



Valley Advantage **GOLD, SILVER & SELECT**

Pharmacy Directory & Formulary Listing

2005 Ed Carey Drive Harlingen, Texas 78550
www.valleybaptisthealthplans.com

Valley Baptist Health Plans, a DBA of Valley Baptist Insurance Company

Table Of Contents

How To Reach Us	2
Valley Advantage Pharmacy Information	3
Pharmacy Index	9
Pharmacy Directory	11
Valley Advantage Formulary Information	19
Medical Condition Index	26
Formulary by Medical Condition	27
Formulary by Alphabetical Listing	36

How To Reach Us

Web Site: www.valleybaptisthealthplans.com

Member Service Department: (7 days a week 8:00 a.m. – 8:00 p.m.)

Member Eligibility & Benefit Questions (800) 829-6440

Hearing Impaired (TTY/TDD) (800) 562-5259

Write to Valley Baptist Health Plans at the Following Address:

Member Services
Valley Baptist Health Plans
1901 West Loop 289, Suite 9
Lubbock, Texas 79407

Visit Valley Baptist Health Plans at the Following Address:

2005 Ed Carey Drive
Harlingen, Texas 78550
Office hours are 8:00 a.m. – 5:00 p.m. Central Time, Monday through Friday

Behavioral/Mental Health – CorpHealth (800) 777-6330

Diabetes Management – Valley Healthy Partners (877) 424-4400

Valley Advantage

Pharmacy Directory

This booklet provides a list of Valley Advantage's network pharmacies. All network pharmacies may not be listed in this directory. Please contact Valley Advantage at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. for additional information. Pharmacies may have been added or removed from the list after this directory was printed. To get current information about Valley Advantage network pharmacies in your area, please visit our website at www.valleybaptisthealthplans.com or call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259.

Introduction

This booklet provides a list of Valley Advantage's network pharmacies and includes some basic information about how to fill your prescriptions with Valley Advantage. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by Valley Advantage. In most cases, your prescriptions are covered under Valley Advantage only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription, you can go to any of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described later.

Can the list of network pharmacies change?

Yes, Valley Advantage may add or remove pharmacies from our pharmacy directory. To get current information about Valley Advantage network pharmacies in your area, please visit our website at www.valleybaptisthealthplans.com or call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259.

How do I find Valley Advantage network pharmacy in my area?

You can use this Pharmacy Directory by locating the city nearest you, or you can visit our website at www.valleybaptisthealthplans.com or call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259.

How do I fill a prescription at a network pharmacy?

To fill your prescription at a network pharmacy, you must show your Valley Advantage Member ID card. If you do not have your ID card with you when you fill your prescription, you may have to pay the full cost of the prescription (rather than paying just your co-payment). If this happens, you can ask us to reimburse you for our share of the cost by submitting a claim to us. To find out how to submit a claim, look in your Evidence of Coverage or call our Member Services.

How do I fill a prescription through Valley Advantage's mail order pharmacy service?

To get order forms and information about filling your prescriptions by mail, call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259. If you are enrolled in Valley Advantage, you will find some forms enclosed with your welcome kit to get you started. Please note that you must use the Valley Advantage mail order service. Prescription drugs that you get through any other mail order service are not covered.

You can use the Valley Advantage mail order service to fill prescriptions for any drug. When you order prescription drugs by mail, you must order at least a 90-day supply, and no more than a 90-day supply of the drug.

You are not required to use mail order prescription drug services to obtain an extended supply of maintenance medications. Instead, you have the option of using a preferred retail pharmacy in our network to obtain a supply of maintenance medications. Some retail pharmacies may agree to accept the mail order reimbursement rate for an extended supply of medications for up to 90 days per dispensing, which may result in no out-of-pocket payment difference to you. Other retail pharmacies may not agree to accept the mail order reimbursement rate for an extended supply of medication. In this case, you will be responsible for the difference in price. Please look in the Evidence of Coverage or call our Member Services for more information.

After you've sent your order, you should receive your prescription within 14 days. If for some reason your order cannot be delivered within 14 days, an Express Scripts representative may contact you. If you need your prescription immediately, stop by a retail network pharmacy near you and ask your pharmacist about getting a small supply of your prescription drug to last until your prescription arrives. For more information about mail order, please call Valley Advantage at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259. Or, visit our website at www.valleybaptisthealthplans.com.

Filling prescriptions outside the network

Generally, we only cover drugs filled at an out-of-network pharmacy in limited, non-routine circumstances when a network pharmacy is not available. Below are some circumstances when we would cover prescriptions filled at an out-of-network pharmacy. **Before you fill your prescription in these situations, call Member Services to see if there is a network pharmacy in your area where you can fill your prescription.** If you do go to an out-of-network pharmacy for the reasons listed below, you may have to pay the full cost (rather than paying just your co-payment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a

claim form. However, even after we reimburse you for our share of the cost, you may pay more for a drug purchased at an out-of-network pharmacy because the out-of-network pharmacy's price is higher than what a network pharmacy would have charged. You should submit a claim to us if you fill a prescription at an out-of-network pharmacy as any amount you pay, consistent with the circumstances listed above, will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to the paper claims process described next.

You may only request reimbursement on a prescription that you filled at an out-of-network pharmacy up to three times per calendar year. If you request reimbursement on a prescription you filled at an out-of-network pharmacy more than three times in one calendar year, you will not be reimbursed for that prescription after the third time you have requested it.

If you want Valley Advantage to reimburse you for a portion of the cost of a prescription that you filled at an out-of-network pharmacy, you must submit a paper claim with Valley Advantage.

If you submit a claim for reimbursement more than three times and are denied reimbursement by Valley Advantage, you may appeal the denial. To learn more about making an appeal, you may visit our website at www.valleybaptisthealthplans.com or call Valley Advantage at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259.

How do I submit a paper claim?

When you go to a network pharmacy, your claim is automatically submitted to us by the pharmacy. However, if you go to an out-of-network pharmacy for one of the reasons listed above, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription.

To submit a paper claim, you must send Valley Advantage a copy of the receipt for the prescription drugs from the pharmacy where you bought them and a completed paper claim form. If you do not have a paper claim form, please visit our website at www.valleybaptisthealthplans.com or call Valley Advantage at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259 to request one.

For more information

For more detailed information about your Valley Advantage prescription drug coverage, please review the Evidence of Coverage and Valley Advantage's

formulary.

If you have questions about Valley Advantage, please call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259. Or, visit our website at www.valleybaptisthealthplans.com.

Home Infusion Pharmacies

Are home infusion pharmacies part of Valley Advantage's pharmacy network?

Valley Advantage will cover home infusion therapy if:

- Your prescription drug is Valley Advantage's formulary or you have a formulary exception;
- Valley Advantage has approved your prescription drug for home infusion therapy; and
- Your prescription is written by an authorized prescriber.

Valley Advantage utilizes the services of Valley Baptist Home Infusion Therapy Pharmacy, in conjunction with the home health care services of Valley Baptist Health System. They provide services throughout the Rio Grande Valley.

Valley Baptist Home Infusion Therapy Pharmacy
4405 Glasscock Street
Harlingen, Texas 78550
(956) 389-2450 or toll free (800) 242-5593

Long-Term Care Pharmacies

Are long-term care pharmacies part of Valley Advantage's pharmacy network?

In some cases, residents of a long-term care facility may access their prescription drugs through the facility's long-term care pharmacy or another network long-term care pharmacy.

If you have questions about Valley Advantage, please call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259. Or visit our website at www.valleybaptisthealthplans.com.

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Are Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies part of Valley Advantage's pharmacy network?

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through Valley Advantage's pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g. emergencies).

If you have questions about Valley Advantage, please call our Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. Central Time. TTY/TDD users should call (800) 562-5259. Or, visit our website at www.valleybaptisthealthplans.com.

Network Pharmacies outside Cameron, Hidalgo and Willacy counties

We have network pharmacies outside of the service area where you can get your drugs covered as a member of our plan. Please contact plan for details.

