

2009

FORMULARY

LIST OF COVERED DRUGS

Advantra®

**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.



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What is the Advantra Formulary?

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

prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, 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 April 1, 2009. To get updated information about the drugs covered by Advantra please visit our Web site at www.chcadvantra.com or call Customer Service at 1-877-843-1938, March 2 – November 14, Monday through Friday, 8:00 a.m. – 6:00 p.m. and November 15 through March 1, Monday through Friday, 8:00 a.m. – 8:00 p.m. and Saturday 9:00 a.m. – 3:00 p.m. TTY/TDD users should call 1-800-207-1262.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 i1. 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?

Advantra covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

requirements and limits may include:

- **Prior Authorization:** Advantra requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Advantra before you fill your prescriptions. If you don't get approval, Advantra may not cover the drug.
- **Quantity Limits:** For certain drugs, Advantra limits the amount of the drug that Advantra will cover. For example, Advantra 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, Advantra 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, Advantra may not cover drug B unless you try Drug A first. If Drug A does not work for you, Advantra 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 1.

You can ask Advantra to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Advantra formulary?" on page ii 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 confirm that your drug is not covered. If you learn that Advantra does not cover your drug, you have two options:

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

information about how to request an exception.

How do I request an exception to the Advantra Formulary?

You can ask Advantra 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, Advantra 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 non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost drug tier.

Generally, Advantra 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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current enrollees who are changing from one treatment setting to another, for example entering a long-term care facility from a hospital or being discharged from a hospital to home, the

enrollee and provider will need to utilize Advantra exception and appeals process should the drugs not be on the Advantra formulary. Long-term care enrollees will be allowed a one time emergency supply of a 31-day supply for medications for which the enrollee has not already received a transition supply.

For more information

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

If you have questions about Advantra, please call Customer Service at 1-877-843-1938, March 2 – November 14, Monday through Friday, 8:00 a.m. – 6:00 p.m. and November 15 through March 1, Monday through Friday, 8:00 a.m. – 8:00 p.m. and Saturday 9:00 a.m. – 3:00 p.m. TTY/TDD users should call 1-800-207-1262.

Or visit www.chcadvantra.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.

Advantra Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Advantra. If you have trouble finding your drug in the list, turn to the Index that begins on page i1.

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 Notes column tells you if Advantra has any special requirements for coverage of your drug.

The following abbreviations may be used in the Notes column.

- **PA – Prior Authorization:** Advantra requires you or your physician to get prior authorization

before you fill your prescriptions.

- **QL – Quantity Limits:** For certain drugs, Advantra limits the amount of the drug that it will cover.
- **ST – Step Therapy:** In some cases, Advantra requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **90D – 90 DAY Maintenance Supply:** Advantra allows these medications for an extended supply up to 90 days.
- *** - Over-The-Counter Drugs:** Advantra covers some over-the-counter drugs that do not count towards your out-of-pocket expenditure. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **** - Excluded Part D Drugs that are covered:** Advantra covers some prescription drugs that are normally not covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Comprehensive Formulary Notes:

The notes below apply to the drugs asterisked in the table that follows.

