

## Sterling Prescription Drug Plan Comprehensive Formulary (List of Covered Drugs)



This document includes Sterling Prescription Drug Plan's complete formulary as of 12/2006.

## What is the Sterling Prescription Drug Plan Formulary?

A formulary is a list of drugs selected by Sterling 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. Sterling Prescription Drug Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Sterling 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?

Yes, Sterling Prescription Drug Plan may add or remove drugs from our formulary during the year. The enclosed formulary is current as of 12/2006. To get updated information about the drugs covered by Sterling Prescription Drug Plan, please visit our Website at [www.sterling.medicareplanrx.com](http://www.sterling.medicareplanrx.com) or call Customer Care at 1-866-865-0664, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify members who take the drug that it will be removed at least 60 days before the date that 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.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 45. 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.

## How much will I pay for Sterling Prescription Drug Plan covered drugs?

**If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Care to find out what your costs are.**

After you meet your yearly deductible, Sterling will pay part of the costs for your covered drugs and you will pay part.

The amount you pay depends on which drug tier your drug is in under our plan. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 5.)

The amount you pay depends on whether you fill your prescription at a retail pharmacy or at a mail order pharmacy. Generally, when you go to a retail pharmacy you will pay for a 30-day supply. In addition, if you fill your prescription through our mail-order pharmacy you can get a 90-day supply.

You will pay the copayment amount for your drugs until your total drug costs (the amount you paid, including the deductible, plus the amount Sterling Prescription Drug Plan has paid) reach \$2,250. Once your total drug costs reach \$2,250, there is a gap in your coverage. This means you have to pay the full amount for your drugs. You pay the full amount until you have paid \$3,600 out of pocket. After you have paid \$3,600 out-of-pocket, your payments for a generic or multiple source drug will be the greater of 5% or \$2. For any other drug it will be the greater of 5% or \$5.

You can ask Sterling to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Sterling Prescription Drug Plan List of Covered Drugs?" for information about how to request an exception.

## Are there any other restrictions on coverage?

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

- **Prior Authorization:** Sterling requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from Sterling before you fill your prescriptions. If you don't get approval, Sterling may not cover the drug.
- **Quantity Limits:** For certain drugs, Sterling limits the amount of the drug that Sterling Prescription Drug Plan will cover. For example, Sterling provides nine units per 30-day supply of MAXALT. This may be in addition to a standard 30- or 90-day supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5.

You can ask Sterling to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Sterling Prescription Drug Plan formulary?" on page 3 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 Care and ask if your drug is covered.

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

- You can ask Customer Care for a list of similar drugs that are covered by Sterling Prescription Drug Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Sterling Prescription Drug Plan.
- You can ask Sterling 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 Sterling Prescription Drug Plan Formulary?

You can ask Sterling 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, Sterling 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. For example, if your drug is usually considered a tier 2 drug, you can ask us to cover it as a Tier 1 drug instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Sterling will only approve your request for an exception if the alternative drug is included on the plan's formulary, the low-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of your request.

## What are generic drugs?

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

Generic drugs are listed in lower-case italics (e.g., *lisinopril*) within the formulary on page 5. Brand-name drugs are capitalized in the formulary (e.g., LIPITOR).

## For more information

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

If you have questions about Sterling Prescription Drug Plan, please call Customer Care at 1-866-865-0664, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit [www.sterling.medicareplanrx.com](http://www.sterling.medicareplanrx.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](http://www.medicare.gov).

## The Sterling Prescription Drug Plan Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Sterling Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 45.

The first column of the chart (see page 5) lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column (see page 5) tells you if Sterling has any special requirements for coverage of your drug.

QL stands for Quantity Limits.

PA stands for Prior Authorization.

The information in the Tier column (see page 5) tells you which tier your drug is in. The table below shows the associated copayment or co-insurance amount for retail or mail order prescriptions for each tier.

Drug Tier	Retail Pharmacy Co-payment/Coinsurance (30-day supply)	Mail-Order Co-payment/Coinsurance (90-day supply)
Tier 1 (Generic)	\$10.00	\$20.00
Tier 2 (Preferred Brand)	\$25.00	\$50.00
Tier 3 (Brand)	48%	48%
Tier 4 (Specialty)	25%	25%

Costs and savings may vary by drug, by pharmacy and by regional location, and are subject to change. Sterling or its affiliates may obtain manufacturer rebates and other fees based on your prescription drugs. These rebates and other fees may be retained or shared with you.

## Drug

## Tier

Requirements/  
Limits

## Medicare USP Tier 4

## Analgesics

*Non-opioid Analgesics*

CELEBREX	Tier 2	PA
<i>diclofenac sodium delayed-rel</i>	Tier 1	
<i>diclofenac sodium ext-rel</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>etodolac ext-rel</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN inj	Tier 2	
INDOCIN supp	Tier 2	
INDOCIN susp	Tier 2	
<i>indomethacin</i>	Tier 1	
<i>indomethacin ext-rel</i>	Tier 1	
<i>indomethacin supp</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
MOBIC	Tier 3	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen delayed-rel</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>salsalate</i>	Tier 1	
<i>sulindac</i>	Tier 1	

*Opioid Analgesics*

AVINZA	Tier 3	
<i>codeine/acetaminophen</i>	Tier 1	
DILAUDID supp 3 mg	Tier 2	
DILAUDID tabs 2 mg, 4 mg	Tier 2	
DILAUDID-5	Tier 2	
DURAGESIC 12 mcg/hr	Tier 2	
<i>fentanyl transdermal</i>	Tier 1	
<i>hydrocodone/acetaminophen</i>	Tier 1	
<i>hydromorphone</i>	Tier 1	
<i>hydromorphone inj</i>	Tier 1	
<i>morphine ext-rel</i>	Tier 1	
MORPHINE inj	Tier 2	
MORPHINE soln	Tier 2	
MORPHINE soluble tabs 10 mg	Tier 2	
<i>morphine sulfate immediate release</i>	Tier 1	
<i>morphine supp</i>	Tier 1	
<i>oxycodone</i>	Tier 1	
<i>oxycodone ext-rel</i>	Tier 1	
<i>oxycodone/acetaminophen tabs</i>	Tier 1	

Drug	Tier	Requirements/ Limits
OXYFAST	Tier 3	
OXYIR	Tier 3	
RMS	Tier 2	
ROXICET soln	Tier 2	
ROXICODONE concentrate 20 mg/mL	Tier 2	
ROXICODONE oral soln 5 mg/5 mL	Tier 2	
ROXICODONE tabs 5 mg	Tier 2	
<i>tramadol</i>	Tier 1	
<i>tramadol/acetaminophen</i>	Tier 1	

### Anesthetics

<i>lidocaine inj</i>	Tier 1	
<i>tetracaine inj</i>	Tier 1	

### Antibacterials

#### *Beta-lactam, Cephalosporins*

CEDAX	Tier 3	
<i>cefaclor</i>	Tier 1	
<i>cefadroxil</i>	Tier 1	
<i>cefadroxil susp</i>	Tier 1	
<i>cefazolin inj</i>	Tier 1	
<i>cefoxitin inj</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
CEFTIN susp	Tier 2	
<i>ceftriaxone</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime inj</i>	Tier 1	
CEFUROXIME SODIUM/DEXTROSE inj 750 mg	Tier 2	
<i>cephalexin</i>	Tier 1	
MAXIPIME	Tier 2	
OMNICEF	Tier 2	
VANTIN susp	Tier 2	

#### *Beta-lactam, Penicillins*

<i>amoxicillin</i>	Tier 1	
<i>amoxicillin/clavulanate</i>	Tier 1	
AMOXIL PEDIATRIC DROPS	Tier 2	
<i>ampicillin</i>	Tier 1	
<i>ampicillin inj</i>	Tier 1	
AUGMENTIN chewable tabs 125 mg, 250 mg	Tier 3	
AUGMENTIN susp 125 mg/5 mL, 250 mg/5 mL	Tier 3	
AUGMENTIN XR	Tier 3	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
<i>dicloxacillin</i>	Tier 1	
<i>nafcillin inj</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>penicillin inj</i>	Tier 1	
<i>penicillin VK</i>	Tier 1	
ZOSYN	Tier 2	
<i>Beta-lactam, Other</i>		
INVANZ	Tier 2	
LORABID	Tier 2	
<i>Macrolides</i>		
<i>azithromycin inj</i>	Tier 1	
<i>azithromycin susp, tabs</i>	Tier 1	
BIAXIN XL	Tier 2	
<i>clarithromycin</i>	Tier 1	
ERYPED chewable tabs	Tier 2	
ERYPED DROPS	Tier 2	
ERYTHROCIN inj	Tier 2	
<i>erythromycin delayed-rel</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin stearate</i>	Tier 1	
<i>erythromycin/sulfisoxazole</i>	Tier 1	
KETEK	Tier 2	
ZITHROMAX susp	Tier 2	
<i>Quinolones</i>		
AVELOX	Tier 2	
AVELOX inj	Tier 2	
CIPRO inj	Tier 2	
CIPRO susp	Tier 2	
CIPRO XR	Tier 2	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin inj</i>	Tier 1	
LEVAQUIN	Tier 3	
LEVAQUIN inj	Tier 3	
<i>Sulfonamides</i>		
GANTRISIN	Tier 3	
SULFADIAZINE	Tier 2	
<i>sulfamethoxazole/trimethoprim</i>	Tier 1	
<i>sulfamethoxazole/trimethoprim inj</i>	Tier 1	
<i>Tetracyclines</i>		
<i>doxycycline hyclate caps, tabs</i>	Tier 1	
<i>doxycycline inj</i>	Tier 1	
<i>minocycline</i>	Tier 1	
SUMYCIN susp 125 mg/5 mL	Tier 3	
<i>tetracycline caps</i>	Tier 1	
VIBRAMYCIN susp, syrup	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Antibacterials, Others</i>		
CLEOCIN caps 75 mg	Tier 2	
CLEOCIN PEDIATRIC	Tier 2	
CLEOCIN vaginal supp	Tier 2	
<i>clindamycin</i>	Tier 1	
<i>clindamycin inj</i>	Tier 1	
<i>clindamycin vaginal crm</i>	Tier 1	
FURADANTIN	Tier 3	
MACRODANTIN 25 mg	Tier 2	
METROGEL-VAGINAL	Tier 2	
<i>metronidazole</i>	Tier 1	
<i>metronidazole inj</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
<i>nitrofurantoin ext-rel</i>	Tier 1	
<i>nitrofurantoin macrocrystals</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
VANCOCIN	Tier 2	
<i>vancomycin inj</i>	Tier 1	
ZYVOX	Tier 2	
ZYVOX inj	Tier 2	

## Anticonvulsants

### *Calcium Channel Modifying Agents*

CELONTIN	Tier 2	
<i>ethosuximide</i>	Tier 1	
LYRICA	Tier 2	QL
<i>zonisamide</i>	Tier 1	

QL: Lyrica - 600 mg/day per 25 days

### *GABA Augmenting Agents*

DEPAKOTE	Tier 2	
DEPAKOTE ER	Tier 2	
<i>gabapentin</i>	Tier 1	QL
GABITRIL	Tier 2	
NEURONTIN oral soln	Tier 2	QL
<i>primidone</i>	Tier 1	
<i>valproate sodium inj</i>	Tier 1	
<i>valproic acid</i>	Tier 1	

QL: gabapentin caps and tabs - 3600 mg/day per 25 days  
Neurontin oral soln - 3600 mg/day per 25 days

### *Glutamate Reducing Agents*

FELBATOL	Tier 2	
LAMICTAL 25 mg, 100 mg, 150 mg, 200 mg	Tier 2	
<i>lamotrigine chewable dispersible   tabs 5 mg, 25 mg</i>	Tier 1	
TOPAMAX	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Sodium Channel Inhibitors</i>		
<i>carbamazepine</i>	Tier 1	
CARBATROL	Tier 2	
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 2	
PEGANONE	Tier 2	
<i>phenytoin inj</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
TEGRETOL-XR	Tier 2	
TRILEPTAL	Tier 2	

*Anticonvulsants, Other*

KEPPRA	Tier 2	
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**Antidementia Agents**

*Cholinesterase Inhibitors*

ARICEPT	Tier 2	
EXELON	Tier 2	
RAZADYNE	Tier 2	
RAZADYNE ER	Tier 2	

*Glutamate Pathway Modifier*

NAMENDA	Tier 2	
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**Antidepressants**