Pharmacy Index

A	Escobedos Pharmacy 11	Lopez Pharmacy 11
ABC-Mendiola Pharmacy 15	F	Los Ebanos Pharmacy 11
Acosta/Muniz Rio Grande Pharmacy 13	F Street Pharmacy 13	Los Ebanos Pharmacy North 11
Art's Pharmacy 11	Family Care Pharmacy 12	Los Fresnos Pharmacy 14
Autrey IV Therapy 11	Family Pharmacy 16	Ly's Pharmacy 11
B	Fred's Drug Store 17	M
Balli Pharmacy 17	Fred's Pharmacy 14	MacPherson's Pharmacy 13
C	Fry's Prescription Pharmacy 17	MacPherson's Pharmacy Med Center 13
Cantu Westside Pharmacy 11	G	Mari's Pharmacy 18
Cantu's Pharmacy .. 11, 12, 17	Garza Pharmacy 12	Med Xpress Pharmacy 12
Central Clinic Pharmacy 11	H	Med-Aid Pharmacy 13, 14, 16, 18
Central Medical Pharmacy 11	Harlingen Clinic Pharmacy 13	Medcare Pharmacy 13
Coach's Pharmacy 15	H-E-B .. 11, 13, 14, 16, 17, 18	Medical Arts Pharmacy 11
Community Pharmacy 11	Hector's Professional Pharmacy 11	Medical Plaza Pharmacy 13
Complete Rx Pharmacy 11	J	Medicap Pharmacy 14
Conquest Plaza Pharmacy 12	J & L Pharmacy 11	Medicine Shoppe Pharmacy 13, 15, 17
Cornerstone Pharmacy 12	Jay's Pharmacy 14	Medico Pharmacy 12
D	K	Mid Valley Pharmacy 15
De La Rosa Pharmacy 15	Kmart Pharmacy 11, 13, 14, 16	Mission Plaza Pharmacy 11, 16
De La Rosa Pharmacy & Medical Equipment . 15, 17	L	Mom's Pharmacy 18
De La Rose Pharmacy & Medical Equipment 15	La Blanca Pharmacy 14	N
Delta Pharmacy 13	La Joya Family Pharmacy 14	Neese Pharmacy 14
Donna Pharmacy 12	Las Milpas Pharmacy 17	Nuestra Clinica Del Valle 15, 16, 17
E	Lee's Pharmacy 14	O
Edinburg Family Pharmacy 12	Lee's Pharmacy & Medical 14	Ok Pharmacy 12
Elsa Pharmacy 13	Lindale Pharmacy 11	Oscar's Pharmacy ... 16, 17
	Lindberg Pharmacy 14	
	Lone Star Rx 18	

Pharmacy Index

P

Penitas Family
Pharmacy 16
Pete's Pharmacy 12, 13
Pharr Family
Pharmacy 17
Pharmacy 17
Price Village
Pharmacy 12
Proscript Pharmacy 18

R

Raymondville
Family Pharmacy 17
Renaissance
Pharmacy 15
Richard's Pharmacy . 16, 17
Ridgepoint Medical
Pharmacy 15

S

Saenz Medical
Pharmacy 13, 15, 16
Saenz Medical
Pharmacy North 15
Saenz Medical
Pharmacy of
Penitas 16
Saenz Medical
Pharmacy Ridge 15
Salinas Pharmacy 13, 17
Sam Houston
Pharmacy 17
Sam's Club 12, 15
San Juan
Pharmacy 17
Sander Pharmacy 18
Sara's Pharmacy 16
Sesame Pharmacy 13
Shary Road
Medical Pharmacy 16
Sharyland
Pharmacy &
Wellness Center 16
Small Fry's
Pharmacy 14

South Texas Cancer
Center Pharmacy 12, 14
Springman
Pharmacy 12
St Gemma's
Pharmacy 12
St Marie Clinic PA
Pharmacy 16

T

Target Pharmacy 12, 14, 15
TLC Pharmacy &
Medical Equipment . 15, 16

U

University
Pharmacy 13

V

Valley Oncology
Pharmacy 15
Valley Pharmacy 12
VBMC Outpatient
Pharmacy 14
Vela's Pharmacy 13, 15

W

Walgreens 12, 13, 14, 15,
16
Wal-Mart 11, 12, 13, 14, 15,
16, 17, 18
Watson's City Drug 17
Weslaco Pharmacy 18
Westside Pharmacy 16

