



# SCOTT AND WHITE HEALTH PLAN

## INJECTABLE FORMULARY

### MARCH 2009

Level 1 = \$0 Copay    Level 2 = \$25 Copay    Level 3 = \$50 Copay

DRUG = Brand Drug	drug = Generic Drug	INJ = Injectable	P = Prior Authorization Required	R = Restricted Use			
ABBOKINASE	3	BICILLIN CR	1	CUBICIN	3 R	Estrone (Estro-5)	1
ABELCET	3	BICILLIN LA	1	Cyclophosphamide Inj	2	ETHAMOLIN	1
ABELCET INJ 5MG/ML		BICNU	2	Cyclosporine Inj	1	ETHYOL	3
ABRAXANE INJ 100MG	3	Bleomycin	2	CYKLOKAPRON	1	Etoposide Inj	2
Acetazolamide Inj	1	BONIVA IV KIT	2 P	Cytarabine Inj	2	Famotidine Inj	1
ACTIMMUNE	3	BOTOX	3 R	CYTOGAM	3	FASLODEX	3
ACTIVASE	3	Bretylium	1	CYTOVENE INJ	1	FEIBA VH	3
Acyclovir Inj	1	BREVITAL	1	DACARBAZINE	2	Fentanyl Inj	1
ADACEL INJ	1	Bumetanide Inj	1	DACOGEN INJ 50MG	4	FERRLECIT	1
Adenosine Inj	1	Bupivacaine	1	DANTRIUM	1	FLOLAN	3 P
ADVATE	3	Bupivacaine/Epinephrine	1	Daunorubicin	2	Floxuridine Inj	2
AGGRASTAT	3	Buprenorphine	1	Deferoxamine	1	Fluconazole Inj	1
ALIMTA	3 P	BUSULFEX	3	DELESTROGEN	1 P	Fludarabine	2
ALKERAN INJ	3	Butorphanol	1	DEMADEX INJ	1	Flumazenil	1
Allopurinol Inj	1	Calcitriol Inj	1	DEPO-ESTRADIOL	1 P	Fluorouracil Inj	1
ALOXI	3	Calcium Chloride Inj	1	DEPO-TESTOSTERONE	1	Fluphenazine Decanoate	1
ALPHANATE	3	Calcium Gluconate Inj	1	Desmopressin Inj	1	Folic Acid Inj	1
ALPHANINE SD	3	CAMPATH	3	Dexamethasone Inj	1	FORTAZ	1
AMBISOME	3	CAMPTOSAR	3	Dexrazoxane	2	FORTEO	3 P
AMEVIVE	3 P	CARBOCAINE	1	Diazepam Inj	1	FOSCAVIR	1
Amikacin Inj	1	Carboplatin	2	Dicyclomine Inj	1	FRAGMIN	3
Aminocaproic Acid Inj	1	CARDENE IV	1	DIDRONEL IV	1	Furosemide Inj	1
Aminophylline Inj	1	CARIMUNE	3	Digoxin Inj	1	GAMMAGARD	3
Amiodarone Inj	1	CARNITOR INJ	2	Dihydroergotamine	2	GAMUNEX	3
Amphotericin B Inj	1	CAVERJECT	2	Diltiazem Inj	1	GEMZAR	3
Ampicillin Inj	1	Cefazolin	1	Dimenhydrinate Inj	1	Gentamicin Inj	1
Ampicillin/Sulbactam	1	CEFIZOX	1	Diphenhydramine Inj	1	Glycopyrrolate Inj	1
ANGIOMAX	3	CEFOTAN	1	Dipyridamole Inj	1	Gold Sod Thiomalate Inj	2
ANZEMET INJ	2	Cefotaxime	1	Dobutamine	1	Haloperidol Decanoate	1
ARANESP	3 P	Cefoxitin	1	Dopamine	1	Haloperidol Lactate	1
ARGATROBAN	3	Cefuroxime	1	DOXIL	3	HECTOROL	1
ARISTOCORT INJ	1	CEREBYX	1	Doxorubicin	2	HELIXATE FS	3
ARISTOSPAN	1	CEREZYME	3 P	Doxycycline Inj	1	HEMOPIL M	3
Atropine	1	CHIROCAINE	1	Droperidol	1	Heparin	1
AVASTIN	3 R	Chloramphenicol	1	Edetate Disodium	1	HERCEPTIN	3
AVELOX INJ	1	Chlorpromazine Inj	1	ELLECE	3	HUMATE-P	3
AVONEX	3	Cimetidine Inj	1	ELOXATIN	3	HUMIRA	3 P
AZACTAM	1	CIPRO IV	1	ELSPAR	2	HYATE:C	3
Azathioprine Inj	1	Cisplatin	2	Enalaprilat	1	HYCAMTIN	3
Baclofen Inj	1	Cladribine	2	ENBREL	3 P	Hydralazine Inj	1
BAYGAM	3	Clindamycin	1	ENLON	1	Hydromorphone Inj	1
BAYHEP B	3	Codeine Inj	1	Ephedrine Inj	1	Hydroxyzine Inj	1
BCG Vaccine	2	COGENTIN	1	Epinephrine	1	HYPERSTAT IV	1
BEBULIN VH	3	Colchicine Inj	1	EPIPEN	2	Idarubicin	3
BENEFIX	3	Colistimethate	1	EPOGEN	3 P	Ifosfamide	2
BETASERON	3	COPAXONE	3	Erythromycin Inj	1	IMITREX INJ	2
BEXXAR	2	COSMEGEN	1	Esmolol	1	IMPLANON IMPLANT	2

