



Dear Member:

Welcome to Express Scripts, the company Eastern Kentucky University has chosen to manage your prescription drug plan. As one of the nation's leading prescription benefit managers, Express Scripts administers prescription plans to more than 50 million Americans.

According to our records, your plan's prescription coverage begins on July 1, 2006. Enclosed are materials to help you get the most from your benefit.

Learn about Your New Benefits

Starting March 30, 2006, before your coverage begins, you can also use Express Preview – an online tool that gives you personalized information about your benefits *ahead of time*. You can estimate your prescription costs for the coming year and discover ways to save money with generics and Home Delivery. Express Preview is available at <https://member.express-scripts.com/preview/EKU>.

Your ID Card Will Arrive Soon

You'll receive your ID card in a separate mailing about two weeks before your coverage begins. To receive prescription benefits, remember to show the card at your pharmacy.

Call Us with Your Questions

For more information about your prescription benefits, please call the Express Scripts dedicated toll-free number which will be provided to you soon. And once your coverage begins, you're invited to start using the Express Scripts Web site at www.express-scripts.com. You'll be able to find information on prescription drugs, drug-industry news and much more.

We look forward to serving you.

Sincerely,

Express Scripts

Express Scripts Welcomes Eastern Kentucky University's Members

Express Scripts is the partner chosen by Eastern Kentucky University to take care of your prescription benefit plan starting July 1, 2006. We're here to help you save money and get the best service on prescriptions for you and your family. Your Express Scripts plan includes:

- 24-hour, 365-day-a-year Patient Care Contact Center
- a national network of over 50,000 pharmacies
- Home Delivery for your medications from the Express Scripts Pharmacy

Copayments for Your New Prescription Program

| Prescriptions from a Pharmacy in-Network* | Prescriptions from the Express Scripts Pharmacy |
|---|---|
| Up to a 30-day supply | Up to a 90-day supply |
| Generic Medication: \$15 | Generic Medication: \$30 |
| Preferred Brand-Name Medication: \$25 | Preferred Brand-Name Medication: \$50 |
| Non-Preferred Brand-Name Medication: \$35 | Non-Preferred Brand-Name Medication: \$70 |

* To receive the in-network level of benefits, you must use a pharmacy in the Express Scripts network.

How to Get Prescriptions from a Participating Pharmacy

You'll receive a card with your prescription ID number in your welcome package. You'll need to show this ID card to your pharmacist each time you get a prescription filled. To locate pharmacies near you that are in the Express Scripts network, visit our Web site at www.express-scripts.com.

How to Use Home Delivery

To take advantage of added savings and the convenience of our Home Delivery program for maintenance medications, just complete the New Patient Home Delivery Form that you will find in your plan's welcome package. You only need to fill out this form once for each family member. Mail each form, original prescription(s) and copayment(s) in the self-addressed envelope. Please allow 14 business days to receive your prescription.

24-Hour Customer Service

If you have questions about your prescription benefit plan, please call Express Scripts at the phone number on the back of your prescription card; the number will be effective starting March 10, 2006.



EXPRESS SCRIPTS
Charting the Future of Pharmacy

Frequently Asked Questions

**about your
prescription plan**

Eastern Kentucky University

Welcome to Express Scripts

— We Manage Your Prescription Drug Plan —

Express Scripts is the company chosen by Eastern > to manage your prescription coverage, starting July 1, 2006. We're here to help you save money and get the best service on prescriptions for you and your family.

