

# NRECA Medicare Part D Prescription Drug Plans Basic Plus, Copayment, Enhanced, Enhanced Plus Plans Formulary (List of Covered Drugs) November 2009





# Formulary for NRECA's BASIC PLUS PLAN COPAYMENT PLAN ENHANCED PLAN ENHANCED PLUS PLAN

# Medicare Part D PRESCRIPTION DRUG PLANS

This is the abridged formulary, or a partial list of prescription drugs, covered under NRECA's Medicare Part D Basic Plus, Copayment, Enhanced and Enhanced Plus plans.

Brand name drugs are CAPITALIZED. Generic drugs are in *lower case italics*.

NRECA's Basic Plus, Copayment, Enhanced and Enhanced Plus plans cover both brand name drugs and generic drugs. If there is a generic drug available for a brand name drug, only the generic name will be listed and covered.

Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

**All generic drugs are covered** even if they are not listed on this formulary, except those drugs that are excluded by Medicare.

Some drugs may require prior approval or step therapy, or have quantity limitations. You can get up to a 90-day supply of most drugs, but specialty drugs are limited to a 30-day supply.

At the beginning of the formulary, the drugs covered by the plans are listed by therapeutic category, or drug class.

In the Index, starting on page 50, is the same list in alphabetical order. Next to the drug name is the page number on which the drug appears in its therapeutic category. To find out what other drugs are covered in the same therapeutic category, go to the page number listed after the drug.

## How to Use the Formulary

1. Look on your prescription bottle or package.
2. Find out the exact name of your medication in the lower left hand corner of the label.
3. Go to the Index, starting on page 50. Drugs covered by the plan are listed in alphabetical order in the Index.
4. Look for the name of your drug.
5. If your drug is listed in the Index, it is covered by your plan.
6. If your drug is not listed, it may still be covered, but not included on this partial list. To see if it is covered, contact Customer Care at the telephone number or web site below.
7. If your drug is not listed, it may be a generic drug. To see if it is covered, contact Customer Care at the telephone number below.
8. To determine if another drug is available for your medical condition:
  - Talk to your doctor
  - Ask your pharmacist
  - Call NRECA Medicare Part D Customer Care at 866.586.7322.

**The Copayment plan has tiers.** That means you pay a different copayment amount depending on the type of drug (*see page 6 for descriptions*):

- Tier 1 – generic drugs
- Tier 2 – preferred brand name drugs
- Tier 3 – non-preferred brand name drugs
- Tier 4 – specialty drugs

For more information, please

- Visit our web site at <http://nreca.medicareplanrx.com>
- Call **NRECA Medicare Part D Customer Care** at 866.586.7322, Monday through Saturday, 6:30 a.m. to 11 p.m. CST
- TTY/TDD users should call 866.236.1069

**This is not a comprehensive formulary. To make sure your drug is covered, please call Customer Care or visit the web site at <http://nreca.medicareplanrx.com>.**

## Brand Name Drugs On The Formulary Are Covered

All generic drugs are covered, even if they are not listed on this formulary, except those drugs excluded by Medicare (*see next page*).

For brand name drugs, all Medicare Part D formularies are “closed” formularies. This means that only the brand name drugs listed on the formulary are covered by the Plan.

If you were covered by one of NRECA’s employee prescription drug plans prior to enrolling in a Part D plan, those plans maintained an “open” formulary. An open formulary provides a list of preferred drugs, but you can choose a drug that is not on the formulary, sometimes for an additional cost.

It is possible a drug that was covered under your previous NRECA plan may not be covered under your NRECA Medicare Part D Plan.

Drugs listed in your Medicare Part D formulary are referred to as **formulary drugs**. Drugs not listed in your Medicare Part D formulary are referred to as **non-formulary drugs**.

**If the drug you are taking is a non-formulary drug**, you can continue to get the drug, but it is not covered by your Part D plan. You will have to pay the entire cost for the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP) total. *See Transition Coverage on page 5.*

**In order for that non-formulary medication to be covered by your Part D plan**, you must request a **formulary exception** through a coverage determination.

*Copayment plan only:* **To request that a drug be available at a more favorable copayment level**, you must request a **tiering exception** through a coverage determination.

If the request is denied, then you may file a Level One Appeal. Your physician or your authorized representative may help you.

Procedures for filing both a Coverage Determination and an Appeal are located in the Combined Summary Plan Description and Evidence of Coverage.

## The Formulary Can Change

This formulary is subject to change. Before getting a new prescription filled, go to <http://nreca.medicareplanrx.com> to check the latest formulary to see if your new medication is covered.

**If a prescription drug you are taking at the beginning of the year is removed from the formulary later in the same year**

- You may be covered for that drug for the rest of the calendar year, and
- You may receive that drug at the same copayment or coinsurance for the rest of the calendar year

There are two exceptions:

- When a new generic drug becomes available, or
- When new information is released stating that the drug may not be safe or effective

To make sure you are covered, you should get that prescription filled as soon as you are covered on that Part D plan to have a record that you are taking that drug.

**If a drug you are taking will no longer be covered** and is dropped from the formulary during the year, you will be given at least 60 days notice, except for drugs considered to be unsafe.

If you do not receive a notice, you can receive a one-time refill, up to a 60-day supply of the drug. For the Copayment plan, you will pay the non-preferred brand name (Tier 3) drug copayment for this refill.

Please refer to your monthly **Explanation of Benefits** (EOB) summary for announcements of formulary changes affecting your medications.

## Drugs and Drug Categories Not Covered by Medicare

Medicare will not allow certain drugs or drug categories to be covered by Part D plans. The excluded drugs are:

- drugs used for weight loss, weight gain or anorexia
- drugs used for infertility
- drugs used for cosmetic purposes or hair growth
- drugs used for relief of cough or colds
- drugs for erectile dysfunction, such as Viagra®, unless used to treat other approved conditions
- prescription vitamins and mineral products except prenatal vitamins and fluoride preparations
- barbiturates, such as phenobarbital
- benzodiazepines, such as Valium®
- non-prescription drugs available over-the-counter
- drugs which the manufacturer requires as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

Other drugs that are not covered by the Part D plan include:

- drugs you receive while in the hospital or medical facility in most cases
- compounded drugs unless one component is on the formulary

**If the drug you are taking is a Medicare-excluded drug**, you can continue to get the drug at a retail pharmacy, but it is not covered by your Part D plan. You will have to pay the entire cost for the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP) total.

The Coverage Determination or Appeal processes do not apply to these drugs, nor are these drugs covered through a transitional or emergency fill.

## PA—Drugs Requiring Prior Authorization

You will see “PA” next to some drugs in your formulary. That means the drug may be covered, but first you have to receive prior authorization.

You have to get approval for a drug marked “PA” *before* you go to the pharmacy, otherwise you will not be able to get your prescription filled. When your physician recommends one of these drugs, please ask him or her to

- Contact the Prior Authorization Unit by phone at 800.626.3046 or fax at 866.502.2296
- Provide the required information to the NRECA pharmacist
- Get the prior authorization needed for that drug

## B/D—Drugs That Can Be Covered By Part B or Part D

You will see “B/D” next to some drugs in your formulary. That means the drug may be covered under either Part B or Part D, depending on your diagnosis.

You have to get prior authorization for a drug marked “B/D” *before* you go to the pharmacy. When your physician recommends one of these drugs, please ask him or her to follow the prior authorization process explained above.

## QL—Drugs With Quantity Limitations

You will see a “QL” next to some drugs in your formulary. That means the drug is covered but only a certain quantity of the drug can be dispensed at a time.

If your prescription is written for a quantity greater than the QL amount, your retail pharmacy will be notified by NRECA and informed of the maximum quantity covered by the Plan.

NRECA will approve your prescription for payment if the pharmacist reduces the quantity to the maximum allowed and resends the prescription for payment.

Otherwise, if you receive the full quantity prescribed, you will have to pay the full cost of the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP).

If you use mail service, the mail service pharmacy will reduce the quantity to the maximum allowed amount and notify you by letter of the quantity limitation.

**To receive a quantity greater than the limit allowed in your formulary for any drug**, you must request a formulary exception through a coverage determination. Call 866.586.7322, or fax your request to 866.884.9475.

## ST—Drugs Requiring Step Therapy

You will see “ST” next to some drugs in your formulary. That means your prescribed drug may be covered, but first you have to try another drug to treat your medical condition before your prescribed drug will be covered.

For example, both Drug A and Drug B may treat your medical condition. With step therapy, you must try Drug A before Drug B will be covered. If Drug A does not work for you, then Drug B will be covered.

If your prescription is written for a drug that requires step therapy (Drug B in our example), your retail pharmacy will check with NRECA to see if you have been prescribed the first drug (Drug A) within a certain period of time.

If you have tried the first drug (Drug A) within the required time period, NRECA will approve your prescription for payment.

If you have not used the first drug (Drug A), then you will need to get a new prescription from your doctor for the first drug.

If you use mail service, the mail service pharmacy will notify you by letter that step therapy is required.

**To receive the prescribed drug without step therapy**, you must request a formulary exception through a coverage determination. Call 866.586.7322, or fax your request to 866.884.9475.

## Transition Coverage

**For the first 90 days you are enrolled in a plan**, you may be eligible to receive a transition supply of a non-formulary drug if you

- Switched from one plan to another **after January 1, 2009**
- Enrolled in a new plan, effective **January 1, 2009**, during open enrollment held November 15 to December 31, 2008
- Are newly-eligible for Medicare and were covered by another plan immediately before enrolling in a Part D plan
- Reside in a long-term care facility

**Please note:** if you stay in the same Part D plan, you are *not* eligible for transition coverage.

**During your first 90 days** in the plan, you may receive a **one-time 30-day transition supply** of a non-formulary drug to give you time to talk to your doctor about alternative medications.

**If you are in a long-term health care facility,** you may receive one transition supply of up to 31 days, and the plan may honor two refills until the end of the 90-day transition period.

This transition supply is only available for non-formulary drugs covered by Medicare which includes formulary drugs subject to prior authorization (PA), quantity limits (QL) or step therapy (ST).

*Copayment plan only:* For non-formulary drugs, you will pay the non-preferred brand name (Tier 3) copayment for this transition fill. For drugs subject to a PA or QL, you will pay the copayment for the tier listed in the formulary.

## **If Your Drug Is No Longer on the Formulary**

**If you find out that your drug will no longer be on the formulary,** you should talk with the doctor who prescribed the non-formulary drug about

- Changing from a non-formulary drug to an alternative drug that is included on the formulary
- Getting any prior authorizations that may be required for certain alternative medications
- Requesting a coverage determination or formulary exception for a non-covered drug

**It is your responsibility to check the formulary before getting your prescription filled** to make sure that

- Your medications are covered by your Part D plan
- You are aware of any Prior Authorizations that may be required
- You are aware of any Quantity Limitations

Updated formularies are available on the NRECA Medicare Part D website: <http://nreca.medicareplanrx.com>. Click on the **Drug List** tab at the top of the home page.