* This Over-The-Counter drug does not count towards your out-of-pocket expenditure. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Comprehensive Formulary				
Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
Allergy	<i>cetirizine soln*</i>	0	0	QL 90D
	<i>cetirizine tab*</i>	0	0	QL 90D
	<i>cetirizine-d 12hr*</i>	0	0	QL 90D
	<i>loratadine reditab*</i>	0	0	QL 90D
	<i>loratadine soln*</i>	0	0	QL 90D
	<i>loratadine tab*</i>	0	0	QL 90D
	<i>loratadine-d 12hr*</i>	0	0	QL 90D
	<i>loratadine-d 24hr*</i>	0	0	QL 90D
Analgesics	<i>apap/codeine</i>	T1	T1	
	<i>ascomp/codeine</i>	T3	T3	
	<i>butal/apap/caff/cod</i>	T3	T3	
	<i>butal/asa/caff/cod</i>	T3	T3	
	<i>butorphanol tart</i>	T3	T3	
	<i>CAPITAL/CODEINE</i>	T2	T2	
	<i>DARVON-N</i>	T2	T2	
	<i>dolorex forte</i>	T1	T1	
	<i>endocet 325; 5mg tab</i>	T1	T1	
	<i>endocet 650;10mg tab</i>	T1	T1	
	<i>fentanyl loz</i>	T4	T4	PA QL
	<i>fentanyl patch</i>	T1	T1	
	<i>fentanyl soln</i>	T1	T1	
	<i>FENTORA</i>	T4	T4	PA QL
	<i>FLECTOR</i>	T3	T3	QL 90D
	<i>hydrocodone /apap</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>hydrocodone /apap hs</i>	T1	T1	
	<i>hydrocodone /ibuprofen</i>	T3	T3	
	<i>hydrocodone/apap</i>	T1	T1	
	<i>hydrogesic</i>	T1	T1	
	<i>hydromorphone</i>	T1	T1	
	<i>KADIAN</i>	T2	T2	
	<i>levorphanol</i>	T3	T3	
	<i>meperidine</i>	T1	T1	
	<i>methadone 10mg/ml conc</i>	T1	T1	
	<i>methadone 5mg, 10mg tab</i>	T1	T1	
	<i>METHADONE SOLN</i>	T2	T2	
	<i>morphine sulf</i>	T1	T1	
	<i>morphine sulf er</i>	T1	T1	
	<i>nalbuphine</i>	T3	T3	90D
	<i>OPANA ER</i>	T2	T2	QL
	<i>oramorph sr</i>	T1	T1	
	<i>oxycodone /ibuprofen</i>	T3	T3	QL
	<i>oxycodone conc</i>	T1	T1	
	<i>oxycodone er 10,20,40mg</i>	T3	T3	PA QL
	<i>oxycodone er 80mg</i>	T4	T4	PA
	<i>oxycodone ir</i>	T1	T1	
	<i>oxycodone soln</i>	T1	T1	
	<i>oxycodone/apap 500;7.5mg tab</i>	T1	T1	
	<i>oxycodone/aspirin</i>	T1	T1	
	<i>oxycodone-apap 325;10mg tab</i>	T1	T1	
	<i>oxycodone-apap 325;5mg tab</i>	T1	T1	
	<i>oxycodone-apap 325;7.5mg tab</i>	T1	T1	
	<i>oxycodone-apap 500;5mg cap</i>	T1	T1	
	<i>oxycodone-apap 650;10mg tab</i>	T1	T1	
	<i>OXYCONTIN</i>			
	<i>10,15,20,30,40,60MG</i>	T3	T3	PA QL
	<i>OXYCONTIN 80MG</i>	T4	T4	PA
	<i>pentazocine/apap</i>	T1	T1	
	<i>pentazocine/naloxone</i>	T1	T1	
	<i>propox/apap</i>	T1	T1	
	<i>propox-n/apap 325/100, 650/100</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>propox-n/apap 500/100</i>	T3	T3	
	<i>propoxyphene</i>	T1	T1	
	ROXANOL	T2	T2	
	<i>roxiket 325;5mg tab</i>	T1	T1	
	<i>roxiket soln</i>	T1	T1	
	ROXICODONE	T2	T2	
	<i>tramadol</i>	T1	T1	90D
	<i>tramadol/apap</i>	T3	T3	90D
	VOLTAREN GEL	T3	T3	QL
	VOPAC	T3	T3	
Anesthetics	<i>lidocaine inj</i>	T1	T1	
	<i>lidocaine oint</i>	T1	T1	90D
	<i>lidocaine soln</i>	T1	T1	
	<i>lidocaine/prilocaine</i>	T1	T1	
	LIDODERM	T2	T2	QL 90D
	<i>lidomar viscous</i>	T1	T1	
Antibacterials	AKNE-MYCIN	T3	T3	90D
	<i>ak-poly-bac</i>	T1	T1	
	ALTABAX	T3	T3	QL
	<i>amikacin sulfate</i>	T1	T1	
	<i>amoxicillin</i>	T1	T1	
	<i>amoxicillin/clav</i>	T1	T1	
	<i>amoxil</i>	T1	T1	
	<i>ampicillin</i>	T1	T1	
	<i>ampicillin-sulb</i>	T1	T1	
	AUGMENTIN XR	T3	T3	
	AVELOX	T3	T3	QL
	AZACTAM	T2	T2	PA
	<i>azithromycin pack</i>	T1	T1	QL
	<i>azithromycin soln</i>	T1	T1	
	<i>azithromycin susp</i>	T1	T1	
	<i>azithromycin tab</i>	T1	T1	
	<i>bacit/neo/poly</i>	T1	T1	
	BACTROBAN CR	T3	T3	
	BACTROBAN NASAL	T2	T2	
	CEDAX	T3	T3	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>cefaclor</i>	T1	T1	
	<i>cefaclor er</i>	T1	T1	
	<i>cefadroxil</i>	T1	T1	
	<i>cefazolin</i>	T1	T1	
	<i>cefdinir</i>	T1	T1	
	<i>cefepime</i>	T1	T1	
	<i>cefotaxime</i>	T1	T1	
	<i>cefoxitin</i>	T1	T1	
	<i>cefpodoxime</i>	T1	T1	
	<i>cefprozil</i>	T1	T1	
	<i>ceftriaxone</i>	T1	T1	
	<i>cefuroxime</i>	T1	T1	
	<i>cephalexin</i>	T1	T1	
	<i>chloramphenicol</i>	T1	T1	
	<i>CIPRO SUSP</i>	T2	T2	
	<i>ciprofloxacin</i>	T1	T1	
	<i>ciprofloxacin 0.3% soln</i>	T1	T1	
	<i>ciprofloxacin er</i>	T3	T3	QL
	<i>ciprofloxacin ir</i>	T1	T1	
	<i>ciprofloxacin iv</i>	T1	T1	
	<i>clarithromycin</i>	T1	T1	
	<i>clarithromycin er</i>	T3	T3	QL
	<i>CLEOCIN</i>	T2	T2	
	<i>CLEOCIN PED GRAN</i>	T2	T2	
	<i>clindamycin cap</i>	T1	T1	
	<i>clindamycin inj</i>	T1	T1	
	<i>colistimethate sod</i>	T3	T3	
	<i>CUBICIN</i>	T4	T4	
	<i>demeclocycline 150mg</i>	T3	T3	
	<i>demeclocycline 300mg</i>	T4	T4	
	<i>dicloxacillin sod</i>	T1	T1	
	<i>doxy mono cap</i>	T3	T3	
	<i>doxy mono susp</i>	T1	T1	
	<i>doxy mono tab</i>	T1	T1	
	<i>doxycycline hycl</i>	T1	T1	
	<i>doxycycline hycl 20mg tab</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>ery pad</i>	T1	T1	
	<i>ERYPED</i>	T2	T2	
	<i>ERY-TAB</i>	T2	T2	
	<i>ERYTHROCIN LACTOB</i>	T2	T2	
	<i>erythrocin stear</i>	T1	T1	
	<i>erythromycin /sulf</i>	T1	T1	
	<i>erythromycin 2% gel</i>	T1	T1	
	<i>erythromycin 2% soln</i>	T1	T1	90D
	<i>erythromycin base</i>	T1	T1	
	<i>erythromycin cap</i>	T1	T1	
	<i>erythromycin e.s.</i>	T1	T1	
	<i>erythromycin oint</i>	T1	T1	
	<i>FACTIVE</i>	T3	T3	QL
	<i>FURADANTIN</i>	T2	T2	90D
	<i>GANTRISIN PED</i>	T2	T2	90D
	<i>gentamicin</i>	T1	T1	
	<i>gentamicin/0.9% nacl</i>	T1	T1	
	<i>HELIDAC</i>	T3	T3	
	<i>INVANZ</i>	T3	T3	
	<i>KETEK</i>	T3	T3	QL
	<i>LEVAQUIN</i>	T3	T3	QL
	<i>LEVAQUIN LEV-PK</i>	T3	T3	QL
	<i>MAXIPIME</i>	T2	T2	
	<i>MERREM</i>	T3	T3	
	<i>methenamine hipp</i>	T1	T1	90D
	<i>METRO IV</i>	T2	T2	
	<i>metronidazole</i>	T1	T1	90D
	<i>metronidazole iv</i>	T1	T1	
	<i>metronidazole vag</i>	T1	T1	
	<i>minocycline caps</i>	T1	T1	
	<i>MONUROL</i>	T3	T3	
	<i>MOXATAG</i>	T3	T3	QL
	<i>mupirocin</i>	T1	T1	
	<i>nafcillin</i>	T1	T1	
	<i>NEO-FRADIN</i>	T3	T3	
	<i>neomycin sulfate</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>neomycin/polymyxin b</i>	T1	T1	
	NEUTREXIN	T4	T4	PA
	<i>nitrofurantoin macro</i>	T1	T1	90D
	<i>nitrofurantoin mono</i>	T1	T1	90D
	NORITATE	T3	T3	90D
	<i>oticin hc</i>	T1	T1	
	<i>oxacillin sod</i>	T1	T1	
	<i>paromomycin sulfate</i>	T1	T1	
	PCE	T2	T2	
	<i>penicillin g pot</i>	T1	T1	
	PENICILLIN G PROC	T2	T2	
	<i>penicillin g sod</i>	T1	T1	
	<i>penicillin v pot</i>	T1	T1	
	<i>pfizerpen-g</i>	T1	T1	
	PIPERACILLIN	T3	T3	
	PREVPAC	T3	T3	QL
	PRIMAXIN I.M.	T3	T3	
	PRIMAXIN IV	T3	T3	
	PRIMSOL	T3	T3	90D
	QUIXIN	T3	T3	
	RANICLOR	T3	T3	
	<i>silver sulfadiazine</i>	T1	T1	
	<i>sodium sulfacetamide</i>	T3	T3	
	SPECTRACEF	T2	T2	
	<i>sulfadiazine</i>	T1	T1	90D
	<i>sulfameth/trimeth</i>	T1	T1	90D
	<i>sulfameth/trimeth ds</i>	T1	T1	90D
	SULFAMYLON	T3	T3	
	<i>sulfatrim</i>	T1	T1	90D
	SUPRAX SUSP	T2	T2	
	SYNERCID	T4	T4	PA
	<i>tetracycline</i>	T1	T1	
	TOBI	T4	T4	PA QL
	<i>tobramycin sulf</i>	T1	T1	
	<i>trimethoprim</i>	T1	T1	
	<i>trimox</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>TYGACIL</i>	T3	T3	PA
	<i>VANCOCIN 125MG</i>	T4	T4	ST QL
	<i>VANCOCIN 250MG</i>	T4	T4	PA QL