Frequently Asked Questions

Q. How much will my copayments be for my prescriptions?

- A. EKU** has changed to a benefit plan with three tiers or levels. The new plan takes effect **July 1, 2006**. It uses a list of generic and brand-name drugs called a formulary. Drugs on the list are called "preferred"; drugs not on the list are called "non-preferred." Employees pay the following copayments, based on whether you go to a local participating pharmacy or order your prescriptions through Home Delivery:

| <i>Participating Pharmacy – up to 30 days supply</i> | <i>Employee Copay</i> |
|---|------------------------------|
| Tier 1: Generic drug | \$ 15 |
| Tier 2: Preferred brand drug | \$ 25 |
| Tier 3: Non-preferred brand drug | \$ 35 |

| <i>Home Delivery – up to 90 days supply</i> | <i>Employee Copay</i> |
|--|------------------------------|
| Tier 1: Generic drug | \$ 30 |
| Tier 2: Preferred brand drug | \$ 50 |
| Tier 3: Non-preferred brand drug | \$ 70 |

Q. How can I keep my prescription drug costs down?

- A.** *Generic prescription drugs, when available, let you save the most money.* A generic uses the same formula as a brand-name drug – it just doesn't have the brand name. Talk to your doctor about your prescriptions. Ask whether a less-expensive generic drug would work for you. And to save even more, have your regular prescriptions delivered to you through Home Delivery.

Q. What is a formulary?

- A.** A formulary is the list of prescription drugs covered under your plan. It's created, reviewed and updated by a team of doctors and pharmacists. Your plan's formulary contains a wide range of generic and brand-name drugs that have been approved by the U.S. Food and Drug Administration (FDA). We choose drugs because first, they're safe and effective, and second,

they save money. Your doctor can use this list to choose medications for you while helping you save the most money. Drugs on your formulary can be purchased from participating pharmacies or through Home Delivery.

Q. How does the formulary work with the three-tier copayment?

- A. The three-tier (or three-level) copayment works like this:
- Tier one covers generic products – medications without a brand name.
 - Tier two covers preferred brand-name drugs – ones that are on your formulary list.
 - Tier three covers non-preferred brand-name drugs – ones that aren't on your formulary list.

Whenever possible, pharmacies must give you a generic *unless your doctor has asked for a specific brand-name drug*. If your doctor prescribes a non-preferred brand medication (tier three), you need to pay the largest copayment.

Q. What's the difference between brand-name and generic drugs?

- A. A drug's *brand name* is the name that appears in advertising. This name is protected by a patent so that only one company can produce it for a period of years. But after that, the patent expires and other companies may manufacture a "generic" that's just like the brand-name drug and that follows FDA rules for safety.

A *generic* is a drug whose patent has expired. Other companies can produce and distribute the drug under a name that's different than the original brand name. A generic is essentially a chemical copy of the brand-name drug. The color or shape may be different, but the active ingredients must be the same. Your formulary lists only FDA-approved generic medications. An example of a generic medication is diazepam, which is the generic equivalent of Valium®.

Q. What's the difference between a preferred brand-name drug and a non-preferred brand-name drug?

- A. A *preferred brand-name drug*, also known as a formulary drug, is a medication that's been reviewed and approved by a group of doctors and pharmacists. It's chosen for your formulary because it's been proven to be safe, effective and less expensive than the name brand.

A *non-preferred brand-name drug*, or non-formulary drug, is a medication that has been reviewed by the same team of doctors and pharmacists. They decided that this drug is the same but less cost-effective than others on the formulary. These decisions might change as new information becomes available.

Q. What pharmacies are in the Express Scripts network?

- A. You can get your prescription at any one of more than 30,000 participating pharmacies nationwide. The network includes major chains as well as independent pharmacies. You can get information about specific pharmacies by logging on to the Express Scripts Web site at www.express-scripts.com or contact your HR department.

Q. What are the open hours for the Patient Care Contact Center?

A. Employees in the EKU Express Scripts prescription plan have a single toll-free number to call. This number will be answered by Express Scripts patient care advocates 24 hours a day, seven days a week. Your calls will be answered quickly by staff who can answer your questions. And if you need to talk to a registered pharmacist, one will be available through the contact center 24 hours a day, 365 days a year; just ask.

Q. Where is the pharmacy for the Home Delivery program?

A. Your Home Delivery prescriptions will be filled by the Express Scripts Pharmacy in Bensalem, PA.

Q. How long does it take to receive my prescriptions?

A. It usually takes about 10 to 14 days to deliver your prescription, measuring from the date you mail your order to the day your prescription reaches your home. Refills can be ordered through the Patient Care Contact Center using our interactive voice response system or by speaking to a patient care advocate. Refills are usually delivered within seven to 10 days.