## **If You Disagree with a Drug Coverage or Payment Decision**

If you disagree with a decision regarding drug coverage or payment, you have the right to request a coverage determination or an appeal, depending on the situation.

As part of this process, you may request a **prior authorization, formulary exception** or a **tier exception**. Your physician or your authorized representative may help you.

You or your physician may be required to supply information to NRECA before a decision can be made. Then NRECA will respond or issue a decision within a specific timeframe.

If the situation is urgent, you or your physician may request a **fast coverage determination or appeal**, as appropriate, which may result in a faster response and decision from NRECA.

After you have exhausted your appeals with NRECA, you may also appeal to independent reviewers. If you are dissatisfied with any part of the process, you may also file a **grievance**.

**Please review the Summary Plan Description and Evidence of Coverage,** and call Customer Care for more information about these procedures.

## Types of Drugs

**Generic drugs**—prescription drugs that have the same active ingredient as brand-name drugs, are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug, and usually cost less than brand-name drugs. These drugs appear in *lower case italics* in the formulary.

**All generic drugs are covered even if they are not in the formulary**, except those drugs excluded by Medicare.

**Brand-name drugs**—prescription drugs that are protected by patent and typically produced and sold by one manufacturer. These drugs appear in ALL CAPITAL LETTERS in the formulary.

## Key to Requirements/Limits in Drug Listing

**B/D** May be covered by either Part B or Part D; see page 3 for more information

**INJ** Injection

**LA** Limited Access; only available through certain pharmacies

**OINT** Ointment

**PA** Prior authorization required; see page 3 for more information

**QL** Quantity Limit for this drug; see page 4 for more information

**SOLN** Solution

**ST** Step Therapy required; see page 4 for more information

**SUSP** Suspension

**SYR** Syrup

## The Copayment Plan Has Tiers

For the Copayment plan only, the copayment amount you pay depends on the type of drug.

- **Tier 1—Generic drugs**

You generally pay the lowest copayment amount for generic drugs.

- **Tier 2—Preferred brand**

These are brand-name drugs that are included on a preferred drug list. They are usually available at a lower cost than non-preferred brand-name drugs. You generally pay the second lowest copayment amount for preferred brand name drugs.

- **Tier 3—Non-preferred brand**

These are brand-name drugs that usually are a higher cost and may not be as clinically effective as Tier 2, Preferred brand drugs. You generally pay the second highest copayment amount for non-preferred brand name drugs.

- **Tier 4—Specialty drugs**

These are high-cost biotech and other unique drugs. You generally pay the highest copayment amount for specialty drugs. You are limited to a 30-day supply each time you get a specialty drug filled.

**These tiers do not apply to the Basic Plus, Enhanced, or Enhanced Plus plans.**

Drug

Copayment  
Plan Tier

Requirements/  
Limits

## Medicare Tier 4 Comprehensive - 2009

### ANALGESICS

#### **COX-2 INHIBITORS**

CELEBREX	Tier 2	PA
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#### **GOUT**

<i>allopurinol</i>	Tier 1	
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<i>allopurinol sodium</i>	Tier 1	
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<i>probenecid</i>	Tier 1	
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#### **NARCOTIC ANALGESICS, CII**

AVINZA	Tier 2	QL (60 per 25 days)
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DILAUDID-5	Tier 2	
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<i>endocet</i>	Tier 1	
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<i>fentanyl</i>	Tier 1	QL (10 per 25 days); PATCH
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<i>hydromorphone hcl</i>	Tier 1	
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KADIAN	Tier 2	QL (60 per 25 days)
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<i>morphine sulfate</i>	Tier 1	
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<i>morphine sulfate er tb12 200mg</i>	Tier 1	QL (60 per 25 days)
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<i>morphine sulfate er tb12</i>	Tier 1	QL (90 per 25 days)
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100mg, 15mg, 30mg, 60mg		
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OPANA ER	Tier 2	QL (120 per 25 days)
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<i>oxycodone /acetaminophen</i>	Tier 1	
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<i>oxycodone /apap</i>	Tier 1	
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<i>oxycodone hcl</i>	Tier 1	
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<i>oxycodone/acetaminophen</i>	Tier 1	
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OXYCONTIN	Tier 2	QL (120 per 25 days)
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ROXICET soln	Tier 2	
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<i>roxicet tabs</i>	Tier 1	
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#### **NARCOTIC ANALGESICS**

<i>acetaminophen/codeine</i>	Tier 1	
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<i>co-gesic</i>	Tier 1	
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<i>hydrocodone /acetaminophen</i>	Tier 1	
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#### **NON-NARCOTIC ANALGESICS**

<i>tramadol hcl</i>	Tier 1	
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<i>tramadol hydrochloride/acetaminophen</i>	Tier 1	
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#### **NSAIDS**

<i>diclofenac sodium</i>	Tier 1	
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<i>diclofenac sodium dr</i>	Tier 1	
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<i>diclofenac sodium ec</i>	Tier 1	
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<i>diclofenac sodium er</i>	Tier 1	
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<i>diclofenac sodium xr</i>	Tier 1	
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<i>diflunisal</i>	Tier 1	
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Drug	Copayment Plan Tier	Requirements/ Limits
<i>etodolac</i>	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN	Tier 2	SUSPENSION
<i>indomethacin</i>	Tier 1	
<i>indomethacin er</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen dr</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>sulindac</i>	Tier 1	
VOLTAREN	Tier 2	GEL

## ANESTHETICS

### LOCAL ANESTHETICS

<i>lidocaine hcl</i>	Tier 1
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## ANTI-INFECTIVES

### ANTIBACTERIALS

<i>amoxicillin</i>	Tier 1
<i>amoxicillin/potassium clavulanate</i>	Tier 1
<i>amoxil caps</i>	Tier 1
AMOXIL susr 50mg/ml	Tier 2
<i>amoxil susr 250mg/5ml</i>	Tier 1
<i>ampicillin</i>	Tier 1
<i>ampicillin sodium</i>	Tier 1
AUGMENTIN	Tier 3
AUGMENTIN XR	Tier 3
AVELOX	Tier 2
AVELOX ABC PACK	Tier 2
<i>azithromycin</i>	Tier 1
BICILLIN C-R	Tier 2
BICILLIN L-A	Tier 2
CEDAX	Tier 3
<i>cefaclor</i>	Tier 1
<i>cefadroxil</i>	Tier 1
CEFAZOLIN SODIUM inj 1gm; 5%, 500mg; 5%	Tier 2
<i>cefazolin sodium inj</i> 10gm, 1gm, 20gm, 500mg	Tier 1
<i>cefdinir</i>	Tier 1

Drug	Copayment Plan Tier	Requirements/ Limits
<i>cefepime</i>	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>ceftriaxone sodium</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
<i>cefuroxime/dextrose</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
CIPRO	Tier 2	SUSPENSION
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin er</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin i.v. -in d5w</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>clarithromycin er</i>	Tier 1	
<i>dicloxacillin sodium</i>	Tier 1	
<i>doxy-caps</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
<i>doxycycline monohydrate</i>	Tier 1	
<i>e.e.s. 200</i>	Tier 1	
<i>e.e.s. 400</i>	Tier 1	
ERYPED	Tier 2	
ERYTHROCIN LACTOBIONATE	Tier 2	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
GANTRISIN PEDIATRIC	Tier 3	
LEVAQUIN	Tier 2	
LEVAQUIN LEVA-PAK	Tier 2	
LEVAQUIN PREMIX	Tier 2	
<i>minocycline hcl</i>	Tier 1	
<i>nafcillin sodium</i>	Tier 1	
<i>penicillin g potassium</i>	Tier 1	
PENICILLIN G PROCAINE	Tier 2	
<i>penicillin v potassium</i>	Tier 1	
<i>sulfadiazine</i>	Tier 1	
<i>tetracycline hcl</i>	Tier 1	
<i>veetids</i>	Tier 1	
VIBRAMYCIN	Tier 2	SYRP
ZOSYN	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	Tier 1	
ANCOBON	Tier 2	
CANCIDAS	Tier 2	
<i>clotrimazole</i>	Tier 1	
<i>fluconazole</i>	Tier 1	
<i>fluconazole in dextrose</i>	Tier 1	
<i>fluconazole in nacl</i>	Tier 1	
GRIS-PEG	Tier 2	
<i>griseofulvin microsize</i>	Tier 1	
<i>itraconazole</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
<i>nystatin</i>	Tier 1	
SPORANOX	Tier 3	SOLN
<i>terbinafine hcl</i>	Tier 1	PA
VFEND	Tier 4	
VFEND IV	Tier 4	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	Tier 1	
DARAPRIM	Tier 2	
MALARONE	Tier 2	
<i>mefloquine hcl</i>	Tier 1	
QUALAQUIN	Tier 2	
<b>ANTIRETROVIRAL AGENTS</b>		
APTIVUS	Tier 2	
ATRIPLA	Tier 4	
COMBIVIR	Tier 2	
CRIXIVAN	Tier 2	
<i>didanosine</i>	Tier 1	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
EPZICOM	Tier 2	
FUZEON	Tier 4	
INTELENCE	Tier 2	
INVIRASE	Tier 2	
ISENTRESS	Tier 4	
KALETRA	Tier 2	
LEXIVA	Tier 2	
NORVIR	Tier 2	
PREZISTA	Tier 4	
RESCRIPTOR	Tier 2	
RETROVIR IV INFUSION	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
REYATAZ	Tier 2	
SELZENTRY	Tier 4	
<i>stavudine</i>	Tier 1	
SUSTIVA	Tier 2	
TRIZIVIR	Tier 2	
TRUVADA	Tier 2	
VIDEX PEDIATRIC	Tier 2	
VIRACEPT	Tier 2	
VIRAMUNE	Tier 2	
VIREAD	Tier 2	
ZERIT	Tier 2	SOLN
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
<b>ANTITUBERCULAR AGENTS</b>		
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
MYCOBUTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	Tier 1	
<i>acyclovir sodium</i>	Tier 1	
BARACLUDE	Tier 2	
CYTOVENE	Tier 2	
EPIVIR HBV	Tier 2	
<i>famciclovir</i>	Tier 1	
<i>ganciclovir</i>	Tier 1	
HEPSERA	Tier 2	
REBETOL	Tier 4	PA
RELENZA DISKHALER	Tier 2	
<i>ribapak</i>	Tier 4	PA
<i>ribasphere</i>	Tier 4	PA
<i>ribatab</i>	Tier 4	PA
<i>ribavirin</i>	Tier 4	PA
<i>rimantadine hcl</i>	Tier 1	
TAMIFLU	Tier 2	
TYZEKA	Tier 2	
VALCYTE	Tier 4	
VALTREX	Tier 2	
<b>Miscellaneous Therapeutic Agents</b>		
<i>colistimethate sodium</i>	Tier 1	B/D