*MAO Inhibitors*

MARPLAN	Tier 2	
NARDIL	Tier 2	
PARNATE	Tier 2	
<i>tranylcypromine</i>	Tier 1	

*Reuptake Inhibitors*

<i>amitriptyline</i>	Tier 1	
AMOXAPINE	Tier 2	
<i>citalopram</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
CYMBALTA	Tier 2	
<i>desipramine</i>	Tier 1	
<i>doxepin</i>	Tier 1	
EFFEXOR	Tier 2	
EFFEXOR XR	Tier 2	
<i>fluoxetine</i>	Tier 1	
<i>fluvoxamine</i>	Tier 1	
<i>imipramine HCl</i>	Tier 1	
LEXAPRO	Tier 2	
<i>nefazodone</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>paroxetine HCl</i>	Tier 1	
PAXIL CR	Tier 3	
PAXIL susp	Tier 2	
<i>sertraline</i>	Tier 1	
SURMONTIL	Tier 2	
<i>trimipramine</i>	Tier 1	
<i>venlafaxine</i>	Tier 1	
VIVACTIL	Tier 2	
ZOLOFT	Tier 2	

#### *Antidepressants, Other*

<i>bupropion</i>	Tier 1	
<i>bupropion ext-rel</i>	Tier 1	
<i>maprotiline</i>	Tier 1	
<i>mirtazapine</i>	Tier 1	
<i>trazodone</i>	Tier 1	
WELLBUTRIN XL	Tier 2	

#### **Antiemetics**

ANTIVERT 50 mg	Tier 2	
<i>chlorpromazine</i>	Tier 1	
COMPAZINE supp 2.5 mg, 5 mg	Tier 2	
COMPAZINE syrup 5 mg/5 mL	Tier 2	
EMEND	Tier 2	PA
KYTRIL	Tier 3	QL
KYTRIL inj	Tier 3	QL
MARINOL	Tier 2	QL
<i>meclizine</i>	Tier 1	
<i>metoclopramide</i>	Tier 1	
<i>metoclopramide inj</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine inj</i>	Tier 1	
<i>promethazine</i>	Tier 1	
<i>promethazine inj</i>	Tier 1	
SCOPOLAMINE inj	Tier 2	
THORAZINE supp	Tier 2	
TRANSDERM SCOP	Tier 2	
<i>trimethobenzamide caps 300 mg</i>	Tier 1	
<i>trimethobenzamide inj 100 mg/mL</i>	Tier 1	

Drug	Tier	Requirements/ Limits
ZOFRAN	Tier 2	QL
ZOFRAN inj	Tier 2	QL
QL: Kytril inj - 1 inj per 25 days Kytril soln - 30 mL per 25 days Kytril tabs - 6 tabs per 25 days Marinol - 60 caps per 25 days Zofran (4 mg, 8 mg) - 9 tabs per 25 days Zofran (24 mg) - 1 tab per 25 days Zofran (32 mg/50 mL) inj - 50 mL per 25 days Zofran (2 mg/mL) inj - 10 mL per 25 days Zofran ODT - 9 tabs per 25 days Zofran oral soln - 90 mL per 25 days		

### Antifungals

<i>amphotericin B</i>	Tier 1	
ANCOBON	Tier 2	
<i>clotrimazole troches</i>	Tier 1	
<i>fluconazole 150 mg</i>	Tier 1	QL
<i>fluconazole inj</i>	Tier 1	
<i>fluconazole, except 150 mg</i>	Tier 1	PA
GRIS-PEG	Tier 2	
<i>griseofulvin microsize susp</i>	Tier 1	
<i>itraconazole caps</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
LAMISIL tabs	Tier 2	PA
<i>nystatin</i>	Tier 1	
SPORANOX inj	Tier 3	
SPORANOX oral soln	Tier 3	
<i>terconazole crm</i>	Tier 1	
<i>terconazole supp 80 mg</i>	Tier 1	
VFEND	Tier 3	
VFEND inj	Tier 3	
QL: fluconazole 150 mg tabs - 2 tabs per 25 days		

### Antigout Agents

<i>allopurinol</i>	Tier 1	
<i>allopurinol inj</i>	Tier 1	
<i>colchicine</i>	Tier 1	
<i>colchicine inj</i>	Tier 1	
<i>probenecid</i>	Tier 1	

### Anti-inflammatory

#### NSAIDs

CELEBREX	Tier 2	PA
<i>diclofenac sodium delayed-rel</i>	Tier 1	
<i>diclofenac sodium ext-rel</i>	Tier 1	
<i>diflunisal</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>etodolac</i>	Tier 1	
<i>etodolac ext-rel</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN inj	Tier 2	
INDOCIN supp	Tier 2	
INDOCIN susp	Tier 2	
<i>indomethacin</i>	Tier 1	
<i>indomethacin ext-rel</i>	Tier 1	
<i>indomethacin supp</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
MOBIC	Tier 3	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen delayed-rel</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>salsalate</i>	Tier 1	
<i>sulindac</i>	Tier 1	

## Antimigraine Agents

### Abortive

<i>dihydroergotamine inj</i>	Tier 1	
<i>ergotamine/caffeine</i>	Tier 1	
FROVA	Tier 3	QL
IMITREX inj	Tier 2	QL
IMITREX spray	Tier 3	QL
IMITREX tabs	Tier 3	QL
MAXALT	Tier 2	QL
MIGRANAL spray	Tier 2	QL
RELPAK	Tier 2	QL
ZOMIG	Tier 3	QL

QL: Frova - 9 tabs per 25 days  
 Imitrex inj - 4 inj per 25 days  
 Imitrex kits - 2 kits per 25 days  
 Imitrex spray 5 mg - 12 doses per 25 days  
 Imitrex spray 20 mg - 6 doses per 25 days  
 Imitrex tabs - 9 tabs per 25 days  
 Maxalt/Maxalt-MLT - 9 tabs per 25 days  
 Migranal - 6 mL per 25 days  
 Relpax - 6 tabs per 25 days  
 Zomig/Zomig-ZMT tabs 2.5 mg - 6 tabs per 25 days  
 Zomig/Zomig-ZMT tabs 5 mg - 3 tabs per 25 days  
 Zomig spray - 6 doses per 25 days

Drug	Tier	Requirements/ Limits
<i>Prophylactic</i>		
DEPAKOTE	Tier 2	
DEPAKOTE ER	Tier 2	
INDERAL LA	Tier 2	
<i>propranolol</i>	Tier 1	
<i>propranolol inj</i>	Tier 1	
TOPAMAX	Tier 2	

## Antimycobacterials

### *Antituberculars*

<i>ethambutol</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
<i>isoniazid inj</i>	Tier 1	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
<i>rifampin inj</i>	Tier 1	

### *Antimycobacterials, Others*

DAPSONE	Tier 2	
MYCOBUTIN	Tier 2	

## Antineoplastics

### *Alkylating Agents*

ALKERAN	Tier 2	
BICNU	Tier 2	
BUSULFEX	Tier 2	
CEENU	Tier 2	
<i>cyclophosphamide</i>	Tier 1	
<i>dacarbazine</i>	Tier 1	
EMCYT	Tier 2	
HEXALEN	Tier 2	
IFEX 3 g	Tier 2	
<i>ifosfamide</i>	Tier 1	
LEUKERAN	Tier 2	
MATULANE	Tier 2	
MUSTARGEN	Tier 2	
<i>thiotepa</i>	Tier 1	
THIOTEPA 30 mg	Tier 2	

### *Antimetabolites*

ALIMTA	Tier 2	
<i>cytarabine</i>	Tier 1	
DROXIA caps 200 mg, 300 mg, 400 mg	Tier 2	
<i>floxuridine</i>	Tier 1	
<i>fluorouracil</i>	Tier 1	
GEMZAR	Tier 2	
<i>hydroxyurea</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate 2.5 mg</i>	Tier 1	
<i>methotrexate inj</i>	Tier 1	
NIPENT	Tier 2	
RHEUMATREX	Tier 2	
THIOGUANINE	Tier 2	
VIDAZA	Tier 2	

#### *Immune Modulators and Vaccines*

AVASTIN	Tier 2	
BEXXAR	Tier 2	
CAMPATH	Tier 2	
HERCEPTIN	Tier 2	
ONTAK	Tier 2	
PROLEUKIN	Tier 2	
THERACYS	Tier 2	

#### *Molecular Target Inhibitors*

GLEEVEC	Tier 4	
NEXAVAR	Tier 4	
SPRYCEL	Tier 4	
SUTENT	Tier 4	
TARCEVA	Tier 4	
VELCADE	Tier 2	
VESANOID	Tier 2	

#### *Nucleoside Analogs*

<i>cladribine</i>	Tier 1	
FLUDARABINE 25 mg/mL	Tier 2	
<i>fludarabine phosphate</i>	Tier 1	

#### *Protective Agents*

<i>dexrazoxane</i>	Tier 1	
ETHYOL	Tier 2	
<i>leucovorin</i>	Tier 1	
<i>leucovorin inj</i>	Tier 1	
LEUCOVORIN tabs 15 mg	Tier 2	
<i>mesna inj</i>	Tier 1	
MESNEX tabs 400 mg	Tier 2	

#### *Topoisomerase Inhibitors*

CAMPTOSAR	Tier 2	
<i>etoposide</i>	Tier 1	
HYCANTIN	Tier 2	
VUMON	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Antineoplastics, Others</i>		
ADRIAMYCIN RDF	Tier 2	
<i>bleomycin</i>	Tier 1	
<i>carboplatin</i>	Tier 1	
<i>cisplatin</i>	Tier 1	
COSMEGEN	Tier 2	
<i>daunorubicin 20 mg</i>	Tier 1	
DAUNORUBICIN 50 mg	Tier 2	
DAUNOXOME	Tier 2	
DOXIL	Tier 2	
<i>doxorubicin</i>	Tier 1	
ELLENCÉ	Tier 2	
ELOXATIN	Tier 2	
ELSPAR	Tier 2	
<i>idarubicin</i>	Tier 1	
<i>mitomycin</i>	Tier 1	
<i>mitoxantrone inj</i>	Tier 1	
ONCASPAR	Tier 2	
<i>paclitaxel</i>	Tier 1	
PHOTOFRIN	Tier 2	
RUBEX	Tier 2	
TARGRETIN caps	Tier 2	
TARGRETIN gel	Tier 4	
TAXOTERE	Tier 2	
TRISENOX	Tier 2	
<i>vinblastine 1 mg/mL</i>	Tier 1	
VINBLASTINE 10 mg	Tier 2	
<i>vincristine</i>	Tier 1	
<i>vinorelbine</i>	Tier 1	

## Antiparasitics

### *Anthelmintics*

ALBENZA	Tier 2	
<i>mebendazole</i>	Tier 1	

### *Antiprotozoals*

ALINIA	Tier 2	QL
ARALEN inj	Tier 2	
<i>chloroquine</i>	Tier 1	
DARAPRIM	Tier 2	
<i>hydroxychloroquine</i>	Tier 1	
MALARONE	Tier 2	
<i>mefloquine</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>quinine sulfate</i>	Tier 1	
QUININE SULFATE caps 200 mg	Tier 2	
TINDAMAX	Tier 2	
QL: Alinia susp - 60 mL per 25 days Alinia tabs - 6 tabs per 25 days		

#### *Pediculicides/Scabicides*

EURAX	Tier 2	
OVIDE	Tier 2	
<i>permethrin 5%</i>	Tier 1	

### Antiparkinson Agents

#### *COMT Inhibitors*

COMTAN	Tier 2	
STALEVO	Tier 2	

#### *Dopamine Agonists*

APOKYN	Tier 4	PA
<i>bromocriptine</i>	Tier 1	
<i>carbidopa/levodopa</i>	Tier 1	
<i>carbidopa/levodopa ext-rel</i>	Tier 1	
MIRAPEX	Tier 2	
PARCOPA	Tier 2	
<i>pergolide</i>	Tier 1	
REQUIP	Tier 2	

#### *Antiparkinson Agents, Others*

<i>amantadine</i>	Tier 1	
<i>benztropine</i>	Tier 1	
COGENTIN inj	Tier 2	
<i>selegiline</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	