ALAMO

H-E-B

1211 E Highway 83
Alamo, TX 78516
(956)702-7550
* 90 Day Supply Available

J & L Pharmacy

122 N Alamo Rd Ste 2
Alamo, TX 78516
(956)782-1156
* 90 Day Supply Available

Medical Arts Pharmacy

122 Alamo Rd
Alamo, TX 78516
(956)783-4343

Wal-Mart

1421 W Frontage Rd
Alamo, TX 78516
(956)782-2156

ALTON

Mission Plaza Pharmacy

Rte 8 Box 3311
Alton, TX 78574
(956)583-0044

BROWNSVILLE

Art's Pharmacy

3354 International Blvd
Brownsville, TX 78521
(956)544-2959

Autrey IV Therapy

1205 Central Blvd
Brownsville, TX 78520
(956)548-0801

Cantu Westside Pharmacy

1080 E Los Ebanos Blvd
Brownsville, TX 78521
(956)544-6666

Cantu's Pharmacy

795 Paredes Line Rd
Brownsville, TX 78520
(956)542-6050

Central Clinic Pharmacy

1740 Boca Chica Blvd
Brownsville, TX 78521
(956)550-0632

Central Medical Pharmacy

864 Central Blvd Ste 1200
Brownsville, TX 78520
(956)544-0100
* 90 Day Supply Available

Community Pharmacy

765 Paredes Line Rd Ste B
Brownsville, TX 78521
(956)542-2669

Complete Rx Pharmacy

1885 E Price Rd Ste B
Brownsville, TX 78521
(956)554-3532

Escobedos Pharmacy

4430 E 14th St Ste B
Brownsville, TX 78520
(956)986-0707

H-E-B

1628 Central Blvd
Brownsville, TX 78520
(956)542-0934
* 90 Day Supply Available

2155 Paredes Line Rd
Brownsville, TX 78526
(956)574-9707

* 90 Day Supply Available

2250 Boca Chica Blvd
Brownsville, TX 78521
(956)541-0384

* 90 Day Supply Available

2950 Southmost Rd
Brownsville, TX 78521
(956)541-8602
* 90 Day Supply Available

Hector's Professional Pharmacy

3127 International Blvd
Brownsville, TX 78521
(956)546-2021
* 90 Day Supply Available

Kmart Pharmacy

2440 Pablo Kisel Blvd
Brownsville, TX 78520
(956)546-3407
* 90 Day Supply Available

Lindale Pharmacy

500 Paredes Line Rd
Brownsville, TX 78521
(956)546-3741
* 90 Day Supply Available

Lopez Pharmacy

5850 FM 802 Ste C-8
Brownsville, TX 78521
(956)838-0800
* 90 Day Supply Available

Los Ebanos Pharmacy

1134 Los Ebanos Blvd
Brownsville, TX 78520
(956)542-8542

Los Ebanos Pharmacy North

4920 N Expressway 77
Brownsville, TX 78526
(956)350-5881

Ly's Pharmacy

3675 Boca Chica Blvd Ste D
Brownsville, TX 78521
(956)544-2059
* 90 Day Supply Available

Pharmacy Directory

Med Xpress Pharmacy

900 W Jefferson Ave Ste
110
Brownsville, TX 78520
(956)550-8089

Pete's Pharmacy

18 Paseo Plaza Blvd Ste A
Brownsville, TX 78526
(956)541-2400

5235 Southmost Rd Ste C
Brownsville, TX 78521
(956)504-9555

* 90 Day Supply Available

Price Village Pharmacy

625 E Price Rd
Brownsville, TX 78521
(956)831-8327

* 90 Day Supply Available

Sam's Club

3570 W Alton Gloor Blvd
Brownsville, TX 78520
(956)350-9938

South Texas Cancer Center Pharmacy

2150 N Expressway 83
Brownsville, TX 78520
(956)548-0810

* 90 Day Supply Available

Springman Pharmacy

425 Los Ebanos Blvd Ste
111
Brownsville, TX 78520
(956)544-3288

* 90 Day Supply Available

St Gemma's Pharmacy

95 E Price Rd Bldg E Ste B
Brownsville, TX 78521
(956)544-3100

* 90 Day Supply Available

Target Pharmacy

2940 Boca Chica Blvd
Brownsville, TX 78521
(956)546-7564
* 90 Day Supply Available

301 E Morrison Rd
Brownsville, TX 78526
(956)698-6121

* 90 Day Supply Available

Valley Pharmacy

3302 Boca Chica Blvd
Brownsville, TX 78521
(956)982-4440

Walgreens

4490 E 14th St
Brownsville, TX 78521
(956)542-3891

* 90 Day Supply Available

770 W Elizabeth St
Brownsville, TX 78520
(956)546-0476

* 90 Day Supply Available

Wal-Mart

2721 Boca Chica Blvd
Brownsville, TX 78521
(956)544-7516

3500 W Alton Gloor Blvd
Brownsville, TX 78520
(956)350-3455

7480 Padre Island Blvd
Brownsville, TX 78521
(956)832-0392

DONNA

Donna Pharmacy

104 N Daniel Salinas Blvd
Ste C
Donna, TX 78537
(956)461-5777

Family Care Pharmacy

1501 Hooks Ave
Donna, TX 78537
(956)464-2804
* 90 Day Supply Available

Medico Pharmacy

605 N Main St Ste E
Donna, TX 78537
(956)464-2611
* 90 Day Supply Available

Ok Pharmacy

122 S Main St
Donna, TX 78537
(956)464-2200

EDINBURG

Cantu's Pharmacy

504 S Closner Blvd
Edinburg, TX 78539
(956)383-1239

5323 S McColl Rd Ste 101
Edinburg, TX 78539
(956)994-0113

Conquest Plaza Pharmacy

316 Conquest Ste 200
Edinburg, TX 78539
(956)287-2882

Cornerstone Pharmacy

2511 Cornerstone Blvd
Edinburg, TX 78539
(956)686-0008

Edinburg Family Pharmacy

404 S 18th Ave
Edinburg, TX 78541
(956)393-2000

Garza Pharmacy

1200 S 10th St
Edinburg, TX 78539
(956)383-5314

H-E-B

1212 S Closner Blvd
Edinburg, TX 78539
(956)380-6219
* 90 Day Supply Available

2700 W Freddy Gonzalez
Dr
Edinburg, TX 78539
(956)383-4165
* 90 Day Supply Available

Med-Aid Pharmacy

922-A S Closner Blvd
Edinburg, TX 78539
(956)318-0253
* 90 Day Supply Available

Medcare Pharmacy

802 E University Dr
Edinburg, TX 78539
(956)383-2600
* 90 Day Supply Available

Medical Plaza Pharmacy

4302 S Sugar Rd Ste 100
Edinburg, TX 78539
(956)318-5159

**Medicine Shoppe
Pharmacy**

1002 S 10th St
Edinburg, TX 78539
(956)381-0967
* 90 Day Supply Available

University Pharmacy

615 E University Dr Ste 1
Edinburg, TX 78539
(956)387-0911
* 90 Day Supply Available

Vela's Pharmacy

2613 W Trenton Rd
Edinburg, TX 78539
(956)668-8352

Walgreens

1520 W Freddy Gonzalez
Dr
Edinburg, TX 78539
(956)287-9183
* 90 Day Supply Available

Wal-Mart

1724 W University Dr
Edinburg, TX 78539
(956)381-1891

ELSA

Delta Pharmacy

103 S Broadway
Elsa, TX 78543
(956)262-3361

Elsa Pharmacy

209 W Edinburg Dr
Elsa, TX 78543
(956)262-6400

HARLINGEN

**Acosta/Muniz Rio Grande
Pharmacy**

1117 S Commerce St
Harlingen, TX 78550
(956)423-1753

F Street Pharmacy

1206 S F St Ste 2
Harlingen, TX 78550
(956)364-1810
* 90 Day Supply Available

Harlingen Clinic Pharmacy

606-B Ed Carey Dr
Harlingen, TX 78550
(956)364-2600

H-E-B

1103 Morgan Blvd
Harlingen, TX 78550
(956)440-1787
* 90 Day Supply Available

1213 S Commerce St
Harlingen, TX 78550
(956)425-4423
* 90 Day Supply Available

613 S Expressway 83
Harlingen, TX 78550
(956)428-9647
* 90 Day Supply Available

Kmart Pharmacy

1129 Morgan Blvd
Harlingen, TX 78550
(956)428-4158
* 90 Day Supply Available

MacPherson's Pharmacy

124 E Harrison Ave
Harlingen, TX 78550
(956)423-3373

**MacPherson's Pharmacy
Med Center**

2325 S Sunshine Strip Ste A
Harlingen, TX 78550
(956)423-2986

Pete's Pharmacy

721 W Harrison Ave Ste A
Harlingen, TX 78550
(956)425-2424
* 90 Day Supply Available

Saenz Medical Pharmacy

512 Victoria Lane Unit 1
Harlingen, TX 78550
(956)428-4500

Salinas Pharmacy

1022 S F St
Harlingen, TX 78550
(956)425-1156
* 90 Day Supply Available

Sesame Pharmacy

707 Sesame Dr W Ste B
Harlingen, TX 78550
(956)428-2277
* 90 Day Supply Available

Pharmacy Directory

Small Fry's Pharmacy

321 S 21st St
Harlingen, TX 78550
(956)423-1200

South Texas Cancer Center Pharmacy

2121 Pease St Ste 101
Harlingen, TX 78550
(956)364-6735
* 90 Day Supply Available

Target Pharmacy

1002 Dixieland Rd
Harlingen, TX 78552
(956)440-8329
* 90 Day Supply Available

VBMC Outpatient Pharmacy

2101 Pease St East Tower
Harlingen, TX 78570
(956)389-6898

Walgreens

1406 E Harrison Ave
Harlingen, TX 78550
(956)412-8362
* 90 Day Supply Available

Wal-Mart

1801 W Lincoln Ave
Harlingen, TX 78552
(956)425-7753

LA BLANCA

La Blanca Pharmacy

18360 FM 493 Ste B
La Blanca, TX 78558
(956)262-7662

LA FERIA

Neese Pharmacy

101 N Main St
La Feria, TX 78559
(956)797-2366
* 90 Day Supply Available

LA JOYA

La Joya Family Pharmacy

802 E Expressway 83 Ste B
La Joya, TX 78560
(956)583-7845

LOS FRESNOS

Los Fresnos Pharmacy

810 W Ocean Blvd
Los Fresnos, TX 78566
(956)233-3400
* 90 Day Supply Available

MCALLEN

Fred's Pharmacy

2245 Austin St
McAllen, TX 78501
(956)994-1044

H-E-B

3200 N 10th St
McAllen, TX 78501
(956)631-6148
* 90 Day Supply Available

3601 Pecan Ave
McAllen, TX 78501
(956)971-9131
* 90 Day Supply Available

900 S 10th St
McAllen, TX 78501
(956)630-2911
* 90 Day Supply Available

910 Trenton Dr
McAllen, TX 78501
(956)618-1889
* 90 Day Supply Available

Jay's Pharmacy

610 S Broadway St
McAllen, TX 78501
(956)682-4525

Kmart Pharmacy

1801 S 10th St
McAllen, TX 78501
(956)661-1351
* 90 Day Supply Available

3701 N 23rd St
McAllen, TX 78501
(956)687-7283
* 90 Day Supply Available

Lee's Pharmacy

5120 N 10th St
McAllen, TX 78504
(956)630-5500
* 90 Day Supply Available

Lee's Pharmacy & Medical