Drug	Copayment Plan Tier	Requirements/ Limits
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### **MISCELLANEOUS**

ALBENZA	Tier 2	
ALINIA susr	Tier 2	QL (180 per 25 days)
ALINIA tabs	Tier 2	QL (6 per 25 days)
CLEOCIN	Tier 2	75 MG
CLEOCIN PEDIATRIC GRANULES	Tier 2	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
CUBICIN	Tier 4	
<i>dapsone</i>	Tier 1	
<i>erythromycin /sulfoxazole</i>	Tier 1	
FURADANTIN	Tier 3	
INVANZ	Tier 2	
MACRODANTIN	Tier 2	
<i>mebendazole</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole in nacl 0.79%</i>	Tier 1	
<i>nitrofurantoin macrocrystalline</i>	Tier 1	
<i>nitrofurantoin monohydrate</i>	Tier 1	
PRIMAXIN I.M.	Tier 2	
PRIMAXIN IV	Tier 2	
PRIMAXIN IV ADD-VANTAGE	Tier 2	
<i>sulfamethoxazole /trimethoprim</i>	Tier 1	
<i>sulfatrim</i>	Tier 1	
TINDAMAX	Tier 2	
<i>trimethoprim</i>	Tier 1	
TYGACIL	Tier 4	
VANCOGIN HCL	Tier 2	
<i>vancomycin hcl</i>	Tier 1	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	Tier 2	
ZYVOX	Tier 4	

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

ALKERAN	Tier 2	
BICNU	Tier 2	
BUSULFEX	Tier 2	
CEENU	Tier 2	
<i>cyclophosphamide inj</i>	Tier 1	
<i>cyclophosphamide tabs</i>	Tier 1	B/D
<i>dacarbazine</i>	Tier 1	
EMCYT	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
HEXALEN	Tier 4	
IFEX	Tier 2	
IFOSFAMIDE inj 1gm/20ml, 3gm/60ml	Tier 2	
<i>ifosfamide</i> inj 1gm	Tier 1	
LEUKERAN	Tier 2	
MUSTARGEN	Tier 2	
<i>thiotepa</i>	Tier 1	
TREANDA	Tier 4	
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	Tier 1	
DAUNORUBICIN HCL inj 5mg/ml	Tier 2	
<i>daunorubicin hcl</i> inj 20mg	Tier 1	
DAUNOXOME	Tier 2	
DOXIL	Tier 4	
<i>doxorubicin hcl</i>	Tier 1	
ELLENCEN	Tier 2	
<i>epirubicin hcl</i>	Tier 1	
<i>idarubicin hcl</i>	Tier 1	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 1	
COSMEGEN	Tier 2	
<i>mitomycin</i>	Tier 1	
<b>ANTIMETABOLITES</b>		
ALIMTA	Tier 4	
<i>cytarabine</i>	Tier 1	
FLUOROURACIL	Tier 2	INJ
GEMZAR	Tier 2	
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>pentostatin</i>	Tier 1	
TABLOID	Tier 2	
VIDAZA	Tier 4	
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>paclitaxel</i>	Tier 1	
TAXOTERE	Tier 4	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
VINBLASTINE SULFATE inj 10mg	Tier 2	
<i>vinblastine sulfate</i> inj 1mg/ml	Tier 1	
<i>vincasar pfs</i>	Tier 1	
<i>vincristine sulfate</i>	Tier 1	
<i>vinorelbine tartrate</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	Tier 4	
CAMPATH	Tier 2	
HERCEPTIN	Tier 4	
ONTAK	Tier 2	
PROLEUKIN	Tier 4	
RITUXAN	Tier 4	
VELCADE	Tier 4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
ARIMIDEX	Tier 2	
AROMASIN	Tier 2	
<i>bicalutamide</i>	Tier 1	
CASODEX	Tier 2	
DEPO-PROVERA	Tier 2	
FARESTON	Tier 2	
FASLODEX	Tier 2	
FEMARA	Tier 2	
<i>flutamide</i>	Tier 1	
<i>leuprolide acetate</i>	Tier 1	
LUPRON DEPOT-PED	Tier 4	
LUPRON DEPOT inj 11.25mg, 3.75mg	Tier 2	
LUPRON DEPOT inj 22.5mg, 30mg, 7.5mg	Tier 4	
MEGACE ES	Tier 2	
<i>megestrol acetate</i>	Tier 1	
NILANDRON	Tier 2	
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i>	Tier 1	
TRELSTAR DEPOT	Tier 2	
TRELSTAR LA	Tier 2	
<b>KINASE INHIBITORS</b>		
AFINITOR	Tier 4	PA
GLEEVEC	Tier 4	
NEXAVAR	Tier 4	
SPRYCEL	Tier 4	
SUTENT	Tier 4	
TARCEVA	Tier 4	
TASIGNA	Tier 4	
TYKERB	Tier 4	
<b>MISCELLANEOUS</b>		
DROXIA	Tier 2	
ELSPAR	Tier 2	
<i>hydroxyurea</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
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<i>irinotecan</i>	Tier 1	
LYSODREN	Tier 2	
MATULANE	Tier 2	
<i>mitoxantrone hcl</i>	Tier 1	
ONCASPAR	Tier 2	
PHOTOFRIN	Tier 2	
TARGRETIN	Tier 4	
<i>tretinoin</i>	Tier 4	CAPS
TRISENOX	Tier 2	
VESANOID	Tier 4	
ZOLINZA	Tier 4	

### **NUCLEOSIDE ANALOGS**

<i>cladribine</i>	Tier 1	
<i>fludarabine phosphate</i>	Tier 1	

### **PLATINUM COORDINATION COMPLEX**

<i>carboplatin</i>	Tier 1	
<i>cisplatin</i>	Tier 1	
ELOXATIN	Tier 4	
OXALIPLATIN	Tier 4	

### **PROTECTIVE AGENTS**

<i>amifostine</i>	Tier 1	
<i>dexrazoxane</i>	Tier 1	
ELITEK	Tier 4	
<i>ifosfamide/mesna</i>	Tier 1	
<i>leucovorin calcium</i>	Tier 1	
<i>mesna</i>	Tier 1	
MESNEX	Tier 2	TABS

### **TOPOISOMERASE INHIBITORS**

CAMPTOSAR	Tier 4	
<i>etoposide</i>	Tier 1	
HYCAMTIN	Tier 2	INJ
<i>toposar</i>	Tier 1	

## **CARDIOVASCULAR**

### **ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

<i>amlodipine besylate/benazepril hydrochloride</i>	Tier 1	
LOTREL	Tier 2	5/40, 10/40
TARKA	Tier 2	

### **ACE INHIBITOR/DIURETIC COMBINATIONS**

<i>benazepril hcl/hydrochlorothiazide</i>	Tier 1	
<i>captopril /hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate/hydrochlorothiazide</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>fosinopril sodium/hydrochlorothiazide</i>	Tier 1	
<i>lisinopril /hydrochlorothiazide</i>	Tier 1	
<i>quinaretic</i>	Tier 1	
<b>ACE INHIBITORS</b>		
ACEON	Tier 3	
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>quinapril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ADRENOLYTICS, CENTRAL</b>		
CATAPRES-TTS-1	Tier 2	
CATAPRES-TTS-2	Tier 2	
CATAPRES-TTS-3	Tier 2	
<i>clonidine hcl</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>epplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	Tier 1	
<i>terazosin hcl</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	Tier 3	
AVALIDE	Tier 2	
BENICAR HCT	Tier 3	
DIOVAN HCT	Tier 2	
EXFORGE	Tier 2	
EXFORGE HCT	Tier 2	
HYZAAR	Tier 2	
MICARDIS HCT	Tier 3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	Tier 3	
AVAPRO	Tier 2	
BENICAR	Tier 3	
COZAAR	Tier 2	
DIOVAN	Tier 2	
MICARDIS	Tier 3	

Drug	Copayment Plan Tier	Requirements/ Limits
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	Tier 1	
<i>disopyramide phosphate</i>	Tier 1	
<i>disopyramide phosphate er</i>	Tier 1	
<i>flecainide acetate</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
NORPACE CR	Tier 2	100MG
PACERONE tabs 100mg, 300mg	Tier 2	
<i>pacerone tabs 200mg</i>	Tier 1	
PROCANBID	Tier 2	
<i>propafenone hcl</i>	Tier 1	
<i>quinidine gluconate</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
<i>quinidine sulfate er</i>	Tier 1	
RYTHMOL SR	Tier 2	
<i>sorine</i>	Tier 1	
<i>sotalol hcl</i>	Tier 1	
<i>sotalol hcl (af)</i>	Tier 1	
TIKOSYN	Tier 2	
<b>ANTILIPEMICS</b>		
ADVICOR	Tier 3	
ALTOPREV	Tier 3	
<i>cholestyramine</i>	Tier 1	
<i>cholestyramine light</i>	Tier 1	
<i>colestipol hcl</i>	Tier 1	
<i>colestipol hcl for oral suspension</i>	Tier 1	
CRESTOR	Tier 2	
<i>fenofibrate</i>	Tier 1	
<i>fenofibrate micronized</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
LESCOL	Tier 3	
LESCOL XL	Tier 3	
LIPITOR	Tier 2	
<i>lovastatin</i>	Tier 1	
NIASPAN	Tier 2	
<i>pravastatin sodium</i>	Tier 1	
<i>prevalite</i>	Tier 1	
SIMCOR	Tier 2	
<i>simvastatin</i>	Tier 1	
TRICOR	Tier 2	
VYTORIN	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
WELCHOL	Tier 2	
ZETIA	Tier 2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	Tier 1	
<i>metoprolol /hydrochlorothiazide</i>	Tier 1	
<b>BETA-BLOCKERS</b>		
<i>atenolol</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC	Tier 2	
<i>carvedilol</i>	Tier 1	
COREG CR	Tier 2	
<i>labetalol hcl</i>	Tier 1	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol hcl</i>	Tier 1	
<i>propranolol hcl er</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	Tier 3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	Tier 1	
<i>amlodipine besylate</i>	Tier 1	
CARDIZEM CD	Tier 2	360 MG
CARDIZEM LA	Tier 3	
<i>cartia xt</i>	Tier 1	
<i>dilt-cd</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem cd</i>	Tier 1	
<i>diltiazem hcl</i>	Tier 1	
<i>diltiazem hcl er</i>	Tier 1	
<i>felodipine er</i>	Tier 1	
<i>nifediac cc</i>	Tier 1	
<i>nifedical xl</i>	Tier 1	
<i>nifedipine er</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>verapamil hcl</i>	Tier 1	
<i>verapamil hcl er</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek</i>	Tier 1	
<i>digoxin</i>	Tier 1	
LANOXIN	Tier 2	
<b><i>DIRECT RENIN INHIBITORS</i></b>		
TEKURNA	Tier 2	
TEKURNA HCT	Tier 2	
<b><i>DIURETICS</i></b>		
ALDACTAZIDE	Tier 2	50/50
<i>amiloride /hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
DEMADEX	Tier 2	INJ
<i>furosemide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>spironolactone /hydrochlorothiazide</i>	Tier 1	
THALITONE	Tier 2	
<i>toremide</i>	Tier 1	
<i>triamterene /hydrochlorothiazide</i>	Tier 1	
<b><i>MISCELLANEOUS</i></b>		
BIDIL	Tier 2	
<i>hydralazine hcl</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
RANEXA	Tier 2	
<b><i>NITRATES</i></b>		
ISORDIL TITRADOSE	Tier 2	
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide dinitrate er</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i>	Tier 1	
NITRO-DUR	Tier 2	0.3 MG, 0.8 MG
<i>nitroglycerin</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
NITROLINGUAL PUMPSPRAY	Tier 2	
NITROSTAT	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
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### **PULMONARY ARTERIAL HYPERTENSION**