**Medications not listed may be subject to a Non-Formulary \$100 Copay**

*Prescription formularies continually change to reflect the most recent advances in drug therapy. Therefore, this list is not inclusive and does not guarantee coverage. However, it represents an abbreviation of the member's prescription drug coverage.*

Inamrinone	1	Neostigmine	1	RAPTIVA	3	P	ZOLADEX	3	P
INFED	1	NEULASTA	3	REBETRON	3		ZOMETA	3	
INTEGRILIN	3	NEUMEGA	3	RECOMBINATE	3		ZOSYN INJ	1	
INTRON-A	3	NEUPOGEN	3	REFACTO	3		ZYVOX INJ	1	
INVANZ	1	NEUTREXIN	3	REMICADE	3	P			
Isoproterenol	1	NIPENT	3	REOPRO	3				
KENALOG	1	Nitroglycerin Inj	1	REVEX	1				
Ketamine	1	NITROPRESS	1	RHOGAM	2				
Ketorolac Inj	1	NORDITROPIN	3	RITUXAN	3	R			
KOATE-DVI	3	Norepinephrine	1	ROBAXIN INJ	1				
KOGENATE FS	3	NOVANTRONE	3	ROCEPHIN	1				
KYTRIL INJ	2	NOVOSEVEN	3	SANDOSTATIN LAR	3				
Labetalol Inj	1	Octreotide	2	Sodium Acetate	1				
Leucovorin	1	ONCASPAR	3	Sodium Bicarbonate	1				
LEUKINE	3	ONTAK	3	Sodium Chloride	1				
Leuprolide	3	ORENCIA	3	SOLU-CORTEF	1	P			
LEVAQUIN INJ	1	Orphenadrine Inj	1	STREPTASE	3				
LEVO DROMORAN INJ	1	Oxacillin	1	Streptomycin	1				
Levothyroxine Inj	1	Oxytocin	1	Sulfamethox/Trimeth Inj	1				
LEVSIN INJ	1	Paclitaxel	2	TALWIN INJ	1				
Lidocaine Inj	1	Pamidronate	2	TAXOTERE	3				
Lidocaine/Epinephrine	1	Papaverine	1	TENORMIN INJ	1				
LINCOCIN	1	PEGAPTANIB INJ 0.3/0.	3	TEQUIN INJ	1	P			
Lorazepam Inj	1	PEGASYS	3	Terbutaline Inj	1				
LOVENOX	3	PEG-INTRON	3	Testosterone Cypionate	1				
LUPRON DEPOT	3	Penicillin G Potassium	1	Testosterone Enanthate	1	P			
MACUGEN	3	Penicillin G Procaine	1	Testosterone Propionate	1				
Magnesium Chloride Inj	1	Pentamidine Inj	1	Tetracaine	1				
Magnesium Sulfate Inj	1	Phenobarbital Inj	1	Theophylline Inj	1				
Mannitol	1	Phentolamine	1	Thiamine Inj	1				
MAXIPIME	1	Phenylephrine	1	Thiotepa	2				
Medroxyprogesterone Inj	1	Phenytoin Inj	1	THROMBATE III	1				
Meperidine Inj	1	PHOTOFRIN	3	TIMENTIN	1				
MERREM	1	Physostigmine	1	Tobramycin Inj	1				
Mesna Inj	2	Piperacillin	1	TORISEL	3				
MESTINON INJ	1	POLOCAINE	1	Trimethobenzamide Inj	1				
Methadone Inj	1	POLYGAM	3	TROBICIN	1				
METHERGINE	1	Potassium Acetate	1	Valproate Inj	1				
Methotrexate Inj	1	Potassium Chloride Inj	1	Vancomycin	1				
Methylprednisolone Inj	1	PREMARIN INJ	1	Vasopressin	1				
Metoclopramide Inj	1	PRIMAXIN	1	VECTIBIX INJ 100MG	2				
Metoprolol Inj	1	Procainamide Inj	1	Vecuronium	1				
Metronidazole Inj	1	Prochlorperazine Inj	1	VENOFER	1				
MIACALCIN INJ	1	PROCRIT	3	Verapamil Inj	1	P			
Midazolam	1	PROFILNINE	3	Vinblastine	1				
Milrinone	1	Progesterone Inj	1	Vincristine	1				
Mitomycin	2	PROGRAF	3	Vinorelbine	2				
MONOCLATE-P	3	PROLASTIN	2	VISUDYNE	3				
MONONINE	3	PROLEUKIN	3	Vitamin B-12 Inj	1				
Morphine Inj	1	Promethazine Inj	1	Vitamin K Inj	1				
MUSTARGEN	1	PROPLEX T	3	VUMON	3				
MYLOTARG	3	Propofol	1	XOLAIR	3	P			
MYOBLOC	3	Propranolol Inj	1	ZANOSAR	1				
Nafcillin	1	PROTAMINE	1	ZEMPLAR	1				
Nalbuphine	1	Pyridoxine Inj	1	ZENAPAX	3				
Naloxone	1	Quinidine Gluconate Inj	1	ZITHROMAX	1				
NANDROL	1	Ranitidine Inj	1	ZOFRAN INJ	2				

**Medications not listed may be subject to a Non-Formulary \$100 Copay**

Prescription formularies continually change to reflect the most recent advances in drug therapy. Therefore, this list is not inclusive and does not guarantee coverage. However, it represents an abbreviation of the member's prescription drug coverage.