### Antipsychotics

#### *Non-phenothiazines*

<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate inj</i>	Tier 1	
<i>haloperidol inj</i>	Tier 1	
HALOPERIDOL tabs 10 mg, 20 mg	Tier 2	
<i>loxapine</i>	Tier 1	
MOBAN	Tier 2	
NAVANE 20 mg	Tier 2	
ORAP	Tier 2	
<i>thiothixene</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>Non-phenothiazines, Atypicals</i>		
ABILIFY	Tier 2	
CLOZAPINE 12.5 mg, 50 mg, 200 mg	Tier 2	
<i>clozapine 25 mg, 50 mg, 100 mg</i>	Tier 1	
FAZACLO	Tier 2	
GEODON	Tier 2	
GEODON inj	Tier 2	
RISPERDAL	Tier 2	
RISPERDAL CONSTA	Tier 2	
SEROQUEL	Tier 2	
ZYPREXA	Tier 2	
ZYPREXA inj	Tier 2	
<i>Phenothiazines</i>		
<i>chlorpromazine</i>	Tier 1	
<i>chlorpromazine inj</i>	Tier 1	
<i>fluphenazine</i>	Tier 1	
<i>fluphenazine decanoate inj</i>	Tier 1	
<i>fluphenazine HCl inj</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
SERENTIL inj	Tier 2	
<i>thioridazine</i>	Tier 1	
THORAZINE supp	Tier 2	
<i>trifluoperazine</i>	Tier 1	
VESPRIN inj	Tier 2	
<b>Antivirals</b>		
<i>CMV Agents</i>		
CYTOVENE inj	Tier 2	
<i>ganciclovir</i>	Tier 1	
VALCYTE	Tier 2	
<i>Antiherpetic Agents</i>		
<i>acyclovir</i>	Tier 1	
<i>acyclovir inj</i>	Tier 1	
FAMVIR	Tier 2	
VALTREX	Tier 2	
<i>Anti-HIV Agents, Fusion Inhibitor</i>		
FUZEON	Tier 4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>		
RESCRIPTOR	Tier 2	
SUSTIVA	Tier 2	
VIRAMUNE	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>		
COMBIVIR	Tier 2	
<i>didanosine delayed-rel</i>	Tier 1	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
EPZICOM	Tier 2	
HIVID	Tier 2	
RETROVIR caps 100 mg	Tier 2	
RETROVIR inj	Tier 2	
TRIZIVIR	Tier 2	
TRUVADA	Tier 2	
VIDEX	Tier 2	
VIDEX EC 125 mg	Tier 2	
VIREAD	Tier 2	
ZERIT	Tier 2	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
<i>Anti-HIV Agents, Protease Inhibitors</i>		
AGENERASE	Tier 2	
APTIVUS	Tier 2	
CRIXIVAN	Tier 2	
FORTOVASE	Tier 2	
INVIRASE	Tier 2	
KALETRA	Tier 2	
LEXIVA	Tier 2	
NORVIR	Tier 2	
PREZISTA	Tier 4	
REYATAZ	Tier 2	
VIRACEPT	Tier 2	
<i>Anti-Influenza Agents</i>		
<i>amantadine</i>	Tier 1	
TAMIFLU	Tier 2	QL
QL: Tamiflu caps - 10 caps per 180 days Tamiflu susp - 75 mL per 180 days		
<i>Antivirals, Others</i>		
BARACLUDE	Tier 2	
EPIVIR-HBV	Tier 2	
HEPSERA	Tier 2	
REBETOL oral soln	Tier 4	PA
REBETRON	Tier 4	PA
RIBASPHERE	Tier 4	PA
RIBAVIRIN	Tier 4	PA

Drug	Tier	Requirements/ Limits
<b>Anxiolytics</b>		
<i>Antidepressants</i>		
<i>doxepin</i>	Tier 1	
LEXAPRO	Tier 2	
<i>paroxetine HCl</i>	Tier 1	
<i>sertraline</i>	Tier 1	
ZOLOFT	Tier 2	
<i>Anxiolytics, Other</i>		
<i>bupirone</i>	Tier 1	
<b>Autonomic Agents</b>		
<i>Parasympatholytics</i>		
<i>dicyclomine</i>	Tier 1	
<i>dicyclomine inj</i>	Tier 1	
<i>dicyclomine syrup 10 mg/5 mL</i>	Tier 1	
<i>hyoscyamine sulfate</i>	Tier 1	
<i>hyoscyamine sulfate ext-rel</i>	Tier 1	
LEVSIN inj	Tier 2	
<i>Parasympathomimetics</i>		
GUANIDINE	Tier 2	
MESTINON	Tier 2	
PROSTIGMIN	Tier 2	
<i>pyridostigmine</i>	Tier 1	
<i>pyridostigmine inj</i>	Tier 1	
<i>Sympatholytics</i>		
<i>atenolol</i>	Tier 1	
<i>atenolol/chlorthalidone</i>	Tier 1	
<i>bisoprolol</i>	Tier 1	
<i>bisoprolol/hydrochlorothiazide</i>	Tier 1	
COREG	Tier 2	
<i>doxazosin</i>	Tier 1	
INDERAL LA	Tier 2	
<i>labetalol</i>	Tier 1	
<i>labetalol inj</i>	Tier 1	
<i>metoprolol</i>	Tier 1	
<i>metoprolol inj</i>	Tier 1	
<i>metoprolol/hydrochlorothiazide</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol</i>	Tier 1	
<i>propranolol inj</i>	Tier 1	
TENORMIN inj	Tier 2	
<i>terazosin</i>	Tier 1	
TOPROL-XL	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Sympathomimetics</i>		
CATAPRES-TTS	Tier 2	
<i>clonidine</i>	Tier 1	
<i>dobutamine</i>	Tier 1	
EPIPEN	Tier 2	
EPIPEN JR.	Tier 2	
<i>guanfacine</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>midodrine</i>	Tier 1	

### **Bipolar Agents**

DEPAKOTE	Tier 2	
DEPAKOTE ER	Tier 2	
GEODON	Tier 2	
GEODON inj	Tier 2	
<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate ext-rel</i>	Tier 1	
<i>lithium citrate syrup 8 mEq/5 mL</i>	Tier 1	

### **Blood Glucose Regulators**

#### *Antihypoglycemics*

GLUCAGON	Tier 2	
HYPERSTAT	Tier 2	
PROGLYCEM	Tier 2	

#### *Hypoglycemics, Amylinomimetics*

SYMLIN	Tier 2	
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#### *Hypoglycemics, Incretin Mimetics*

BYETTA	Tier 2	
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#### *Hypoglycemics, Oral*

ACTOPLUS MET	Tier 2	
ACTOS	Tier 2	
AVANDAMET	Tier 2	
AVANDARYL	Tier 2	
AVANDIA	Tier 2	
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide ext-rel</i>	Tier 1	
<i>glipizide/metformin</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide, micronized</i>	Tier 1	
<i>glyburide/metformin</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>metformin</i>	Tier 1	
<i>metformin ext-rel</i>	Tier 1	
PRANDIN	Tier 2	
PRECOSE	Tier 2	

### *Insulins*

HUMALOG	Tier 2	
HUMALOG MIX	Tier 2	
HUMULIN 50/50	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN L	Tier 2	
HUMULIN N	Tier 2	
HUMULIN R	Tier 2	
HUMULIN U	Tier 2	
LANTUS	Tier 2	
LEVEMIR	Tier 2	
NOVOLIN 70/30	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN R	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG MIX 70/30	Tier 2	

### *Supplies*

ALCOHOL SWABS	Tier 2	
GAUZE	Tier 2	
INSULIN SYRINGES, NEEDLES	Tier 2	

## **Blood Products/Modifiers/Volume Expanders**

### *Anticoagulants*

COUMADIN	Tier 2	
<i>heparin</i>	Tier 1	
LOVENOX	Tier 2	
<i>warfarin</i>	Tier 1	

### *Blood Formation Products*

ARANESP	Tier 4	PA
EPOGEN	Tier 4	PA
NEULASTA	Tier 4	
NEUPOGEN	Tier 4	
PROCRIT	Tier 4	PA

### *Coagulants*

AMICAR 1000 mg	Tier 2	
<i>aminocaproic acid</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>Platelet Aggregation Inhibitors</i>		
AGGRENOX	Tier 2	
<i>cilostazol</i>	Tier 1	
<i>dipyridamole</i>	Tier 1	
PLAVIX	Tier 2	
<i>Platelet Synthesis Inhibitor</i>		
<i>anagrelide</i>	Tier 1	
<b>Cardiovascular Agents</b>		
<i>Alpha-adrenergic Agonists</i>		
CATAPRES-TTS	Tier 2	
<i>clonidine</i>	Tier 1	
<i>guanfacine</i>	Tier 1	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>doxazosin</i>	Tier 1	
<i>terazosin</i>	Tier 1	
<i>Antiarrhythmics</i>		
<i>adenosine</i>	Tier 4	
<i>amiodarone</i>	Tier 1	
<i>amiodarone inj</i>	Tier 1	
<i>disopyramide</i>	Tier 1	
<i>disopyramide ext-rel</i>	Tier 1	
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
NORPACE CR 100 mg	Tier 2	
PACERONE	Tier 2	
<i>procainamide 250 mg, 500 mg</i>	Tier 1	
PROCAINAMIDE 750 mg, 1000 mg	Tier 2	
PROCANBID	Tier 2	
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate ext-rel 324 mg</i>	Tier 1	
<i>quinidine sulfate 200 mg, 300 mg</i>	Tier 1	
<i>quinidine sulfate ext-rel 300 mg</i>	Tier 1	
QUINIDINE SULFATE EXT-REL 300 mg	Tier 2	
RYTHMOL SR	Tier 2	
<i>sotalol</i>	Tier 1	
TIKOSYN	Tier 2	
<i>Beta-adrenergic Blocking Agents</i>		
<i>atenolol</i>	Tier 1	
<i>atenolol/chlorthalidone</i>	Tier 1	
<i>bisoprolol</i>	Tier 1	
<i>bisoprolol/hydrochlorothiazide</i>	Tier 1	
COREG	Tier 2	

Drug	Tier	Requirements/ Limits
INDERAL LA	Tier 2	
<i>labetalol</i>	Tier 1	
<i>labetalol inj</i>	Tier 1	
<i>metoprolol</i>	Tier 1	
<i>metoprolol inj</i>	Tier 1	
<i>metoprolol/hydrochlorothiazide</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol</i>	Tier 1	
<i>propranolol inj</i>	Tier 1	
TENORMIN inj	Tier 2	
TOPROL-XL	Tier 2	

#### Calcium Channel Blocking Agents

CADUET	Tier 3	
CARDIZEM CD 360 mg	Tier 2	
CARDIZEM LA	Tier 3	
<i>diltiazem</i>	Tier 1	
<i>diltiazem ext-rel</i>	Tier 1	
<i>diltiazem inj</i>	Tier 1	
<i>felodipine ext-rel</i>	Tier 1	
LOTREL	Tier 2	
<i>nifedipine ext-rel</i>	Tier 1	
NORVASC	Tier 2	
TARKA	Tier 2	
TIAZAC 420 mg	Tier 2	
<i>verapamil</i>	Tier 1	
<i>verapamil ext-rel</i>	Tier 1	
<i>verapamil inj</i>	Tier 1	
VERELAN PM	Tier 3	

#### Direct Cardiac Inotropics

<i>digoxin</i>	Tier 1	
<i>digoxin inj</i>	Tier 1	
LANOXICAPS	Tier 2	
LANOXIN PED ELIXIR	Tier 2	
<i>milrinone</i>	Tier 1	

#### Diuretics

<i>acetazolamide</i>	Tier 1	
ALDACTAZIDE 50 mg/50 mg	Tier 2	
<i>amiloride</i>	Tier 1	
<i>amiloride/hydrochlorothiazide</i>	Tier 1	
ATACAND HCT	Tier 3	
<i>atenolol/chlorthalidone</i>	Tier 1	
AVALIDE	Tier 2	
<i>benazepril/hydrochlorothiazide</i>	Tier 1	