LETAIRIS	Tier 4	
REVATIO	Tier 4	PA
TRACLEER	Tier 4	LA
VENTAVIS	Tier 4	B/D

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

<i>bupirone hcl</i>	Tier 1	
<i>fluvoxamine maleate</i>	Tier 1	

#### **ANTICONVULSANTS**

BANZEL	Tier 2	
<i>carbamazepine</i>	Tier 1	
<i>carbamazepine er</i>	Tier 1	
CARBATROL	Tier 2	
CELONTIN	Tier 2	
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 2	
<i>divalproex sodium</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
FELBATOL	Tier 3	
<i>gabapentin caps 100mg</i>	Tier 1	QL (1080 per 25 days)
<i>gabapentin caps 400mg</i>	Tier 1	QL (270 per 25 days)
<i>gabapentin caps 300mg</i>	Tier 1	QL (360 per 25 days)
<i>gabapentin tabs 100mg</i>	Tier 1	QL (1080 per 25 days)
<i>gabapentin tabs 800mg</i>	Tier 1	QL (120 per 25 days)
<i>gabapentin tabs 600mg</i>	Tier 1	QL (180 per 25 days)
<i>gabapentin tabs 400mg</i>	Tier 1	QL (270 per 25 days)
GABITRIL	Tier 2	
KEPPRA	Tier 2	INJ
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	Tier 2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	Tier 2	
LAMICTAL STARTER/TAKING VALPROATE	Tier 2	
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 1	
LYRICA caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	Tier 2	QL (120 per 25 days)
LYRICA caps 300mg	Tier 2	QL (60 per 25 days)
NEURONTIN SOLN 250mg/5ml	Tier 2	QL (2160 ml per 25 days); SOLN

Drug	Copayment Plan Tier	Requirements/ Limits
<i>oxcarbazepine</i>	Tier 1	
PEGANONE	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<i>primidone</i>	Tier 1	
TEGRETOL-XR	Tier 2	100 MG
<i>topiramate</i>	Tier 1	
TRILEPTAL	Tier 2	SUSPENSION
<i>valproate sodium</i>	Tier 1	
VIMPAT	Tier 2	
<i>zonisamide</i>	Tier 1	
<b>ANTIDEMENTIA</b>		
ARICEPT	Tier 2	
ARICEPT ODT	Tier 2	
EXELON	Tier 2	
<i>galantamine hydrobromide</i>	Tier 1	
NAMENDA	Tier 2	
NAMENDA TITRATION PAK	Tier 2	
RAZADYNE	Tier 2	SOLN
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>budeprion sr</i>	Tier 1	
<i>budeprion xl</i>	Tier 1	
<i>bupropion hcl</i>	Tier 1	
<i>citalopram hydrobromide</i>	Tier 1	
<i>clomipramine hcl</i>	Tier 1	
CYMBALTA	Tier 2	
<i>desipramine hcl</i>	Tier 1	
<i>doxepin hcl</i>	Tier 1	
EFFEXOR XR	Tier 2	
EMSAM	Tier 2	
<i>fluoxetine hcl</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
LEXAPRO	Tier 2	
<i>maprotiline hcl</i>	Tier 1	
MARPLAN	Tier 2	
<i>mirtazapine</i>	Tier 1	
<i>mirtazapine odt</i>	Tier 1	
NARDIL	Tier 2	
<i>nefazodone hcl</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>nortriptyline hcl</i>	Tier 1	
<i>paroxetine hcl</i>	Tier 1	
<i>paroxetine hcl er</i>	Tier 1	
PAXIL CR	Tier 3	37.5 MG
PRISTIQ	Tier 2	
<i>protriptyline hcl</i>	Tier 1	
<i>sertraline hcl</i>	Tier 1	
SURMONTIL	Tier 2	100 MG
<i>tranylcypromine sulfate</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
<i>trimipramine maleate</i>	Tier 1	
<i>venlafaxine hcl</i>	Tier 1	
VENLAFAXINE HCL ER	Tier 3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	Tier 1	
APOKYN	Tier 4	
<i>atamet</i>	Tier 1	
AZILECT	Tier 2	
<i>benztropine mesylate</i>	Tier 1	
<i>bromocriptine mesylate</i>	Tier 1	
<i>carbidopa/levodopa</i>	Tier 1	
<i>carbidopa/levodopa er</i>	Tier 1	
<i>carbidopa/levodopa odt</i>	Tier 1	
COGENTIN	Tier 2	INJ
COMTAN	Tier 2	
MIRAPEX	Tier 2	
REQUIP XL	Tier 3	
<i>ropinirole hcl</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
STALEVO 100	Tier 2	
STALEVO 125	Tier 2	
STALEVO 150	Tier 2	
STALEVO 200	Tier 2	
STALEVO 50	Tier 2	
STALEVO 75	Tier 2	
<i>trihexyphenidyl hcl</i>	Tier 1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY	Tier 2	
ABILIFY DISCMELT	Tier 2	
<i>chlorpromazine hcl</i>	Tier 1	
<i>clozapine</i>	Tier 1	
FAZACLO	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON	Tier 2	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate</i>	Tier 1	
INVEGA	Tier 2	
<i>loxapine succinate</i>	Tier 1	
MOBAN	Tier 2	
NAVANE	Tier 2	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	
RISPERDAL CONSTA	Tier 2	
RISPERDAL M-TAB	Tier 2	1 MG
<i>risperidone</i>	Tier 1	
<i>risperidone odt</i>	Tier 1	
SEROQUEL	Tier 2	
SEROQUEL XR	Tier 2	
<i>thioridazine hcl</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
ZYPREXA	Tier 2	
ZYPREXA ZYDIS	Tier 2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL XR	Tier 2	PA
CONCERTA	Tier 3	PA
<i>dextroamphetamine sulfate</i>	Tier 1	PA
<i>dextroamphetamine sulfate cr</i>	Tier 1	PA
<i>dextrostat</i>	Tier 1	PA
METADATE CD	Tier 3	PA
<i>methylin er</i>	Tier 1	PA
METHYLIN chew, soln	Tier 3	PA
<i>methylin tabs</i>	Tier 1	PA
<i>methyphenidate hcl</i>	Tier 1	PA
RITALIN LA	Tier 3	PA
STRATTERA	Tier 2	
<b>HYPNOTICS</b>		
LUNESTA	Tier 2	QL (180 per 365 days)
<i>zaleplon</i>	Tier 1	QL (180 per 365 days)
<i>zolpidem tartrate</i>	Tier 1	QL (180 per 365 days)

Drug	Copayment Plan Tier	Requirements/ Limits
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### **MIGRAINE**

<i>dihydroergotamine mesylate</i>	Tier 1	
<i>ergotamine tartrate/caffeine</i>	Tier 1	
FROVA	Tier 3	QL (18 per 25 days)
IMITREX STATDOSE REFILL	Tier 2	QL (4 per 25 days)
IMITREX STATDOSE SYSTEM	Tier 2	QL (4 per 25 days)
IMITREX soln 20mg/act	Tier 2	QL (12 per 25 days)
IMITREX soln 5mg/act	Tier 2	QL (12 per 25 days); NASAL SOLN
MAXALT	Tier 2	QL (12 per 25 days)
MAXALT-MLT	Tier 2	QL (12 per 25 days)
<i>migergot</i>	Tier 1	
MIGRANAL	Tier 2	QL (8 per 25 days)
RELPAK	Tier 2	QL (12 per 25 days)
<i>sumatriptan succinate inj</i>	Tier 1	QL (10 per 25 days)
<i>sumatriptan succinate tabs</i>	Tier 1	QL (9 per 25 days)
ZOMIG	Tier 3	QL (12 per 25 days)
ZOMIG ZMT	Tier 3	QL (12 per 25 days)

### **MISCELLANEOUS**

<i>guanidine hcl</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate er</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
MESTINON	Tier 2	
MESTINON TIMESPAN	Tier 2	
<i>pyridostigmine bromide</i>	Tier 1	
REGONOL	Tier 2	
RILUTEK	Tier 4	
SAVELLA	Tier 2	
SAVELLA TITRATION PACK	Tier 2	
XENAZINE	Tier 4	PA