	<i>vancomycin</i>	T1	T1	
	<i>VIBRAMYCIN</i>	T3	T3	
	<i>XIFAXAN</i>	T2	T2	
	<i>ZMAX SUSP</i>	T3	T3	
	<i>ZYMAR</i>	T3	T3	QL
	<i>ZYVOX</i>	T4	T4	PA QL
Anticonvulsants	<i>BANZEL 200MG</i>	T3	T3	PA QL
	<i>BANZEL 400MG</i>	T4	T4	PA QL
	<i>carbamazepine</i>	T1	T1	90D
	<i>CARBATROL</i>	T2	T2	90D
	<i>CELONTIN</i>	T2	T2	90D
	<i>DEPAKOTE</i>	T2	T2	90D
	<i>DEPAKOTE ER</i>	T2	T2	90D
	<i>DEPAKOTE SPRINKLES</i>	T2	T2	90D
	<i>DILANTIN</i>	T2	T2	90D
	<i>DILANTIN INFATABS</i>	T2	T2	90D
	<i>divalproex sod</i>	T1	T1	90D
	<i>epitol</i>	T1	T1	90D
	<i>EQUETRO</i>	T2	T2	90D
	<i>ethosuximide</i>	T1	T1	90D
	<i>FELBATOL</i>	T2	T2	QL 90D
	<i>gabapentin</i>	T1	T1	90D
	<i>GABITRIL</i>	T3	T3	QL 90D
	<i>KEPPRA</i>	T2	T2	QL 90D
	<i>lamotrigine</i>	T1	T1	QL 90D
	<i>lamotrigine chew</i>	T3	T3	90D
	<i>levetiracetam</i>	T1	T1	QL 90D
	<i>LYRICA</i>	T3	T3	PA QL
	<i>NEURONTIN SOLN</i>	T3	T3	90D
	<i>oxcarbazepine</i>	T3	T3	90D
	<i>PEGANONE</i>	T3	T3	90D
	<i>PHENYTEK</i>	T2	T2	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>phenytoin</i>	T1	T1	90D
	<i>phenytoin er</i>	T1	T1	90D
	<i>phenytoin sod inj</i>	T1	T1	
	<i>primidone</i>	T1	T1	90D
	<i>TEGRETOL</i>	T2	T2	90D
	<i>TEGRETOL-XR</i>	T2	T2	90D
	<i>TOPAMAX</i>	T3	T3	PA QL 90D
	<i>TOPAMAX SPRINK</i>	T3	T3	PA 90D
	<i>topiramate</i>	T3	T3	QL 90D
	<i>TRILEPTAL SUSP</i>	T3	T3	QL 90D
	<i>valproate sod</i>	T1	T1	
	<i>valproic acid</i>	T1	T1	90D PA QL
	<i>VIMPAT</i>	T3	T3	90D
	<i>zonisamide</i>	T1	T1	90D
Antidementia Agents	<i>ARICEPT</i>	T2	T2	QL 90D
	<i>ARICEPT ODT</i>	T2	T2	QL 90D
	<i>COGNEX</i>	T3	T3	90D
	<i>ergoloid mesyl</i>	T1	T1	90D
	<i>EXELON</i>	T2	T2	QL 90D
	<i>galantamine</i>	T3	T3	QL 90D
	<i>galantamine er</i>	T3	T3	QL 90D
	<i>NAMENDA</i>	T2	T2	QL 90D
	<i>NAMENDA TITRAT PAK</i>	T2	T2	QL
	<i>RAZADYNE</i>	T3	T3	QL 90D
	<i>RAZADYNE ER</i>	T3	T3	QL 90D
Antidepressants	<i>amitriptyline</i>	T1	T1	90D
	<i>AMOXAPINE</i>	T2	T2	90D
	<i>budeprion sr</i>	T1	T1	90D ST QL
	<i>budeprion xl 150mg</i>	T3	T3	90D
	<i>budeprion xl 300mg</i>	T3	T3	QL 90D
	<i>bupropion</i>	T1	T1	90D
	<i>bupropion sr</i>	T1	T1	90D
	<i>citalopram</i>	T1	T1	90D
	<i>clomipramine</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
				ST QL
	<i>CYMBALTA</i>	T3	T3	90D
	<i>desipramine</i>	T1	T1	90D
	<i>doxepin</i>	T1	T1	90D
	<i>EFFEXOR XR</i>	T2	T2	QL 90D
				PA QL
	<i>EMSAM</i>	T3	T3	90D
	<i>fluoxetine</i>	T1	T1	90D
	<i>fluvoxamine</i>	T1	T1	90D
	<i>imipramine hcl</i>	T1	T1	90D
	<i>LEXAPRO</i>	T2	T2	QL 90D
	<i>maprotiline</i>	T1	T1	90D
	<i>MARPLAN</i>	T3	T3	90D
	<i>mirtazapine odt</i>	T3	T3	QL 90D
	<i>mirtazapine tab</i>	T1	T1	90D
	<i>NARDIL</i>	T2	T2	90D
	<i>nefazodone</i>	T1	T1	90D
	<i>nortriptyline</i>	T1	T1	90D
				ST QL
	<i>paroxetine er</i>	T3	T3	90D
	<i>paroxetine ir</i>	T1	T1	90D
				ST QL
	<i>PAXIL CR 37.5MG</i>	T3	T3	90D
	<i>perphen/ amitrip</i>	T1	T1	90D
	<i>PEXEVA</i>	T3	T3	QL 90D
				ST QL
	<i>PRISTIQ</i>	T3	T3	90D
	<i>protriptyline</i>	T3	T3	90D
				ST QL
	<i>PROZAC WEEKLY</i>	T3	T3	90D
	<i>sertraline</i>	T1	T1	90D
	<i>SURMONTIL</i>	T3	T3	90D
	<i>tranylcypromine</i>	T1	T1	90D
	<i>trazodone</i>	T1	T1	90D
	<i>trimipramine</i>	T1	T1	90D
	<i>venlafaxine</i>	T1	T1	90D
	<i>VENLAFAXINE HCL ER</i>	T3	T3	QL 90D
	<i>VIVACTIL</i>	T3	T3	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>WELLBUTRIN XL 150MG</i>	T3	T3	ST QL 90D
Antidotes, Deterrents, and Toxicologic Agents	<i>ANTABUSE</i>	T2	T2	
	<i>buproban</i>	T1	T1	90D
	<i>CAMPRAL</i>	T3	T3	QL
	<i>CUPRIMINE</i>	T2	T2	90D
	<i>DEPEN TITRATABS</i>	T2	T2	90D
	<i>EXJADE</i>	T4	T4	PA
	<i>fomepizole</i>	T4	T4	PA
	<i>naloxone</i>	T1	T1	
	<i>naltrexone</i>	T1	T1	90D
	<i>NICOTROL NS</i>	T2	T2	QL
	<i>sps</i>	T1	T1	90D
	<i>SUBOXONE</i>	T3	T3	PA QL
	<i>SYPRINE</i>	T3	T3	90D
	<i>VIVITROL</i>	T4	T4	PA QL
Antiemetics	<i>ANZEMET</i>	T3	T3	PA QL
	<i>CESAMET</i>	T3	T3	PA QL
	<i>diphenhydramine</i>	T1	T1	90D
	<i>dronabinol 2.5mg</i>	T3	T3	PA QL
	<i>dronabinol 5mg, 10mg</i>	T4	T4	PA QL
	<i>EMEND 40MG</i>	T2	T2	QL
	<i>EMEND 80MG & 125MG</i>	T2	T2	PA QL
	<i>EMEND TRIFLD</i>	T2	T2	PA QL
	<i>granisetron</i>	T3	T3	PA QL
	<i>granisol</i>	T3	T3	PA
	<i>ondansetron</i>	T1	T1	PA
	<i>ondansetron odt</i>	T1	T1	PA
	<i>prochlorperazine</i>	T1	T1	90D
	<i>promethazine</i>	T1	T1	90D
	<i>promethazine syrup</i>	T1	T1	90D
	<i>promethazine inj</i>	T1	T1	
	<i>promethegan</i>	T1	T1	90D
	<i>trimethobenz</i>	T1	T1	90D
Antifungals	<i>ANCOBON</i>	T4	T4	PA
	<i>CANCIDAS</i>	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>ciclopirox cr</i>	T3	T3	90D
	<i>ciclopirox nail</i>	T1	T1	
	<i>ciclopirox susp</i>	T3	T3	90D
	<i>clotrimaz/betam diprop</i>	T1	T1	90D
	<i>clotrimazole soln</i>	T1	T1	90D
	<i>clotrimazole troc</i>	T1	T1	
	<i>econazole nitrate</i>	T1	T1	90D
	<i>ERAXIS</i>	T4	T4	PA
	<i>EXELDERM</i>	T2	T2	90D
	<i>fluconazole</i>	T1	T1	
	<i>griseofulvin micro</i>	T1	T1	
	<i>GRIS-PEG</i>	T2	T2	
	<i>GYNAZOLE-1</i>	T3	T3	
	<i>itraconazole</i>	T1	T1	PA
	<i>ketoconazole cr</i>	T1	T1	90D
	<i>ketoconazole shamp</i>	T1	T1	90D
	<i>ketoconazole tab</i>	T1	T1	
	<i>MENTAX</i>	T3	T3	
	<i>MYCAMINE</i>	T4	T4	PA
	<i>NAFTIN</i>	T3	T3	QL 90D
	<i>NAFTIN-MP</i>	T3	T3	90D
	<i>NOXAFIL</i>	T4	T4	PA QL
	<i>nystatin</i>	T1	T1	90D
	<i>nystatin/triamcin</i>	T1	T1	90D
	<i>OXISTAT</i>	T3	T3	90D
	<i>selenium sulfide</i>	T1	T1	90D
	<i>SPORANOX SOLN</i>	T3	T3	PA
	<i>terbinafine</i>	T1	T1	
	<i>terconazole cr</i>	T1	T1	
	<i>terconazole supp</i>	T3	T3	
	<i>VFEND</i>	T4	T4	PA QL
	<i>VFEND IV</i>	T4	T4	PA
	<i>XOLEGEL</i>	T2	T2	QL 90D
	<i>XOLEGEL COREPAK</i>	T2	T2	QL 90D
	<i>XOLEGEL DUO/HEAD & SHOULDERS</i>	T2	T2	QL 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
Antigout Agents	<i>allopurinol</i>	T1	T1	90D
	<i>colchicine</i>	T1	T1	90D
	<i>probenecid</i>	T1	T1	90D
	<i>probenecid/colchicine</i>	T1	T1	90D
Anti-inflammatory Agents	<i>ARTHROTEC</i>	T3	T3	90D
	<i>CELEBREX</i>	T3	T3	ST QL 90D
	<i>diclofenac pot</i>	T1	T1	90D
	<i>diclofenac sod ec</i>	T1	T1	90D
	<i>diclofenac sod er</i>	T1	T1	90D
	<i>diclofenac sod xr</i>	T1	T1	90D
	<i>diflunisal</i>	T1	T1	90D
	<i>etodolac</i>	T1	T1	90D
	<i>etodolac er</i>	T1	T1	90D
	<i>fenoprofen</i>	T1	T1	90D
	<i>ibuprofen</i>	T1	T1	90D
	<i>INDOCIN</i>	T2	T2	90D
	<i>indomethacin</i>	T1	T1	90D
	<i>indomethacin er</i>	T1	T1	90D
	<i>ketoprofen</i>	T1	T1	90D
	<i>ketoprofen er</i>	T3	T3	90D
	<i>ketorolac inj</i>	T1	T1	QL
	<i>ketorolac tab</i>	T1	T1	QL
	<i>meclofenamate</i>	T1	T1	90D
	<i>meloxicam</i>	T1	T1	90D
	<i>nabumetone</i>	T1	T1	90D
	<i>NALFON 200MG</i>	T2	T2	90D
	<i>naproxen</i>	T1	T1	90D
	<i>naproxen dr</i>	T1	T1	90D
	<i>naproxen sod</i>	T1	T1	90D
	<i>oxaprozin</i>	T1	T1	90D
	<i>piroxicam</i>	T1	T1	90D
	<i>sulindac</i>	T1	T1	90D
	<i>tolmetin</i>	T1	T1	90D
Antimigraine Agents	<i>AMERGE</i>	T3	T3	QL
	<i>AXERT</i>	T3	T3	QL