Q. Does Express Scripts offer pharmacy services through the Internet?

A. Yes. All members in your Express Scripts plan may use the convenient Internet services available on our Web site at www.express-scripts.com.

Q. Will information that I submit through any of the Express Scripts Internet sites be secured (confidential)?

A. Yes. Your information is confidential. Express Scripts has strict policies about using confidential information provided by our clients and members. All confidential, private information is protected by special “secured encryption” techniques. They keep it from being used by third parties or accessed by someone other than you.

Express Scripts Welcomes Eastern Kentucky University **ECONOMY** Prescription Plan

Express Scripts is the partner chosen by Eastern Kentucky University to take care of your prescription benefit plan starting July 1, 2006. We're here to help you save money and get the best service on prescriptions for you and your family. Your Express Scripts plan includes:

- 24-hour, 365-day-a-year Patient Care Contact Center
- a national network of over 50,000 pharmacies
- Home Delivery for your medications from the Express Scripts Pharmacy

Copayments for the **ECONOMY** Prescription Program

| Prescriptions from a Pharmacy in-Network | Prescriptions from the Express Scripts Pharmacy |
|--|--|
| Up to a 30-day supply | Up to a 60-day supply |
| Generic Medication: 200.00 DED / 50% copay (\$20min/\$70max) | Generic Medication: 200.00 DED / 50% copay (\$20min/\$70max) |
| Preferred Brand-Name Medication: 200.00 DED / 50% copay (\$20min/\$70max) | Preferred Brand-Name Medication: 200.00 DED / 50% copay (\$20min/\$70max) |
| Non-Preferred Brand-Name Medication: 200.00 DED / 50% copay (\$20min/\$70max) | Non-Preferred Brand-Name Medication: 200.00 DED / 50% copay (\$20min/\$70max) |

Please Note: Lipitor will be available as covered at the 2 Tier or 'preferred brand copy on this plan starting July 1, 2006.



EXPRESS SCRIPTS®

2006 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies subject to non-formulary status when generic is available throughout the year. Not all the drugs listed are covered by all pharmacy benefit programs, check your benefit materials for the specific drugs covered and the copay information for your pharmacy benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

A

ABILIFY
(excluding solution)
ACCU-CHEK
ACTIVE KIT
ACCU-CHEK
ACTIVE test strips
ACCU-CHEK
ADVANTAGE KIT
ACCU-CHEK
ADVANTAGE
test strips
ACCU-CHEK
AVIVA KIT
ACCU-CHEK
AVIVA test strips
ACCU-CHEK
COMFORT CURVE
test strips
ACCU-CHEK
COMPACT KIT
ACCU-CHEK
COMPACT
test strips
ACCU-CHEK
COMPLETE KIT
acetaminophen
w/codeine
acetazolamide
acetylcysteine
ACTONEL
acyclovir
ADDERALL XR*
ADVAIR DISKUS
ADVICOR
AGGRENOX
albuterol
ALLEGRA*
ALLEGRA-D*
(excluding 24 hours)
ALOMIDE
ALORA
ALPHAGAN P
ALTACE*
aluminum chloride
amantadine
AMBIEN
aminophylline
amitriptyline
ammonium lactate
amox tripotassium
clavulanate
amoxicillin
ANALPRAM-HC*
(1% cream,
2.5% lotion)
ANDRODERM
ANDROGEL
antipyrene
w/benzocaine
api
aranella
ARANESP [INJ]
ARICEPT
ASACOL
ASTELIN
atenolol,
-chlorthalidone

ATROVENT inh, HFA
AUGMENTIN XR
AVANDAMET
AVANDIA
AVELOX
aviane
AVODART
azathioprine
azithromycin

B

benazepril, hctz
benzonatate
benzoyl peroxide
betamethasone
BETASERON [INJ]
bisoprolol
lumarate/hctz
BRAVELLE [INJ]
brimonidine tartrate
bupropion, ar
butalbital/apap/caffeine