### **MULTIPLE SCLEROSIS AGENTS**

AVONEX	Tier 4	
BETASERON	Tier 4	
COPAXONE	Tier 4	
REBIF	Tier 4	
REBIF TITRATION PACK	Tier 4	
TYSABRI	Tier 4	LA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i>	Tier 1	
<i>carisoprodol</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine hcl</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>dantrolene sodium</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
<i>orphenadrine /asa /caffeine</i>	Tier 1	
ROBAXIN	Tier 2	INJ
SKELAXIN	Tier 2	
<i>tizanidine hcl</i>	Tier 1	
<b>NARCOLEPSY/CATAPLEXY</b>		
PROVIGIL	Tier 2	PA
XYREM	Tier 2	LA
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>		
ANTABUSE	Tier 2	
<i>buproban</i>	Tier 1	
CAMPRAL	Tier 2	
CHANTIX	Tier 2	
<i>depade</i>	Tier 1	
<i>naloxone hcl</i>	Tier 1	
<i>naltrexone hcl</i>	Tier 1	
NICOTROL INHALER	Tier 2	
SUBOXONE	Tier 2	
SUBUTEX	Tier 2	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM	Tier 2	PA
ANDROGEL	Tier 2	PA
ANDROGEL PUMP	Tier 2	PA
<i>oxandrolone</i>	Tier 1	PA
TESTIM	Tier 2	PA
<i>testosterone cypionate</i>	Tier 1	
<b>ANTIDIABETICS</b>		
<i>acarbose</i>	Tier 1	
ACTOPLUS MET	Tier 2	
ACTOS	Tier 2	
ALCOHOL PREPS	Tier 2	
APIDRA	Tier 2	
APIDRA SOLOSTAR	Tier 2	
AVANDAMET	Tier 2	
AVANDARYL	Tier 2	
AVANDIA	Tier 2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	Tier 2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16"	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2"	Tier 2	
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	Tier 2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/ 29G X 12.7MM	Tier 2	
BYETTA	Tier 2	
CURITY GAUZE PADS 2"X2"	Tier 2	
DUETACT	Tier 2	
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide er</i>	Tier 1	
<i>glipizide xl</i>	Tier 1	
<i>glipizide/metformin hcl</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>glyburide/metformin hcl</i>	Tier 1	
<i>glycron</i>	Tier 1	
HUMALOG	Tier 2	
HUMALOG KWIKPEN	Tier 2	
HUMALOG MIX 50/50	Tier 2	
HUMALOG MIX 50/50 KWIKPEN	Tier 2	
HUMALOG MIX 50/50 PEN	Tier 2	
HUMALOG MIX 75/25	Tier 2	
HUMALOG MIX 75/25 KWIKPEN	Tier 2	
HUMALOG MIX 75/25 PEN	Tier 2	
HUMALOG PEN	Tier 2	
HUMULIN 50/50	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN 70/30 PEN	Tier 2	
HUMULIN N	Tier 2	
HUMULIN N U-100 PEN	Tier 2	
HUMULIN R	Tier 2	
HUMULIN R U-500 (CONCENTRATED)	Tier 2	
JANUMET	Tier 2	
JANUVIA	Tier 2	
LANTUS	Tier 2	
LANTUS FOR OPTICLIK	Tier 2	
LANTUS SOLOSTAR	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXPEN	Tier 2	
<i>metformin hcl</i>	Tier 1	
<i>metformin hcl er</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
NOVOLIN 70/30	Tier 2	
NOVOLIN 70/30 INNOLET	Tier 2	
NOVOLIN 70/30 PENFILL	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN N INNOLET	Tier 2	
NOVOLIN N U-100 PENFILL	Tier 2	
NOVOLIN R	Tier 2	
NOVOLIN R INNOLET	Tier 2	
NOVOLIN R U-100 PENFILL	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PENFILL	Tier 2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Tier 2	
NOVOLOG PENFILL	Tier 2	
ONGLYZA	Tier 2	
PRANDIN	Tier 2	
RELION 70/30	Tier 2	
RELION 70/30 INNOLET	Tier 2	
RELION N	Tier 2	
RELION N INNOLET	Tier 2	
RELION R	Tier 2	
SYMLIN	Tier 2	
SYMLINPEN 120	Tier 2	
SYMLINPEN 60	Tier 2	
<b>BISPHOSPHONATES</b>		
ACTONEL	Tier 2	
<i>alendronate sodium</i>	Tier 1	
BONIVA	Tier 3	
ZOMETA	Tier 4	
<b>CALCITONINS</b>		
<i>calcitonin-salmon</i>	Tier 1	
<i>fortical</i>	Tier 1	
MIACALCIN	Tier 2	INJ
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR	Tier 2	
<b>CHELATING AGENTS</b>		
EXJADE	Tier 4	
SYPRINE	Tier 2	
<b>CONTRACEPTIVES</b>		
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>aviane</i>	Tier 1	
<i>camila</i>	Tier 1	
<i>cesia</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
DEPO-PROVERA CONTRACEPTIVE	Tier 3	
<i>enpresse-28</i>	Tier 1	
<i>errin</i>	Tier 1	
<i>jolivette</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>lessina-28</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>mononessa</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>necon 1/35-28</i>	Tier 1	
<i>necon 1/50-28</i>	Tier 1	
NECON 10/11-28	Tier 2	
<i>necon 7/7/7</i>	Tier 1	
<i>next choice</i>	Tier 1	
<i>nora-be</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
NUVARING	Tier 2	
<i>ocella</i>	Tier 1	
ORTHO EVRA	Tier 2	
ORTHO TRI-CYCLEN LO	Tier 2	
PLAN B	Tier 2	
<i>portia-28</i>	Tier 1	
<i>previfem</i>	Tier 1	
<i>quasense</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>solia</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-previfem</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>trinessa</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>zovia 1/35e</i>	Tier 1	
<i>zovia 1/50e</i>	Tier 1	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	Tier 1	
SYNAREL	Tier 2	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	Tier 4	
ALDURAZYME	Tier 4	
BUPHENYL	Tier 4	
CEREZYME	Tier 4	
CYSTADANE	Tier 2	
CYSTAGON	Tier 2	
ELAPRASE	Tier 4	
FABRAZYME	Tier 4	
KUVAN	Tier 4	
MYOZYME	Tier 4	
NAGLAZYME	Tier 4	
ORFADIN	Tier 4	
SUCRAID	Tier 4	
ZAVESCA	Tier 4	
<b>ESTROGEN/PROGESTINS</b>		
CLIMARA PRO	Tier 2	
COMBIPATCH	Tier 2	
FEMHRT 1/5	Tier 3	
FEMHRT LOW DOSE	Tier 3	
PREFEST	Tier 3	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
<b>ESTROGENS</b>		
ALORA	Tier 2	
CENESTIN	Tier 3	
ESTRACE	Tier 3	CREAM
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
ESTRING	Tier 3	
<i>estropipate</i>	Tier 1	
FEMRING	Tier 3	
GYNODIOL tabs 1.5mg	Tier 2	
<i>gynodiol</i> tabs 0.5mg, 1mg, 2mg	Tier 1	
<i>ortho-est</i>	Tier 1	
PREMARIN	Tier 2	
PREMARIN W/APPLICATOR	Tier 2	
VAGIFEM	Tier 2	
VIVELLE-DOT	Tier 2	
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	Tier 1	
<i>a-methapred</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone intensol</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
DEXPAK 13 DAY	Tier 2	
<i>fludrocortisone acetate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
MEDROL	Tier 2	2MG TABLET
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone acetate</i>	Tier 1	
<i>methylprednisolone sodiumsuccinate</i>	Tier 1	
<i>prednisolone</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 2	
SOLU-CORTEF	Tier 2	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM	Tier 2	
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN	Tier 4	PA
GENOTROPIN MINIQUICK inj 0.2mg	Tier 2	PA
GENOTROPIN MINIQUICK inj 0.4mg, 0.6mg, 0.8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	Tier 4	PA
HUMATROPE	Tier 4	PA
HUMATROPE COMBO PACK	Tier 4	PA
INCRELEX	Tier 4	PA
NORDITROPIN CARTRIDGE	Tier 4	PA
NORDITROPIN NORDIFLEX PEN	Tier 4	PA

Drug	Copayment Plan Tier	Requirements/ Limits
NUTROPIN	Tier 4	PA
NUTROPIN AQ	Tier 4	PA
NUTROPIN AQ PEN	Tier 4	PA
SAIZEN	Tier 4	PA
SAIZEN CLICK.EASY	Tier 4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	Tier 1	
<i>chorionic gonadotropin</i>	Tier 1	B/D
<i>octreotide acetate</i>	Tier 4	PA
SANDOSTATIN LAR DEPOT	Tier 4	PA
SOMATULINE DEPOT	Tier 4	PA
SOMAVERT	Tier 4	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	Tier 4	PA
<b>PHOPHATE BINDER AGENTS</b>		
FOSRENOL	Tier 3	
PHOSLO	Tier 2	
RENAGEL	Tier 2	
RENVELA	Tier 2	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
PROMETRIUM	Tier 3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	Tier 2	
<b>THYROID AGENTS</b>		
<i>levothroid</i>	Tier 1	
<i>levothyroxine sodium</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium</i>	Tier 1	
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SYNTHROID	Tier 2	
<i>unithroid</i>	Tier 1	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate</i>	Tier 1	
<i>minirin</i>	Tier 1	
<b>GASTROINTESTINAL ANTIDIARRHEALS</b>		
<i>diphenoxylate/atropine</i>	Tier 1	
<i>lofene</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>lonox</i>	Tier 1	
<i>loperamide hcl</i>	Tier 1	
<b>ANTIEMETICS</b>		
ANTIVERT	Tier 2	50 MG TAB
<i>compro</i>	Tier 1	
<i>dronabinol</i>	Tier 1	QL (60 per 25 days)
EMEND misc	Tier 2	QL (2 per 25 days), B/D
EMEND caps 125mg	Tier 2	QL (2 per 25 days), B/D
EMEND caps 40mg	Tier 2	QL (3 per 180 days)
EMEND caps 80mg	Tier 2	QL (4 per 25 days), B/D
<i>granisetron hcl inj</i>	Tier 1	
<i>granisetron hcl tabs</i>	Tier 1	B/D
<i>granisol</i>	Tier 1	B/D
<i>meclizine hcl</i>	Tier 1	
<i>metoclopramide hcl</i>	Tier 1	
<i>ondansetron hcl inj</i>	Tier 1	
<i>ondansetron hcl oral soln, tabs</i>	Tier 1	B/D
<i>ondansetron odt</i>	Tier 1	B/D
<i>phenadoz</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine edisylate</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine hcl</i>	Tier 1	
<i>promethazine hcl plain</i>	Tier 1	
<i>promethegan</i>	Tier 1	
TRANSDERM-SCOP	Tier 2	
<i>trimethobenzamide hcl</i>	Tier 1	
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i>	Tier 1	
<i>glycopyrrolate</i>	Tier 1	
<b>H<sub>2</sub>-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>famotidine premixed</i>	Tier 1	
PEPCID	Tier 2	SUSP
<i>ranitidine hcl</i>	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
ASACOL	Tier 2	
CANASA	Tier 2	
CIMZIA	Tier 4	PA
<i>colocort</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
CORTIFOAM	Tier 3	
DIPENTUM	Tier 2	
ENTOCORT EC	Tier 2	
<i>hydrocortisone</i>	Tier 1	ENEMA
LIALDA	Tier 2	
<i>mesalamine</i>	Tier 1	
PENTASA	Tier 3	
<i>sulfasalazine</i>	Tier 1	
<i>sulfazine</i>	Tier 1	
<i>sulfazine ec</i>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME</b>		
LOTRONEX	Tier 2	
<b>LAXATIVES</b>		
<i>constulose</i>	Tier 1	
<i>enulose</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
HALFLYTELY BOWEL PREP	Tier 2	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	Tier 2	
KRISTALOSE	Tier 3	
<i>lactulose</i>	Tier 1	
NULYTELY	Tier 3	
NULYTELY/FLAVOR PACKS	Tier 3	
<i>peg 3350/electrolytes</i>	Tier 1	
RELISTOR	Tier 2	
<i>trilyte</i>	Tier 1	
VISICOL	Tier 3	
<b>MISCELLANEOUS</b>		
AMITIZA	Tier 2	
CARAFATE	Tier 2	SUSP
GASTROCROM	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucrafate</i>	Tier 1	
<i>ursodiol</i>	Tier 1	
<b>PANCREATIC ENZYMES</b>		
CREON	Tier 2	
CREON 5	Tier 2	
CREON 10	Tier 2	
CREON 20	Tier 2	
LIPRAM 4500	Tier 2	
LIPRAM-PN10	Tier 2	
LIPRAM-PN16	Tier 2	
LIPRAM-PN20	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
LIPRAM-UL12	Tier 2	
LIPRAM-UL18	Tier 2	
LIPRAM-UL20	Tier 2	
PANCRELIPASE	Tier 2	
PANGESTYME CN 10	Tier 2	
PANGESTYME CN 20	Tier 2	
PANGESTYME EC	Tier 2	
PANGESTYME UL 12	Tier 2	
PANGESTYME UL 18	Tier 2	
PANGESTYME UL 20	Tier 2	
PANOKASE	Tier 2	
PANOKASE-16	Tier 2	
PLARETASE 8000	Tier 2	
ULTRASE	Tier 2	
ULTRASE MT 12	Tier 2	
ULTRASE MT 18	Tier 2	
ULTRASE MT 20	Tier 2	
VIOKASE	Tier 2	
VIOKASE 16	Tier 2	
VIOKASE 8	Tier 2	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>		
PREVPAC	Tier 2	
<b>PROTON PUMP INHIBITORS</b>		
KAPIDEX	Tier 3	QL (90 per 365 days)
NEXIUM	Tier 2	QL (90 days per year)
NEXIUM I.V.	Tier 2	
<i>omeprazole</i>	Tier 1	QL (90 days per year)
<i>pantoprazole sodium</i>	Tier 1	QL (90 days per year)
PREVACID	Tier 2	QL (90 days per year)
PREVACID SOLUTAB	Tier 2	QL (90 days per year)
ZEGERID	Tier 3	QL (90 days per year)
<b>SALIVA STIMULANTS</b>		
EVOXAC	Tier 2	
<i>pilocarpine hcl</i>	Tier 1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
AVODART	Tier 2	
<i>finasteride</i>	Tier 1	
FLOMAX	Tier 2	
UROXATRAL	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
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### **MISCELLANEOUS**