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>dihydroergotamine</i>	T3	T3	
	ERGOMAR	T2	T2	90D
	<i>ergotamine/caff</i>	T1	T1	
	FROVA	T3	T3	QL
	IMITREX	T2	T2	QL
	IMITREX STATDOSE	T2	T2	QL
	MAXALT	T2	T2	QL
	MAXALT-MLT	T2	T2	QL
	<i>migergot</i>	T1	T1	
	MIGRANAL	T2	T2	PA
	RELPAX	T3	T3	QL
	<i>sumatriptan</i>	T1	T1	QL
	ZOMIG	T3	T3	QL
	ZOMIG ZMT	T3	T3	QL
Antimasthenic Agents	<i>bethanechol</i>	T1	T1	90D
	MESTINON	T2	T2	90D
	MESTINON TIMESPAN	T2	T2	90D
	MYTELASE	T3	T3	90D
	<i>pyridostigmine</i>	T1	T1	90D
Antimycobacterials	DAPSONE	T2	T2	
	<i>ethambutol</i>	T1	T1	90D
	<i>isonarif</i>	T1	T1	
	<i>isoniazid</i>	T1	T1	90D
	MYCOBUTIN	T3	T3	90D
	PASER	T3	T3	90D
	PRIFTIN	T3	T3	90D
	<i>pyrazinamide</i>	T1	T1	90D
	<i>rifampin</i>	T1	T1	90D
	RIFATER	T3	T3	
	SEROMYCIN	T3	T3	90D
	TRECTOR	T3	T3	90D
Antineoplastics	ALIMTA	T4	T4	PA
	ALKERAN	T2	T2	PA
	ARIMIDEX	T2	T2	QL 90D
	AROMASIN	T3	T3	QL 90D
	AVASTIN	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>bleomycin sulfate</i>	T3	T3	PA
	<i>CAMPATH</i>	T4	T4	PA
	<i>CEENU</i>	T2	T2	
	<i>cisplatin</i>	T1	T1	
	<i>cyclophosphamide</i>	T1	T1	PA
	<i>DACOGEN</i>	T4	T4	PA
	<i>DEGARELIX 120MG</i>	T4	T4	PA QL
	<i>DEGARELIX 80MG</i>	T3	T3	PA QL
	<i>DROXIA</i>	T2	T2	90D
	<i>ELITEK</i>	T4	T4	PA
	<i>EMCYT</i>	T2	T2	
	<i>FARESTON</i>	T2	T2	QL
	<i>FASLODEX</i>	T4	T4	PA QL
	<i>FEMARA</i>	T2	T2	QL 90D
	<i>fluorouracil inj</i>	T1	T1	
	<i>GEMZAR</i>	T4	T4	PA
	<i>GLEEVEC</i>	T4	T4	PA QL
	<i>HERCEPTIN</i>	T4	T4	PA
	<i>HEXALEN</i>	T4	T4	
	<i>HYCANTIN</i>	T4	T4	PA
	<i>hydroxyurea</i>	T1	T1	
	<i>IRESSA</i>	T4	T4	QL
	<i>IXEMPRA KIT</i>	T4	T4	PA
	<i>LEUKERAN</i>	T2	T2	
	<i>MATULANE</i>	T4	T4	
	<i>mercaptopurine</i>	T1	T1	90D
	<i>mesna</i>	T1	T1	
	<i>MESNEX</i>	T4	T4	PA
	<i>mitoxantrone</i>	T1	T1	
	<i>NEXAVAR</i>	T4	T4	PA QL
	<i>ONTAK</i>	T4	T4	PA
	<i>paclitaxel</i>	T4	T4	PA
	<i>PANRETIN</i>	T2	T2	QL
	<i>PROLEUKIN</i>	T4	T4	PA
	<i>REVLIMID</i>	T4	T4	PA QL
	<i>RITUXAN</i>	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>SOLTAMOX</i>	T3	T3	QL 90D
	<i>SPRYCEL</i>	T4	T4	PA QL
	<i>SUTENT</i>	T4	T4	PA QL
	<i>TABLOID</i>	T2	T2	
	<i>tamoxifen citrate</i>	T1	T1	90D
	<i>TARCEVA</i>	T4	T4	PA QL
	<i>TARGRETIN</i>	T4	T4	PA QL
	<i>TASIGNA</i>	T4	T4	PA QL
	<i>TAXOTERE</i>	T4	T4	PA
	<i>TEMODAR INJ</i>	T4	T4	PA
	<i>THALOMID</i>	T4	T4	PA QL
	<i>thiotepa</i>	T3	T3	PA
	<i>TORISEL</i>	T4	T4	PA
	<i>TREANDA</i>	T4	T4	PA
	<i>tretinoin cap</i>	T4	T4	PA
	<i>TRISENOX</i>	T3	T3	PA
	<i>TYKERB</i>	T4	T4	PA QL
	<i>VELCADE</i>	T4	T4	PA
	<i>VIDAZA</i>	T4	T4	PA
	<i>ZEVALIN IN-111</i>	T4	T4	PA
	<i>ZEVALIN Y-90</i>	T4	T4	PA
	<i>ZOLINZA</i>	T4	T4	PA QL
Antiparasitics	<i>acticin</i>	T1	T1	
	<i>ALBENZA</i>	T3	T3	
	<i>ALINIA</i>	T3	T3	
	<i>BILTRICIDE</i>	T3	T3	
	<i>chloroquine phosp</i>	T1	T1	90D
	<i>DARAPRIM</i>	T2	T2	
	<i>EURAX</i>	T2	T2	
	<i>FANSIDAR</i>	T3	T3	
	<i>hydroxychloroquine</i>	T1	T1	90D
	<i>lindane lot</i>	T3	T3	QL
	<i>lindane shamp</i>	T1	T1	QL
	<i>mebendazole</i>	T1	T1	
	<i>mefloquine</i>	T1	T1	
	<i>MEPRON</i>	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>NEBUPENT</i>	T2	T2	PA
	<i>OVIDE</i>	T3	T3	
	<i>permethrin</i>	T1	T1	
	<i>PRIMAQUINE</i>	T2	T2	
	<i>QUALAQUIN</i>	T3	T3	PA QL
	<i>STROMECTOL</i>	T3	T3	
	<i>TINDAMAX</i>	T3	T3	
Antiparkinson Agents	<i>amantadine</i>	T1	T1	90D
	<i>APOKYN</i>	T4	T4	PA ST QL
	<i>AZILECT</i>	T3	T3	90D
	<i>benztropine</i>	T1	T1	90D
	<i>bromocriptine</i>	T1	T1	90D
	<i>carbidopa/levodopa</i>	T1	T1	90D
	<i>carbidopa/levodopa er</i>	T1	T1	90D
	<i>carbidopa/levodopa odt</i>	T1	T1	90D
	<i>COMTAN</i>	T2	T2	90D
	<i>KEMADRIN</i>	T3	T3	90D
	<i>LODOSYN</i>	T3	T3	90D
	<i>MIRAPEX</i>	T2	T2	90D
	<i>PARCOPA</i>	T2	T2	90D
	<i>ropinirole</i>	T1	T1	90D
	<i>selegiline</i>	T1	T1	90D
	<i>STALEVO</i>	T2	T2	90D
	<i>TASMAR</i>	T3	T3	90D
	<i>trihexyphenidyl</i>	T1	T1	90D PA QL
Antipsychotics	<i>ABILIFY</i>	T3	T3	90D
	<i>ABILIFY DISC MELT</i>	T3	T3	PA QL
	<i>ABILIFY INJ</i>	T3	T3	PA
	<i>chlorpromazine</i>	T1	T1	90D
	<i>CLOZAPINE 200MG</i>	T2	T2	
	<i>clozapine 25mg,50mg,100mg</i>	T1	T1	
	<i>FAZACLO</i>	T3	T3	
	<i>fluphenazine</i>	T1	T1	90D
	<i>fluphenazine dec</i>	T1	T1	
	<i>fluphenazine inj</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>GEODON CAP</i>	T3	T3	PA QL 90D
	<i>GEODON INJ</i>	T3	T3	PA QL
	<i>haloperidol</i>	T1	T1	90D
	<i>haloperidol dec</i>	T1	T1	
	<i>INVEGA</i>	T3	T3	PA QL 90D
	<i>loxapine</i>	T1	T1	90D
	<i>MOBAN</i>	T2	T2	90D
	<i>NAVANE 20MG</i>	T3	T3	90D
	<i>ORAP</i>	T3	T3	90D
	<i>perphenazine</i>	T1	T1	90D
	<i>RISPERDAL CONSTA</i>	T3	T3	QL
	<i>RISPERDAL M-TAB</i>	T2	T2	QL 90D
	<i>RISPERDAL SOLN</i>	T2	T2	90D
	<i>risperidone</i>	T1	T1	QL 90D
	<i>risperidone m-tab</i>	T1	T1	QL 90D
	<i>SEROQUEL</i>	T2	T2	QL 90D
	<i>SEROQUEL XR</i>	T2	T2	QL 90D
	<i>SYMBYAX</i>	T3	T3	PA QL 90D
	<i>thioridazine</i>	T1	T1	90D
	<i>thiothixene</i>	T1	T1	90D
	<i>trifluoperazine</i>	T1	T1	90D
	<i>ZYPREXA</i>	T3	T3	PA QL 90D
	<i>ZYPREXA ZYDIS</i>	T3	T3	PA QL 90D
Antispasticity Agents	<i>baclofen</i>	T1	T1	90D
	<i>dantrolene</i>	T1	T1	90D
	<i>tizanidine</i>	T1	T1	90D
Antivirals	<i>acyclovir</i>	T1	T1	
	<i>APTIVUS</i>	T4	T4	QL
	<i>ATRIPLA</i>	T4	T4	QL
	<i>BARACLUDE</i>	T4	T4	QL
	<i>COMBIVIR</i>	T2	T2	QL
	<i>CRIXIVAN</i>	T2	T2	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>DENAVIR</i>	T2	T2	QL
	<i>didanosine</i>	T1	T1	
	<i>EMTRIVA</i>	T3	T3	QL
	<i>EPIVIR</i>	T2	T2	
	<i>EPIVIR HBV</i>	T2	T2	
	<i>EPZICOM</i>	T2	T2	
	<i>famciclovir</i>	T1	T1	QL
	<i>foscarnet sod</i>	T3	T3	PA
	<i>FUZEON</i>	T4	T4	QL
	<i>ganciclovir</i>	T1	T1	
	<i>HEPSERA</i>	T4	T4	QL
	<i>INTELENCE</i>	T4	T4	QL
	<i>INVIRASE</i>	T4	T4	
	<i>ISENTRESS</i>	T4	T4	QL
	<i>KALETRA</i>	T2	T2	QL
	<i>LEXIVA</i>	T2	T2	
	<i>NORVIR</i>	T2	T2	
	<i>PREZISTA</i>	T4	T4	QL
	<i>PREZISTA 75MG</i>	T3	T3	QL
	<i>REBETOL SOLN</i>	T2	T2	PA
	<i>RELENZA DISKH</i>	T3	T3	QL
	<i>RESCRIPTOR</i>	T2	T2	
	<i>RETROVIR IV</i>	T3	T3	
	<i>REYATAZ</i>	T2	T2	QL
	<i>ribasphere 200mg</i>	T3	T3	PA
	<i>ribasphere 400mg & 600mg</i>	T4	T4	PA
	<i>ribavirin 400mg & 600mg</i>	T4	T4	PA
	<i>rimantadine</i>	T1	T1	
	<i>SELZENTRY</i>	T4	T4	QL
	<i>stavudine</i>	T1	T1	
	<i>SUSTIVA</i>	T2	T2	
	<i>TAMIFLU</i>	T3	T3	QL
	<i>TRIZIVIR</i>	T2	T2	
	<i>TRUVADA</i>	T4	T4	QL
	<i>TYZEKA</i>	T3	T3	QL
	<i>VALCYTE</i>	T4	T4	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>VALTREX</i>	T3	T3	QL
	<i>VIDEX EC</i>	T2	T2	
	<i>VIDEX PED</i>	T2	T2	
	<i>VIRACEPT</i>	T3	T3	
	<i>VIRAMUNE</i>	T3	T3	
	<i>VIRAZOLE</i>	T3	T3	PA
	<i>VIREAD</i>	T3	T3	
	<i>ZERIT</i>	T2	T2	
	<i>ZIAGEN</i>	T2	T2	
	<i>zidovudine</i>	T1	T1	
	<i>ZOVIRAX OINT</i>	T3	T3	QL
Anxiety /Sleep	<i>alprazolam**</i>	T1	NC	QL
	<i>clonazepam**</i>	T1	NC	QL
	<i>lorazepam**</i>	T1	NC	QL
Anxiolytics	<i>buspirone</i>	T1	T1	90D
	<i>cdp /amitriptyline</i>	T1	T1	
	<i>meprobamate</i>	T1	T1	
Bipolar Agents	<i>lithium</i>	T1	T1	90D
	<i>lithium carbonate er</i>	T1	T1	90D
	<i>lithium citrate</i>	T1	T1	90D
	<i>LITHOBID</i>	T2	T2	90D
Blood Glucose Regulators	<i>acarbose</i>	T1	T1	90D
	<i>ACTOS</i>	T2	T2	ST QL 90D
	<i>AVANDAMET</i>	T2	T2	ST QL 90D
	<i>AVANDARYL</i>	T2	T2	ST QL 90D
	<i>AVANDIA</i>	T2	T2	ST QL 90D
	<i>BYETTA</i>	T2	T2	ST QL 90D
	<i>chlorpropamide</i>	T1	T1	90D
	<i>DUETACT</i>	T2	T2	ST QL 90D
	<i>glimepiride</i>	T1	T1	90D
	<i>glipizide</i>	T1	T1	90D
	<i>glipizide er</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>glipizide xl</i>	T1	T1	90D
	<i>glipizide/metformin</i>	T1	T1	90D
	<i>GLUCAGEN HYPOKIT</i>	T2	T2	QL
	<i>GLUCAGON KIT</i>	T2	T2	QL
	<i>glyburide</i>	T1	T1	90D
	<i>glyburide micronized</i>	T1	T1	90D
	<i>glyburide/metformin</i>	T1	T1	90D
	<i>glycron</i>	T1	T1	90D
	<i>GLYSET</i>	T3	T3	90D
	<i>HUMALOG 50/50 PEN</i>	T3	T3	PA 90D
	<i>HUMALOG 50/50 VIAL</i>	T3	T3	90D
	<i>HUMALOG 75/25 PEN</i>	T3	T3	PA 90D
	<i>HUMALOG 75/25 VIAL</i>	T3	T3	90D
	<i>HUMALOG PEN</i>	T3	T3	PA 90D
	<i>HUMALOG VIAL</i>	T3	T3	90D
	<i>HUMULIN 50/50 VIAL</i>	T3	T3	90D
	<i>HUMULIN 70/30 PEN</i>	T3	T3	PA 90D
	<i>HUMULIN 70/30 VIAL</i>	T3	T3	90D
	<i>HUMULIN N PEN</i>	T3	T3	PA 90D
	<i>HUMULIN N VIAL</i>	T3	T3	90D
	<i>HUMULIN R U-500 VIAL</i>	T3	T3	90D
	<i>HUMULIN R VIAL</i>	T3	T3	90D
				PA QL
	<i>JANUMET</i>	T3	T3	90D
				PA QL
	<i>JANUVIA</i>	T3	T3	90D
	<i>LANTUS PEN</i>	T2	T2	PA 90D
	<i>LANTUS VIAL</i>	T2	T2	90D
	<i>LEVEMIR PEN</i>	T2	T2	PA 90D
	<i>LEVEMIR VIAL</i>	T2	T2	90D
	<i>metformin</i>	T1	T1	90D
	<i>metformin er</i>	T1	T1	90D
	<i>NOVOLIN 70/30 PEN</i>	T2	T2	PA 90D
	<i>NOVOLIN 70/30 VIAL</i>	T2	T2	90D
	<i>NOVOLIN N PEN</i>	T2	T2	PA 90D
	<i>NOVOLIN N VIAL</i>	T2	T2	90D
	<i>NOVOLIN R PEN</i>	T2	T2	PA 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>NOVOLIN R VIAL</i>	T2	T2	90D
	<i>NOVOLOG 70/30 PEN</i>	T2	T2	PA 90D
	<i>NOVOLOG 70/30 VIAL</i>	T2	T2	90D
	<i>NOVOLOG PEN</i>	T2	T2	PA 90D
	<i>NOVOLOG VIAL</i>	T2	T2	90D
	<i>PRANDIN</i>	T2	T2	90D
	<i>PROGLYCEM</i>	T3	T3	
	<i>RIOMET</i>	T3	T3	90D
	<i>STARLIX</i>	T3	T3	90D
	<i>SYMLIN PEN</i>	T3	T3	PA QL 90D
	<i>SYMLIN VIAL</i>	T3	T3	PA QL 90D
	<i>tolazamide</i>	T1	T1	90D
	<i>tolbutamide</i>	T1	T1	90D
Blood Products/Modifiers/ Volume Expanders	<i>AGGRENOX</i>	T3	T3	QL 90D
	<i>ARANESP</i>	T4	T4	PA ST QL
	<i>ARANESP 25MCG</i>	T3	T3	PA ST QL
	<i>ARIXTRA</i>	T4	T4	PA
	<i>ARIXTRA 2.5MG</i>	T3	T3	PA
	<i>cilostazol</i>	T1	T1	90D
	<i>CINRYZE</i>	T4	T4	PA QL
	<i>COUMADIN</i>	T2	T2	90D
	<i>CYKLOKAPRON</i>	T2	T2	
	<i>dipyridamole</i>	T1	T1	90D
	<i>EPOGEN 20K,40K</i>	T4	T4	PA ST QL
	<i>FRAGMIN</i>	T4	T4	PA
	<i>FRAGMIN 2.5MG & 5MG</i>	T3	T3	PA
Blood Products/Modifiers/ Volume Expanders	<i>heparin sodium</i>	T1	T1	
	<i>INNOHEP</i>	T4	T4	PA
	<i>jantoven</i>	T1	T1	90D
	<i>LEUKINE</i>	T4	T4	PA
	<i>LOVENOX</i>	T4	T4	PA
	<i>LOVENOX 30MG,40MG,60MG</i>	T3	T3	PA
	<i>NEULASTA</i>	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>NEUMEGA</i>	T2	T2	PA
	<i>NEUPOGEN</i>	T4	T4	PA
	<i>PLAVIX 300MG</i>	T2	T2	QL
	<i>PLAVIX 75MG</i>	T2	T2	QL 90D
	<i>PROCRIT 20K & 40K</i>	T4	T4	PA QL
	<i>PROCRIT 2K,3K,4K,10K</i>	T3	T3	PA QL
	<i>PROMACTA</i>	T4	T4	PA QL
	<i>ticlopidine</i>	T1	T1	90D
	<i>warfarin</i>	T1	T1	90D
Cardiovascular Agents	<i>acebutolol</i>	T1	T1	90D
	<i>ACEON</i>	T3	T3	QL 90D
	<i>acetazolamide</i>	T1	T1	90D
	<i>ADVICOR</i>	T2	T2	QL 90D
	<i>ALTOPREV</i>	T3	T3	QL 90D
	<i>amiloride</i>	T1	T1	90D
	<i>amiloride/hctz</i>	T1	T1	90D
	<i>amiodarone</i>	T1	T1	90D
	<i>amlodipine</i>	T1	T1	90D
	<i>amlodipine/benazepril</i>	T1	T1	QL 90D
Cardiovascular Agents	<i>ANTARA</i>	T3	T3	QL 90D
	<i>ATACAND</i>	T3	T3	QL 90D
	<i>ATACAND HCT</i>	T3	T3	QL 90D
	<i>atenolol</i>	T1	T1	90D
	<i>atenolol/chlorthal</i>	T1	T1	90D
	<i>AVALIDE</i>	T2	T2	QL 90D
	<i>AVAPRO</i>	T2	T2	QL 90D
	<i>benazepril</i>	T1	T1	90D
	<i>benazepril/hctz</i>	T1	T1	90D
	<i>BENICAR</i>	T3	T3	QL 90D
	<i>BENICAR HCT</i>	T3	T3	QL 90D
	<i>bisoprolol</i>	T1	T1	90D
	<i>bisoprolol/hctz</i>	T1	T1	90D
	<i>bumetanide inj</i>	T1	T1	
	<i>bumetanide tab</i>	T1	T1	90D
	<i>BYSTOLIC</i>	T2	T2	QL 90D
	<i>CADUET</i>	T3	T3	ST QL