C

canula
CANASA
captopril, /hctz
carbamazepine
carisoprodol
cefadroxil
cefepodoxime
cefuroxime
CELEBREX
CELLCEPT
cephalexin
cesia
CETROTIDE [INJ]
CHEMSTRIP bG
chloral hydrate
chlorzoxazone
cholestyramine
choline mag
trisalicylate
chorionic
gonadotropin [INJ]
ciclopirox
cibastazol
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin
citalopram
CLARINEX
clarithromycin
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonidine hcl
clotrimazole/
betamethasone
clotrimazole troche
clozapine
COMBIPATCH
COMBIVENT
CONCERTA*
COPEGUS

COREG
COSOPT
COZAAR
CREON [G]
CRESTOR
cromolyn sodium
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA [SNRI]

D

DEPAKOTE
desmopressin acetate
desonide
desoximetasone
dextroamphetamine
sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN
diflunisal
diliazem,
extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
DITROPAN XL*
doxepin hcl
DUAC
DYNACIRC CR

E

EDEX [INJ]
EFFEXOR, XR [SNRI]
ELIDEL
EMADINE*
enalapril, hctz
enpresse
erin
erythromycin
erythromycin/
benzoyl perox.
estradiol, tds
ESTRATES T, H.S.
estropipate
etodolac
EXELON

F

famotidine
felodipine er
fentanyl citrate
fexofenadine
FINACEA
FLOMAX
FLONASE*
FLOVENT, HFA
fluconazole
fluocinonide
flurouracil
flucloxacillin hcl
fluticasone propionate
fluvoxamine maleate
folic acid
FOLLISTIM AQ [INJ]

FOLTX
FORADIL
FORTEO [INJ]
FOSAMAX, PLUS D
fosinopril, hctz

G

gabapentin
GANIRELIX
ACETATE [INJ]
gemfibrozil
gentamicin sulfate
glipizide, er, xl
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
guaifenesin
w/pseudoephedrine

H

haloperidol
homatropine
hydrobromide
HUMALOG [INJ]
HUMATROPE [INJ]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone
w/guaifenesin
hydrocodone/
acetaminophen
hydrocortisone
hydroxyurea
hyoscyamine sulfate
HYZAAR

I

ibuprofen
imipramine
IMITREX
indomethacin
INNOFRAN XL
INTAL inh
ipratropium bromide
isotretinoin
itraconazole

J

jolivet
junel, fe

K

kariva
ketocanazole

L

labetalol hcl
lactulose
LAMISIL, tabs
lamotrigine
LANTUS Vials Only
[INJ]
leena

lessina
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVITRA
levora
levothyroxine sodium
LEVOKYL
LEXAPRO
lisinopril, hctz
LOTEMAX
LOTREL
lovastatin
low-ogestrel
LUMIGAN
lutera

M

MAXAIR AUTOHALER
meclizine hcl
medroxyprogesterone
acetate
megestrol
MENEST
mercaptopurine
MERIDIA
METADATE CD/ER*
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL LOTION*
metronidazole cream
microgestin, fe
mirtazapine, soltab
mometasone
mononessa
morphine sulfate

N

nabumetone
naproxen
NASACORT AQ
NASONEX
necon
neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEXIUM
NIASPAN*
nifedipine er
nitrofurantoin
macrocrystal
nizatidine
nora-be
nortrel
NOVAREL [INJ]
NOVOFINE 30
NOVOLIN [INJ]
NOVOLOG [INJ]

NUTROPIN, AQ
(excluding Depot)
[INJ]
nystatin
nystatin
w/triamcinolone

O

ofloxacin
ogestrel
omeprazole
OMNICEF
ONETOUCH
BASIC SYSTEM
ONETOUCH
FASTAKE
ONETOUCH INDUO
ONETOUCH
PROFILE SYSTEM
ONETOUCH II /
Basic / Profile
test strips
ONETOUCH
SURESTEP
test strips
ONETOUCH
SURESTEP
SYSTEM
ONETOUCH
ULTRA test strips
ONETOUCH
ULTRA SMART
ONETOUCH
ULTRA SYSTEM
orphenadrine citrate
ORTHO EVRA
ORTHO
TRI-CYCLEN LO
oxybutynin chloride
oxycodone hcl
oxycodone
w/acetaminophen
OXYTROL