<i>bethanechol chloride</i>	Tier 1	
ELMIRON	Tier 2	
<i>potassium citrate extended-release</i>	Tier 1	
THIOLA	Tier 2	

### **URINARY ANTISPASMODICS**

DETROL	Tier 3	
DETROL LA	Tier 2	
ENABLEX	Tier 2	
<i>oxybutynin chloride</i>	Tier 1	
<i>oxybutynin chloride er</i>	Tier 1	
OXYTROL	Tier 2	
SANCTURA	Tier 2	
SANCTURA XR	Tier 2	
VESICARE	Tier 2	

### **VAGINAL ANTI-INFECTIVES**

CLEOCIN	Tier 2	
<i>clindamycin phosphate</i>	Tier 1	
<i>metronidazole vaginal</i>	Tier 1	
<i>terconazole</i>	Tier 1	
<i>vandazole</i>	Tier 1	
<i>zazole</i>	Tier 1	

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

ARIXTRA	Tier 2	
COUMADIN	Tier 2	
HEPARIN SODIUM inj 2000unit/ml	Tier 2	
<i>heparin sodium inj 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	Tier 1	
<i>jantoven</i>	Tier 1	
LOVENOX	Tier 2	
<i>warfarin sodium</i>	Tier 1	

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP ALBUMIN FREE SURECLICK	Tier 4	PA
ARANESP ALBUMIN FREE inj 25mcg/0.42ml, 25mcg/ml	Tier 2	PA
ARANESP ALBUMIN FREE inj 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/ml, 40mcg/0.4ml, 40mcg/ml, 500mcg/ml, 60mcg/ml	Tier 4	PA
EPOGEN inj 2000unit/ml, 3000unit/ml, 4000unit/ml	Tier 2	PA

Drug	Copayment Plan Tier	Requirements/ Limits
EPOGEN inj 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 4	PA
NEULASTA	Tier 4	PA
NEUPOGEN	Tier 4	PA
PROCRIPT inj 2000unit/ml, 3000unit/ml, 4000unit/ml	Tier 2	PA
PROCRIPT inj 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 4	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	Tier 1	
<i>cilostazol</i>	Tier 1	
CYKLOKAPRON	Tier 2	
<i>pentoxifylline er</i>	Tier 1	
PROMACTA	Tier 4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	Tier 2	
<i>dipyridamole</i>	Tier 1	
PLAVIX	Tier 2	

## IMMUNOLOGIC AGENTS

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

CUPRIMINE	Tier 2	
ENBREL	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
HUMIRA	Tier 4	PA
HUMIRA PEN	Tier 4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	Tier 4	PA
<i>hydroxychloroquine sulfate</i>	Tier 1	
<i>leflunomide</i>	Tier 1	
<i>methotrexate</i>	Tier 1	
REMICADE	Tier 4	PA
RHEUMATREX	Tier 2	
RIDAURA	Tier 2	

### **IMMUNOGLOBULINS**

GAMASTAN S/D	Tier 2	
GAMMAGARD LIQUID	Tier 4	B/D
GAMUNEX	Tier 4	B/D

### **IMMUNOMODULATORS**

ACTIMMUNE	Tier 4	
INFERGEN	Tier 4	PA
INTRON-A	Tier 4	
INTRON-A W/DILUENT	Tier 4	
PEG-INTRON	Tier 4	PA

Drug	Copayment Plan Tier	Requirements/ Limits
PEG-INTRON REDIPEN	Tier 4	PA
PEG-INTRON REDIPEN PAK 4	Tier 4	PA
PEGASYS	Tier 4	PA
REVLIMID	Tier 4	PA, LA
THALOMID	Tier 4	PA
<b>IMMUNOSUPPRESSANTS</b>		
AZASAN	Tier 2	B/D
<i>azathioprine</i>	Tier 1	B/D
CELLCEPT	Tier 2	B/D
<i>cyclosporine</i>	Tier 1	B/D
<i>cyclosporine modified</i>	Tier 1	B/D
<i>engraf</i>	Tier 1	B/D
<i>mycophenolate mofetil</i>	Tier 1	B/D
NEORAL	Tier 2	B/D
PROGRAF	Tier 2	B/D
RAPAMUNE	Tier 2	B/D
SANDIMMUNE	Tier 2	B/D
<i>tacrolimus</i>	Tier 1	B/D
<b>VACCINES</b>		
ACTHIB	Tier 2	
ADACEL	Tier 2	
ATTENUVAX	Tier 2	
BOOSTRIX	Tier 2	
COMVAX	Tier 2	
DAPTACEL	Tier 2	
DECAVAC	Tier 2	B/D
<i>diphtheria/tetanus toxoid pediatric</i>	Tier 1	B/D
ENGERIX-B	Tier 2	B/D
GARDASIL	Tier 2	
HAVRIX	Tier 2	
HIBTITER	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
JE-VAX	Tier 2	
M-M-R II W/DILUENT 10 DOSE	Tier 2	
MENACTRA	Tier 2	
MENOMUNE-A/C/Y/W-135	Tier 2	
MERUVAX II W/DILUENT 10 DOSE	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PROQUAD	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	B/D
ROTATEQ	Tier 2	
TETANUS TOXOID ADSORBED	Tier 2	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	Tier 1	B/D
TRIHIBIT	Tier 2	
TRIPEDIA	Tier 2	
TWINRIX	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
VIVOTIF BERNA	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	

## NUTRITIONAL/SUPPLEMENTS

### **ELECTROLYTES**

<i>ed k+ 10</i>	Tier 1	
<i>kaon-cl-10</i>	Tier 1	
<i>kionex</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con 8</i>	Tier 1	
<i>klor-con m10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>klor-con m20</i>	Tier 1	
<i>klotrix</i>	Tier 1	
<i>potassium chloride</i>	Tier 1	
<i>potassium chloride er</i>	Tier 1	
<i>sodium fluoride</i>	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
<i>sps</i>	Tier 1	

### **IV NUTRITION**

AMINESS	Tier 2	B/D
AMINOSYN	Tier 2	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 2	B/D
<i>aminosyn 8.5%/electrolytes</i>	Tier 1	B/D
AMINOSYN II	Tier 2	B/D
AMINOSYN II 3.5%/DEXTROSE25%	Tier 2	B/D
AMINOSYN II 3.5%/DEXTROSE5%	Tier 2	B/D
AMINOSYN II 3.5/DEXTROSE 25%	Tier 2	B/D
AMINOSYN II 4.25/DEXTROSE10%	Tier 2	B/D
AMINOSYN II 4.25/DEXTROSE20%	Tier 2	B/D

Drug	Copayment Plan Tier	Requirements/ Limits
AMINOSYN II 4.25/DEXTROSE25%	Tier 2	B/D
AMINOSYN II 5/DEXTROSE 25	Tier 2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	Tier 1	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	Tier 2	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	Tier 2	B/D
AMINOSYN M	Tier 2	B/D
AMINOSYN-HBC	Tier 2	B/D
<i>aminosyn-hf</i>	Tier 1	B/D
AMINOSYN-PF	Tier 2	B/D
AMINOSYN-PF 7%	Tier 2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 2	B/D
<i>clinimix 4.25%/dextrose 10%</i>	Tier 1	B/D
<i>clinimix 4.25%/dextrose 20%</i>	Tier 1	B/D
<i>clinimix 4.25%/dextrose 25%</i>	Tier 1	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	Tier 2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	Tier 2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	Tier 2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 15%	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 20%	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 25%	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 35%	Tier 2	B/D
<i>clinisol sf 15%</i>	Tier 1	B/D
FREAMINE HBC 6.9%	Tier 2	B/D
<i>freamine iii</i>	Tier 1	B/D
FREAMINE III 3%	Tier 2	B/D
<i>hepatamine</i>	Tier 1	B/D
HEPATASOL	Tier 2	B/D
<i>intralipid 20%</i>	Tier 1	B/D
INTRALIPID inj 1.7%; 30%	Tier 2	B/D
<i>intralipid inj 2.25%; 10%, 2.25%; 20%</i>	Tier 1	B/D
NEPHRAMINE	Tier 2	B/D
<i>novamine</i>	Tier 1	B/D