1901 S 1st St Ste 100
McAllen, TX 78503
(956)686-3716
* 90 Day Supply Available

Lindberg Pharmacy

1200 S Col Rowe Blvd Ste 1A
McAllen, TX 78501
(956)687-6204

Med-Aid Pharmacy

400 S Bicentennial Blvd
McAllen, TX 78501
(956)618-3100

Medicap Pharmacy

1623 Pecan Ave
McAllen, TX 78501
(956)631-7979
* 90 Day Supply Available

Medicine Shoppe Pharmacy

2718 N 10th St
McAllen, TX 78501
(956)686-0533
* 90 Day Supply Available

Renaissance Pharmacy

3001 N 23rd St Ste 9
McAllen, TX 78501
(956)618-2828

Ridgepoint Medical Pharmacy

1401 E Ridge Rd Ste B
McAllen, TX 78504
(956)686-5100
* 90 Day Supply Available

Saenz Medical Pharmacy

212 Lindberg Ave
McAllen, TX 78501
(956)630-6465

801 E Nolana St Ste 22
McAllen, TX 78504
(956)687-2500

Saenz Medical Pharmacy North

6900 N 10th St Ste 6
McAllen, TX 78504
(956)928-0911

Saenz Medical Pharmacy Ridge

1200 E Ridge Rd Ste 13
McAllen, TX 78503
(956)630-2500

Sam's Club

1400 E Jackson Ave
McAllen, TX 78503
(956)683-8895

Target Pharmacy

708 E Expressway 83
McAllen, TX 78503
(956)682-8611
* 90 Day Supply Available

7400 N 10th St
McAllen, TX 78504
(956)686-9260
* 90 Day Supply Available

TLC Pharmacy & Medical Equipment

6316 N 10th St UnitC-2
McAllen, TX 78501
(956)821-2886
* 90 Day Supply Available

Valley Oncology Pharmacy

1901 S 2nd St
McAllen, TX 78503
(956)687-5150
* 90 Day Supply Available

Vela's Pharmacy

2000 S McColl Rd Ste A
McAllen, TX 78503
(956)631-8352

Walgreens

2300 Pecan Ave
McAllen, TX 78501
(956)686-7486
* 90 Day Supply Available

5528 N 10th St
McAllen, TX 78504
(956)994-0101
* 90 Day Supply Available

701 E Ridge Rd
McAllen, TX 78503
(956)683-9392
* 90 Day Supply Available

701 Nolana St
McAllen, TX 78504
(956)631-6685
* 90 Day Supply Available

Wal-Mart

1200 E Jackson Ave
McAllen, TX 78503
(956)686-1840

4001 N 23rd St
McAllen, TX 78504
(956)631-8305

MERCEDES

Coach's Pharmacy

218 N Texas Ave
Mercedes, TX 78570
(956)514-2420

De La Rosa Pharmacy

524 W 2nd St
Mercedes, TX 78570
(956)565-0251

De La Rose Pharmacy & Medical Equipment

8030 N FM 1015 Ste A
Mercedes, TX 78570
(956)565-1122
* 90 Day Supply Available

Mid Valley Pharmacy

805 W Business 83
Mercedes, TX 78570
(956)565-4111

Nuestra Clinica Del Valle

1500 1st St
Mercedes, TX 78570
(956)782-1124

MISSION

ABC-Mendiola Pharmacy

1618 N Conway Ave
Mission, TX 78572
(956)584-9828

De La Rosa Pharmacy & Medical Equipment

1112 E Griffin Parkway
Mission, TX 78572
(956)585-9110

Pharmacy Directory

Family Pharmacy

RT 26 Box 6766-49A
Mission, TX 78574
(956)583-9740

H-E-B

200 E Griffin Parkway
Mission, TX 78572
(956)424-7920
* 90 Day Supply Available

2206 W Palma Vista Dr
Mission, TX 78572
(956)585-3959
* 90 Day Supply Available

Conway Ave & 8th St
Mission, TX 78572
(956)581-2173
* 90 Day Supply Available

Kmart Pharmacy

1405 E Expressway 83
Mission, TX 78572
(956)580-3381
* 90 Day Supply Available

Med-Aid Pharmacy

202-B E Expressway 83
Mission, TX 78572
(956)318-0253
* 90 Day Supply Available

Mission Plaza Pharmacy

210 S Bryan Rd Ste 3
Mission, TX 78572
(956)519-9955
906 S Bryan Rd Ste 101
Mission, TX 78572
(956)581-8833

Nuestra Clinica Del Valle

611 N Bryan Rd
Mission, TX 78572
(956)580-3304

Oscar's Pharmacy

2408 N Conway Ave
Mission, TX 78572
(956)583-7999
* 90 Day Supply Available

Richard's Pharmacy

2031 E Griffin Parkway
Mission, TX 78572
(956)424-7878

909 Business Park Dr Unit 2
Mission, TX 78572
(956)519-6776

Saenz Medical Pharmacy

2121 E Griffin Parkway Ste 18
Mission, TX 78572
(956)519-6500

Sara's Pharmacy

1300 S Bryan Rd Ste 101
Mission, TX 78572
(956)583-0404

Shary Road Medical Pharmacy

2310 E Expressway 83
Mission, TX 78572
(956)566-9619
* 90 Day Supply Available

Sharyland Pharmacy & Wellness Center

1922 E Griffin Parkway
Mission, TX 78572
(956)583-4372

St Marie Clinic PA Pharmacy

305 E Expressway 83
Mission, TX 78572
(956)585-2956

TLC Pharmacy & Medical Equipment

1242 E Highway Bus 83 Ste 7
Mission, TX 78572
(713)320-4964
* 90 Day Supply Available

Walgreens

2301 N Shary Rd
Mission, TX 78574
(956)585-7743
* 90 Day Supply Available

Wal-Mart

2410 E Expressway 83
Mission, TX 78572
(956)585-5783

Westside Pharmacy

200 N Palmview Dr
Mission, TX 78572
(956)584-3458
* 90 Day Supply Available

PALMHURST

Walgreens

4305 S Conway Ave
Palmhurst, TX 78572
(956)519-7517
* 90 Day Supply Available

Wal-Mart

215 E Mile 3 Rd
Palmhurst, TX 78574
(956)519-2240

PENITAS

Penitas Family Pharmacy

2308 Expressway 83 Ste A
Penitas, TX 78576
(956)580-3500

Saenz Medical Pharmacy of Penitas

Corner Buena Vista
Penitas, TX 78576
(956)585-2704

PHARR

Cantu's Pharmacy

105 E Polk St Ste A
Pharr, TX 78577
(956)783-7060

H-E-B

1300 E Highway 83
Pharr, TX 78577
(956)781-6626
* 90 Day Supply Available

Las Milpas Pharmacy

6901 S Cage Blvd Ste F
Pharr, TX 78577
(956)702-2211
* 90 Day Supply Available

Oscar's Pharmacy

807 N Cage Blvd
Pharr, TX 78577
(956)782-5534
* 90 Day Supply Available

Pharr Family Pharmacy

710 S Cage Blvd Ste D
Pharr, TX 78577
(956)782-8494

Pharmacy

832 Del Oro Ave
Pharr, TX 78577
(956)283-0911
* 90 Day Supply Available

Sam Houston Pharmacy

1002 W Sam Houston St
Pharr, TX 78577
(956)702-1824

PORT ISABEL

Wal-Mart

1401 W Highway 100
Port Isabel, TX 78578
(956)943-3512

RAYMONDVILLE

Raymondville Family Pharmacy

180 N 7th St
Raymondville, TX 78580
(956)689-6337

Wal-Mart

14091 FM 490
Raymondville, TX 78580
(956)689-6419

Watson's City Drug

192 S 7th St
Raymondville, TX 78580
(956)689-2161

RIO HONDO

Fred's Drug Store

200 W Colorado St
Rio Hondo, TX 78583
(956)748-2141

SAN BENITO

Fry's Prescription Pharmacy

311 N Sam Houston Blvd
San Benito, TX 78586
(956)399-2453
* 90 Day Supply Available

Medicine Shoppe Pharmacy

205 W Highway 77
San Benito, TX 78586
(956)399-1411
* 90 Day Supply Available

Salinas Pharmacy

500 N Sam Houston Blvd
San Benito, TX 78586
(956)399-5501
* 90 Day Supply Available

Wal-Mart

735 Whitfield Business 77
San Benito, TX 78586
(956)399-2373

SAN JUAN

H-E-B

901 W Expressway 83
San Juan, TX 78589
(956)783-1275
* 90 Day Supply Available

Nuestra Clinica Del Valle

801 W 1st St
San Juan, TX 78589
(956)383-0077

San Juan Pharmacy

1205 N Raul Longoria Rd
Ste F
San Juan, TX 78589
(956)782-6337

SULLIVAN CITY

Richard's Pharmacy

325 A W Highway 83
Sullivan City, TX 78595
(956)485-1120

WESLACO

Balli Pharmacy

1402 E 8th St Ste 4
Weslaco, TX 78596
(956)969-3309
* 90 Day Supply Available

De La Rosa Pharmacy & Medical Equipment

1500 E 6th St
Weslaco, TX 78596
(956)968-8995

Pharmacy Directory

H-E-B

1004 N Texas Blvd
Weslaco, TX 78596
(956)968-8859

* 90 Day Supply Available

310 N Westgate Dr
Weslaco, TX 78596
(956)447-5912

* 90 Day Supply Available

Lone Star Rx

1620 E 8th St Ste 2
Weslaco, TX 78596
(956)447-5663

* 90 Day Supply Available

Mari's Pharmacy

1116 E 8th St Ste 1
Weslaco, TX 78596
(956)968-7733

Med-Aid Pharmacy

1525 E 6th St Ste C
Weslaco, TX 78596
(956)318-0253

* 90 Day Supply Available

Mom's Pharmacy

2990 N Texas Blvd Ste B
Weslaco, TX 78596
(956)447-9933

* 90 Day Supply Available

Proscript Pharmacy

911 S Airport Dr
Weslaco, TX 78596
(956)969-3784

Sander Pharmacy

916 E 6th St
Weslaco, TX 78596
(956)968-4528

Wal-Mart

1310 N Texas Blvd
Weslaco, TX 78596
(956)968-8689

Weslaco Pharmacy

1010 S Airport Dr Ste A
Weslaco, TX 78596
(956)969-0636

Valley Advantage

2007 Formulary (List of Covered Drugs)

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

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

This document includes Valley Advantage partial formulary as of January, 2007. For a complete, updated formulary, please visit our website at www.valleybaptisthealthplans.com or call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259.

What is the Formulary?

A formulary is a list of covered drugs selected by Valley Advantage 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. Valley Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Valley Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Valley Advantage. For a complete listing of all prescription drugs covered by Valley Advantage, please visit our website at www.valleybaptisthealthplans.com or call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259.

Can the Formulary change?