P

paroxetine
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
penicillin v potassium
PENLAC
PENTASA
perphenazine
phenfermine hcl
phenytoin sodium,
extended
PHOSLO
pilocarpine hcl
PLAVIX
polymyxin b sul/
trimethoprim
portia
potassium citrate/
citric acid
PRANDIN
PRECISION
SURE DOSE

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay. You can get more information and updates to this document at our web site at www.express-scripts.com.

(continue-2)

Please Note: Lipitor will be available as covered at the 2 Tier or 'preferred brand copy on this plan starting July 1, 2006.

AmensourceBergen ARIH Pharmacy Biggs CVS CardinalHealth Epic Food City Pharmacy
 Fred's Pharmacy King's Daughters Family Phcy Knart Kroger The Medicine Shoppe Meijer
 Neighborcare Pamida Pharmerica Rite-Aid RX Crossroads Sam's Club Pharmacy
 Strategic Health Alliance Target Pharmacy Walgreens Pharmacy Wal-MartPharmacy Winn-Dixie Pharmacy



Express Scripts Minimum 50,000 Participating Pharmacy Chains
 Kentucky

| | | |
|--|---|---|
| ALBANY | BRANDENBURG | SAVE-RITE FAMILY PHCY 1150 MASTER STREET (606)528-7770 |
| DIYER DRUG COMPANY 100 CUMBERLAND STREET (606)387-6444 | BRANDENBURG PHCY CARE 455 D BY-PASS RD (270)422-2422 | CORNETTSVILLE |
| SHEARER DRUG 100 TWIN LAKES MEDICAL ARTS (606)387-6616 | BRODHEAD | L B CLINIC PHCY 464 RTE 699 (606)476-2593 |
| ALEXANDRIA | BRODHEAD PHCY 54 W MAIN ST (606)738-4373 | CORSIN |
| ALEXANDRIA DRUGS 7857 US 27 (859)635-2171 | BROOKSVILLE | MORTON'S DISCOUNT DRUG 10 DEMPSEY LANE (606)258-0445 |
| ALMO | DEAN'S PHCY 109 LOCUST ST (606)735-2322 | COVINGTON |
| EXPRESS PHCY 2800 RADIO RD (270)753-3634 | BROWNSVILLE | BERINGER SAVE DISCOUNT DRUGS 716 MADISON AVE (859)431-2857 |
| ANNVILLE | EDMONSON DRUG 432 S MAIN ST (270)597-2386 | BLANK'S PHCY 273 PIKE ST (859)261-1313 |
| ANNVILLE PHCY KENTUCKY HWY 3444 (502)695-3634 | PRESCRIPTION SHOP 1571 N HWY 239 (270)597-2181 | BOECKLEY PHCY 3712 WINSTON AVE (859)261-0605 |
| ARLINGTON | BURKEVILLE | PAUL'S PHCY 701 SCOTT ST (859)431-3304 |
| ARLINGTON PHCY HWY 51 (270)655-6151 | CAPPS PHCY 231 KEEN ST (270)864-1606 | CRESCENT SPRINGS |
| ARY | MORGAN'S MEDICINE 360 KEEN ST (270)864-2222 | CRESTVILLE DRUGS 2446 ANDERSON RD (859)341-1660 |
| HOMEPLACE CLINIC PHCY 238 WILLIE FAY DR (606)378-2131 | SMITH PHCY 204 PUBLIC SQUARE (270)864-2231 | REMKE PHCY 560 CLOCKTOWER WAY (859)578-4623 |