Drug	Copayment Plan Tier	Requirements/ Limits
PREMASOL inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	Tier 2	B/D
<i>premasol</i> inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	Tier 1	B/D
PROCALAMINE	Tier 2	B/D
PROSOL	Tier 2	B/D
RENAMIN	Tier 2	B/D
TRAVASOL	Tier 2	B/D
TRAVASOL 2.75%/DEXTROSE 10%	Tier 2	B/D
TRAVASOL 2.75%/DEXTROSE 5%	Tier 2	B/D
<i>travasol 3.5%/electrolytes</i>	Tier 1	B/D
TRAVASOL 4.25%/DEXTROSE 10%	Tier 2	B/D
TRAVASOL 4.25%/DEXTROSE 25%	Tier 2	B/D
TRAVASOL 5.5%/DEXTROSE 10%	Tier 2	B/D
TRAVASOL 5.5%/DEXTROSE 20%	Tier 2	B/D
TRAVASOL 5.5%/ELECTROLYTES	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 10%	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 20%	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 50%	Tier 2	B/D
<i>travasol 8.5%/electrolytes</i>	Tier 1	B/D
TROPHAMINE	Tier 2	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>alcohol 5%/dextrose 5%</i>	Tier 1	
<i>dextrose 10%/nacl 0.45%</i>	Tier 1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	Tier 2	
<i>dextrose 5% /electrolyte #75 viaflex</i>	Tier 1	
<i>dextrose 10% flex container</i>	Tier 1	
<i>dextrose 10%/nacl 0.2%</i>	Tier 1	
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5%</i>	Tier 1	
<i>dextrose 5%/lactated ringers</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>dextrose 5%/nacl 0.2%</i>	Tier 1	
<i>dextrose 5%/nacl 0.225%</i>	Tier 1	
<i>dextrose 5%/nacl 0.33%</i>	Tier 1	
<i>dextrose 5%/nacl 0.45%</i>	Tier 1	
<i>dextrose 5%/nacl 0.9%</i>	Tier 1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	Tier 2	
<i>dextrose 5%/potassium chloride 0.15%</i>	Tier 1	
<i>dextrose 5%/sodium chloride 0.2%</i>	Tier 1	
<i>dextrose 5%/sodium chloride 0.33%</i>	Tier 1	
<i>dextrose 5%/sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5%/sodium chloride 0.9%</i>	Tier 1	
IONOSOL-B/DEXTROSE 5%	Tier 2	
IONOSOL-MB/DEXTROSE 5%	Tier 2	
IONOSOL-T/DEXTROSE 5%	Tier 2	
ISOLYTE-H/DEXTROSE 5%	Tier 2	
<i>isolyte-m/dextrose 5%</i>	Tier 1	
ISOLYTE-P/DEXTROSE 5%	Tier 2	
ISOLYTE-S	Tier 2	
ISOLYTE-S PH 7.4	Tier 2	
ISOLYTE-S/DEXTROSE 5%	Tier 2	
<i>kcl 0.075%/d5w/nacl 0.2%</i>	Tier 1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 1	
KCL 0.15%/D10W/NACL 0.2%	Tier 2	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	Tier 1	
KCL 0.15%/D5W/LR	Tier 2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 1	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	Tier 1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	Tier 1	
KCL 0.3%/D5W/LR	Tier 2	
KCL 0.3%/D5W/LR IV LAC RING	Tier 2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	Tier 1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 1	
KCL 0.3%/D5W/NACL 0.9%	Tier 2	
<i>lactated ringers dextrose 5% viaflex</i>	Tier 1	
<i>lactated ringers viaflex</i>	Tier 1	
MAGNESIUM SULFATE IN D5W	Tier 2	
<i>normosol -r</i>	Tier 1	
<i>normosol-m in d5w</i>	Tier 1	
NORMOSOL-R	Tier 2	
<i>normosol-r in d5w</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
PLASMA-LYTE 56	Tier 2	
PLASMA-LYTE A	Tier 2	
PLASMA-LYTE-148	Tier 2	
PLASMA-LYTE-148/D5W	Tier 2	
PLASMA-LYTE-56/D5W	Tier 2	
<i>plasma-lyte-r</i>	Tier 1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	Tier 1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	Tier 2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	Tier 1	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i> <i>viaflex</i>	Tier 1	
<i>potassium chloride 0.15% nacl 0.9%</i>	Tier 1	
<i>potassium chloride 0.15%/d5w</i>	Tier 1	
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	Tier 2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	Tier 1	
<i>potassium chloride 0.224%/d5w</i>	Tier 1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	Tier 1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	Tier 1	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	Tier 2	
<i>potassium chloride 0.3%/d5w</i>	Tier 1	
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	Tier 1	
POTASSIUM CHLORIDE inj 20meq/50ml	Tier 2	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	Tier 1	
<i>ringers injection</i>	Tier 1	
<i>sodium chloride</i>	Tier 1	
<i>sodium chloride 0.45% viaflex</i>	Tier 1	
<b>VITAMINS</b>		
<i>calcitriol caps, oral soln</i>	Tier 1	
CALCITRIOL inj 2mcg/ml	Tier 2	
<i>calcitriol inj 1mcg/ml</i>	Tier 1	
HECTOROL	Tier 2	
<i>prenatal rx 1</i>	Tier 1	

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	Tier 2	QL (2 inhalers per 25 days)
<i>ipratropium bromide/albuterol sulfate</i>	Tier 1	QL (540 per 25 days), B/D

Drug	Copayment Plan Tier	Requirements/ Limits
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	Tier 2	QL (2 inhalers per 25 days)
<i>ipratropium bromide</i> nasal soln	Tier 1	
<i>ipratropium bromide</i> inhalation soln	Tier 1	QL (315 per 25 days), B/D
SPIRIVA HANDHALER	Tier 2	QL (30 per 25 days)
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
ALLEGRA-D 12 HOUR	Tier 3	
ALLEGRA-D 24 HOUR	Tier 3	
<i>promethazine vc</i>	Tier 1	
<b>ANTI-HISTAMINES, LOW/NONSEDATING</b>		
ASTELIN	Tier 2	QL (2 inhalers per 25 days)
ASTEPRO	Tier 2	QL (2 inhalers per 25 days)
CLARINEX	Tier 3	
CLARINEX REDITABS	Tier 3	
<i>fexofenadine hcl</i>	Tier 1	
XYZAL	Tier 3	
<b>ANTI-HISTAMINES, SEDATING</b>		
<i>clemastine fumarate</i>	Tier 1	
<i>cyproheptadine hcl</i>	Tier 1	
<i>diphenhydramine hcl</i>	Tier 1	
<i>hydroxyzine hcl</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate er</i>	Tier 1	
<i>albuterol sulfate</i> syrup, tabs	Tier 1	
<i>albuterol sulfate</i> nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml	Tier 1	QL (300 per 25 days), B/D
<i>albuterol sulfate</i> nebu 0.5%	Tier 1	QL (60 per 25 days), B/D
FORADIL AEROLIZER	Tier 2	QL (60 per 25 days)
MAXAIR AUTOHALER	Tier 3	QL (1 inhaler per 25 days)
PROAIR HFA	Tier 2	QL (2 inhalers per 25 days)
PROVENTIL HFA	Tier 2	QL (2 inhalers per 25 days)
SEREVENT DISKUS	Tier 2	QL (1 inhaler per 25 days)
<i>terbutaline sulfate</i>	Tier 1	
XOPENEX	Tier 2	QL (288 per 25 days) B/D
XOPENEX CONCENTRATE	Tier 2	QL (216 per 25 days) B/D
XOPENEX HFA	Tier 2	QL (2 inhalers per 25 days)

Drug	Copayment Plan Tier	Requirements/ Limits
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	Tier 3	
SINGULAIR	Tier 2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	Tier 1	QL (240 per 25 days) B/D
INTAL INHALER	Tier 2	QL (2 inhalers per 25 days)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	Tier 1	B/D
ARALAST	Tier 4	
EPIPEN 2-PAK	Tier 2	
EPIPEN-JR 2-PAK	Tier 2	
PULMOZYME	Tier 4	B/D
TOBI	Tier 4	B/D
TYZINE	Tier 2	
TYZINE PEDIATRIC NASAL DROPS	Tier 2	
XOLAIR	Tier 4	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	Tier 1	QL (2 inhalers per 25 days)
<i>fluticasone propionate</i>	Tier 1	QL (1 inhaler per 25 days)
NASACORT AQ	Tier 2	QL (1 inhaler per 25 days)
NASONEX	Tier 2	QL (2 inhalers per 25 days)
RHINOCORT AQUA	Tier 3	QL (2 inhalers per 25 days)
<b>STEROID INHALANTS</b>		
ASMANEX 120 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 14 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 30 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 60 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
AZMACORT	Tier 2	QL (2 inhalers per 25 days)
FLOVENT DISKUS	Tier 2	QL (120 per 25 days)
FLOVENT HFA	Tier 2	QL (2 inhalers per 25 days)
PULMICORT susp 0.25mg/2ml, 0.5mg/2ml	Tier 3	QL (120 per 25 days) B/D
PULMICORT susp 1mg/2ml	Tier 3	QL (60 per 25 days) B/D
QVAR	Tier 2	QL (3 inhalers per 25 days)

Drug	Copayment Plan Tier	Requirements/ Limits
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### **STEROID/BETA-AGONIST COMBINATIONS**

ADVAIR DISKUS	Tier 2	QL (60 per 25 days)
ADVAIR HFA	Tier 2	QL (1 inhaler per 25 days)
PULMICORT FLEXHALER aepb 180mcg/act	Tier 3	QL (2 inhalers per 25 days)
PULMICORT FLEXHALER aepb 90mcg/act	Tier 3	QL (4 inhalers per 25 days)
SYMBICORT	Tier 2	QL (1 inhaler per 25 days)

### **XANTHINES**

<i>aminophylline</i>	Tier 1	
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theochron</i>	Tier 1	
<i>theophylline</i>	Tier 1	
<i>theophylline er</i>	Tier 1	

## **TOPICAL**

### **DERMATOLOGY, ACNE**

<i>amnesteem</i>	Tier 1	
<i>avita</i>	Tier 1	PA
AZELEX	Tier 2	
BENZACLIN	Tier 3	
<i>claravis</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
DIFFERIN	Tier 2	PA
<i>ery</i>	Tier 1	
<i>eryderm</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin/benzoyl peroxide</i>	Tier 1	
RETIN-A MICRO	Tier 3	PA
<i>sodium sulfacetamide</i>	Tier 1	
<i>sotret</i>	Tier 1	
<i>tretinoin</i>	Tier 1	PA CREAM, GEL