Drug	Tier	Requirements/ Limits
BENICAR HCT	Tier 3	
<i>bisoprolol/hydrochlorothiazide</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>bumetanide inj</i>	Tier 1	
<i>captopril/hydrochlorothiazide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
DEMADEX inj	Tier 2	
DIAMOX SEQUELS	Tier 2	
DIOVAN HCT	Tier 2	
<i>enalapril/hydrochlorothiazide</i>	Tier 1	
<i>fosinopril/hydrochlorothiazide</i>	Tier 1	
<i>furosemide</i>	Tier 1	
<i>furosemide inj</i>	Tier 1	
FUROSEMIDE oral soln 40 mg/5 mL	Tier 2	
<i>hydrochlorothiazide</i>	Tier 1	
HYDROCHLOROTHIAZIDE oral soln 50 mg/5 mL	Tier 2	
HYZAAR	Tier 2	
<i>indapamide</i>	Tier 1	
<i>lisinopril/hydrochlorothiazide</i>	Tier 1	
<i>mannitol</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>metoprolol/hydrochlorothiazide</i>	Tier 1	
MICARDIS HCT	Tier 3	
<i>quinapril/hydrochlorothiazide</i>	Tier 1	
<i>spironolactone/hydrochlorothiazide</i>	Tier 1	
THALITONE 15 mg	Tier 2	
<i>toremide</i>	Tier 1	
<i>triamterene/hydrochlorothiazide</i>	Tier 1	

#### Dyslipidemics

ADVICOR	Tier 3	
ALTOPREV	Tier 3	
CADUET	Tier 3	
<i>cholestyramine</i>	Tier 1	
COLESTID	Tier 3	
<i>colestipol</i>	Tier 1	
CRESTOR	Tier 2	
<i>gemfibrozil</i>	Tier 1	
LESCOL	Tier 2	
LESCOL XL	Tier 2	
LIPITOR	Tier 2	
<i>lovastatin</i>	Tier 1	
NIASPAN	Tier 2	
<i>pravastatin</i>	Tier 1	
<i>simvastatin</i>	Tier 1	
TRICOR	Tier 2	

Drug	Tier	Requirements/ Limits
VYTORIN	Tier 2	
WELCHOL	Tier 2	
ZETIA	Tier 2	
ZOCOR	Tier 3	

#### *Renin-angiotensin-aldosterone System Inhibitors*

ACEON	Tier 3	
ALTACE	Tier 2	
ATACAND	Tier 3	
ATACAND HCT	Tier 3	
AVALIDE	Tier 2	
AVAPRO	Tier 2	
<i>benazepril</i>	Tier 1	
<i>benazepril/hydrochlorothiazide</i>	Tier 1	
BENICAR	Tier 3	
BENICAR HCT	Tier 3	
<i>captopril</i>	Tier 1	
<i>captopril/hydrochlorothiazide</i>	Tier 1	
COZAAR	Tier 2	
DIOVAN	Tier 2	
DIOVAN HCT	Tier 2	
<i>enalapril</i>	Tier 1	
<i>enalapril/hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril/hydrochlorothiazide</i>	Tier 1	
HYZAAR	Tier 2	
INSPRA	Tier 2	
<i>lisinopril</i>	Tier 1	
<i>lisinopril/hydrochlorothiazide</i>	Tier 1	
LOTREL	Tier 2	
MAVIK	Tier 3	
MICARDIS	Tier 3	
MICARDIS HCT	Tier 3	
<i>quinapril</i>	Tier 1	
<i>quinapril/hydrochlorothiazide</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
TARKA	Tier 2	

#### *Vasodilators*

BIDIL	Tier 2	
FLOLAN	Tier 4	
<i>hydralazine</i>	Tier 1	
<i>hydralazine inj</i>	Tier 1	
ISORDIL 40 mg	Tier 2	
<i>isosorbide dinitrate ext-rel tabs</i>	Tier 1	
<i>isosorbide dinitrate oral</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>isosorbide mononitrate ext-rel</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	Tier 2	
<i>nitroglycerin ext-rel caps</i>	Tier 1	
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
NITROLINGUAL	Tier 2	
REMODULIN	Tier 4	
TRACLEER	Tier 4	

## Central Nervous System Agents

### *Amphetamines*

ADDERALL XR	Tier 2	PA
<i>dextroamphetamine</i>	Tier 1	PA
<i>dextroamphetamine ext-rel</i>	Tier 1	PA

### *Non-amphetamines*

CONCERTA	Tier 3	PA
METADATE CD	Tier 3	PA
METHYLIN chewable tabs, oral soln	Tier 3	PA
<i>methylphenidate</i>	Tier 1	PA
<i>methylphenidate ext-rel</i>	Tier 1	PA
PROVIGIL	Tier 2	PA
RILUTEK	Tier 2	
RITALIN LA	Tier 3	PA
STRATTERA	Tier 2	PA

### *Central Nervous System Agents, Others*

RILUTEK	Tier 2	
XYREM	Tier 2	

## Dental and Oral Agents

<i>doxycycline hyclate</i>	Tier 1	
EVOXAC	Tier 2	
<i>lidocaine viscous</i>	Tier 1	
<i>minocycline</i>	Tier 1	
<i>pilocarpine</i>	Tier 1	
SALAGEN 7.5 mg	Tier 2	
<i>triamcinolone paste</i>	Tier 1	

## Dermatological Agents

### *Dermatological Anesthetics*

<i>lidocaine/prilocaine</i>	Tier 1	
LIDODERM	Tier 2	
PONTOCAINE soln	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Dermatological Antibacterials</i>		
AZELEX	Tier 2	
BACTROBAN crm	Tier 2	
BENZAFLIN	Tier 3	
<i>clindamycin gel, lotion, soln</i>	Tier 1	
DUAC	Tier 3	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln</i>	Tier 1	
<i>erythromycin/benzoyl peroxide</i>	Tier 1	
FINACEA	Tier 3	
<i>gentamicin</i>	Tier 1	
KLARON	Tier 3	
METROGEL	Tier 2	
<i>metronidazole crm, gel, lotion</i>	Tier 1	
<i>mupirocin oint</i>	Tier 1	
PLEXION SCT crm	Tier 2	
<i>silver sulfadiazine</i>	Tier 1	
<i>sulfacetamide/sulfur</i>	Tier 1	
<i>Dermatological Antifungals</i>		
<i>ciclopirox</i>	Tier 1	
<i>clotrimazole</i>	Tier 1	
<i>econazole</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
<i>ketoconazole shampoo 2%</i>	Tier 1	
LOPROX gel	Tier 3	
LOPROX shampoo	Tier 2	
MENTAX	Tier 3	
MONISTAT-DERM	Tier 3	
<i>nystatin</i>	Tier 1	
OXISTAT	Tier 3	
<i>Dermatological Anti-inflammatory</i>		
<i>alclometasone crm, oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented crm 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	Tier 1	
<i>betamethasone valerate crm, lotion, oint 0.1%</i>	Tier 1	
<i>clobetasol propionate crm, oint 0.05%</i>	Tier 1	
CORDRAN lotion 0.05%	Tier 3	
CORDRAN tape	Tier 3	
<i>desonide</i>	Tier 1	
DESOWEN oint 0.05%	Tier 2	
DESOXIMETASONE crm 0.05%	Tier 2	

Drug	Tier	Requirements/ Limits
<i>desoximetasone crm, oint 0.25%, crm, gel 0.05%</i>	Tier 1	
<i>diflorasone diacetate crm, oint 0.05%</i>	Tier 1	
DIPROLENE lotion 0.05%	Tier 3	
<i>fluocinolone acetonide crm, oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>fluocinonide crm, gel, oint, soln 0.05%</i>	Tier 1	
<i>fluticasone propionate crm 0.05%, oint 0.005%</i>	Tier 1	
<i>halobetasol propionate crm, oint 0.05%</i>	Tier 1	
<i>hydrocortisone butyrate crm, oint, soln 0.1%</i>	Tier 1	
<i>hydrocortisone crm, lotion, oint 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 1%</i>	Tier 1	
<i>hydrocortisone rectal crm</i>	Tier 1	
<i>hydrocortisone valerate crm, oint 0.2%</i>	Tier 1	
LOCOID lipocream 0.1%	Tier 3	
LUXIQ foam 0.12%	Tier 3	
<i>mometasone crm, lotion, oint 0.1%</i>	Tier 1	
OLUX foam 0.05%	Tier 3	
PSORCON E crm, oint 0.05%	Tier 2	
SOLARAZE	Tier 2	
TEXACORT soln 2.5%	Tier 2	
<i>triamcinolone acetonide crm, lotion, oint 0.025%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion, oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide crm, oint 0.5%</i>	Tier 1	

#### *Dermatological Antipruritic*

ANALPRAM-HC	Tier 2	
<i>doxepin crm 5%</i>	Tier 1	
PROCTOFOAM-HC	Tier 2	
ZONALON crm	Tier 2	

#### *Dermatological Antivirals*

DENAVIR	Tier 2	
ZOVIRAX	Tier 2	

#### *Dermatological Mitotic Inhibitors*

CAPITROL	Tier 3	
CONDYLOX gel	Tier 3	
<i>podofilox soln</i>	Tier 1	
<i>selenium sulfide shampoo 2.5%</i>	Tier 1	

#### *Dermatological Photochemotherapy Agents*

LEVULAN KERASTICK	Tier 2	
OXSORALEN-ULTRA	Tier 2	

<b>Drug</b>	<b>Tier</b>	<b>Requirements/ Limits</b>
<i>Dermatological Retinoids</i>		
DIFFERIN	Tier 2	PA
<i>isotretinoin</i>	Tier 1	PA
RETIN-A liquid 0.05%	Tier 2	PA
RETIN-A MICRO	Tier 3	PA
SORIATANE	Tier 3	PA
<i>tretinoin</i>	Tier 1	PA
<i>Dermatological Tar Derivatives</i>		
<i>anthralin</i>	Tier 1	
DRITHO-SCALP crm 0.5%	Tier 2	
<i>Dermatological Vitamin D Analog</i>		
DOVONEX	Tier 2	
<i>Dermatological Wound Care Agents</i>		
ACCUZYME spray	Tier 2	
<i>papain/urea oint</i>	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 2	
XENADERM	Tier 2	
<i>Dermatological Others</i>		
<i>ammonium lactate 12%</i>	Tier 1	
<i>benzoyl peroxide</i>	Tier 1	
CARAC	Tier 2	
EFUDEX crm 5%	Tier 2	
FLUOROPLEX crm 1%	Tier 2	
<i>fluorouracil soln 2%, 5%</i>	Tier 1	
<i>sodium sulfacetamide wash 10%</i>	Tier 1	
<b>Deterrents/Replacements</b>		
<i>Alcohol Deterrents</i>		
ANTABUSE	Tier 2	
CAMPRAL	Tier 2	
<i>Smoking Deterrents</i>		
<i>bupropion ext-rel</i>	Tier 1	
<i>nicotine transdermal</i>	Tier 1	
<b>Enzyme Replacements/Modifiers</b>		
ADAGEN	Tier 4	
ALDURAZYME	Tier 4	
BUPHENYL	Tier 4	
CEREZYME	Tier 4	PA
CREON	Tier 2	
CYSTADANE	Tier 2	
CYSTAGON	Tier 2	

Drug	Tier	Requirements/ Limits
FABRAZYME	Tier 4	
LIPRAM	Tier 2	
ORFADIN	Tier 4	
PANCRELIPASE	Tier 2	
<i>pancrelipase delayed-rel</i>	Tier 1	
PANGESTYME	Tier 2	
PANOKASE	Tier 2	
PLARETASE	Tier 2	
SUCRAID	Tier 4	
ULTRASE	Tier 2	
ULTRASE MT	Tier 2	
VIOKASE	Tier 2	
ZAVESCA	Tier 4	

## Gastrointestinal Agents

### *Antispasmodics, Gastrointestinal*

<i>dicyclomine</i>	Tier 1	
<i>dicyclomine inj</i>	Tier 1	
<i>dicyclomine syrup 10 mg/5 mL</i>	Tier 1	
<i>hyoscyamine sulfate</i>	Tier 1	
<i>hyoscyamine sulfate ext-rel</i>	Tier 1	
LEVSIN inj	Tier 2	

### *H<sub>2</sub> Blocking Agents*

<i>cimetidine</i>	Tier 1	
<i>cimetidine inj</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>famotidine inj</i>	Tier 1	
PEPCID susp	Tier 2	
<i>ranitidine</i>	Tier 1	
<i>ranitidine inj</i>	Tier 1	
ZANTAC syrup	Tier 2	

### *Irritable Bowel Syndrome Agents*

LOTRONEX	Tier 2	PA
ZELNORM	Tier 2	PA

### *Protectants*

CARAFATE susp	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate</i>	Tier 1	