Comprehensive Formulary

Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
				90D
	<i>captopril</i>	T1	T1	90D
	<i>captopril /hctz</i>	T1	T1	90D
	<i>CARDIZEM LA</i>	T2	T2	QL 90D
	<i>cartia xt</i>	T1	T1	90D
	<i>carvedilol</i>	T1	T1	90D
	<i>CATAPRES-TTS</i>	T3	T3	QL 90D
	<i>chlorothiazide</i>	T1	T1	90D
	<i>chlorthalidone</i>	T1	T1	90D
	<i>cholestyramine</i>	T1	T1	90D
	<i>clonidine</i>	T1	T1	90D
	<i>CLORPRES</i>	T2	T2	90D
	<i>colestipol</i>	T1	T1	90D
	<i>COREG CR</i>	T2	T2	QL 90D
	<i>COVERA-HS</i>	T3	T3	90D
	<i>COZAAR</i>	T3	T3	QL 90D
	<i>CRESTOR</i>	T2	T2	QL 90D
	<i>DIAMOX</i>	T2	T2	90D
	<i>DIBENZYLINE</i>	T2	T2	90D
	<i>digitek</i>	T1	T1	90D
	<i>digoxin</i>	T1	T1	90D
	<i>DILATRATE SR</i>	T2	T2	90D
	<i>diltiazem cd</i>	T1	T1	90D
	<i>diltiazem er cap</i>	T1	T1	90D
	<i>diltiazem soln</i>	T1	T1	
	<i>diltiazem tab,cap</i>	T1	T1	90D
	<i>dilt-xr</i>	T1	T1	90D
	<i>DIOVAN</i>	T3	T3	QL 90D
	<i>DIOVAN HCT</i>	T3	T3	QL 90D
	<i>disopyramide</i>	T1	T1	90D
	<i>disopyramide er</i>	T1	T1	90D
	<i>DYNACIRC CR</i>	T3	T3	90D
	<i>DYRENIUM</i>	T3	T3	90D
	<i>EDECIN</i>	T3	T3	90D
	<i>enalapril</i>	T1	T1	90D
	<i>enalapril/hctz</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>eplerenone</i>	T3	T3	QL 90D
	<i>felodipine er</i>	T1	T1	90D
	<i>fenofibrate</i>	T1	T1	90D
	<i>FENOGLIDE</i>	T3	T3	QL 90D
	<i>flecainide</i>	T1	T1	90D
	<i>fosinopril</i>	T1	T1	90D
	<i>fosinopril/hctz</i>	T1	T1	90D
	<i>furosemide</i>	T1	T1	90D
	<i>gemfibrozil</i>	T1	T1	90D
	<i>guanabenz</i>	T1	T1	90D
	<i>guanfacine</i>	T3	T3	90D
	<i>hydralazine</i>	T1	T1	90D
	<i>hydralazine inj</i>	T1	T1	
	<i>hydrochlorothiazide</i>	T1	T1	90D
	<i>HYZAAR</i>	T3	T3	QL 90D
	<i>IMDUR 30MG,120MG</i>	T3	T3	QL 90D
	<i>indapamide</i>	T1	T1	90D
	<i>INNOPRAN XL</i>	T3	T3	QL 90D
	<i>INVERSINE</i>	T3	T3	90D
	<i>isosorbide dinitrate</i>	T1	T1	90D
	<i>isosorbide dinitrate er</i>	T1	T1	90D
	<i>isosorbide mono er</i>	T1	T1	90D
	<i>isosorbide mono ir</i>	T1	T1	90D
	<i>isradipine</i>	T3	T3	90D
	<i>labetalol</i>	T1	T1	90D
	<i>labetalol inj</i>	T1	T1	
	<i>LANOXIN</i>	T2	T2	90D
	<i>LESCOL</i>	T3	T3	QL 90D
	<i>LESCOL XL</i>	T3	T3	QL 90D
	<i>LEVATOL</i>	T3	T3	90D
	<i>LEXXEL</i>	T3	T3	QL 90D
	<i>LIPITOR</i>	T3	T3	QL 90D
	<i>lisinopril</i>	T1	T1	90D
	<i>lisinopril/hctz</i>	T1	T1	90D
	<i>LOTREL 5MG/40MG, 10MG/40MG</i>	T3	T3	QL 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>lovastatin</i>	T1	T1	90D
	<i>LOVAZA</i>	T2	T2	QL 90D
	<i>methyclothiazid</i>	T1	T1	90D
	<i>methyldopa</i>	T1	T1	90D
	<i>methyldopa/hctz</i>	T1	T1	90D
	<i>metolazone</i>	T1	T1	90D
	<i>metoprolol er</i>	T1	T1	90D
	<i>metoprolol tart</i>	T1	T1	90D
	<i>metoprolol tart inj</i>	T1	T1	
	<i>metoprolol/hctz</i>	T1	T1	90D
	<i>mexiletine</i>	T1	T1	90D
	<i>MICARDIS</i>	T2	T2	QL 90D
	<i>MICARDIS HCT</i>	T2	T2	QL 90D
	<i>midodrine</i>	T1	T1	90D
	<i>minoxidil</i>	T1	T1	90D
	<i>moexipril</i>	T1	T1	90D
	<i>moexipril/hctz</i>	T1	T1	90D
	<i>MONOKET 10MG</i>	T3	T3	QL 90D
	<i>nadolol</i>	T1	T1	90D
	<i>niacor</i>	T1	T1	90D
	<i>NIASPAN</i>	T2	T2	QL 90D
	<i>nicardipine</i>	T1	T1	90D
	<i>nifediac cc</i>	T1	T1	90D
	<i>nifedical xl</i>	T1	T1	90D
	<i>NIFEDIPINE</i>	T3	T3	90D
	<i>nifedipine cap</i>	T3	T3	90D
	<i>nifedipine er</i>	T1	T1	90D
	<i>nimodipine</i>	T1	T1	
	<i>nisoldipine</i>	T1	T1	QL 90D
	<i>NITRO-DUR PTCH</i>	T1	T1	QL 90D
	<i>nitroglycerin inj</i>	T1	T1	90D
	<i>NITROLINGUAL SPR</i>	T2	T2	90D
	<i>NITROSTAT</i>	T2	T2	90D
	<i>NORPACE CR 100MG</i>	T2	T2	90D
	<i>PACERONE 100MG & 300MG</i>	T2	T2	90D
	<i>pacerone 200mg</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>pindolol</i>	T1	T1	90D
	<i>pravastatin</i>	T1	T1	90D
	<i>prazosin</i>	T1	T1	90D
	<i>prevalite</i>	T1	T1	90D
	<i>procainamide inj</i>	T1	T1	
	<i>PROCANBID</i>	T2	T2	90D
	<i>propafenone</i>	T1	T1	90D
	<i>propranolol</i>	T1	T1	90D
	<i>propranolol er</i>	T1	T1	90D
	<i>propranolol inj</i>	T1	T1	90D
	<i>propranolol/hctz</i>	T1	T1	90D
	<i>quinapril</i>	T1	T1	90D
	<i>quinapril/hctz</i>	T1	T1	90D
	<i>quinaretic</i>	T1	T1	90D
	<i>quinidine gluc cr</i>	T1	T1	90D
	<i>quinidine sulf er</i>	T1	T1	90D
	<i>quinidine sulfate</i>	T1	T1	90D
	<i>ramipril</i>	T1	T1	90D
	<i>RANEXA</i>	T2	T2	ST QL 90D
	<i>reserpine</i>	T1	T1	90D
	<i>RYTHMOL SR</i>	T2	T2	QL 90D
	<i>SIMCOR</i>	T2	T2	QL 90D
	<i>simvastatin</i>	T1	T1	90D
	<i>sorine</i>	T1	T1	90D
	<i>sotalol</i>	T1	T1	90D
	<i>sotalol (af)</i>	T1	T1	90D
	<i>spironolactone</i>	T1	T1	90D
	<i>spironolactone/hctz</i>	T1	T1	90D
	<i>SULAR</i>	T2	T2	QL 90D
	<i>TARKA</i>	T3	T3	QL 90D
	<i>taztia xt</i>	T1	T1	90D
	<i>TEVETEN</i>	T3	T3	QL 90D
	<i>TEVETEN HCT</i>	T3	T3	QL 90D
	<i>THALITONE</i>	T2	T2	90D
	<i>TIKOSYN</i>	T2	T2	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>TIMOLIDE 10/25</i>	T3	T3	90D
	<i>timolol</i>	T1	T1	90D
	<i>TOPROL XL</i>	T3	T3	90D
	<i>torseamide</i>	T1	T1	90D
	<i>trandolapril</i>	T1	T1	90D
	<i>triamterene/hctz</i>	T1	T1	90D
	<i>TRICOR</i>	T3	T3	QL 90D
	<i>TRIGLIDE</i>	T3	T3	QL 90D
	<i>VENTAVIS</i>	T4	T4	PA
	<i>verapamil</i>	T1	T1	90D
	<i>verapamil er</i>	T1	T1	90D
	<i>verapamil sr 120mg</i>	T1	T1	90D
	<i>verapamil sr 180mg,240mg,360mg</i>	T1	T1	90D
	<i>VYTORIN</i>	T2	T2	QL 90D
	<i>WELCHOL</i>	T3	T3	ST 90D ST QL
	<i>ZETIA</i>	T3	T3	90D
Central Nervous System Agents	<i>ADDERALL XR</i>	T2	T2	QL
	<i>amphet salt combo</i>	T1	T1	
	<i>amphetamine/dextroamphetamine er</i>	T1	T1	QL
	<i>CONCERTA</i>	T3	T3	QL
	<i>dexmethylphenidate</i>	T1	T1	
	<i>dextroamphetamine</i>	T1	T1	
	<i>dextroamphetamine cr</i>	T1	T1	
	<i>METADATE CD</i>	T3	T3	QL
	<i>methylphenidate</i>	T1	T1	
	<i>methylphenidate er</i>	T1	T1	
	<i>PROVIGIL</i>	T3	T3	PA QL
	<i>RILUTEK</i>	T4	T4	PA
	<i>RITALIN LA</i>	T3	T3	QL
	<i>STRATTERA</i>	T3	T3	QL 90D
	<i>XYREM</i>	T2	T2	QL
Dental and Oral Agents	<i>APHTHASOL</i>	T2	T2	
	<i>chlorhexadine gluc oral</i>	T1	T1	
	<i>EVOXAC</i>	T2	T2	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
Dermatological Agents	<i>pilocarpine</i>	T1	T1	90D
	<i>triamcin/orabase</i>	T1	T1	
	<i>8-MOP</i>	T2	T2	
	<i>ALDARA</i>	T3	T3	QL
	<i>AMEVIVE</i>	T4	T4	PA
	<i>ammonium lact cr</i>	T1	T1	90D
	<i>ammonium lact lot</i>	T1	T1	QL 90D
	<i>AZELEX</i>	T2	T2	90D
	<i>BENZACLIN</i>	T3	T3	90D
	<i>calcipotriene</i>	T3	T3	90D
	<i>CARAC</i>	T3	T3	90D
	<i>clindamycin</i>	T1	T1	90D
	<i>CONDYLOX</i>	T3	T3	
	<i>DOVONEX</i>	T3	T3	90D
	<i>ELIDEL</i>	T3	T3	ST QL 90D
	<i>erythromycin/benz perox</i>	T3	T3	90D
	<i>FLUOROPLEX</i>	T2	T2	90D
	<i>fluorouracil cr,soln</i>	T1	T1	90D
	<i>OXSORALEN</i>	T2	T2	90D
	<i>OXSORALEN ULTRA</i>	T2	T2	
	<i>podofilox</i>	T1	T1	ST QL
	<i>PROTOPIC</i>	T3	T3	90D
	<i>RAPTIVA</i>	T4	T4	PA QL
	<i>REGRANEX</i>	T4	T4	PA QL
	<i>RETIN-A MICRO</i>	T3	T3	QL 90D
	<i>SANTYL</i>	T3	T3	
	<i>SOLARAZE</i>	T2	T2	QL
	<i>SORIATANE CK</i>	T3	T3	QL
	<i>sotret</i>	T3	T3	QL
	<i>TAZORAC</i>	T2	T2	QL 90D
<i>tretinoin gel,cr</i>	T1	T1	90D	
<i>VEREGEN</i>	T3	T3	QL	
<i>ZONALON</i>	T3	T3	QL 90D	
Enzyme Replacements/ Modifiers	<i>ADAGEN</i>	T4	T4	PA
	<i>ALDURAZYME</i>	T4	T4	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>BUPHENYL</i>	T4	T4	PA
	<i>CEREDASE</i>	T4	T4	PA
	<i>CEREZYME</i>	T4	T4	PA
	<i>CREON</i>	T3	T3	90D
	<i>CYSTADANE</i>	T3	T3	PA
	<i>CYSTAGON</i>	T3	T3	PA 90D
	<i>DYGASE</i>	T3	T3	90D
	<i>ELAPRASE</i>	T4	T4	PA
	<i>FABRAZYME</i>	T4	T4	PA
	<i>KU-ZYME HP</i>	T3	T3	90D
	<i>LAPASE</i>	T3	T3	90D
	<i>LIPRAM 4500</i>	T3	T3	90D
	<i>LIPRAM-PN10</i>	T3	T3	90D
	<i>LIPRAM-PN20</i>	T3	T3	90D
	<i>LIPRAM-UL12</i>	T3	T3	90D
	<i>LIPRAM-UL18</i>	T3	T3	90D
	<i>LIPRAM-UL20</i>	T3	T3	90D
	<i>NAGLAZYME</i>	T4	T4	PA
	<i>ORFADIN</i>	T4	T4	PA
	<i>PALCAPS 10</i>	T3	T3	90D
	<i>PALCAPS 20</i>	T3	T3	90D
	<i>PANCREASE MT 4</i>	T3	T3	90D
	<i>PANCRECARB MS-16</i>	T3	T3	90D
	<i>PANCRECARB MS-4</i>	T3	T3	90D
	<i>PANCRECARB MS-8</i>	T3	T3	90D
	<i>PANCRELIP MST-16</i>	T3	T3	90D
	<i>PANCRELIPASE</i>	T3	T3	90D
	<i>PANCRON 10</i>	T3	T3	90D
	<i>PANCRON 20</i>	T3	T3	90D
	<i>PANGESTYME CN 10</i>	T3	T3	90D
	<i>PANGESTYME CN 20</i>	T3	T3	90D
	<i>PANGESTYME EC</i>	T3	T3	90D
	<i>PANGESTYME MT 16</i>	T3	T3	90D
	<i>PANGESTYME UL 12</i>	T3	T3	90D
	<i>PANGESTYME UL 18</i>	T3	T3	90D
	<i>PANGESTYME UL 20</i>	T3	T3	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>PANOCAPS</i>	T3	T3	90D
	<i>PANOCAPS MT 16</i>	T3	T3	90D
	<i>PANOCAPS MT 20</i>	T3	T3	90D
	<i>PANOKASE</i>	T3	T3	90D
	<i>PANOKASE-16</i>	T3	T3	90D
	<i>PLARETASE 8000</i>	T3	T3	90D
	<i>SUCRAID</i>	T4	T4	PA
	<i>ULTRACAPS MT 20</i>	T3	T3	90D
	<i>ULTRASE</i>	T2	T2	90D
	<i>ULTRASE MT 12</i>	T2	T2	90D
	<i>ULTRASE MT 18</i>	T2	T2	90D
	<i>ULTRASE MT 20</i>	T2	T2	90D
	<i>VIOKASE 16</i>	T2	T2	90D
	<i>VIOKASE 8</i>	T2	T2	90D
	<i>ZAVESCA</i>	T4	T4	PA QL
Epilepsy	<i>phenobarbital**</i>	T1	NC	QL
Erectile Dysfunction	<i>LEVITRA**</i>	T1	NC	QL
Gastrointestinal Agents	<i>ACIPHEX</i>	T3	T3	ST QL 90D
	<i>AMITIZA</i>	T3	T3	90D
	<i>AXID SOLN</i>	T3	T3	90D
	<i>CANTIL</i>	T3	T3	90D
	<i>cimetidine</i>	T1	T1	90D
	<i>cimetidine inj</i>	T1	T1	
	<i>cimetidine soln</i>	T1	T1	90D
	<i>constulose</i>	T1	T1	90D
	<i>dicyclomine</i>	T1	T1	90D
	<i>DIPENTUM</i>	T3	T3	90D
	<i>diphenox/atropine</i>	T1	T1	
	<i>enulose</i>	T1	T1	90D
	<i>famotidine</i>	T1	T1	90D
	<i>GASTROCROM</i>	T2	T2	90D
	<i>glycopyrrolate</i>	T3	T3	90D
	<i>glycopyrrolate inj</i>	T3	T3	
	<i>GOLYTELY</i>	T2	T2	
	<i>HALFLYTELY</i>	T3	T3	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>KRISTALOSE</i>	T3	T3	90D
	<i>lactulose</i>	T1	T1	90D
	<i>lofene</i>	T1	T1	90D
	<i>lonox</i>	T1	T1	90D
	<i>LOTRONEX</i>	T2	T2	PA QL
	<i>methscopolamine</i>	T3	T3	90D
	<i>metoclopramide</i>	T1	T1	90D
	<i>metoclopramide inj</i>	T1	T1	
	<i>misoprostol</i>	T1	T1	90D
	<i>MOTOFEN</i>	T3	T3	
	<i>MOVIPREP</i>	T3	T3	
	<i>NEXIUM</i>	T2	T2	QL 90D
	<i>nizatidine</i>	T1	T1	90D
	<i>NULYTELY</i>	T2	T2	
	<i>omeprazole 10mg,20mg</i>	T1	T1	QL 90D
	<i>peg 3350</i>	T1	T1	
	<i>PEPCID SUSP</i>	T3	T3	90D
	<i>polyethylene glycol 3350</i>	T1	T1	90D
				ST QL
	<i>PREVACID SOLUTAB</i>	T3	T3	90D
	<i>PRILOSEC OTC 20MG*</i>	0	0	QL 90D
	<i>propantheline</i>	T1	T1	90D
	<i>PROTONIX IV</i>	T3	T3	PA
	<i>PROTONIX TAB</i>	T2	T2	QL 90D
	<i>ranitidine soln</i>	T1	T1	
	<i>ranitidine syrup</i>	T3	T3	90D
	<i>ranitidine tab, cap</i>	T1	T1	90D
	<i>sucralfate</i>	T1	T1	90D
	<i>trilyte</i>	T1	T1	
	<i>ursodiol</i>	T1	T1	90D
	<i>VISICOL</i>	T3	T3	
Genitourinary Agents	<i>AVODART</i>	T2	T2	QL 90D
	<i>calcium acetate cap</i>	T1	T1	90D
	<i>CLINDESSE</i>	T3	T3	
	<i>DETROL</i>	T3	T3	90D
	<i>DETROL LA</i>	T3	T3	QL 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>doxazosin</i>	T1	T1	90D
	<i>ELMIRON</i>	T2	T2	90D
	<i>ENABLEX</i>	T2	T2	QL 90D
	<i>finasteride</i>	T1	T1	90D
	<i>flavoxate</i>	T1	T1	90D
	<i>FLOMAX</i>	T2	T2	QL 90D ST QL
	<i>FOSRENOL</i>	T3	T3	90D
	<i>oxybutynin</i>	T1	T1	90D
	<i>oxybutynin er</i>	T3	T3	QL 90D
	<i>OXYTROL</i>	T3	T3	QL 90D
	<i>PHOSLO</i>	T3	T3	90D
	<i>RENAGEL</i>	T2	T2	90D
	<i>RENVELA</i>	T2	T2	90D
	<i>SANCTURA</i>	T2	T2	QL 90D
	<i>SANCTURA XR</i>	T2	T2	QL 90D
	<i>terazosin</i>	T1	T1	90D
	<i>THIOLA</i>	T3	T3	
	<i>UROXATRAL</i>	T2	T2	QL 90D
	<i>VESICARE</i>	T3	T3	QL 90D
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	<i>alclometasone</i>	T1	T1	90D
	<i>amcinonide</i>	T1	T1	90D
	<i>apexicon e</i>	T3	T3	90D
	<i>aug betameth dip</i>	T1	T1	90D
	<i>betamethasone dip</i>	T1	T1	90D
	<i>betamethasone val</i>	T1	T1	90D
	<i>CAPEX</i>	T2	T2	90D
	<i>CELESTONE</i>	T2	T2	90D
	<i>clobetasol prop</i>	T1	T1	90D
	<i>clobetasol prop e</i>	T1	T1	90D
	<i>CLOBEX</i>	T3	T3	90D
	<i>CLODERM</i>	T3	T3	90D
	<i>CORDRAN</i>	T3	T3	90D
	<i>CORTIFOAM</i>	T2	T2	90D
	<i>cortisone acetate</i>	T1	T1	90D
	<i>DERMA-SMOOTH/FS</i>	T2	T2	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>desonide</i>	T1	T1	90D
	<i>desoximetasone</i>	T1	T1	90D
	<i>dexameth intensol</i>	T1	T1	90D
	<i>dexamethasone</i>	T1	T1	90D
	<i>dexamethasone phos inj</i>	T1	T1	
	<i>DEXPAK 13 DAY</i>	T2	T2	90D
	<i>diflorasone diac</i>	T1	T1	90D
	<i>fludrocortisone</i>	T1	T1	90D
	<i>fluocinolone</i>	T1	T1	90D
	<i>fluocinonide</i>	T1	T1	90D
	<i>fluocinonide-e</i>	T1	T1	90D
	<i>halobetasol</i>	T1	T1	90D
	<i>HALOG</i>	T3	T3	90D
	<i>hydrocort butyrate</i>	T1	T1	90D
	<i>hydrocort in absor</i>	T1	T1	90D
	<i>hydrocort val</i>	T1	T1	90D
	<i>KENALOG AER</i>	T2	T2	90D
	<i>methylprednisolone</i>	T1	T1	90D
	<i>methylprednisolone act</i>	T1	T1	
	<i>methylprednisolone sod succ</i>	T1	T1	
	<i>methylprednisolone succ</i>	T1	T1	
	<i>MILLIPRED TAB</i>	T3	T3	90D
	<i>mometasone</i>	T1	T1	90D
	<i>prednicarbate</i>	T1	T1	90D
	<i>prednisolone</i>	T1	T1	90D
	<i>prednisolone tab</i>	T1	T1	90D
	<i>prednisone</i>	T1	T1	90D
	<i>prednisone intensol</i>	T1	T1	90D
	<i>proctosol hc cr</i>	T1	T1	90D
	<i>proctozone-hc cr</i>	T1	T1	90D
	<i>scalacort lot</i>	T1	T1	90D
	<i>STERAPRED</i>	T2	T2	
	<i>STERAPRED DS</i>	T2	T2	
	<i>TEXACORT</i>	T3	T3	90D
	<i>triamcinolone</i>	T1	T1	90D
	<i>triamcinolone in absor</i>	T1	T1	90D