Generally, if you are taking a drug on our 2007 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 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, 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 January, 2007. To get updated information about the drugs covered by Valley Advantage, please visit our

website at www.valleybaptisthealthplans.com or call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 27. 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 Agent". If you know what your drug is used for, look for the category name in the index that begins on page 26. 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 list that begins on page 36. The Alphabetical Listing provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Alphabetical Listing. 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 Alphabetical Listing and find the name of your drug in the first column of the list.

What are generic drugs?

Valley Advantage 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 restrictions on my coverage?

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

- **Prior Authorization:** Valley Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Valley Advantage before you fill your prescriptions. If you don't get approval, Valley Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, Valley Advantage limits the amount of the drug that Valley Advantage will cover. For example, Valley Advantage provides 30 per prescription for Lipitor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Valley Advantage 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, Valley Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, Valley Advantage 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 27.

You can ask Valley Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Valley Advantage's formulary?" on page 23 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Valley Advantage may cover your drug. You can contact Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259.

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

- You can ask Member Services for a list of similar drugs that are covered by Valley Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Valley Advantage.
- You can ask Valley Advantage 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 will no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject starting January 1, 2007. Call Valley Advantage for more information.

How do I request an exception to the Valley Advantage's Formulary?

You can ask Valley Advantage 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, Valley Advantage 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 highest tier subject to the tiering process, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering process 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.

Generally, Valley Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, and the low-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. After your first 30 day supply, we will cover 0 more refills. After you have used all of your refills, we will not pay for those drugs.

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 30 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

A 31 day transition supply of the drug is covered for new enrollees (unless you have a prescription written for fewer days). The health plan will work with you and your provider to transition the enrollee to a formulary covered drug.

For more information

For more detailed information about your Valley Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Valley Advantage, please call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259. Or visit www.valleybaptisthealthplans.com.

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

Valley Advantage Formulary

The formulary that begins on page 27 provides coverage information about some of the drugs covered by Valley Advantage. If you have trouble finding your drug in the list, turn to the list that begins on page 36. Remember: This is only a partial list of drugs covered by Valley Advantage. If your prescription is not in this partial formulary, please visit our website at www.valleybaptisthealthplans.com or call Member Services at (800) 829-6440, 7 days a week, 8:00 a.m. – 8:00 p.m. TTY/TDD users should call (800) 562-5259 for additional help.

The first column of the chart lists the drug name. The information in the Drug Tier column tells you the Tier category for your drug. The information in the Requirements/Limits column tells you if Valley Advantage has any special requirements for coverage of your drug.

Medical Condition Index

ANESTHETICS	27
ANTIINFECTIVES	27
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS	28
AUTONOMIC AND CNS MEDICATIONS	28
CARDIOVASCULAR MEDICATIONS	30
DERMATOLOGICAL MEDICATIONS	31
DIAGNOSTIC & MISCELLANEOUS MEDICATIONS	32
EAR-NOSE-THROAT MEDICATIONS	32
ENDOCRINE MEDICATIONS	32
GASTROINTESTINAL MEDICATIONS	33
IMMUNOLOGICALS AND VACCINES	33
MEDICAL (MISCELLANEOUS) SUPPLIES	33
MUSCULOSKELETAL MEDICATIONS	33
NUTRITION,BLOOD MODIFIERS,ELECTROLYTES	34
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS	34
OPHTHALMIC MEDICATIONS	34
RESPIRATORY MEDICATIONS	35
UROLOGICAL MEDICATIONS	35