### *PPIs*

NEXIUM	Tier 2	QL
<i>omeprazole delayed-rel</i>	Tier 1	QL
PREVACID	Tier 2	QL
PREVACID inj	Tier 2	

Drug	Tier	Requirements/ Limits
PREVPAC	Tier 2	
PRILOSEC 40 mg	Tier 2	QL
ZEGERID	Tier 3	QL

QL: 90 days per year

#### *Gastrointestinal Agents, Others*

<i>diphenoxylate/atropine</i>	Tier 1	
HALFLYTELY	Tier 2	
KRISTALOSE	Tier 3	
<i>lactulose</i>	Tier 1	
<i>loperamide</i>	Tier 1	
NULYTELY	Tier 3	
<i>octreotide</i>	Tier 4	PA
<i>peg 3350/electrolytes</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	
SANDOSTATIN LAR	Tier 4	PA
URSO	Tier 2	
URSO FORTE	Tier 2	
<i>ursodiol</i>	Tier 1	
VISICOL	Tier 3	

#### **Genitourinary Agents**

##### *Antispasmodics, Urinary*

DETROL	Tier 3	
DETROL LA	Tier 2	
DITROPAN XL	Tier 2	
<i>oxybutynin</i>	Tier 1	
<i>oxybutynin ext-rel</i>	Tier 1	
OXYTROL	Tier 2	
SANCTURA	Tier 2	

##### *Benign Prostatic Hypertrophy Agents*

AVODART	Tier 2	
<i>doxazosin</i>	Tier 1	
<i>finasteride</i>	Tier 1	
FLOMAX	Tier 2	
PROSCAR	Tier 3	
<i>terazosin</i>	Tier 1	
UROXATRAL	Tier 2	

##### *Impotence Agents*

CIALIS	Tier 3	QL
LEVITRA	Tier 2	QL
VIAGRA	Tier 3	QL

QL: 6 per 25 days

Drug	Tier	Requirements/ Limits
<i>Prostaglandins</i>		
EDEX	Tier 2	QL
MUSE	Tier 2	QL

QL: 6 per 25 days

#### *Genitourinary Agents, Others*

<i>bethanechol</i>	Tier 1	
ELMIRON	Tier 2	
<i>phenazopyridine</i>	Tier 1	
<i>potassium citrate</i>	Tier 1	
UROCIT-K	Tier 2	

### **Hormonal Agents, Stimulant/Replacement/Modifying**

#### *Adrenal*

<i>alclometasone crm, oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented crm 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	Tier 1	
<i>betamethasone valerate crm, lotion, oint 0.1%</i>	Tier 1	
<i>clobetasol propionate crm, oint 0.05%</i>	Tier 1	
CORDRAN lotion 0.05%	Tier 3	
CORDRAN tape	Tier 3	
CORTEF 5 mg, 10 mg	Tier 2	
<i>desonide</i>	Tier 1	
DESOWEN oint 0.05%	Tier 2	
DESOXIMETASONE crm 0.05%	Tier 2	
<i>desoximetasone crm, oint 0.25%, crm, gel 0.05%</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone inj</i>	Tier 1	
DEXPAK/DEXPAK JR.	Tier 2	
<i>diflorasone diacetate crm 0.05%</i>	Tier 1	
<i>diflorasone diacetate oint 0.05%</i>	Tier 1	
DIPROLENE lotion 0.05%	Tier 3	
<i>fludrocortisone</i>	Tier 1	
<i>fluocinolone acetonide crm, oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>fluocinonide crm, gel, oint, soln 0.05%</i>	Tier 1	
<i>fluticasone propionate crm 0.05%, oint 0.005%</i>	Tier 1	
<i>halobetasol propionate crm, oint 0.05%</i>	Tier 1	
<i>hydrocortisone butyrate crm, oint, soln 0.1%</i>	Tier 1	
<i>hydrocortisone crm, lotion, oint 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 1%</i>	Tier 1	
<i>hydrocortisone sodium succinate inj 500 mg</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>hydrocortisone tabs 20 mg</i>	Tier 1	
<i>hydrocortisone valerate crm, oint 0.2%</i>	Tier 1	
KENALOG-10 inj 10 mg/mL	Tier 2	
KENALOG-40 inj 40 mg/mL	Tier 2	
LOCOID lipocream 0.1%	Tier 3	
LUXIQ foam 0.12%	Tier 3	
MEDROL 2 mg, 16 mg, 32 mg	Tier 2	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone inj 40 mg, 125 mg, 1000 mg</i>	Tier 1	
<i>mometasone crm, lotion, oint 0.1%</i>	Tier 1	
OLUX foam 0.05%	Tier 3	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 2	
PSORCON E crm, oint 0.05%	Tier 2	
SOLU-CORTEF inj	Tier 2	
SOLU-MEDROL inj 500 mg	Tier 2	
<i>triamcinolone acetonide crm, lotion, oint 0.025%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion, oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide crm, oint 0.5%</i>	Tier 1	

#### *Parathyroid/Metabolic Bone Disease Agents*

ACTONEL	Tier 2	
ACTONEL WITH CALCIUM	Tier 2	
<i>calcitonin-salmon spray</i>	Tier 1	
FORTEO	Tier 4	PA
FOSAMAX	Tier 2	
FOSAMAX PLUS D	Tier 2	
GANITE	Tier 2	
HECTOROL	Tier 2	
HECTOROL inj	Tier 2	
MIACALCIN	Tier 2	
PHOSLO	Tier 2	
RENAGEL	Tier 2	

#### *Pituitary*

<i>desmopressin inj</i>	Tier 1	
<i>desmopressin spray</i>	Tier 1	
<i>desmopressin tabs</i>	Tier 1	
GENOTROPIN	Tier 4	PA
HUMATROPE	Tier 4	PA
NORDITROPIN	Tier 4	PA
NUTROPIN/NUTROPIN AQ	Tier 4	PA
SAIZEN	Tier 4	PA

Drug	Tier	Requirements/ Limits
<i>Sex Hormones/Modifiers</i>		
ALORA	Tier 2	
ANDRODERM	Tier 2	
ANDROGEL	Tier 3	
CENESTIN	Tier 2	
CLIMARA 0.0375 mg, 0.06 mg	Tier 2	
CLIMARA PRO	Tier 2	
COMBIPATCH	Tier 2	
<i>danazol</i>	Tier 1	
DEPO-PROVERA inj 150 mg/mL	Tier 3	
DEPO-TESTOSTERONE inj 100 mg	Tier 2	PA
<i>desogestrel/EE</i>	Tier 1	
<i>desogestrel/EE 0.15/30</i>	Tier 1	
ESTRACE crm	Tier 3	
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
<i>estradiol transdermal</i>	Tier 1	
ESTRING	Tier 3	
<i>estropipate</i>	Tier 1	
ESTROSTEP FE	Tier 3	
<i>ethynodiol diacetate/EE 1/35 - Zovia 1/35</i>	Tier 1	
<i>ethynodiol diacetate/EE 1/50 - Zovia 1/50</i>	Tier 1	
EVISTA	Tier 2	
FEMHRT	Tier 3	
FEMRING	Tier 3	
GYNODIOL 1.5 mg	Tier 2	
<i>levonorgestrel/EE - Trivora</i>	Tier 1	
<i>levonorgestrel/EE 0.1/20</i>	Tier 1	
<i>levonorgestrel/EE 0.15/30 – Levora, Quasense</i>	Tier 1	
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>medroxyprogesterone acetate 150 mg/mL</i>	Tier 1	
MEGACE ES	Tier 2	
<i>megestrol acetate</i>	Tier 1	
MIRENA	Tier 2	
<i>norethindrone</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone acetate/EE 1.5/30</i>	Tier 1	
<i>norethindrone acetate/EE 1/20</i>	Tier 1	
<i>norethindrone acetate/EE/iron 1.5/30</i>	Tier 1	
<i>norethindrone acetate/EE/iron 1/20</i>	Tier 1	
<i>norethindrone/EE</i>	Tier 1	
<i>norethindrone/EE 0.5/35</i>	Tier 1	
<i>norethindrone/EE 1/35</i>	Tier 1	
<i>norethindrone/ME 1/50</i>	Tier 1	
<i>norgestimate/EE</i>	Tier 1	
<i>norgestimate/EE 0.25/35</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>norgestrel/EE 0.3/30 - Low-Ogestrel</i>	Tier 1	
NUVARING	Tier 2	
ORTHO EVRA	Tier 2	
ORTHO TRI-CYCLEN LO	Tier 2	
PLAN B	Tier 2	
PREFEST	Tier 3	
PREMARIN	Tier 2	
PREMARIN crm	Tier 2	
PREMARIN inj	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
PROMETRIUM	Tier 3	
SEASONALE	Tier 3	
STRIANT	Tier 2	
SYNAREL	Tier 2	
TESTIM	Tier 2	
<i>testosterone cypionate inj</i>	Tier 1	PA
VAGIFEM	Tier 2	
VIVELLE/VIVELLE-DOT	Tier 2	
YASMIN	Tier 2	

#### Thyroid

CYTOMEL	Tier 2	
<i>levothyroxine</i>	Tier 1	
<i>levothyroxine - Levoxyl</i>	Tier 1	
<i>levothyroxine inj</i>	Tier 1	
SYNTHROID	Tier 2	
TRIOSTAT	Tier 2	

### Hormonal Agents, Suppressant

#### Adrenal

CYTADREN	Tier 2	
LYSODREN	Tier 2	

#### Pituitary

<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	
<i>leuprolide acetate</i>	Tier 1	
LUPRON DEPOT	Tier 4	
<i>octreotide</i>	Tier 4	PA
SANDOSTATIN LAR	Tier 4	PA
SOMAVERT	Tier 4	PA
TRELSTAR	Tier 4	
ZOLADEX	Tier 2	

Drug	Tier	Requirements/ Limits
<i>Sex Hormones/Modifiers</i>		
ARIMIDEX	Tier 2	
AROMASIN	Tier 2	
CASODEX	Tier 2	
FARESTON	Tier 2	
FASLODEX	Tier 2	
FEMARA	Tier 2	
<i>flutamide</i>	Tier 1	
NILANDRON	Tier 2	
SOLTAMOX oral soln	Tier 2	
<i>tamoxifen</i>	Tier 1	
TESLAC	Tier 2	

<i>Thyroid</i>		
<i>methimazole</i>	Tier 1	
METHIMAZOLE 20 mg	Tier 2	
<i>propylthiouracil</i>	Tier 1	
SENSIPAR	Tier 2	

## Immunological Agents

<i>Immune Stimulants</i>		
ACTIMMUNE	Tier 4	PA
ANTHRAX VACCINE ADSORBED	Tier 2	
DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, HEPATITIS B (RECOMBINANT), and POLIOVIRUS (INACTIVATED) VACCINE	Tier 2	
DIPHTHERIA, TETANUS TOXOIDS, and ACELLULAR PERTUSSIS VACCINE	Tier 2	
HAEMOPHILUS B CONJUGATE and HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	
HAEMOPHILUS B CONJUGATE VACCINE	Tier 2	
HEPATITIS A INACTIVATED and HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	
HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	
INFERGEN	Tier 4	PA
INTRON A	Tier 4	PA
JAPANESE ENCEPHALITIS VIRUS VACCINE	Tier 2	
MEASLES VIRUS VACCINE (LIVE)	Tier 2	
MEASLES, MUMPS, and RUBELLA VACCINES (COMBINED)	Tier 2	
MENINGOCOCCAL POLYSACCHARIDE VACCINE	Tier 2	
MUMPS VIRUS VACCINE (LIVE)	Tier 2	
PEG-INTRON	Tier 4	PA
PEGASYS	Tier 4	PA
POLIOVIRUS VACCINE (INACTIVATED)	Tier 2	
<i>rabies immune globulin</i>	Tier 1	
RABIES VACCINE	Tier 2	

Drug	Tier	Requirements/ Limits
REBETRON	Tier 4	PA
ROFERON-A	Tier 4	PA
RUBELLA VIRUS VACCINE	Tier 2	
TYPHOID VACCINE LIVE ORAL	Tier 2	
TYPHOID VI POLYSACCHARIDE VACCINE	Tier 2	
VARICELLA VIRUS VACCINE	Tier 2	
YELLOW FEVER VACCINE	Tier 2	