| ASHLAND | BURLINGTON | CRESTWOOD |
| GALLAHERS FOOD FAIR PHCY 2914 BLACKBURN AVE (606)329-2122 | BURLINGTON PHCY 5555 N BEND RD (859)586-6700 | CRESTWOOD DRUG 6541 HWY 22 (502)243-8464 |
| HOME CARE PHCY 720 GREENUP AVE (606)325-1483 | BURNSIDE | CRITTENDEN |
| MCMEANS PHCY 336 29TH ST (606)325-8400 | LAKESHORE PHCY 51 W LAKESHORE DR (606)561-7104 | PHARMCARE CRITTENDEN 105 SPEAR LN (859)428-0900 |
| MEDICAL PLAZA PHCY 700 ST CHRISTOPHER DR (606)833-3510 | BYPRO | CROFTON |
| AUGUSTA | FAMILY DRUG OF WHEELWRIGHT 107 KY RTE 306 (606)452-4134 | CROFTON PHCY 110 E MAIN ST (270)424-8965 |
| REYNOLDS PHCY 216 MAIN STREET (606)756-2204 | CADIZ | CUMBERLAND |
| BARBOURVILLE | HOSPITAL STREET PHCY 111 HOSPITAL (270)522-3441 | CUMBERLAND DRUG 1803 E MAIN ST (606)589-0003 |
| HINKLE HOMETOWN DRUG STORE 590 OLD 25E (606)546-8888 | SAVE ON DRUGS 266 E MAIN (270)522-3211 | CYNTHIANA |
| KNOX PROFESSIONAL PHCY 419 KNOX ST (606)546-3171 | CALHOUN | CLINIC PHCY 1210 KY HIGHWAY 36E STE G-6 (859)234-2777 |
| PARKWAY PHCY HWY 25E (606)546-3464 | OWENS DRUG STORE 135 EAST SECOND STREET (270)273-3987 | EASTSIDE PHCY OF CYNTHIANA 430 E PLEASANT ST (859)234-6800 |
| SAM'S PROFESSIONAL PHCY 2 KNOX PLAZA (606)546-3317 | CALVERT CITY | YOUR PHCY 208 W PLEASANT #2 (859)884-0202 |
| BARDS TOWN | CALVERT CITY PHCY 1380 5TH AVE SE (270)395-4350 | DANVILLE |
| CRUME DRUG STORE 111 WEST FLAGET (502)348-3938 | CAMPBELLSBURG | GOOD NEIGHBOR PHCY 60 CASSADY AVE #3 (859)836-1222 |
| HURST DISCOUNT DRUGS 102 N 3RD ST (502)348-9261 | COOKS PHCY 8154 MAIN ST (502)532-7388 | HALL PHCY 131 S 2ND ST (859)236-1442 |
| MEDICA PHCY 202 W STEPHEN FOSTER AVE (502)348-8623 | CAMPBELLSVILLE | WELLNESS FIRST PHCY 1107 BEN ALDR STE 100 (859)836-1713 |
| BARDWELL | CENTRAL DISCOUNT DRUG CENTER 102 CENTRAL SHOPPING CTR (270)465-4137 | DAWSON SPRINGS |
| BARDWELL PHCY 325 ELM ST (270)628-5445 | MEDICINE CENTRE PHCY 325 E BROADWAY (270)465-3784 | FAMILY DRUGS 104 RAILROAD AVENUE (270)797-3591 |
| BEATTYVILLE | NATION'S MEDICINES 1608 OLD LEBANON RD (270)789-4734 | WOODBURN PHCY 400 EAST ARCADIA AVENUE (270)797-2761 |
| STUFFLEBEAN PHCY MAIN ST (606)464-3396 | CAMPTON | DAYTON |
| THREE FORKS APOTHECARY 1071 BROADWAY (606)464-0941 | CAMPTON DISCOUNT DRUGS 40 MAIN ST STE 2 (606)668-3153 | AVENUE PHCY 118 6TH AVE (859)491-1700 |
| VILLAGE APOTHECARY 111 RIVER DR (606)464-3656 | WOLFE PRESCRIPTION CENTER 470 HWY 15 (606)668-3900 | DIXON |