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
ANESTHETICS			Cortisporin.....	3.....	None
Lidamantle.....	3.....	None	Dapsone	2.....	None
Lidocaine	1.....	None	Daraprim.....	2.....	None
Lidoderm.....	2.....	PA	Denavir.....	2.....	None
ANTIINFECTIVES			Doxycycline Hyclate	1.....	None
Acyclovir	1.....	None	Econazole Nitrate	1.....	None
Acyclovir Sodium	1.....	None	Ery-Tab.....	2.....	None
Amantadine HCL.....	1.....	None	Erythromycin Base	1.....	None
Amoxicillin	1.....	None	Flagyl	3.....	None
Amoxicillin/Clavulanate P	1.....	None	Floxin.....	3.....	None
Amoxil.....	2.....	None	Gantrisin Pediatric	2.....	None
Augmentin	2.....	None	Grifulvin-V	3.....	None
Bacitracin.....	1.....	None	Hydroxychloroquine Sulfat.....	1.....	None
Bactrim DS	3.....	None	Isoniazid	1.....	None
Bactroban.....	2.....	None	Itraconazole	1.....	QL, PA
Biaxin	3.....	None	Keflex.....	3.....	None
Cefaclor.....	1.....	None	Ketoconazole.....	1.....	None
Cefpodoxime Proxetil.....	1.....	None	Lamisil	3.....	None
Ceftin.....	3.....	None	Levaquin	2.....	None
Cefuroxime Axetil.....	1.....	None	Lorabid	2.....	None
Cephalexin	1.....	None	Mebendazole.....	1.....	None
Chlorhexidine Gluconate	2.....	None	Metronidazole	1.....	None
Ciclopirox.....	1.....	None	Metronidazole In Nacl 0.7	1.....	None
Cipro.....	3.....	None	Minocin	3.....	None
Ciprofloxacin HCL.....	1.....	None	Minocycline HCL.....	1.....	None
Clarithromycin.....	1.....	None	Mupirocin.....	1.....	None
Clotrimazole	1.....	None	Mycobutin	2.....	None
Combivir.....	2.....	None	Nizoral.....	3.....	None
Copegus.....	3.....	None	Ofloxacin	1.....	None
			Omnicef	3.....	None
			Plaquenil	3.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Pyrazinamide.....	1.....	None	Cyclosporine	1.....	PA
Rescriptor	2.....	None	Fluorouracil	1.....	None
Retrovir	3.....	None	Imuran	3.....	PA
Ribavirin.....	1.....	None	Leukeran	2.....	None
Rifadin	3.....	None	Methotrexate	1.....	PA
Rifampin	1.....	None	Myfortic	2.....	PA
Spectazole.....	3.....	None	Neoral	3.....	PA
Sporanox.....	3.....	QL, PA	Prograf	2.....	PA
Stromectol	2.....	None	Rheumatrex	3.....	None
Sulfisoxazole.....	1.....	None	Sandimmune	3.....	PA
Tamiflu	2.....	QL	AUTONOMIC AND CNS MEDICATIONS		
Tetracycline HCL.....	1.....	None	Abilify.....	2.....	QL
Trimethoprim/Sulfamethoxa ...	1.....	None	Acetaminophen/Codeine	1.....	None
Vantin	3.....	None	Adderall	3.....	None
Velosef	3.....	None	Ambien	2.....	QL
Vermox.....	3.....	None	Amphetamine/Dextroampheta1 ...	None	
Vfend.....	2.....	PA	Antabuse	2.....	None
Viread.....	2.....	None	Antivert.....	3.....	None
Yodoxin	2.....	None	Aricept	2.....	None
Ziagen	2.....	None	Atropine Sulfate	1.....	None
Zidovudine	1.....	None	Buprenorphine HCL	2.....	None
Zithromax	3.....	QL	Bupropion ER	1.....	QL
Zovirax	3.....	None	Bupropion HCL	1.....	QL
Zyvox	2.....	PA	Bupropion HCL ER	1.....	QL
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS			Bupropion HCL SR	1.....	QL
Agrylin	3.....	None	Buspar	3.....	None
Anagrelide Hydrochloride	1.....	None	Buspironone HCL	1.....	None
Azathioprine	1.....	PA	Campral.....	3.....	None
Cellcept	2.....	PA	Carbamazepine	1.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Carbidopa/Levodopa	1.....	None	Meclizine HCL.....	1.....	None
Carbidopa/Levodopa CR.....	1.....	None	Metadate CD.....	2.....	None
Celexa.....	3.....	QL	Metadate ER	2.....	None
Citalopram Hydrobromide	1.....	QL	Methylphenidate HCL.....	1.....	None
Clozapine	1.....	None	Methylphenidate HCL ER.....	1.....	None
Clozaril.....	3.....	None	Methylphenidate HCL SR.....	1.....	None
Cognex	3.....	None	Morphine Sulfate.....	1.....	None
Cymbalta.....	2.....	QL	Naloxone HCL	1.....	None
Depakene.....	3.....	None	Naltrexone HCL.....	1.....	None
Depakote ER	2.....	None	Namenda	2.....	None
Depakote Sprinkles	2.....	None	Narcan	3.....	None
Effexor.....	2.....	None	Nardil.....	2.....	None
Effexor XR	2.....	None	Navane	3.....	None
Emend.....	2.....	QL, PA	Nortriptyline HCL	1.....	None
Exelon	2.....	None	Oxycodone HCL	1.....	None
Fluphenazine Decanoate.....	1.....	None	Oxycontin	3.....	QL
Geodon	2.....	QL	Pamelor.....	3.....	None
Haldol	3.....	None	Parnate	2.....	None
Haloperidol	1.....	None	Paroxetine HCL	1.....	QL
Hydrocodone/Acetaminophen1 ...	None		Paxil	3.....	QL
Hydrocodone/Ibuprofen	1.....	None	Phenytoin Sodium.....	1.....	None
Hydrocodone-Acetaminophen1....	None		Promethazine HCL	1.....	None
Imipramine HCL.....	1.....	None	Razadyne.....	2.....	None
Imipramine Pamoate	1.....	None	Revia	3.....	None
Imitrex	2.....	QL	Risperdal	2.....	QL
Lamictal	2.....	None	Ritalin LA.....	3.....	None
Lamotrigine Chewable Disp... 1.....	1.....	None	Seroquel.....	2.....	QL
Lexapro	3.....	QL	Sinemet CR.....	3.....	None
Lithium Carbonate.....	1.....	None	Stalevo 100	2.....	None
Lunesta.....	3.....	QL	Stalevo 150	2.....	None
Maxalt	2.....	QL	Stalevo 50	2.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Strattera	2.....	PA	Catapres-TTS-1	3.....	QL
Suboxone	2.....	QL	Catapres-TTS-2	3.....	QL
Thiothixene.....	1.....	None	Catapres-TTS-3	3.....	QL
Tofranil	3.....	None	Chlorthalidone	1.....	None
Topamax.....	2.....	PA	Clonidine HCL	1.....	None
Tramadol HCL.....	1.....	None	Coreg	2.....	None
Transderm-Scop	3.....	None	Crestor.....	2.....	QL
Trileptal	2.....	None	Dibenzyline	2.....	None
Valproic Acid	1.....	None	Digoxin	1.....	None
Wellbutrin	3.....	None	Diovan.....	2.....	None
Wellbutrin SR	3.....	QL	Diovan HCT.....	2.....	None
Zofran	2.....	QL, PA	Disopyramide Phosphate	1.....	None
Zoloft.....	2.....	QL	Dyrenium.....	3.....	None
Zonegran	3.....	PA	Enalapril Maleate	1.....	None
Zonisamide	1.....	PA	Enalapril Maleate/Hydroch....	1.....	None
Zyprexa	2.....	QL	Ethmozine	2.....	None
Zyprexa Zydis	2.....	QL	Fenofibrate	1.....	None
CARDIOVASCULAR MEDICATIONS			Flecainide Acetate	1.....	None
Accupril.....	3.....	None	Furosemide	1.....	None
Accuretic	3.....	None	Gemfibrozil.....	1.....	None
Aldactone	3.....	None	Guanabenz Acetate.....	1.....	None
Altace	3.....	None	Hydralazine HCL.....	1.....	None
Antara	3.....	None	Hydrochlorothiazide	1.....	None
Atacand	3.....	None	Innopran XL	2.....	None
Atacand HCT	3.....	None	Lanoxin.....	3.....	None
Benazepril HCL	1.....	None	Lasix	3.....	None
Benazepril HCL/Hydrochlor....	1.....	None	Lipitor.....	3.....	QL
Bumetanide.....	1.....	None	Lisinopril	1.....	None
Bumex.....	3.....	None	Lotensin	3.....	None
Captopril.....	1.....	None	Lotensin HCT	3.....	None
			Lotrel.....	2.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Metoprolol Tartrate	1	None	DERMATOLOGICAL MEDICATIONS		
Mexiletine HCL	1	None	Aclovate	3	None
Micardis.....	3	None	Alclometasone Dipropionat ...	1	None
Micardis HCT.....	3	None	Aldara	2	None
Midodrine HCL	1	None	Ammonium Lactate	1	None
Minipress.....	3	None	Anthralin.....	1	None
Minizide	3	None	Aristocort A.....	3	None
Niaspan.....	2	None	Betamethasone Dipropionat .	1	None
Nifedipine	1	None	Carmol-HC.....	3	None
Nitroglycerin	1	None	Clobetasol Propionate.....	1	None
Norpace.....	3	None	Condylox	3	None
Norvasc	2	None	Desonide.....	1	None
Pravachol	3	QL	Desowen.....	3	None
Pravastatin Sodium	1	QL	Diprolene AF.....	3	None
Prazosin HCL	1	None	Efudex	3	None
Proamatine	3	None	Elidel	2	None
Procardia XL	3	None	Elimite	3	None
Propranolol HCL	1	None	Eurax.....	2	None
Quinapril HCL	1	None	Fluocinonide.....	1	None
Quinapril/HCTZ	1	None	Fluorouracil	1	None
Revatio	2	QL, PA	Fluticasone Propionate	1	None
Simvastatin.....	1	QL	Halobetasol Propionate.....	1	None
Spironolactone.....	1	None	Halog.....	3	None
Toprol XL.....	2	None	Hydrocortisone	1	None
Tracleer	2	None	Hydrocortisone Butyrate	1	None
Triamterene/Hydrochloroth	1	None	Hydrocortisone Valerate.....	1	None
Uniretic	3	None	Kenalog	3	None
Vytorin	2	QL	Lac-Hydrin.....	3	None
Zetia.....	2	None	Lidex	3	None
Zocor	3	QL	Locoid Lipocream	3	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Metrogel	3.....	None	Salagen.....	3.....	None
Metro lotion	3.....	None	ENDOCRINE MEDICATIONS		
Metronidazole	1.....	None	Actonel	2.....	QL
Mometasone Furoate	1.....	None	Actos	3.....	QL
Permethrin.....	1.....	None	Armour Thyroid	3.....	None
Podofilox	1.....	None	Avandamet	2.....	QL
Regranex	2.....	QL, PA	Avandia	2.....	QL
Temovate.....	3.....	None	Dexamethasone	1.....	None
Triamcinolone Acetonide	1.....	None	Didronel.....	3.....	None
Ultravate	3.....	None	Etidronate Disodium	1.....	None
Westcort.....	3.....	None	Forteo	2.....	PA
DIAGNOSTIC & MISCELLANEOUS MEDICATIONS			Fosamax.....	2.....	QL
Thalomid	2.....	None	Fosamax Plus D	2.....	QL
EAR-NOSE-THROAT MEDICATIONS			Glyburide	1.....	None
Aphthasol.....	3.....	None	Humulin N.....	3.....	None
Astelin	2.....	QL	Humulin R	3.....	None
Atrovent	3.....	QL	Hydrocortisone	1.....	None
Chlorhexadine Gluconate	1.....	None	Insulin Human, Buffered	3.....	None
Chlorhexidine Gluconate	1.....	None	Lantus	2.....	None
Ciprodex	2.....	None	Levothyroxine Sodium	1.....	None
Cortisporin.....	3.....	None	Metformin HCL	1.....	None
Doxycycline Hyclate	1.....	None	Metformin HCL ER	1.....	None
Flonase	3.....	QL	Miacalcin	3.....	None
Floxin Otic	2.....	None	Prandin	2.....	None
Fluticasone Propionate	1.....	QL	Precose	2.....	None
Ipratropium Bromide.....	1.....	QL	Prednisolone Acetate	1.....	None
Nasonex	2.....	QL	Sensipar.....	2.....	None
Peridex	3.....	None	Starlix	2.....	None
			Synthroid	3.....	None
			Thyroid	1.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
GASTROINTESTINAL MEDICATIONS			IMMUNOLOGICALS AND VACCINES		
Asacol	2	None	Aranesp.....	2	PA
Bentyl.....	3	None	Avonex.....	2	QL, PA
Canasa	2	None	Norditropin Cartridge	2	PA
Cimetidine	1	None	Nutropin	3	PA
Cortifoam.....	2	None	Nutropin AQ	3	PA
Dicyclomine HCL	1	None	Nutropin AQ Pen.....	3	PA
Golytely.....	3	None	Pegasys.....	2	QL, PA
Hydrocortisone	1	None	Peg-Intron	3	QL, PA
Lomotil.....	3	None	Procrit	2	PA
Mesalamine	1	None	Rebetron.....	2	QL
Nulytely	3	None	Rebif	2	QL, PA
Omeprazole	1	QL	Saizen	2	PA
Pentasa	2	None	Serostim.....	2	PA
Polyethylene Glycol 3350.....	1	None	MEDICAL (MISCELLANEOUS) SUPPLIES		
Prevacid.....	2	QL	Insulin Pen	2	None
Prilosec	3	QL	MUSCULOSKELETAL MEDICATIONS		
Proctosol HC	3	None	Allopurinol.....	1	None
Ranitidine HCL.....	1	None	Baclofen	1	None
Scopolamine Hydrobromide ..	3	None	Celebrex	2	None
Sucralfate	1	None	Colchicine	1	None
Tagamet	3	None	Diclofenac Potassium.....	1	None
Urso 250.....	2	None	Feldene	3	None
Ursodiol.....	1	None	Flexeril.....	3	None
Zantac.....	3	None	Flurbiprofen.....	1	None
Zegerid	3	QL	Ibuprofen	1	None
Zelnorm	2	None			