### *Immune Suppressants*

AZASAN	Tier 2	
<i>azathioprine</i>	Tier 1	
CELLCEPT	Tier 2	
<i>cyclosporine</i>	Tier 1	
<i>cyclosporine soln 100 mg/mL</i>	Tier 1	
<i>cyclosporine, modified</i>	Tier 1	
NEORAL	Tier 2	
PROGRAF	Tier 2	
RAPAMUNE	Tier 2	
RAPTIVA	Tier 4	
SANDIMMUNE	Tier 2	

### *Immunomodulators*

ALDARA	Tier 3	
AVONEX	Tier 4	PA
BETASERON	Tier 4	PA
COPAXONE	Tier 4	PA
CUPRIMINE	Tier 2	
ELIDEL	Tier 2	PA
ENBREL	Tier 4	PA
HUMIRA	Tier 4	PA
<i>leflunomide</i>	Tier 1	PA
PROTOPIC	Tier 2	PA
REBIF	Tier 4	PA
REMICADE	Tier 4	PA
REVLIMID	Tier 4	
RIDAURA	Tier 2	
THALOMID	Tier 4	PA

## **Inflammatory Bowel Disease Agents**

### *Glucocorticoids*

CORTIFOAM	Tier 3	
ENTOCORT EC	Tier 2	
<i>hydrocortisone enema</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>Salicylates</i>		
ASACOL	Tier 2	
CANASA	Tier 2	
DIPENTUM	Tier 2	
<i>mesalamine rectal susp</i>	Tier 1	
PENTASA	Tier 3	
<i>sulfasalazine</i>	Tier 1	
<i>sulfasalazine delayed-rel</i>	Tier 1	

<i>Sulfonamides</i>		
<i>sulfasalazine</i>	Tier 1	
<i>sulfasalazine delayed-rel</i>	Tier 1	

## Ophthalmic Agents

### *Ophthalmic Antiallergy Agents*

ALOCRIAL	Tier 3	
ALOMIDE	Tier 3	
ALREX	Tier 2	
<i>cromolyn sodium</i>	Tier 1	
<i>ketotifen</i>	Tier 1	
OPTIVAR	Tier 3	
PATANOL	Tier 2	
ZADITOR	Tier 2	

### *Ophthalmic Antibacterials*

<i>bacitracin</i>	Tier 1	
BLEPHAMIDE SOP oint 10%/0.2%	Tier 2	
CILOXAN oint	Tier 2	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>gentamicin</i>	Tier 1	
<i>neomycin/polymyxin B/ bacitracin/hydrocortisone</i>	Tier 1	
<i>neomycin/polymyxin B/dexamethasone</i>	Tier 1	
<i>neomycin/polymyxin B/gramicidin</i>	Tier 1	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<i>polymyxin B/bacitracin</i>	Tier 1	
<i>polymyxin B/trimethoprim</i>	Tier 1	
QUIXIN	Tier 3	
<i>sulfacetamide oint, soln 10%</i>	Tier 1	
<i>sulfacetamide/prednisolone phosphate 10%/0.25%</i>	Tier 1	
TOBRADEX	Tier 3	
<i>tobramycin</i>	Tier 1	

Drug	Tier	Requirements/ Limits
TOBREX oint	Tier 2	
VIGAMOX	Tier 2	
ZYMAR	Tier 3	

#### *Ophthalmic Antifungal*

NATACYN	Tier 2	
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#### *Ophthalmic Antiglaucoma Agents*

ALPHAGAN P	Tier 2	
AZOPT	Tier 2	
BETIMOL	Tier 3	
BETOPTIC S	Tier 2	
<i>brimonidine 0.2%</i>	Tier 1	
COSOPT	Tier 2	
<i>levobunolol</i>	Tier 1	
LUMIGAN	Tier 2	
<i>metipranolol</i>	Tier 1	
<i>pilocarpine</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
<i>timolol maleate gel</i>	Tier 1	
TRAVATAN	Tier 2	
TRUSOPT	Tier 2	
XALATAN	Tier 3	

#### *Ophthalmic Anti-inflammatories*

ACULAR	Tier 3	
BLEPHAMIDE SOP oint 10%/0.2%	Tier 2	
DECADRON ophth oint	Tier 2	
<i>dexamethasone drops</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
FML oint	Tier 2	
LOTEMAX	Tier 3	
<i>neomycin/polymyxin B/ bacitracin/hydrocortisone</i>	Tier 1	
<i>neomycin/polymyxin B/dexamethasone</i>	Tier 1	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	
PRED MILD	Tier 3	
<i>prednisolone acetate 1%</i>	Tier 1	
<i>prednisolone phosphate 1%</i>	Tier 1	
<i>sulfacetamide/prednisolone phosphate 10%/0.25%</i>	Tier 1	
TOBRADEX	Tier 3	
VOLTAREN	Tier 2	

#### *Ophthalmic Antiviral*

<i>trifluridine</i>	Tier 1	
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Drug	Tier	Requirements/ Limits
<i>Ophthalmic Agents, Others</i>		
LACRISERT	Tier 2	
RESTASIS	Tier 2	

## Otic Agents

### *Otic Antibacterials*

<i>acetic acid</i>	Tier 1	
<i>acetic acid/aluminum acetate</i>	Tier 1	
<i>acetic acid/hydrocortisone</i>	Tier 1	
CIPRO HC OTIC	Tier 3	
CIPRODEX	Tier 3	
FLOXIN OTIC	Tier 2	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	

### *Otic Anti-inflammatories*

<i>acetic acid/hydrocortisone</i>	Tier 1	
<i>benzocaine/antipyrine</i>	Tier 1	
CIPRO HC OTIC	Tier 3	
CIPRODEX	Tier 3	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	

## Respiratory Tract Agents

### *Antihistamines*

ALLEGRA-D	Tier 3	
ASTELIN	Tier 2	QL
ATARAX 100 mg	Tier 2	
<i>brompheniramine/pseudoephedrine 4 mg/45 mg per 5 mL</i>	Tier 1	
<i>brompheniramine/pseudoephedrine ext-rel 12 mg/120 mg</i>	Tier 1	
<i>brompheniramine/pseudoephedrine ext-rel 6 mg/60 mg</i>	Tier 1	
<i>carbinoxamine/pseudoephedrine 1 mg/15 mg per mL</i>	Tier 1	
<i>chlorpheniramine/pseudoephedrine ext-rel 8 mg/120 mg</i>	Tier 1	
CLARINEX	Tier 2	
<i>clemastine 2.68 mg</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>diphenhydramine</i>	Tier 1	
<i>diphenhydramine inj</i>	Tier 1	
<i>fexofenadine</i>	Tier 1	
<i>hydroxyzine HCl 10 mg, 25 mg</i>	Tier 1	
<i>hydroxyzine HCl inj</i>	Tier 1	

Drug	Tier	Requirements/ Limits
<i>hydroxyzine pamoate</i>	Tier 1	
ZYRTEC	Tier 3	
ZYRTEC-D 12 HOUR	Tier 3	
QL: 1 inhaler per 25 days		

*Antileukotrienes*

ACCOLATE	Tier 2	
SINGULAIR	Tier 2	

*Bronchodilators, Anticholinergic*

ATROVENT inhaler	Tier 2	QL
COMBIVENT	Tier 2	QL
DUONEB	Tier 2	
<i>ipratropium soln</i>	Tier 1	QL
<i>ipratropium spray</i>	Tier 1	
SPIRIVA	Tier 2	QL

QL: Atrovent MDI - 2 inhalers per 25 days  
 Atrovent HFA - 2 inhalers per 25 days  
 Combivent - 2 inhalers per 25 days  
 ipratropium soln - 300 mL per 25 days  
 Spiriva - 30 caps per 25 days

*Bronchodilators, Anti-inflammatory*

ADVAIR	Tier 2	QL
ASMANEX	Tier 2	QL
AZMACORT	Tier 2	QL
FLOVENT HFA	Tier 2	QL
FLUNISOLIDE	Tier 3	QL
<i>flunisolide spray</i>	Tier 1	QL
<i>fluticasone spray</i>	Tier 1	QL
NASACORT AQ	Tier 2	QL
NASAREL	Tier 3	QL
NASONEX	Tier 2	QL
PULMICORT RESPULES	Tier 3	QL
PULMICORT TURBUHALER	Tier 3	QL

Drug	Tier	Requirements/ Limits
QVAR	Tier 2	QL
RHINOCORT AQUA	Tier 3	QL

QL: Advair - 1 inhaler per 25 days  
 Asmanex - 2 inhalers per 25 days  
 Azmacort - 2 inhalers per 25 days  
 Flovent HFA - 2 inhalers per 25 days  
 Flunisolide - 1 inhaler per 25 days  
 flunisolide spray - 1 inhaler per 25 days  
 fluticasone spray - 1 inhaler per 25 days  
 Nasacort AQ - 1 inhaler per 25 days  
 Nasarel - 1 inhaler per 25 days  
 Nasonex - 1 inhaler per 25 days  
 Pulmicort Respules - 120 Respules per 25 days  
 Pulmicort Turbuhaler - 2 inhalers per 25 days  
 QVAR - 2 inhalers per 25 days  
 Rhinocort Aqua - 1 inhaler per 25 days

*Bronchodilators, Sympathomimetic*

ACCUNEB	Tier 2	
ADVAIR	Tier 2	QL
ALBUTEROL HFA	Tier 2	QL
<i>albuterol inhaler</i>	Tier 1	QL
<i>albuterol soln</i>	Tier 1	QL
<i>albuterol syrup, tabs</i>	Tier 1	
COMBIVENT	Tier 2	QL
DUONEB	Tier 2	
EPIPEN	Tier 2	
EPIPEN JR.	Tier 2	
FORADIL	Tier 2	QL
MAXAIR	Tier 3	QL
SEREVENT	Tier 3	QL
<i>terbutaline</i>	Tier 1	
<i>terbutaline inj</i>	Tier 1	
VOSPIRE ER	Tier 2	
XOPENEX	Tier 2	
XOPENEX HFA	Tier 2	QL

QL: Advair - 1 inhaler per 25 days  
 albuterol ampules - 300 mL per 25 days  
 Albuterol HFA - 2 inhalers per 25 days  
 albuterol inhaler - 2 inhalers per 25 days  
 albuterol soln - 60 mL per 25 days  
 Combivent - 2 inhalers per 25 days  
 Foradil - 60 caps per 25 days  
 Maxair - 1 inhaler per 25 days  
 Serevent - 1 inhaler per 25 days  
 Xopenex HFA - 2 inhalers per 25 days

Drug	Tier	Requirements/ Limits
<i>Bronchodilators, Xanthines</i>		
<i>aminophylline</i>	Tier 1	
<i>aminophylline inj</i>	Tier 1	
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
<i>theophylline ext-rel tabs</i>	Tier 1	
UNIPHYL	Tier 2	
<i>Mast Cell Stabilizers</i>		
<i>cromolyn soln</i>	Tier 1	QL
INTAL inhaler	Tier 2	QL
TILADE	Tier 2	QL
QL: cromolyn ampules - 240 mL per 25 days Intal MDI - 1 inhaler (15 gm) per 25 days Tilade - 2 inhalers per 25 days		
<i>Mucolytics</i>		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 2	
<i>Respiratory Tract Agents, Others</i>		
TOBI	Tier 2	
TRACLEER	Tier 4	
XOLAIR	Tier 4	PA
<b>Sedatives/Hypnotics</b>		
AMBIEN	Tier 2	QL
LUNESTA	Tier 2	QL
SONATA	Tier 3	QL
QL: 14 per 25 days		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen</i>	Tier 1	
<i>carisoprodol</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine</i>	Tier 1	
DANTRIUM inj	Tier 2	
<i>dantrolene</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
<i>methocarbamol/aspirin</i>	Tier 1	
<i>orphenadrine/aspirin/caffeine</i>	Tier 1	
ROBAXIN inj	Tier 2	
SKELAXIN	Tier 2	
<i>tizanidine</i>	Tier 1	

**Drug****Tier****Requirements/  
Limits****Therapeutic Nutrients/Minerals/Electrolytes***Electrolytes/Minerals*

<i>fluoride drops</i>	Tier 1
<i>fluoride tabs</i>	Tier 1
MICRO-K 8	Tier 3
<i>potassium chloride ext-rel</i>	Tier 1
<i>potassium chloride liquid</i>	Tier 1

*Electrolytes/Minerals, Others*

<i>calcitriol</i>	Tier 1
<i>calcitriol inj</i>	Tier 1
CALCITRIOL inj	Tier 2
<i>sodium polystyrene sulfonate</i>	Tier 1