Comprehensive Formulary

Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	<i>VANOS</i>	T3	T3	90D
	<i>chor gonadotropin</i>	T1	T1	
	<i>desmopressin</i>	T1	T1	90D
	<i>ERGOTRATE MALEATE</i>	T3	T3	
	<i>INCRELEX</i>	T3	T3	PA
	<i>IPLEX</i>	T4	T4	PA
	<i>METHERGINE</i>	T3	T3	
	<i>minirin</i>	T1	T1	90D
	<i>NORDITROPIN</i>	T4	T4	PA
	<i>SEROSTIM</i>	T4	T4	PA
	<i>TEV-TROPIN</i>	T4	T4	PA
	<i>ZORBTIVE</i>	T4	T4	PA
	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	<i>ACTIVELLA 0.5MG/0.4MG</i>	T3	T3
<i>ALORA</i>		T3	T3	QL 90D
<i>ANADROL-50</i>		T2	T2	PA
<i>ANDRODERM</i>		T3	T3	PA QL
<i>ANDROGEL</i>		T2	T2	PA
<i>ANDROGEL PUMP</i>		T2	T2	PA
<i>ANDROID</i>		T3	T3	PA
<i>androxy</i>		T1	T1	PA
<i>ANGELIQ</i>		T3	T3	QL 90D
<i>apri</i>		T1	T1	90D
<i>aranelle</i>		T1	T1	90D
<i>aviane</i>		T1	T1	90D
<i>balziva</i>		T1	T1	90D
<i>camila</i>		T1	T1	90D
<i>CENESTIN</i>		T3	T3	QL 90D
<i>cesia</i>		T1	T1	90D
<i>CLIMARA PRO</i>		T3	T3	QL 90D
<i>COMBIPATCH</i>		T3	T3	QL 90D
<i>cryselle-28</i>		T1	T1	90D
<i>danazol</i>		T1	T1	
<i>DEPO-ESTRADIOL</i>		T3	T3	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>DIVIGEL</i>	T3	T3	QL 90D
	<i>ENJUVIA</i>	T3	T3	QL 90D
	<i>enpresse-28</i>	T1	T1	90D
	<i>errin</i>	T1	T1	90D
	<i>ESTRACE CR</i>	T2	T2	90D
	<i>ESTRADERM</i>	T3	T3	QL 90D
	<i>estradiol patch</i>	T1	T1	90D
	<i>estradiol tab</i>	T1	T1	90D
	<i>estradiol/noreth acet 1mg/0.5mg</i>	T3	T3	QL 90D
	<i>ESTRASORB</i>	T3	T3	QL 90D
	<i>ESTRING</i>	T3	T3	QL 90D
	<i>ESTROGEL</i>	T3	T3	QL 90D
	<i>estropipate</i>	T1	T1	90D
	<i>EVAMIST</i>	T3	T3	QL 90D
	<i>EVISTA</i>	T2	T2	QL 90D
	<i>FEMHRT 1/5</i>	T3	T3	QL 90D
	<i>FEMHRT LOW DOSE</i>	T3	T3	QL 90D
	<i>FEMRING</i>	T3	T3	QL 90D
	<i>FEMTRACE</i>	T3	T3	QL 90D
	<i>gynodiol</i>	T1	T1	90D
	<i>jolivette</i>	T1	T1	90D
	<i>junel</i>	T1	T1	90D
	<i>junel fe</i>	T1	T1	90D
	<i>kariva</i>	T1	T1	90D
	<i>leena</i>	T1	T1	90D
	<i>lessina-28</i>	T1	T1	90D
	<i>levora</i>	T1	T1	90D
	<i>LOESTRIN 24 FE</i>	T3	T3	90D
	<i>LOSEASONIQUE</i>	T3	T3	90D
	<i>low-ogestrel</i>	T1	T1	90D
	<i>lutra</i>	T1	T1	90D
	<i>medroxyprogesterone</i>	T1	T1	90D
	<i>megestrol</i>	T1	T1	90D
	<i>MENEST</i>	T3	T3	QL 90D
	<i>MENOSTAR</i>	T3	T3	90D
	<i>microgestin</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>microgestin 1.5/30</i>	T1	T1	90D
	<i>microgestin fe</i>	T1	T1	90D
	<i>mononessa</i>	T1	T1	90D
	<i>necon</i>	T1	T1	90D
	<i>nora-be</i>	T1	T1	90D
	<i>norethindrone</i>	T1	T1	90D
	<i>nortrel</i>	T1	T1	90D
	<i>ocella</i>	T3	T3	90D
	<i>ogestrel</i>	T1	T1	90D
	<i>ORTHO EVRA</i>	T3	T3	QL 90D
	<i>ORTHO TRI-CYCLEN LO</i>	T3	T3	90D
	<i>oxandrolone</i>	T3	T3	PA QL
	<i>PLAN B</i>	T2	T2	
	<i>PREFEST</i>	T3	T3	QL 90D
	<i>PREMARIN</i>	T2	T2	QL 90D
	<i>PREMARIN CR</i>	T2	T2	90D
	<i>PREMPHASE</i>	T2	T2	QL 90D
	<i>PREMPRO</i>	T2	T2	QL 90D
	<i>previfem</i>	T1	T1	90D
	<i>PROCHIEVE</i>	T3	T3	
	<i>PROMETRIUM</i>	T2	T2	90D
	<i>quasense</i>	T3	T3	90D
	<i>SEASONIQUE</i>	T3	T3	90D
	<i>solia</i>	T1	T1	90D
	<i>sprintec 28</i>	T1	T1	90D
	<i>TESTIM</i>	T3	T3	PA ST QL
	<i>testosterone cyp</i>	T1	T1	
	<i>testosterone enanth</i>	T1	T1	
	<i>TESTRED</i>	T2	T2	PA
	<i>tri-legest fe</i>	T1	T1	90D
	<i>trinessa</i>	T1	T1	90D
	<i>tri-previfem</i>	T1	T1	90D
	<i>tri-sprintec</i>	T1	T1	90D
	<i>trivora-28</i>	T1	T1	90D
	<i>VAGIFEM</i>	T3	T3	90D
	<i>velivet</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>VIVELLE-DOT</i>	T2	T2	QL 90D
	<i>YAZ</i>	T3	T3	90D
	<i>zovia</i>	T1	T1	90D
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	<i>CYTOMEL</i>	T2	T2	90D
	<i>levothroid</i>	T1	T1	90D
	<i>levothyroxine</i>	T1	T1	90D
	<i>levoxyl</i>	T1	T1	90D
	<i>SYNTHROID</i>	T2	T2	90D
	<i>THYROLAR</i>	T3	T3	90D
	<i>unithroid</i>	T1	T1	90D
Hormonal Agents, Suppressant (Adrenal)	<i>LYSODREN</i>	T2	T2	PA
	<i>SENSIPAR 30MG</i>	T2	T2	ST QL
	<i>SENSIPAR 60MG,90MG</i>	T4	T4	ST QL
	<i>cabergoline</i>	T3	T3	90D
	<i>leuprolide 1MG</i>	T4	T4	PA
	<i>leuprolide 2wk kit 1mg</i>	T3	T3	PA
	<i>LUPRON DEPOT</i>	T4	T4	PA
	<i>LUPRON DEPOT 3.75MG</i>	T3	T3	PA
	<i>octreotide acet</i>	T3	T3	PA
	<i>octreotide acet 1000mcg</i>	T4	T4	PA
	<i>SANDOSTATIN LAR</i>	T4	T4	PA
	<i>SOMATULINE DEPOT</i>	T4	T4	PA QL
	<i>SOMAVERT</i>	T4	T4	PA
	<i>SYNAREL</i>	T4	T4	PA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)	<i>CASODEX</i>	T2	T2	QL 90D
	<i>flutamide</i>	T1	T1	90D
	<i>NILANDRON</i>	T2	T2	
	<i>methimazole</i>	T1	T1	90D
	<i>NORTHYX</i>	T3	T3	QL 90D
	<i>propylthiouracil</i>	T1	T1	90D
Immunological Agents	<i>ACTHIB</i>	T3	T3	
	<i>ACTIMMUNE</i>	T4	T4	
	<i>ADACEL</i>	T3	T3	
	<i>ARCALYST</i>	T4	T4	PA QL