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits
Indomethacin.....	1.....	None
Ketoprofen.....	1.....	None
Meloxicam.....	1.....	QL
Mobic	3.....	QL
Naproxen	1.....	None
Orudis	3.....	None
Piroxicam	1.....	None
Probenecid.....	1.....	None
Skelaxin	2.....	None
Voltaren	3.....	None
Zyloprim.....	3.....	None

NUTRITION,BLOOD

MODIFIERS,ELECTROLYTES

Coumadin.....	3.....	None
Dipyridamole.....	1.....	None
Jantoven.....	1.....	None
K-Dur.....	3.....	None
Lactulose.....	1.....	None
Lovenox.....	2.....	None
Micro-K	3.....	None
Persantine	3.....	None
Phoslo	2.....	None
Plavix	2.....	None
Potassium Chloride	1.....	None
Potassium Phosphate	1.....	None
Warfarin Sodium.....	1.....	None

Drug

Drug Tier Req./ Limits

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

Androgel.....	2.....	None
Climara	3.....	QL
Climara PRO	2.....	QL
Estrace	3.....	None
Estradiol.....	1.....	QL
Evista	2.....	None
Medroxyprogesterone Aceta	1.....	QL
Menest	2.....	None
Oxandrin	2.....	PA
Premarin.....	2.....	None
Premphase	2.....	None
Prempro	2.....	None
Prometrium	2.....	None
Provera.....	3.....	None
Testim.....	2.....	None
Testosterone	1.....	None
Vivelle.....	2.....	QL
Vivelle-Dot	2.....	QL

OPHTHALMIC MEDICATIONS

Atropine Sulfate	1.....	None
Bacitracin.....	1.....	None
Bacitracin/Neomycin/Polym..	1.....	None
Bacitracin/Polymyxin B.....	1.....	None
Betagan	3.....	None
Ciprofloxacin HCL.....	1.....	None
Cortisporin.....	3.....	None
Cosopt	2.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Medical Condition

Drug	Drug Tier	Req./ Limits	Drug	Drug Tier	Req./ Limits
Cromolyn Sodium	1.....	None	Deconamine SR	3.....	None
Isopto Homatropine.....	3.....	None	Fexofenadine HCL	1.....	QL
Levobunolol HCL.....	1.....	None	Flovent.....	3.....	QL
Metipranolol	1.....	None	Foradil Aerolizer.....	2.....	QL
Naphazoline HCL	1.....	None	Intal 112.....	2.....	QL
Neosporin.....	3.....	None	Promethazine HCL	1.....	None
Ocufen	3.....	None	Pseudoephedrine HCL	1.....	None
Ofloxacin	1.....	None	Pulmicort Turbuhaler.....	2.....	QL
Pilocarpine HCL.....	1.....	None	Qvar	2.....	QL
Polysporin	3.....	None	Serevent Diskus.....	3.....	QL
Pred Forte	3.....	None	Singulair	2.....	None
Prednisolone Acetate	1.....	None	Theo-24	3.....	None
Tobradex.....	3.....	None	Tilade	2.....	QL
Trifluridine	1.....	None	Zyrtec-D.....	3.....	QL
Trusopt	2.....	None			
Viroptic.....	3.....	None			
Voltaren	2.....	None			
Xalatan.....	2.....	None			
Zaditor	2.....	None			
Zylet	2.....	None			
Zymar.....	2.....	None			
RESPIRATORY MEDICATIONS			UROLOGICAL MEDICATIONS		
Advair Diskus.....	2.....	QL	Enablex	2.....	None
Albuterol	1.....	QL	Finasteride	1.....	None
Albuterol Sulfate.....	1.....	None	Flomax.....	2.....	None
Allegra.....	3.....	QL	Oxybutynin Chloride.....	1.....	None
Allegra-D.....	3.....	QL	Phenazopyridine HCL.....	1.....	None
Chlorpheniramine Maleate	1.....	None	Potassium Citrate/Citric	1.....	None
Chlorpheniramine/Pseudoep	1.....	None	Proscar	3.....	None
Combivent.....	2.....	QL	Pyridium	3.....	None
			Urocit-K 10.....	3.....	None
			Urocit-K 5.....	3.....	None
			Uroxatral.....	2.....	None
			Vesicare	3.....	None

PA = Doctor must obtain prior authorization

QL = Quantity Limit may apply

Formulary by Alphabetical Listing

A		
Abilify	28	
Accupril	30	
Accuretic	30	
Acetaminophen/ Codeine	28	
Aclovate	31	
Actonel	32	
Actos	32	
Acyclovir	27	
Acyclovir Sodium	27	
Adderall	28	
Advair Diskus	35	
Agrylin	28	
Albuterol	35	
Albuterol Sulfate	35	
Alclometasone Dipropionat	31	
Aldactone	30	
Aldara	31	
Allegra	35	
Allegra-D	35	
Allopurinol	33	
Altace	30	
Amantadine HCL	27	
Ambien	28	
Ammonium Lactate	31	
Amoxicillin	27	
Amoxicillin/ Clavulanate P	27	
Amoxil	27	
Amphetamine/ Dextroampheta	28	
Anagrelide Hydrochloride	28	
Androgel	34	
Antabuse	28	
Antara	30	
Anthralin	31	
Antivert	28	
Aphthasol	32	
Aranesp	33	
Aricept	28	
Aristocort A	31	
Armour Thyroid	32	
Asacol	33	
Astelin	32	
Atacand	30	
Atacand HCT	30	
Atropine Sulfate	28, 34	
Atrovent	32	
Augmentin	27	
Avandamet	32	
Avandia	32	
Avonex	33	
Azathioprine	28	
B		
Bacitracin	27, 34	
Bacitracin/ Neomycin/Polym	34	
Bacitracin/ Polymyxin B	34	
Baclofen	33	
Bactrim DS	27	
Bactroban	27	
Benazepril HCL	30	
Benazepril HCL/ Hydrochlor	30	
Bentyl	33	
Betagan	34	
Betamethasone Dipropionat	31	
Biaxin	27	
Bumetanide	30	
Bumex	30	
Buprenorphine HCL	28	
Bupropion ER	28	
Bupropion HCL	28	
Bupropion HCL ER	28	
Bupropion HCL SR	28	
Buspar	28	
Buspiron HCL	28	
C		
Campral	28	
Canasa	33	
Captopril	30	
Carbamazepine	28	
Carbidopa/ Levodopa	29	
Carbidopa/ Levodopa CR	29	
Carmol-HC	31	
Catapres-TTS-1	30	
Catapres-TTS-2	30	
Catapres-TTS-3	30	
Cefaclor	27	
Cefpodoxime Proxetil	27	
Ceftin	27	
Cefuroxime Axetil	27	
Celebrex	33	
Celexa	29	
Cellcept	28	
Cephalexin	27	
Chlorhexadine Gluconate	32	
Chlorhexidine Gluconate	27, 32	
Chlorpheniramine Maleate	35	
Chlorpheniramine/ Pseudoep	35	
Chlorthalidone	30	
Ciclopirox	27	
Cimetidine	33	
Cipro	27	
Ciprodex	32	
Ciprofloxacin HCL ...	27, 34	
Citalopram Hydrobromide	29	
Clarithromycin	27	
Climara	34	
Climara PRO	34	
Clobetasol Propionate	31	
Clonidine HCL	30	
Clotrimazole	27	
Clozapine	29	
Clozaril	29	
Cognex	29	
Colchicine	33	
Combivent	35	
Combivir	27	
Condylox	31	
Copegus	27	
Coreg	30	
Cortifoam	33	
Cortisporin	27, 32, 34	
Cosopt	34	
Coumadin	34	
Crestor	30	
Cromolyn Sodium	35	
Cyclosporine	28	