| BEAVER DAM | CANEYVILLE | HOMETOWN APOTHECARY 1355 US 41A S (270)639-3242 |
| RICE DRUG STORE 1209 N MAIN ST (270)274-3318 | MIDWAY PHCY 104 N MAIN ST (270)879-6535 | DORTON |
| BEDFORD | CARLISLE | CAREMORE PHCY 151 DORTON JENKINS HWY (606)638-2273 |
| MORGAN DRUG STORE 325 HWY 42 E (502)255-3540 | CARLISLE DRUG 126 E MAIN ST (859)289-2328 | DRY RIDGE |
| BEECHMONT | HOPKINS DRUG 116 E MAIN (859)289-5122 | GRANT COUNTY DRUGS 24 S MAIN ST (859)823-5271 |
| CLINIC PHCY 3901 US HWY 431 S (270)476-3600 | SOPER'S FAMILY DRUG 102 S BROADWAY (859)289-8501 | EARLINGTON |
| BELLEVUE | CARROLLTON | SOUTHSIDE PHCY 102 E MAIN ST (270)383-3784 |
| COMMUNITY PHCY CARE 103 LANDMARK PLACE (859)291-8665 | WEBSTER DRUGS 99 PARKLANE SHOPPING CENTER (502)732-4331 | EAST BERNSTADT |
| BENTON | CAVE CITY | EAST BERNSTADT PHCY 2645 N LAUREL RD (606)843-6311 |
| BENTON DISCOUNT PHCY 2602 MAIN ST (270)527-1409 | CAVE CITY PRESCRIPTION CENTER 101 S DIXIE HWY (270)773-2252 | THOMPSON DRUG EAST BERNSTADT 1088 HWY 490 (606)843-2211 |
| DRAFFENVILLE PHCY 153 US HWY 68 E (270)527-1404 | PARKLAND DRUGS 209 N DIXIE (270)773-3151 | EDDYVILLE |
| J & R PHCY 304 E 9TH ST (270)527-3135 | CENTRAL CITY | LYON DRUG STORE 201 MAIN STREET (270)388-2236 |
| NELSON VALU-RITE PHCY 1112 MAIN ST (270)527-5616 | CENTRAL CITY CLINIC PHCY 101 LEGION DR (270)754-4300 | EDGEWOOD |
| BEREA | POOLE'S PHCY CARE 144 W BROAD ST (270)754-1543 | SEMC MEDICAL VILLAGE PHCY 20 MEDICAL VILLAGE DR (859)331-8858 |
| BEREA DRUG 402 RICHMOND RD (859)886-4521 | CLARKSON | ST ELIZABETH MEDICAL CTR ONE MEDICAL VILLAGE DR (859)378-5348 |
| BEREA HOSPITAL PHCY 305 ESTILL ST (859)886-6541 | CLARKSON DRUG STORE 201 MILLERSTOWN ST (270)242-3811 | EDMONTON |
| BEREA WHITEHOUSE CLINIC PHCY 104 LEGACY DR (859)886-2323 | MIDWAY PHCY 827 W MAIN ST (270)242-2331 | EDMONTON DRUGS 903 W STOCKTON #A (270)432-2822 |
| COLLEGE SQUARE PHCY 120 MAIN ST (859)886-0500 | CLAY | METCALFE DRUGS 113 E STOCKTON ST (270)432-3051 |
| BETSY LAYNE | CLAY DRUG STORE 9055 ST RT 132 W (270)664-2270 | NUNN DRUGS 110 S MAIN ST (270)432-3111 |
| BETSY LANE PHCY 1111 HAYS COMPLEX HWY 2 (606)478-9474 | CLAY CITY | ELIZABETHTOWN |
| BEVERLY | POWELL PRESCRIPTION 4644 HWY 15 WEST (606)663-3481 | APOTHECARE PHCY 1239 WOODLAND DR (270)738-0303 |
| RED BIRD HOSPITAL PHCY HC 69 BOX 700 (606)598-5135 | CLINTON | E W JAMES PHCY 200 ST JOHN RD (270)769-9089 |