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>ATTENUVAX</i>	T3	T3	
	<i>AVONEX</i>	T4	T4	PA QL
	<i>azathioprine tab</i>	T1	T1	90D
	<i>BETASERON</i>	T4	T4	PA ST QL
	<i>BOOSTRIX</i>	T3	T3	
	<i>CELLCEPT 250MG CAP</i>	T3	T3	PA
	<i>CELLCEPT 500MG TAB</i>	T4	T4	PA
	<i>CELLCEPT SUSP</i>	T3	T3	PA
	<i>CIMZIA</i>	T4	T4	PA QL
	<i>COMVAX</i>	T3	T3	PA
	<i>COPAXONE</i>	T4	T4	PA QL
	<i>cyclosporine</i>	T1	T1	PA
	<i>DECAVAC</i>	T2	T2	
	<i>DIPHTHERIA/TETANUS</i>	T2	T2	
	<i>ENBREL</i>	T4	T4	PA QL
	<i>ENGERIX-B</i>	T2	T2	PA
	<i>FLEBOGAMMA</i>	T4	T4	PA
	<i>GAMASTAN S/D</i>	T4	T4	PA
	<i>GAMMAGARD</i>	T4	T4	PA
	<i>GAMUNEX</i>	T4	T4	PA
	<i>GARDASIL</i>	T3	T3	QL
	<i>gengraf</i>	T1	T1	PA
	<i>HAVRIX</i>	T3	T3	
	<i>HIBTITER</i>	T3	T3	
	<i>HUMIRA</i>	T4	T4	PA QL
	<i>IMOVAX RABIES</i>	T3	T3	
	<i>INFANRIX</i>	T3	T3	
	<i>INFERGEN</i>	T4	T4	PA
	<i>INTRON-A</i>	T4	T4	PA
	<i>INTRON-A 3MU</i>	T3	T3	PA
	<i>IPOL INACT IPV</i>	T2	T2	
	<i>JE-VAX</i>	T3	T3	
	<i>KINERET</i>	T4	T4	PA QL
	<i>KINRIX</i>	T3	T3	QL
	<i>leflunomide</i>	T1	T1	90D
	<i>MENACTRA</i>	T3	T3	QL

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	<i>MENOMUNE-A/C/Y/W</i>	T2	T2	
	<i>MERUVAX II</i>	T3	T3	
	<i>methotrexate</i>	T1	T1	90D
	<i>M-M-R II</i>	T2	T2	
	<i>MYFORTIC</i>	T3	T3	PA
	<i>NEORAL</i>	T3	T3	PA
	<i>OCTAGAM</i>	T4	T4	PA
	<i>ORENCIA</i>	T4	T4	PA
	<i>PEDIARIX</i>	T3	T3	
	<i>PEGASYS</i>	T4	T4	PA QL
	<i>PEG-INTRON</i>	T4	T4	PA ST QL
	<i>PENTACEL</i>	T3	T3	QL
	<i>POLYGAM</i>	T4	T4	PA
	<i>POLYGAM 0.5GM</i>	T2	T2	PA
	<i>PROGRAF 0.5MG, 1MG</i>	T3	T3	PA
	<i>PROGRAF 5MG</i>	T4	T4	PA
	<i>PROQUAD</i>	T3	T3	
	<i>RABAVERT</i>	T3	T3	
	<i>RAPAMUNE</i>	T3	T3	PA
	<i>REBIF</i>	T4	T4	PA ST QL
	<i>RECOMBIVAX HB</i>	T3	T3	PA
	<i>REMICADE</i>	T4	T4	PA
	<i>RIDAURA</i>	T2	T2	90D
	<i>ROTARIX</i>	T2	T2	
	<i>ROTATEQ</i>	T2	T2	
	<i>SANDIMMUNE</i>	T3	T3	PA
	<i>TETANUS TOXOID ADSORBED</i>	T2	T2	
	<i>TETANUS/DIPHT TOX</i>	T2	T2	
	<i>THYMOGLOBULIN</i>	T4	T4	PA
	<i>TRIHIBIT</i>	T3	T3	
	<i>TWINRIX</i>	T3	T3	
	<i>TYPHIM VI</i>	T3	T3	
	<i>TYSABRI</i>	T4	T4	PA
	<i>VAQTA</i>	T3	T3	
	<i>VARIVAX</i>	T2	T2	
	<i>VIVOTIF BERNA</i>	T2	T2	QL

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>YF-VAX</i>	T2	T2	
	<i>ZOSTAVAX</i>	T3	T3	QL
Inflammatory Bowel Disease Agents	<i>a-hydrocort</i>	T1	T1	
	<i>ASACOL</i>	T2	T2	90D
	<i>balsalazide disodium</i>	T1	T1	90D
	<i>CANASA</i>	T2	T2	90D
	<i>ENTOCORT EC</i>	T3	T3	
	<i>hydrocortisone</i>	T1	T1	90D
	<i>mesalamine</i>	T1	T1	
	<i>PENTASA</i>	T3	T3	90D
	<i>sulfasalazine</i>	T1	T1	90D
	<i>sulfazine ec</i>	T1	T1	90D
Metabolic Bone Disease Agents	<i>ACTONEL</i>	T3	T3	QL 90D
	<i>ACTONEL + CAL</i>	T3	T3	QL 90D
	<i>alendronate sod</i>	T1	T1	90D
	<i>BONIVA</i>	T3	T3	QL 90D
	<i>calcitonin-salmon</i>	T1	T1	90D
	<i>calcitriol cap</i>	T1	T1	90D
	<i>calcitriol inj</i>	T1	T1	
	<i>etidronate</i>	T3	T3	90D
	<i>FORTEO</i>	T4	T4	PA QL
	<i>fortical</i>	T1	T1	90D
	<i>FOSAMAX SOLN</i>	T3	T3	QL 90D ST QL
	<i>FOSAMAX+ D</i>	T3	T3	90D
	<i>HECTOROL</i>	T2	T2	90D
	<i>MIACALCIN</i>	T2	T2	90D
	<i>pamidronate disod</i>	T3	T3	PA
	<i>SKELID</i>	T3	T3	
	<i>ZEMPLAR</i>	T2	T2	QL 90D
	<i>ZOMETA</i>	T4	T4	PA
Miscellaneous Therapeutic Agents	<i>alcohol preps</i>	T1	T1	90D
	<i>anagrelide</i>	T1	T1	90D
	<i>BD INSULIN PEN NEEDLE</i>	T2	T2	90D
	<i>BOTOX</i>	T3	T3	PA