Formulary by Alphabetical Listing

Cymbalta	29	Eurax	31	Humulin R	32
D		Evista	34	Hydralazine HCL	30
Dapsone	27	Exelon	29	Hydrochlorothiazid e	30
Daraprim	27	F		Hydrocodone/ Acetaminophen	29
Deconamine SR	35	Feldene	33	Hydrocodone/ Ibuprofen	29
Denavir	27	Fenofibrate	30	Hydrocodone- Acetaminophen	29
Depakene	29	Fexofenadine HCL	35	Hydrocortisone .. 31, 32, 33	
Depakote ER	29	Finasteride	35	Hydrocortisone Butyrate	31
Depakote Sprinkles	29	Flagyl	27	Hydrocortisone Valerate	31
Desonide	31	Flecainide Acetate	30	Hydroxychloroquin e Sulfat	27
Desowen	31	Flexeril	33	I	
Dexamethasone	32	Flomax	35	Ibuprofen	33
Dibenzyliline	30	Flonase	32	Imipramine HCL	29
Diclofenac Potassium	33	Flovent	35	Imipramine Pamoate	29
Dicyclomine HCL	33	Floxin	27	Imitrex	29
Didronel	32	Floxin Otic	32	Imuran	28
Digoxin	30	Fluocinonide	31	Indomethacin	34
Diovan	30	Fluorouracil	28, 31	Innopran XL	30
Diovan HCT	30	Fluphenazine Decanoate	29	Insulin Human, Buffered	32
Diprolene AF	31	Flurbiprofen	33	Insulin Pen	33
Dipyridamole	34	Fluticasone Propionate	31, 32	Intal 112	35
Disopyramide Phosphate	30	Foradil Aerolizer	35	Ipratropium Bromide	32
Doxycycline Hyclate	27, 32	Forteo	32	Isoniazid	27
Dyrenium	30	Fosamax	32	Isopto Homatropine	35
E		Fosamax Plus D	32	Itraconazole	27
Econazole Nitrate	27	Furosemide	30	J	
Effexor	29	G		Jantoven	34
Effexor XR	29	Gantrisin Pediatric	27	K	
Efudex	31	Gemfibrozil	30	K-Dur	34
Elidel	31	Geodon	29	Keflex	27
Elimite	31	Glyburide	32	Kenalog	31
Emend	29	Golytely	33	Ketoconazole	27
Enablex	35	Grifulvin-V	27	Ketoprofen	34
Enalapril Maleate	30	Guanabenz Acetate	30		
Enalapril Maleate/ Hydroch	30	H			
Ery-Tab	27	Haldol	29		
Erythromycin Base	27	Halobetasol Propionate	31		
Estrace	34	Halog	31		
Estradiol	34	Haloperidol	29		
Ethmozine	30	Humulin N	32		
Etidronate Disodium	32				

Formulary by Alphabetical Listing

L

Lac-Hydrin	31
Lactulose	34
Lamictal	29
Lamisil	27
Lamotrigine Chewable Disp	29
Lanoxin	30
Lantus	32
Lasix	30
Leukeran	28
Levaquin	27
Levobunolol HCL	35
Levothyroxine Sodium	32
Lexapro	29
Lidamantle	27
Lidex	31
Lidocaine	27
Lidoderm	27
Lipitor	30
Lisinopril	30
Lithium Carbonate	29
Locoid Lipocream	31
Lomotil	33
Lorabid	27
Lotensin	30
Lotensin HCT	30
Lotrel	30
Lovenox	34
Lunesta	29

M

Maxalt	29
Mebendazole	27
Meclizine HCL	29
Medroxyprogesterone Aceta	34
Meloxicam	34
Menest	34
Mesalamine	33
Metadate CD	29
Metadate ER	29
Metformin HCL	32
Metformin HCL ER	32
Methotrexate	28
Methylphenidate HCL	29

Methylphenidate HCL ER	29
Methylphenidate HCL SR	29
Metipranolol	35
Metoprolol Tartrate	31
Metrogel	32
Metrolotion	32
Metronidazole	27, 32
Metronidazole In Nacl 0.7	27
Mexiletine HCL	31
Miacalcin	32
Micardis	31
Micardis HCT	31
Micro-K	34
Midodrine HCL	31
Minipress	31
Minizide	31
Minocin	27
Minocycline HCL	27
Mobic	34
Mometasone Furoate	32
Morphine Sulfate	29
Mupirocin	27
Mycobutin	27
Myfortic	28

N

Naloxone HCL	29
Naltrexone HCL	29
Namenda	29
Naphazoline HCL	35
Naproxen	34
Narcan	29
Nardil	29
Nasonex	32
Navane	29
Neoral	28
Neosporin	35
Niaspan	31
Nifedipine	31
Nitroglycerin	31
Nizoral	27
Norditropin Cartridge	33
Norpace	31
Nortriptyline HCL	29

Norvasc	31
Nulytely	33
Nutropin	33
Nutropin AQ	33
Nutropin AQ Pen	33

O

Ocufen	35
Ofloxacin	27, 35
Omeprazole	33
Omnicef	27
Orudis	34
Oxandrin	34
Oxybutynin Chloride	35
Oxycodone HCL	29
Oxycontin	29

P

Pamelor	29
Parnate	29
Paroxetine HCL	29
Paxil	29
Pegasys	33
Peg-Intron	33
Pentasa	33
Peridex	32
Permethrin	32
Persantine	34
Phenazopyridine HCL	35
Phenytoin Sodium	29
Phoslo	34
Pilocarpine HCL	35
Piroxicam	34
Plaquenil	27
Plavix	34
Podofilox	32
Polyethylene Glycol 3350	33
Polysporin	35
Potassium Chloride	34
Potassium Citrate/ Citric	35
Potassium Phosphate	34
Prandin	32
Pravachol	31

Formulary by Alphabetical Listing

Pravastatin Sodium.....	31	Risperdal	29	Tramadol HCL	30
Prazosin HCL	31	Ritalin LA	29	Transderm-Scop	30
Precose	32			Triamcinolone	
Pred Forte	35	S		Acetonide	32
Prednisolone		Saizen	33	Triamterene/	
Acetate	32, 35	Salagen	32	Hydrochloroth	31
Premarin	34	Sandimmune	28	Trifluridine	35
Premphase	34	Scopolamine		Trileptal	30
Prempro	34	Hydrobromide	33	Trimethoprim/	
Prevacid	33	Sensipar	32	Sulfamethoxa	28
Prilosec	33	Serevent Diskus	35	Trusopt	35
Proamatine	31	Seroquel	29		
Probenecid	34	Serostim	33	U	
Procardia XL	31	Simvastatin	31	Ultravate	32
Procrit	33	Sinemet CR	29	Uniretic	31
Proctosol HC	33	Singulair	35	Urocit-K 10	35
Prograf	28	Skelaxin	34	Urocit-K 5	35
Promethazine HCL ...	29, 35	Spectazole	28	Uroxatral	35
Prometrium	34	Spironolactone	31	Urso 250	33
Propranolol HCL	31	Sporanox	28	Ursodiol	33
Proscar	35	Stalevo 100	29		
Provera	34	Stalevo 150	29	V	
Pseudoephedrine		Stalevo 50	29	Valproic Acid	30
HCL	35	Starlix	32	Vantin	28
Pulmicort		Strattera	30	Velosef	28
Turbuhaler	35	Stromectol	28	Vermox	28
Pyrazinamide	28	Suboxone	30	Vesicare	35
Pyridium	35	Sucralfate	33	Vfend	28
		Sulfisoxazole	28	Viread	28
Q		Synthroid	32	Viroptic	35
Quinapril HCL	31			Vivelle	34
Quinapril/HCTZ	31	T		Vivelle-Dot	34
Qvar	35	Tagamet	33	Voltaren	34, 35
		Tamiflu	28	Vytorin	31
R		Temovate	32		
Ranitidine HCL	33	Testim	34	W	
Razadyne	29	Testosterone	34	Warfarin Sodium	34
Rebetron	33	Tetracycline HCL	28	Wellbutrin	30
Rebif	33	Thalomid	32	Wellbutrin SR	30
Regranex	32	Theo-24	35	Westcort	32
Rescriptor	28	Thiothixene	30		
Retrovir	28	Thyroid	32	X	
Revatio	31	Tilade	35	Xalatan	35
Revia	29	Tobradex	35		
Rheumatrex	28	Tofranil	30	Y	
Ribavirin	28	Topamax	30	Yodoxin	28
Rifadin	28	Toprol XL	31		
Rifampin	28	Tracleer	31		

Formulary by Alphabetical Listing

Z

Zaditor	35
Zantac	33
Zegerid	33
Zelnorm	33
Zetia	31
Ziagen	28
Zidovudine	28
Zithromax	28
Zocor	31
Zofran	30
Zoloft	30
Zonegran	30
Zonisamide	30
Zovirax	28
Zylet	35
Zyloprim	34
Zymar	35
Zyprexa	30
Zyprexa Zydis	30
Zyrtec-D	35
Zyvox	28



2005 Ed Carey Drive Harlingen, Texas 78550
www.valleybaptisthealthplans.com