*Vitamins*

DUET	Tier 3
<i>prenatal vitamins</i>	Tier 1
PRENATE ELITE	Tier 3

**Toxicologic Agents**

<i>naloxone inj</i>	Tier 1
<i>naltrexone</i>	Tier 1

ABILIFY.....	17	ALTOPREV.....	24
ACCOLATE.....	41	amantadine.....	16, 18
ACCUNEB.....	42	AMBIEN.....	43
ACCUZYME spray.....	29	AMICAR 1000 mg.....	21
ACEON.....	25	amiloride.....	23
acetazolamide.....	23	amiloride/hydrochlorothiazide.....	23
acetic acid.....	40	aminocaproic acid.....	21
acetic acid/aluminum acetate.....	40	aminophylline.....	43
acetic acid/hydrocortisone.....	40	aminophylline inj.....	43
acetylcysteine.....	43	amiodarone.....	22
ACTIMMUNE.....	36	amiodarone inj.....	22
ACTONEL.....	33	amitriptyline.....	9
ACTONEL WITH CALCIUM.....	33	ammonium lactate 12%.....	29
ACTOPLUS MET.....	20	AMOXAPINE.....	9
ACTOS.....	20	amoxicillin.....	6
ACULAR.....	39	amoxicillin/clavulanate.....	6
acyclovir.....	17	AMOXIL PEDIATRIC DROPS.....	6
acyclovir inj.....	17	amphotericin B.....	11
ADAGEN.....	29	ampicillin.....	6
ADDERALL XR.....	26	ampicillin inj.....	6
adenosine.....	22	anagrelide.....	22
ADRIAMYCIN RDF.....	15	ANALPRAM-HC.....	28
ADVAIR.....	41, 42	ANCOBON.....	11
ADVICOR.....	24	ANDRODERM.....	34
AGENERASE.....	18	ANDROGEL.....	34
AGGRENOX.....	22	ANTABUSE.....	29
ALBENZA.....	15	anthralin.....	29
ALBUTEROL HFA.....	42	ANTHRAX VACCINE ADSORBED.....	36
albuterol inhaler.....	42	ANTIVERT 50 mg.....	10
albuterol soln.....	42	APOKYN.....	16
albuterol syrup, tabs.....	42	APTIVUS.....	18
alclometasone crm, oint 0.05%.....	27, 32	ARALEN inj.....	15
ALCOHOL SWABS.....	21	ARANESP.....	21
ALDACTAZIDE 50 mg/50 mg.....	23	ARICEPT.....	9
ALDARA.....	37	ARIMIDEX.....	36
ALDURAZYME.....	29	AROMASIN.....	36
ALIMTA.....	13	ASACOL.....	38
ALINIA.....	15	ASMANEX.....	41
ALKERAN.....	13	ASTELIN.....	40
ALLEGRA-D.....	40	ATACAND.....	25
allopurinol.....	11	ATACAND HCT.....	23, 25
allopurinol inj.....	11	ATARAX 100 mg.....	40
ALOCRI.....	38	atenolol.....	19, 22
ALOMIDE.....	38	atenolol/chlorthalidone.....	19, 22, 23
ALORA.....	34	ATROVENT inhaler.....	41
ALPHAGAN P.....	39	AUGMENTIN chewable tabs	
ALREX.....	38	125 mg, 250 mg.....	6
ALTACE.....	25		

AUGMENTIN susp 125 mg/5 mL, 250 mg/5 mL.....	6	BICNU .....	13
AUGMENTIN XR .....	6	BIDIL .....	25
AVALIDE .....	23, 25	bisoprolol.....	19, 22
AVANDAMET .....	20	bisoprolol/hydrochlorothiazide .....	19, 22, 24
AVANDARYL.....	20	bleomycin .....	15
AVANDIA.....	20	BLEPHAMIDE SOP oint 10%/0.2% .....	38, 39
AVAPRO .....	25	brimonidine 0.2% .....	39
AVASTIN .....	14	bromocriptine.....	16, 35
AVELOX.....	7	brompheniramine/pseudoephedrine 4 mg/45 mg per 5 mL.....	40
AVELOX inj .....	7	brompheniramine/pseudoephedrine ext-rel 12 mg/120 mg .....	40
AVINZA .....	5	brompheniramine/pseudoephedrine ext-rel 6 mg/60 mg .....	40
AVODART .....	31	bumetanide.....	24
AVONEX .....	37	bumetanide inj .....	24
AZASAN .....	37	BUPHENYL .....	29
azathioprine.....	37	bupropion .....	10
AZELEX .....	27	bupropion ext-rel .....	10, 29
azithromycin inj.....	7	buspirone .....	19
azithromycin susp, tabs.....	7	BUSULFEX .....	13
AZMACORT .....	41	BYETTA .....	20
AZOPT .....	39	cabergoline .....	35
bacitracin .....	38	CADUET.....	23, 24
baclofen .....	43	calcitonin-salmon spray .....	33
BACTROBAN crm .....	27	calcitriol.....	44
BARACLUDE.....	18	calcitriol inj .....	44
benazepril .....	25	CALCITRIOL inj.....	44
benazepril/hydrochlorothiazide .....	23, 25	CAMPATH.....	14
BENICAR .....	25	CAMPRAL.....	29
BENICAR HCT .....	24, 25	CAMPTOSAR.....	14
BENZACLIN.....	27	CANASA .....	38
benzocaine/antipyrine .....	40	CAPITROL .....	28
benzoyl peroxide .....	29	captopril .....	25
benztropine .....	16	captopril/hydrochlorothiazide.....	24, 25
betamethasone dipropionate augmented crm 0.05%.....	27, 32	CARAC .....	29
betamethasone dipropionate augmented gel, oint 0.05%.....	27, 32	CARAFATE susp .....	30
betamethasone dipropionate crm, lotion, oint 0.05%.....	27, 32	carbamazepine .....	9
betamethasone valerate crm, lotion, ointment 0.1% .....	27, 32	CARBATROL .....	9
BETASERON.....	37	carbidopa/levodopa .....	16
bethanechol.....	32	carbidopa/levodopa ext-rel.....	16
BETIMOL .....	39	carbinoxamine/pseudoephedrine 1 mg/15 mg per mL .....	40
BETOPTIC S .....	39	carboplatin.....	15
BEXXAR .....	14	CARDIZEM CD 360 mg.....	23
BIAXIN XL .....	7	CARDIZEM LA.....	23
BICILLIN C-R .....	6	carisoprodol .....	43
BICILLIN L-A.....	6	CASODEX .....	36
		CATAPRES-TTS .....	20, 22

CEDAX .....	6	CLEOCIN PEDIATRIC .....	8
CEENU .....	13	CLEOCIN vaginal supp .....	8
cefaclor .....	6	CLIMARA 0.0375 mg, 0.06 mg .....	34
cefadroxil .....	6	CLIMARA PRO .....	34
cefadroxil susp .....	6	clindamycin .....	8
cefazolin inj .....	6	clindamycin gel, lotion, soln .....	27
cefoxitin inj .....	6	clindamycin inj .....	8
cefpodoxime proxetil .....	6	clindamycin vaginal crm .....	8
cefprozil .....	6	clobetasol propionate crm, oint 0.05% ..	27, 32
CEFTIN susp .....	6	clomipramine .....	9
ceftriaxone .....	6	clonidine .....	20, 22
cefuroxime axetil .....	6	clotrimazole .....	27
cefuroxime inj .....	6	clotrimazole troches .....	11
CEFUROXIME SODIUM/DEXTROSE		CLOZAPINE 12.5 mg, 50 mg, 200 mg .....	17
inj 750 mg .....	6	clozapine 25 mg, 50 mg, 100 mg .....	17
CELEBREX .....	5, 11	codeine/acetaminophen .....	5
CELLCEPT .....	37	COGENTIN inj .....	16
CELONTIN .....	8	colchicine .....	11
CENESTIN .....	34	colchicine inj .....	11
cephalexin .....	6	COLESTID .....	24
CEREZYME .....	29	colestipol .....	24
chloroquine .....	15	COMBIPATCH .....	34
chlorpheniramine/pseudoephedrine		COMBIVENT .....	41, 42
ext-rel 8 mg/120 mg .....	40	COMBIVIR .....	18
chlorpromazine .....	10, 17	COMPAZINE supp 2.5 mg, 5 mg .....	10
chlorpromazine inj .....	17	COMPAZINE syrup 5 mg/5 mL .....	10
chlorthalidone .....	24	COMTAN .....	16
chlorzoxazone .....	43	CONCERTA .....	26
cholestyramine .....	24	CONDYLOX gel .....	28
CIALIS .....	31	COPAXONE .....	37
ciclopirox .....	27	CORDRAN lotion 0.05% .....	27, 32
cilostazol .....	22	CORDRAN tape .....	27, 32
CILOXAN oint .....	38	COREG .....	19, 22
cimetidine .....	30	CORTEF 5 mg, 10 mg .....	32
cimetidine inj .....	30	CORTIFOAM .....	37
CIPRO HC OTIC .....	40	COSMEGEN .....	15
CIPRO inj .....	7	COSOPT .....	39
CIPRO susp .....	7	COUMADIN .....	21
CIPRO XR .....	7	COZAAR .....	25
CIPRODEX .....	40	CREON .....	29
ciprofloxacin .....	7, 38	CRESTOR .....	24
ciprofloxacin inj .....	7	CRIXIVAN .....	18
cisplatin .....	15	cromolyn sodium .....	38
citalopram .....	9	cromolyn soln .....	43
cladribine .....	14	CUPRIMINE .....	37
CLARINEX .....	40	cyclobenzaprine .....	43
clarithromycin .....	7	cyclophosphamide .....	13
clemastine 2.68 mg .....	40	cyclosporine .....	37
CLEOCIN caps 75 mg .....	8	cyclosporine soln 100 mg/mL .....	37

cyclosporine, modified .....	37	dicyclomine .....	19, 30
CYMBALTA .....	9	dicyclomine inj .....	19, 30
cyproheptadine .....	40	dicyclomine syrup 10 mg/5 mL .....	19, 30
CYSTADANE .....	29	didanosine delayed-rel .....	18
CYSTAGON .....	29	DIFFERIN .....	29
CYTADREN .....	35	diflorasone diacetate crm 0.05% .....	32
cytarabine .....	13	diflorasone diacetate crm, oint 0.05% .....	28
CYTOMEL .....	35	diflorasone diacetate oint 0.05% .....	32
CYTOVENE inj .....	17	diflunisal .....	5, 11
dacarbazine .....	13	digoxin .....	23
danazol .....	34	digoxin inj .....	23
DANTRIUM inj .....	43	dihydroergotamine inj .....	12
dantrolene .....	43	DILANTIN .....	9
DAPSONE .....	13	DILANTIN INFATABS .....	9
DARAPRIM .....	15	DILAUDID supp 3 mg .....	5
daunorubicin 20 mg .....	15	DILAUDID tabs 2 mg, 4 mg .....	5
DAUNORUBICIN 50 mg .....	15	DILAUDID-5 .....	5
DAUNOXOME .....	15	diltiazem .....	23
DECADRON ophth oint .....	39	diltiazem ext-rel .....	23
DEMADEX inj .....	24	diltiazem inj .....	23
DENAVIR .....	28	DIOVAN .....	25
DEPAKOTE .....	8, 13, 20	DIOVAN HCT .....	24, 25
DEPAKOTE ER .....	8, 13, 20	DIPENTUM .....	38
DEPO-PROVERA inj 150 mg/mL .....	34	diphenhydramine .....	40
DEPO-TESTOSTERONE inj 100 mg .....	34	diphenhydramine inj .....	40
desipramine .....	9	diphenoxylate/atropine .....	31
desmopressin inj .....	33	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, HEPATITIS B (RECOMBINANT), and POLIOVIRUS (INACTIVATED) VACCINE .....	36
desmopressin spray .....	33	DIPHThERIA, TETANUS TOXOIDS, and ACELLULAR PERTUSSIS VACCINE .....	36
desmopressin tabs .....	33	DIPROLENE lotion 0.05% .....	28, 32
desogestrel/EE .....	34	dipyridamole .....	22
desogestrel/EE 0.15/30 .....	34	disopyramide .....	22
desonide .....	27, 32	disopyramide ext-rel .....	22
DESOWEN oint 0.05% .....	27, 32	DITROPAN XL .....	31
DESOXIMETASONE crm 0.05% .....	27, 32	dobutamine .....	20
desoximetasone crm, oint 0.25%, crm, gel 0.05% .....	28, 32	DOVONEX .....	29
DETROL .....	31	doxazosin .....	19, 22, 31
DETROL LA .....	31	doxepin .....	9, 19
dexamethasone .....	32	doxepin crm 5% .....	28
dexamethasone drops .....	39	DOXIL .....	15
dexamethasone inj .....	32	doxorubicin .....	15
DEXPAK/DEXPAK JR. ....	32	doxycycline hyclate .....	26
dexrazoxane .....	14	doxycycline hyclate caps, tabs .....	7
dextroamphetamine .....	26	doxycycline inj .....	7
dextroamphetamine ext-rel .....	26	DRITHO-SCALP crm 0.5% .....	29
DIAMOX SEQUELS .....	24	DROXIA caps 200 mg, 300 mg, 400 mg ...	13
diclofenac sodium delayed-rel .....	5, 11		
diclofenac sodium ext-rel .....	5, 11		
dicloxacillin .....	6		