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>gauze pad</i>	T1	T1	90D
	INSULIN SAFETY SYR	T3	T3	90D
	INSULIN SYRINGE	T2	T2	90D
	<i>intralipid</i>	T3	T3	PA
	KUVAN	T4	T4	PA
	MYOBLOC	T3	T3	PA
	NOVOFINE PEN NEEDLE	T2	T2	90D
	<i>pentoxifylline er</i>	T1	T1	90D
	<i>verapamil pm 100mg, 200mg,300mg</i>	T3	T3	90D
	XENAZINE	T4	T4	PA QL
Ophthalmic Agents	ACULAR	T2	T2	QL 90D
	ACULAR LS	T2	T2	QL 90D
	ACULAR PF	T2	T2	QL 90D
	<i>ak-con</i>	T1	T1	
	ALAMAST	T3	T3	QL 90D
	ALOCRIAL	T2	T2	QL 90D
	ALOMIDE	T3	T3	QL 90D
	ALPHAGAN P	T2	T2	QL 90D
	ALREX	T2	T2	QL 90D
	<i>atropine sulf oint</i>	T1	T1	90D
	AZASITE	T2	T2	QL
	AZOPT	T2	T2	90D
	<i>bac /poly /neomy /hc</i>	T1	T1	90D
	<i>bacitracin</i>	T1	T1	
	<i>bacitracin/polymyxin b</i>	T1	T1	
	<i>betaxolol</i>	T1	T1	90D
	BETIMOL	T2	T2	90D
	BETOPTIC-S	T3	T3	90D
	BLEPHAMIDE	T2	T2	90D
	<i>brimonidine</i>	T1	T1	90D
	<i>carteolol</i>	T1	T1	90D
	CILOXAN	T2	T2	
	COMBIGAN	T2	T2	QL 90D
	COSOPT	T2	T2	QL 90D
	<i>cromolyn oph</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>dexamethasone phos</i>	T1	T1	90D
	<i>diclofenac sodium</i>	T1	T1	90D
	<i>dipivefrin</i>	T1	T1	90D
	<i>dorzolamide</i>	T1	T1	90D
	<i>dorzolamide/timolol</i>	T1	T1	QL 90D
	<i>DUREZOL</i>	T3	T3	
	<i>ELESTAT</i>	T3	T3	90D
	<i>EMADINE</i>	T3	T3	90D
	<i>FLAREX</i>	T3	T3	90D
	<i>fluorometholone</i>	T1	T1	90D
	<i>flurbiprofen</i>	T1	T1	90D
	<i>FML FORTE</i>	T2	T2	90D
	<i>FML S.O.P.</i>	T2	T2	90D
	<i>IOPIDINE</i>	T2	T2	90D
	<i>ISTALOL</i>	T2	T2	QL 90D
	<i>LACRISERT</i>	T3	T3	90D
	<i>levobunolol</i>	T1	T1	90D
	<i>LOTEMAX</i>	T2	T2	90D
	<i>LUMIGAN</i>	T2	T2	QL 90D
	<i>MAXIDEX</i>	T2	T2	90D
	<i>methazolamide</i>	T1	T1	90D
	<i>metipranolol</i>	T1	T1	90D
	<i>naphazoline</i>	T1	T1	
	<i>NATACYN</i>	T2	T2	
	<i>neo/poly/dexam</i>	T1	T1	
	<i>neom/poly/gram</i>	T1	T1	
	<i>NEVANAC</i>	T3	T3	90D
	<i>ocusulf-10</i>	T1	T1	
	<i>ofloxacin</i>	T1	T1	
	<i>OPTIVAR</i>	T3	T3	90D
	<i>parcaine</i>	T1	T1	90D
	<i>PATADAY</i>	T3	T3	QL 90D
	<i>PATANOL</i>	T3	T3	90D
	<i>PHOSPHOL IOD</i>	T2	T2	90D
	<i>PILOPINE HS</i>	T2	T2	90D
	<i>poly-dex</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>POLY-PRED</i>	T2	T2	90D
	<i>PRED MILD</i>	T2	T2	90D
	<i>PRED-G</i>	T2	T2	90D
	<i>prednisolone acet</i>	T1	T1	90D
	<i>prednisolone phos</i>	T1	T1	90D
	<i>proparacaine</i>	T1	T1	90D
	<i>RESTASIS</i>	T2	T2	QL 90D
	<i>sulfacet sod</i>	T1	T1	
	<i>sulfacet/predn phos</i>	T1	T1	90D
	<i>timolol eye</i>	T1	T1	90D
	<i>TOBRADEX</i>	T2	T2	90D
	<i>tobramycin/dexameth</i>	T1	T1	90D
	<i>TOBREX</i>	T2	T2	
	<i>TRAVATAN</i>	T2	T2	QL 90D
	<i>TRAVATAN Z</i>	T2	T2	QL 90D
	<i>trifluridine</i>	T1	T1	
	<i>trimethop/poly b</i>	T1	T1	
	<i>tropicamide</i>	T1	T1	90D
	<i>TRUSOPT</i>	T3	T3	90D
	<i>VEXOL</i>	T3	T3	90D
	<i>VIGAMOX</i>	T2	T2	QL
	<i>XALATAN</i>	T3	T3	QL 90D
	<i>XIBROM</i>	T3	T3	QL 90D
	<i>ZYLET</i>	T3	T3	90D
Otic Agents	<i>acetic acid</i>	T1	T1	
	<i>acetic acid/hydroc</i>	T1	T1	
	<i>borofair</i>	T1	T1	
	<i>CIPRO HC</i>	T3	T3	
	<i>CIPRODEX</i>	T2	T2	
	<i>COLY-MYCIN-S</i>	T3	T3	90D
	<i>cortomycin</i>	T1	T1	
	<i>DERMOTIC</i>	T2	T2	90D
	<i>neom/polym/hydr</i>	T1	T1	
	<i>neomycin /polymyxin /hc</i>	T1	T1	
Respiratory Tract Agents	<i>ACCOLATE</i>	T3	T3	QL 90D
	<i>acetylcysteine neb</i>	T1	T1	

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>ADVAIR DISKUS</i>	T2	T2	QL 90D
	<i>ADVAIR HFA</i>	T2	T2	QL 90D
	<i>AEROBID</i>	T3	T3	QL 90D
	<i>AEROBID-M</i>	T3	T3	QL 90D
	<i>albuterol neb</i>	T1	T1	PA 90D
	<i>albuterol sulf er</i>	T1	T1	90D
	<i>albuterol sulf ir tab</i>	T1	T1	90D
	<i>albuterol sulf syrup</i>	T1	T1	90D
	<i>albuterol/ipratropium neb</i>	T3	T3	PA
	<i>ALLEGRA-D 12H</i>	T3	T3	QL 90D
	<i>ALUPENT</i>	T2	T2	90D
	<i>ALVESCO</i>	T3	T3	QL 90D
	<i>aminophylline inj</i>	T1	T1	
	<i>aminophylline tab</i>	T1	T1	90D
	<i>ARALAST</i>	T2	T2	PA
	<i>ASMANEX</i>	T2	T2	QL 90D
	<i>ASTELIN</i>	T2	T2	90D
	<i>ATROVENT HFA</i>	T2	T2	QL 90D
	<i>BECONASE AQ</i>	T3	T3	QL 90D
	<i>BROVANA</i>	T3	T3	PA QL 90D
	<i>carbinoxamine</i>	T1	T1	90D
	<i>CLARINEX</i>	T3	T3	QL 90D
	<i>CLARINEX REDI</i>	T3	T3	QL 90D
	<i>CLARINEX-D 12H</i>	T3	T3	QL 90D
	<i>CLARINEX-D 24H</i>	T3	T3	QL 90D
	<i>clemastine</i>	T1	T1	90D
	<i>COMBIVENT</i>	T2	T2	QL 90D
	<i>cromolyn neb</i>	T1	T1	PA
	<i>cyproheptadine</i>	T1	T1	90D
	<i>dexchlorphenira</i>	T1	T1	90D
	<i>ELIXOPHYLLIN</i>	T2	T2	90D
	<i>epinephrine</i>	T1	T1	
	<i>EPIPEN</i>	T2	T2	QL
	<i>EPIPEN-JR</i>	T2	T2	QL
	<i>fexofenadine</i>	T1	T1	QL 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>FLOVENT DISKUS</i>	T2	T2	QL 90D
	<i>FLOVENT HFA</i>	T2	T2	QL 90D
	<i>flunisolide</i>	T1	T1	90D
	<i>fluticasone</i>	T1	T1	90D
	<i>FORADIL</i>	T2	T2	QL 90D
	<i>hydroxyzine hcl</i>	T1	T1	90D
	<i>hydroxyzine hcl inj</i>	T1	T1	
	<i>hydroxyzine pamoate</i>	T1	T1	90D
	<i>INTAL INHALER</i>	T2	T2	QL 90D
	<i>ipratropium nasal</i>	T1	T1	90D
	<i>ipratropium neb</i>	T1	T1	PA
	<i>LETAIRIS</i>	T4	T4	PA QL
	<i>MAXAIR AUTOH</i>	T3	T3	QL 90D
	<i>meclizine</i>	T1	T1	90D
	<i>metaproterenol</i>	T1	T1	PA
	<i>NASACORT AQ</i>	T3	T3	QL 90D
	<i>NASONEX</i>	T2	T2	QL 90D
	<i>OMNARIS</i>	T3	T3	QL 90D
	<i>PALGIC</i>	T3	T3	90D
	<i>PATANASE</i>	T3	T3	90D
	<i>PERFOROMIST</i>	T3	T3	PA QL
	<i>PROAIR HFA</i>	T2	T2	QL 90D
	<i>PROLASTIN</i>	T4	T4	PA
	<i>promethazine vc</i>	T1	T1	90D
	<i>PROVENTIL HFA</i>	T3	T3	QL 90D
	<i>PULMICORT FLEX</i>	T3	T3	QL 90D
	<i>PULMICORT RESP</i>	T3	T3	PA QL
	<i>PULMOZYME</i>	T4	T4	PA
	<i>QVAR</i>	T3	T3	90D
	<i>REVATIO</i>	T4	T4	PA QL
	<i>RHINOCORT AQUA</i>	T3	T3	QL 90D
	<i>SEMPREX-D</i>	T3	T3	90D
	<i>SEREVENT DISKUS</i>	T3	T3	QL 90D
	<i>SINGULAIR</i>	T2	T2	QL 90D
	<i>SPIRIVA HANDIHALER</i>	T2	T2	QL 90D
	<i>SYMBICORT</i>	T2	T2	QL 90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>terbutaline sulf</i>	T1	T1	90D
	<i>THEO-24</i>	T2	T2	QL 90D
	<i>theophylline cr</i>	T1	T1	90D
	<i>theophylline er</i>	T1	T1	90D
	<i>TRACLEER</i>	T4	T4	PA QL
	<i>TWINJECT</i>	T2	T2	QL
	<i>TYZINE</i>	T3	T3	90D
	<i>TYZINE PEDIATRIC NASAL DP</i>	T3	T3	90D
	<i>VENTOLIN HFA</i>	T3	T3	QL 90D
	<i>XOLAIR</i>	T4	T4	PA
	<i>XOPENEX HFA</i>	T2	T2	QL 90D
	<i>XOPENEX NEB</i>	T3	T3	PA 90D
	<i>ZEMAIRA</i>	T4	T4	PA
	<i>ZYFLO CR</i>	T3	T3	QL 90D
Sedatives/Hypnotics	<i>LUNESTA</i>	T3	T3	QL
	<i>zaleplon</i>	T1	T1	
	<i>zolpidem</i>	T1	T1	
Skeletal Muscle Relaxants	<i>carisoprodol</i>	T1	T1	90D
	<i>carisoprodol/asa</i>	T1	T1	90D
	<i>carisoprodol/asa/cod</i>	T1	T1	
	<i>chlorzoxazone</i>	T1	T1	90D
	<i>cyclobenzaprine</i>	T1	T1	90D
	<i>methocarbamol</i>	T1	T1	90D
	<i>orphenadrine cit</i>	T1	T1	
	<i>orphenadrine cit er</i>	T1	T1	90D
	<i>orphenadrine comp</i>	T1	T1	90D
	<i>orphenadrine comp ds</i>	T1	T1	90D
	<i>SKELAXIN</i>	T3	T3	90D
Sleep Disorders Therapeutic Nutrients/Minerals/ Electrolytes	<i>temazepam**</i>	T1	NC	QL
	<i>advanced care plus</i>	T1	T1	90D
	<i>AMINOSYN</i>	T3	T3	PA
	<i>clinisol sf 15%</i>	T3	T3	PA
	<i>docosavit</i>	T1	T1	90D
	<i>edge ob</i>	T1	T1	90D
	<i>folbecal</i>	T1	T1	90D

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Therapeutic Category	Drug Name	Advantra Platinum Capital 9069+	Advantra Silver 9069	Notes
	<i>foltab</i>	T1	T1	90D
	<i>kaon-cl-10</i>	T1	T1	90D
	<i>kcl0.15%/d5w/ns0.9%</i>	T1	T1	
	<i>klor-con 10</i>	T1	T1	90D
	<i>klor-con 8</i>	T1	T1	90D
	<i>klor-con m10</i>	T1	T1	90D
	<i>klor-con m15</i>	T1	T1	90D
	<i>klor-con m20</i>	T1	T1	90D
	<i>klotrix</i>	T1	T1	90D
	<i>K-TABS</i>	T2	T2	90D
	<i>leucovorin</i>	T1	T1	PA
	<i>lr irrigation</i>	T1	T1	
	<i>magnesium sulfate</i>	T1	T1	
	<i>MICRO-K</i>	T2	T2	90D
	<i>mynatal plus</i>	T1	T1	90D
	<i>OSMOPREP</i>	T3	T3	
	<i>potassium chl iv</i>	T1	T1	
	<i>potassium citrate er</i>	T1	T1	90D
	<i>potassium cl</i>	T1	T1	90D
	<i>potassium cl er</i>	T1	T1	90D
	<i>prenatal rx 1</i>	T1	T1	90D
	<i>preuet dha</i>	T1	T1	90D
	<i>pruet dhaec</i>	T1	T1	90D
	<i>re ob+90 dha</i>	T1	T1	90D
	<i>re ob+dha</i>	T1	T1	90D
	<i>renate dha</i>	T1	T1	90D
	<i>renate dha ext</i>	T1	T1	90D
	<i>sodium fl</i>	T1	T1	90D
	<i>vinate c</i>	T1	T1	90D
	<i>vitaphil aide</i>	T1	T1	90D
	<i>vitaphil+dha</i>	T1	T1	90D
	<i>vitaspire</i>	T1	T1	90D
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