrimaz/betam diprop</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>clotrimazole</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
<i>econazole nitrate</i>	<i>TOPICAL ANTIFUNGAL</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>90D</i>
EXELDERM	TOPICAL ANTIFUNGAL	NF	2	2	90D

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>ketoconazole</i>	TOPICAL ANTIFUNGAL	1	1	1	90D
MENTAX	TOPICAL ANTIFUNGAL	3	3	3	
NAFTIN	TOPICAL ANTIFUNGAL	3	3	3	QL 90D
<i>nystatin</i>	TOPICAL ANTIFUNGAL	1	1	1	
<i>nystatin/triamcinolone</i>	TOPICAL ANTIFUNGAL	1	1	1	90D
<i>nystop</i>	TOPICAL ANTIFUNGAL	1	1	1	
OXISTAT	TOPICAL ANTIFUNGAL	NF	3	3	90D
<i>pedi-dri</i>	TOPICAL ANTIFUNGAL	1	1	1	
XOLEGEL	TOPICAL ANTIFUNGAL	2	2	2	QL 90D
<i>depade</i>	TOXICOLOGIC	1	1	1	
<i>azathioprine</i>	TRANSPLANT	1	1	1	90D
CELLCEPT	TRANSPLANT	3	3	3	PA
<i>cyclosporine</i>	TRANSPLANT	1	1	1	PA
<i>engraf</i>	TRANSPLANT	1	1	1	PA
MYFORTIC	TRANSPLANT	3	3	3	PA
PROGRAF	TRANSPLANT	4	4	4	PA
RAPAMUNE	TRANSPLANT	3	3	3	PA
<i>ethambutol hcl</i>	TUBERCULOSIS	1	1	1	90D
<i>isonarif</i>	TUBERCULOSIS	1	1	1	
<i>isoniazid</i>	TUBERCULOSIS	1	1	1	90D
MYCOBUTIN	TUBERCULOSIS	2	2	2	90D
PASER	TUBERCULOSIS	NF	3	3	90D
PRIFTIN	TUBERCULOSIS	NF	3	3	90D
<i>pyrazinamide</i>	TUBERCULOSIS	1	1	1	90D
RIFAMATE	TUBERCULOSIS	NF	2	2	
<i>rifampin</i>	TUBERCULOSIS	1	1	1	90D
RIFATER	TUBERCULOSIS	NF	3	3	
SEROMYCIN	TUBERCULOSIS	NF	3	3	90D
TRECTOR	TUBERCULOSIS	NF	3	3	90D
ACIPHEX	ULCER	3	3	3	QL ST 90D
AXID(Solution)	ULCER	NF	3	3	90D
<i>cimetidine</i>	ULCER	1	1	1	90D
<i>cimetidine hcl (inj)</i>	ULCER	1	1	1	

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
<i>famotidine</i>	ULCER	1	1	1	90D
HELIDAC	ULCER	NF	3	3	
<i>misoprostol</i>	ULCER	1	1	1	90D
NEXIUM	ULCER	2	2	2	QL 90D
<i>nizatidine</i>	ULCER	1	1	1	90D
<i>omeprazole</i>	ULCER	1	1	1	QL 90D
PEPCID(susp)	ULCER	3	3	3	90D
PREVACID SOLUTAB	ULCER	NF	3	3	QL ST 90D
PREVPAC	ULCER	NF	2	2	QL
PRILOSEC OTC*	ULCER				QL 90D
PROTONIX	ULCER	2	2	2	QL 90D
PROTONIX(IV)	ULCER	2	2	2	PA
<i>ranitidine (tab, cap)</i>	ULCER	1	1	1	90D
<i>ranitidine hcl (Syrup)</i>	ULCER	3	3	3	90D
<i>sucralfate</i>	ULCER	1	1	1	90D
ZEGERID	ULCER	2	2	2	QL 90D
ASACOL	ULCERATIVE COLITIS	2	2	2	90D
<i>balsalazide</i>	ULCERATIVE COLITIS	1	1	1	90D
CANASA	ULCERATIVE COLITIS	2	2	2	90D
COLAZAL	ULCERATIVE COLITIS	2	2	2	90D
DIPENTUM	ULCERATIVE COLITIS	3	3	3	90D
<i>mesalamine</i>	ULCERATIVE COLITIS	1	1	1	90D
PENTASA	ULCERATIVE COLITIS	NF	3	3	90D
<i>sulfasalazine</i>	ULCERATIVE COLITIS	1	1	1	90D
<i>sulfazine</i>	ULCERATIVE COLITIS	1	1	1	90D
<i>sulfazine ec</i>	ULCERATIVE COLITIS	1	1	1	90D
ELMIRON	URINARY PAIN	NF	2	2	90D
<i>bethanechol chloride</i>	URINARY SPASMS	1	1	1	90D
<i>flavoxate hcl</i>	URINARY SPASMS	1	1	1	90D
ACTHIB	VACCINATION	3	3	3	
ADACEL	VACCINATION	3	3	3	QL
ADAGEN	VACCINATION	4	4	4	PA

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AdvantraRx Value/Premier/Premier Plus 3/15/08

Drug Name	Therapeutic Class	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus	Limits
ATTENUVAX	VACCINATION	3	3	3	
BOOSTRIX	VACCINATION	3	3	3	QL
COMVAX	VACCINATION	3	3	3	PA
DECAVAC	VACCINATION	2	2	2	
DIPHTERIA/TETANUS	VACCINATION	2	2	2	
ENGERIX-B	VACCINATION	2	2	2	PA
GARDASIL	VACCINATION	3	3	3	QL
HAVRIX	VACCINATION	3	3	3	
HIBTITER	VACCINATION	3	3	3	
IMOVAX RABIES	VACCINATION	3	3	3	QL
INFANRIX	VACCINATION	3	3	3	
IPOL INACT IPV	VACCINATION	2	2	2	
IVEEGAM EN	VACCINATION	4	4	4	PA
JE-VAX	VACCINATION	3	3	3	
M-M-R II	VACCINATION	2	2	2	
M-R-VAX II	VACCINATION	3	3	3	
MENACTRA	VACCINATION	3	3	3	QL
MENOMUNE-A/C/Y/W	VACCINATION	2	2	2	
MERUVAX II	VACCINATION	3	3	3	
MUMPSVAX	VACCINATION	2	2	2	QL
PEDIARIX	VACCINATION	3	3	3	
PROQUAD	VACCINATION	2	3	3	QL
RABAVERT	VACCINATION	3	3	3	
RECOMBIVAX HB	VACCINATION	3	3	3	PA
ROTATEQ	VACCINATION	2	2	2	
TETANUS TOXOID	VACCINATION	2	2	2	
TETANUS/DIPHT TOX	VACCINATION	2	2	2	
TRIHIBIT	VACCINATION	NF	3	3	
TWINRIX	VACCINATION	3	3	3	
TYPHIM VI	VACCINATION	3	3	3	
VAQTA	VACCINATION	3	3	3	
VARIVAX	VACCINATION	2	2	2	
VIVOTIF BERNA	VACCINATION	2	2	2	QL
YF-VAX	VACCINATION	2	2	2	
ZOSTAVAX	VACCINATION	3	3	3	QL
PROCHIEVE	VAGINAL PROGESTINS	NF	3	3	
REGRANEX	WOUND HEALING	4	4	4	QL PA
SANTYL	WOUND HEALING	3	3	3	

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