| RED BIRD PHCY 53 QUEENDALE CTR (866)648-9330 | BYASSEE DRUG 107 E CLAY ST (270)653-2151 | JEFF'S PRESCRIPTION SHOP 908 WOODLAND DR (270)765-2157 |
| BLOOMFIELD | PERKINS PHCY 119 EAST CLAY (270)653-5561 | NATION MEDICINES 790 N DIXIE STE 1100 (270)737-1152 |
| SNIDER DRUG STORE 101 TAYLORSVILLE RD (502)252-8242 | COLD SPRING | ELKHORN CITY |
| BOONEVILLE | MARTIN'S PHCY 3800 ALEXANDRIA PIKE (859)441-5181 | ELKHORN DRUG 112 E MAIN ST (606)754-0221 |
| CALLAHAN DISCOUNT DRUGS HWY 11 N (606)593-0382 | COLUMBIA | NICHOLS APOTHECARY 220 ELKHORN ST (606)754-5076 |
| OWSLEY PRESCRIPTION CENTER HWY 11 SO (606)593-6306 | COLUMBIA PHCY 803 BURNESVILLE ST (270)384-2117 | ELKTON |
| BOWLING GREEN | NATION'S MEDICINES 706 JAMESTOWN ST (270)384-5874 | RILEY PRESCRIPTION CENTER 10 PUBLIC SQUARE (270)265-2201 |
| APOTHECARE PHCY & COMPOUND 1214 ASHLEY CIRCLE (270)781-7778 | PRESCRIPTION SHOPPE PHCY 808 JAMESTOWN ST (270)384-2132 | WEATHERS DRUGS 44 PUBLIC SQUARE (270)265-2155 |
| C & S DRUGS #10 PHCY 1308 ASHLEY CIRCLE (270)781-5661 | CORBIN | EMINENCE |
| CLINIC PHCY 201 PARK ST (270)871-3095 | ART'S PHCY 1805 S MAIN ST (606)523-1777 | COOK'S PHCY 42 S PENN AVE (502)845-4216 |
| DOWNING DRUGS 4863 A SCOTTSVILLE RD (270)457-2800 | BAPTIST REGIONAL APOTHECARY 1 TRILLIUM WAY (606)526-8334 | ERLANGER |
| DOWNING DRUGS OF BOWLING GREEN 4863 SCOTTSVILLE RD STE A (270)846-3007 | CHRISTIAN HEALTH CENTER PHCY COMMONWEALTH & MASTER ST (606)528-2886 | MEDICINE MART 3126 DDGE HWY (859)331-5400 |
| E W JAMES PHCY 1640 SCOTTSVILLE RD (270)782-5045 | CORBEN | EVARTS |
| HINES PHCY 1247 US HWY 185 #13 (270)842-4341 | CORBEN PHCY 60 BRYAN BLVD STE 201 (606)523-5185 | CLOVER FORK CLINIC PHCY 101 CHAD ST (606)837-2108 |
| JL & M INC 3158 LOUISVILLE RD (270)842-6161 | COTTONGDM DRUG 500 S MAIN ST (606)528-1304 | FALMOUTH |
| MEDICINE ARTS PHCY 818 US 31 W BYPASS (270)843-3203 | DOCTORS PARK APOTHECARY 121 BISHOP ST (606)528-1932 | PHARMCARE PHCY 1100 W SHELBY ST (859)654-3332 |
| NATION'S MEDICINES 830 FAIRVIEW AVE (270)842-4515 | FALLS ROAD PHCY 40 MOONBOW PLAZA STE 1 (606)528-0000 | FLATWOODS |
| SPRINGHILL PHCY 2305 RUSSELLVILLE RD (270)796-3909 | HUFF PHCY 1403 CUMBERLAND FALLS HWY (606)523-0123 | STULTZ PHCY 2420 ARGILLITE RD STE A (606)834-1052 |
| | LONDON CORBIN PHCY 8708 S HWY 25 (502)695-3634 | |
| | PRESCRIPTION SHOPPE 200 GORDON ST (606)528-9305 | |