DUAC.....	27	ethynodiol diacetate/EE 1/35 - Zovia 1/35 .....	34
DUET .....	44	ethynodiol diacetate/EE 1/50 - Zovia 1/50 .....	34
DUONEB.....	41, 42	ETHYOL .....	14
DURAGESIC 12 mcg/hr.....	5	etodolac .....	5, 12
econazole .....	27	etodolac ext-rel .....	5, 12
EDEX .....	32	etoposide.....	14
EFFEXOR .....	9	EURAX.....	16
EFFEXOR XR .....	9	EVISTA.....	34
EFUDEX crm 5%.....	29	EVOXAC.....	26
ELIDEL .....	37	EXELON .....	9
ELIXOPHYLLIN .....	43	FABRAZYME .....	30
ELLECE .....	15	famotidine .....	30
ELMIRON .....	32	famotidine inj.....	30
ELOXATIN.....	15	FAMVIR .....	17
ELSPAR .....	15	FARESTON .....	36
EMCYT .....	13	FASLODEX .....	36
EMEND.....	10	FAZACLO .....	17
EMTRIVA .....	18	FELBATOL .....	8
enalapril.....	25	felodipine ext-rel.....	23
enalapril/hydrochlorothiazide.....	24, 25	FEMARA.....	36
ENBREL.....	37	FEMHRT .....	34
ENTOCORT EC.....	37	FEMRING .....	34
EPIPEN.....	20, 42	fentanyl transdermal .....	5
EPIPEN JR. ....	20, 42	fexofenadine .....	40
EPIVIR .....	18	FINACEA.....	27
EPIVIR-HBV .....	18	finasteride .....	31
EPOGEN .....	21	flecainide.....	22
EPZICOM.....	18	FLOLAN .....	25
ergotamine/caffeine .....	12	FLOMAX.....	31
ERYPED chewable tabs .....	7	FLOVENT HFA.....	41
ERYPED DROPS .....	7	FLOXIN OTIC.....	40
ERYTHROCIN inj .....	7	floxuridine .....	13
erythromycin .....	38	fluconazole 150 mg .....	11
erythromycin delayed-rel .....	7	fluconazole inj .....	11
erythromycin ethylsuccinate.....	7	fluconazole, except 150 mg .....	11
erythromycin gel 2%.....	27	FLUDARABINE 25 mg/mL .....	14
erythromycin soln .....	27	fludarabine phosphate .....	14
erythromycin stearate .....	7	fludrocortisone .....	32
erythromycin/benzoyl peroxide.....	27	FLUNISOLIDE .....	41
erythromycin/sulfisoxazole.....	7	flunisolide spray.....	41
ESTRACE crm.....	34	fluocinolone acetonide crm, oint 0.025%.....	28, 32
ESTRADERM .....	34	fluocinolone acetonide soln 0.01%.....	28, 32
estradiol.....	34	fluocinonide crm, gel, oint, soln 0.05% .....	28, 32
estradiol transdermal .....	34	fluoride drops .....	44
ESTRING .....	34	fluoride tabs.....	44
estropipate .....	34		
ESTROSTEP FE .....	34		
ethambutol .....	13		
ethosuximide .....	8		

fluorometholone .....	39	GRIS-PEG .....	11
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glipizide .....	20	hydrocortisone butyrate crm, oint,	
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HYPERSTAT .....	20	KYTRIL inj.....	10
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IMITREX inj .....	12	lamotrigine chewable dispersible tabs 5 mg, 25 mg .....	8
IMITREX spray .....	12	LANOXICAPS .....	23
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LOTRONEX .....	30	methocarbamol/aspirin .....	43
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LUMIGAN.....	39	METHYLIN chewable tabs, oral soln .....	26
LUNESTA .....	43	methylphenidate .....	26
LUPRON DEPOT .....	35	methylphenidate ext-rel.....	26
LUXIQ foam 0.12%.....	28, 33	methylprednisolone .....	33
LYRICA.....	8	methylprednisolone inj 40 mg,	
LYSODREN.....	35	125 mg, 1000 mg .....	33
MACRODANTIN 25 mg.....	8	metipranolol.....	39
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MORPHINE soln .....	5	NITROLINGUAL.....	26
MORPHINE soluble tabs 10 mg .....	5	NORDITROPIN .....	33
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NASAREL.....	41	NOVOLIN N.....	21
NASONEX.....	41	NOVOLIN R.....	21
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ORFADIN .....	30	PLAVIX .....	22
orphenadrine/aspirin/caffeine .....	43	PLEXION SCT crm .....	27
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ORTHO TRI-CYCLEN LO .....	35	POLIOVIRUS VACCINE (INACTIVATED) .....	36
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oxycodone .....	5	potassium citrate .....	32
oxycodone ext-rel .....	5	PRANDIN .....	21
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OXYFAST .....	6	PRECOSE .....	21
OXYIR .....	6	PRED MILD .....	39
OXYTROL .....	31	prednisolone acetate 1% .....	39
PACERONE .....	22	prednisolone phosphate 1% .....	39
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PANCRELIPASE .....	30	prednisone .....	33
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PANOKASE .....	30	PREMARIN .....	35
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PARCOPA .....	16	PREMARIN inj .....	35
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PAXIL susp .....	10	PREVACID .....	30
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PEGANONE .....	9	PREVPAC .....	31
PEGASYS .....	36	PREZISTA .....	18
PEG-INTRON .....	36	PRILOSEC 40 mg .....	31
penicillin inj .....	7	primidone .....	8
penicillin VK .....	7	probenecid .....	11
PENTASA .....	38	procainamide 250 mg, 500 mg .....	22
PEPCID susp .....	30	PROCAINAMIDE 750 mg, 1000 mg .....	22
pergolide .....	16	PROCANBID .....	22
permethrin 5% .....	16	prochlorperazine .....	10
perphenazine .....	17	prochlorperazine inj .....	10
phenazopyridine .....	32	PROCRIT .....	21
phenytoin inj .....	9	PROCTOFOAM-HC .....	28
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pyridostigmine .....	19	ROBAXIN inj.....	43
pyridostigmine inj .....	19	ROFERON-A .....	37
quinapril.....	25	ROXICET soln.....	6
quinapril/hydrochlorothiazide .....	24, 25	ROXICODONE concentrate 20 mg/mL .....	6
quinidine gluconate ext-rel 324 mg .....	22	ROXICODONE oral soln 5 mg/5 mL.....	6
quinidine sulfate 200 mg, 300 mg.....	22	ROXICODONE tabs 5 mg.....	6
quinidine sulfate ext-rel 300 mg .....	22	RUBELLA VIRUS VACCINE .....	37
QUINIDINE SULFATE EXT-REL 300 mg.....	22	RUBEX.....	15
quinine sulfate .....	16	RYTHMOL SR.....	22
QUININE SULFATE caps 200 mg .....	16	SAIZEN .....	33
QUIXIN .....	38	SALAGEN 7.5 mg .....	26
QVAR.....	42	salsalate .....	5, 12
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RAPAMUNE .....	37	SCOPOLAMINE inj .....	10
RAPTIVA.....	37	SEASONALE .....	35
RAZADYNE .....	9	selegiline .....	16
RAZADYNE ER.....	9	selenium sulfide shampoo 2.5% .....	28
REBETOL oral soln .....	18	SENSIPAR .....	36
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RETROVIR inj .....	18	SOLU-MEDROL inj 500 mg .....	33
REVLIMID .....	37	SOMAVERT.....	35

SONATA .....	43	tetracycline caps .....	7
SORIATANE .....	29	TEXACORT soln 2.5% .....	28
sotalol.....	22	THALITONE 15 mg .....	24
SPIRIVA .....	41	THALOMID .....	37
spironolactone.....	25	THEO-24.....	43
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SPORANOX inj.....	11	theophylline ext-rel tabs .....	43
SPORANOX oral soln .....	11	THERACYS .....	14
SPRYCEL .....	14	THIOGUANINE .....	14
STALEVO .....	16	thioridazine.....	17
STRATTERA .....	26	thiotepa.....	13
STRIANT .....	35	THIOTEPA 30 mg .....	13
SUCRAID.....	30	thiothixene.....	16
sucralfate .....	30	THORAZINE supp.....	10, 17
sulfacetamide oint, soln 10% .....	38	TIAZAC 420 mg.....	23
sulfacetamide/prednisolone phosphate		TIKOSYN .....	22
10%/0.25% .....	38, 39	TILADE.....	43
sulfacetamide/sulfur .....	27	timolol maleate.....	39
SULFADIAZINE.....	7	timolol maleate gel.....	39
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sulfasalazine .....	38	TOBI .....	43
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SYNTHROID .....	35	tramadol/acetaminophen .....	6
TAMIFLU .....	18	TRANSDERM SCOP .....	10
tamoxifen.....	36	tranylcypromine.....	9
TARCEVA.....	14	TRAVATAN .....	39
TARGRETIN caps .....	15	trazodone .....	10
TARGRETIN gel .....	15	TRELSTAR.....	35
TARKA .....	23, 25	tretinoin .....	29
TAXOTERE.....	15	triamcinolone acetonide crm, lotion,	
TEGRETOL-XR .....	9	ointment 0.025%.....	28, 33
TENORMIN inj .....	19, 23	triamcinolone acetonide crm, lotion,	
terazosin .....	19, 22, 31	ointment 0.1% .....	28, 33
terbutaline.....	42	triamcinolone acetonide crm,	
terbutaline inj .....	42	ointment 0.5% .....	28, 33
terconazole crm.....	11	triamcinolone paste.....	26
terconazole supp 80 mg .....	11	triamterene/hydrochlorothiazide .....	24
TESLAC .....	36	TRICOR .....	24
TESTIM .....	35	trifluoperazine .....	17
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tetracaine inj .....	6	trihexyphenidyl.....	16

TRILEPTAL.....	9	VIOKASE .....	30
trimethobenzamide caps 300 mg .....	10	VIRACEPT .....	18
trimethobenzamide inj 100 mg/mL.....	10	VIRAMUNE .....	17
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trimipramine.....	10	VISICOL .....	31
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TRISENOX .....	15	VIVELLE/VIVELLE-DOT.....	35
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ULTRASE MT .....	30	WELLBUTRIN XL .....	10
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VALTREX .....	17	ZAVESCA.....	30
VANCOGIN.....	8	ZEGERID .....	31
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VELCADE .....	14	ZIAGEN .....	18
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verapamil .....	23	ZITHROMAX susp.....	7
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VERELAN PM.....	23	ZOFRAN inj.....	11
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VFEND inj.....	11	ZONALON crm .....	28
VIAGRA.....	31	zonisamide.....	8
VIBRAMYCIN susp, syrup .....	7	ZOSYN .....	7
VIDAZA.....	14	ZOVIRAX .....	28
VIDEX.....	18	ZYMAR .....	39
VIDEX EC 125 mg .....	18	ZYPREXA .....	17
VIGAMOX .....	39	ZYPREXA inj.....	17
vinblastine 1 mg/mL .....	15	ZYRTEC .....	41
VINBLASTINE 10 mg .....	15	ZYRTEC-D 12 HOUR .....	41
vincristine .....	15	ZYVOX .....	8
vinorelbine .....	15	ZYVOX inj.....	8

# STERLING

Life Insurance Company

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