### **DERMATOLOGY, ACTINIC KERATOSIS**

CARAC	Tier 2	
FLUOROPLEX	Tier 2	
<i>fluorouracil</i>	Tier 1	
SOLARAZE	Tier 2	

### **DERMATOLOGY, ANTIBIOTICS**

ALTABAX	Tier 2	
BACTROBAN	Tier 2	
<i>gentamicin sulfate</i>	Tier 1	
<i>mupirocin</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>silver sulfadiazine</i>	Tier 1	
<i>ssd</i>	Tier 1	
<i>ssd af</i>	Tier 1	
<i>thermazene</i>	Tier 1	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel, susp</i>	Tier 1	
<i>ciclopirox crea</i>	Tier 1	CREAM
<i>clotrimazole</i>	Tier 1	
<i>econazole nitrate</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
LOPROX SHAMPOO	Tier 2	
MENTAX	Tier 3	
<i>nystatin</i>	Tier 1	
<i>nystop</i>	Tier 1	
OXISTAT	Tier 3	
<i>pedi-dri</i>	Tier 1	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>proctosol hc</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	
ZONALON	Tier 2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene</i>	Tier 1	
DOVONEX	Tier 2	CREAM
OXSORALEN ULTRA	Tier 2	
SORIATANE CK	Tier 3	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole</i>	Tier 1	
<i>selenium sulfide</i>	Tier 1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	Tier 2	
ZOVIRAX	Tier 2	CREAM, OINT
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	Tier 1	
<i>alclometasone dipropionate</i>	Tier 1	
<i>augmented betamethasone dipropionate</i>	Tier 1	
<i>beta-val</i>	Tier 1	
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>clobetasol propionate</i>	Tier 1	
<i>clobetasol propionate e</i>	Tier 1	
<i>clobetasol propionate emollient</i>	Tier 1	
CORDRAN	Tier 3	

Drug	Copayment Plan Tier	Requirements/ Limits
CORDRAN TAPE	Tier 3	
<i>del-beta</i>	Tier 1	
DERMA-SMOOTH/FS SCALP OIL	Tier 2	
<i>desonide</i>	Tier 1	
DESOWEN	Tier 2	
<i>desoximetasone</i>	Tier 1	
<i>diflorasone diacetate</i>	Tier 1	
<i>fluocinolone acetonide</i>	Tier 1	
<i>fluocinonide</i>	Tier 1	
<i>fluocinonide-e</i>	Tier 1	
<i>fluticasone propionate</i>	Tier 1	
<i>halobetasol propionate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
KENALOG	Tier 2	SPRAY
LOCOID LIPOCREAM	Tier 3	
LUXIQ	Tier 3	
<i>mometasone furoate</i>	Tier 1	
OLUX-E	Tier 3	
TEXACORT soln 2.5%	Tier 2	
<i>texacort soln 1%</i>	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
<i>triderm</i>	Tier 1	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	Tier 2	ST
PROTOPIC	Tier 2	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i>	Tier 1	
<i>lidocaine/prilocaine</i>	Tier 1	
LIDODERM	Tier 2	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALDARA	Tier 3	
<i>ammonium lactate</i>	Tier 1	
CONDYLOX	Tier 3	GEL
<i>laclotion</i>	Tier 1	
PANRETIN	Tier 4	
<i>podofilox</i>	Tier 1	
TARGRETIN	Tier 4	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	Tier 3	
METROGEL	Tier 2	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>metronidazole</i>	Tier 1	
ORACEA	Tier 2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>acticin</i>	Tier 1	
EURAX	Tier 2	
OVIDE	Tier 2	
<i>permethrin</i>	Tier 1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	Tier 4	PA
SANTYL	Tier 2	
<i>sodium chloride 0.9%</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>lidomar viscous</i>	Tier 1	
<i>nystatin</i>	Tier 1	
<i>triamcinolone in orabase</i>	Tier 1	
<b>OPHTHALMIC</b>		
<i>acetazolamide</i>	Tier 1	
ACULAR	Tier 3	
ACULAR LS	Tier 3	
ACULAR PF	Tier 3	
<i>ak-poly-bac</i>	Tier 1	
<i>ak-tob</i>	Tier 1	
ALOCRIL	Tier 3	
ALOMIDE	Tier 3	
ALPHAGAN P	Tier 2	
ALREX	Tier 2	
AZOPT	Tier 2	
<i>bacitracin</i>	Tier 1	
<i>bacitracin /neomycin /polymyxin</i>	Tier 1	
<i>bacitracin/polymyxin b</i>	Tier 1	
BETIMOL	Tier 3	
BETOPTIC-S	Tier 2	
BLEPHAMIDE S.O.P.	Tier 2	
<i>brimonidine tartrate</i>	Tier 1	
CILOXAN	Tier 2	OINT
<i>ciprofloxacin hcl</i>	Tier 1	
COMBIGAN	Tier 2	
<i>cromolyn sodium</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>dexasporin</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<i>dorzolamide hcl</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
<i>dorzolamide hcl/timolol maleate</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>fluor-op</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
FML	Tier 2	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate</i>	Tier 1	
LACRISERT	Tier 2	
<i>levobunolol hcl</i>	Tier 1	
LOTEMAX	Tier 3	
LUMIGAN	Tier 2	
<i>methazolamide</i>	Tier 1	
<i>metipranolol</i>	Tier 1	
NATACYN	Tier 2	
<i>neo /poly /bac /hc</i>	Tier 1	
<i>neomycin /polymyxin /dexamethasone</i>	Tier 1	
<i>neomycin /polymyxin /gramicidin</i>	Tier 1	
<i>neomycin /polymyxin /hydrocortisone</i>	Tier 1	
<i>ocusulf-10</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
OPTIVAR	Tier 3	
PATADAY	Tier 2	
PATANOL	Tier 2	
PILOPINE HS	Tier 2	
<i>poly-dex</i>	Tier 1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	Tier 1	
PRED MILD	Tier 3	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
QUIXIN	Tier 3	
RESTASIS	Tier 2	
<i>romycin</i>	Tier 1	
<i>sulfacetamide sodium</i>	Tier 1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
TOBRADEX	Tier 3	OINT
<i>tobramycin /dexamethasone</i>	Tier 1	
<i>tobramycin sulfate</i>	Tier 1	
TOBEX	Tier 2	OINT
TRAVATAN	Tier 2	
TRAVATAN Z	Tier 2	
<i>trifluridine</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/ Limits
VIGAMOX	Tier 2	
XALATAN	Tier 3	
XIBROM	Tier 2	
ZYMAR	Tier 3	
<b>OTIC</b>		
<i>acetasol hc</i>	Tier 1	
<i>acetic acid</i>	Tier 1	
<i>acetic acid/hydrocortisone</i>	Tier 1	
<i>borofair</i>	Tier 1	
CIPRO HC	Tier 3	
CIPRODEX	Tier 3	
<i>cortomycin</i>	Tier 1	
DERMOTIC	Tier 2	
<i>neomycin /polymyxin /hydrocortisone</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<i>oticin hc</i>	Tier 1	

ABILIFY .....	22	ALLEGRA-D 24 HOUR .....	43
ABILIFY DISCMELT .....	22	allopurinol.....	7
acarbose.....	25	allopurinol sodium.....	7
ACCOLATE .....	44	ALOCRIL.....	48
ACEON .....	16	ALOMIDE .....	48
acetaminophen/codeine .....	7	ALORA.....	29
acetazolamide .....	48	ALPHAGAN P .....	48
acetic acid .....	50	ALREX .....	48
acetic acid/hydrocortisone.....	50	ALTABAX .....	45
acetylcysteine .....	44	ALTOPREV.....	17
ACTHIB .....	37	amantadine hcl.....	22
acticin.....	48	a-methapred .....	30
ACTIMMUNE.....	36	amifostine.....	15
ACTONEL .....	27	amiloride /hydrochlorothiazide.....	19
ACTOPLUS MET .....	25	amiloride hcl .....	19
ACTOS .....	25	AMINESS .....	38
ACULAR.....	48	aminophylline .....	45
ACULAR LS .....	48	AMINOSYN.....	38
ACULAR PF.....	48	AMINOSYN 7%/ELECTROLYTES .....	38
acyclovir.....	11	aminosyn 8.5%/electrolytes .....	38
acyclovir sodium.....	11	AMINOSYN II .....	38
ADACEL.....	37	AMINOSYN II 3.5%/DEXTROSE25% .....	38
ADAGEN .....	29	AMINOSYN II 3.5%/DEXTROSE5% .....	38
ADDERALL XR .....	23	AMINOSYN II 3.5/DEXTROSE 25% .....	38
adriamycin.....	13	AMINOSYN II 4.25/DEXTROSE10%.....	38
ADVAIR DISKUS .....	45	AMINOSYN II 4.25/DEXTROSE20%.....	38
ADVAIR HFA.....	45	AMINOSYN II 4.25/DEXTROSE25%.....	39
ADVICOR .....	17	AMINOSYN II 5/DEXTROSE 25 .....	39
afeditab cr .....	18	aminosyn ii 8.5%/electrolytes.....	39
AFINITOR .....	14	AMINOSYN II M 3.5%/DEXTROSE 5% .....	39
AGGRENEX .....	36	AMINOSYN II M 4.25/DEXTROSE 10% .....	39
a-hydrocort.....	30	AMINOSYN M .....	39
ak-poly-bac.....	48	AMINOSYN-HBC.....	39
ak-tob.....	48	aminosyn-hf.....	39
ala-cort .....	46	AMINOSYN-PF .....	39
ALBENZA .....	12	AMINOSYN-PF 7%.....	39
albuterol sulfate.....	43	amiodarone hcl.....	17
albuterol sulfate er.....	43	AMITIZA .....	33
alclometasone dipropionate .....	46	amitriptyline hcl.....	21
alcohol 5%/dextrose 5%.....	40	amlodipine besylate .....	18
ALCOHOL PREPS .....	25	amlodipine besylate/benazepril	
ALDACTAZIDE .....	19	hydrochloride .....	15
ALDARA.....	47	ammonium lactate .....	47
ALDURAZYME .....	29	amnesteem.....	45
alendronate sodium.....	27	amoxapine.....	21
ALIMTA .....	13	amoxicillin .....	8
ALINIA .....	12	amoxicillin/potassium clavulanate .....	8
ALKERAN .....	12	amoxil.....	8
ALLEGRA-D 12 HOUR .....	43	amphotericin b .....	10
		ampicillin .....	8

ampicillin sodium.....	8	AVINZA.....	7
anagrelide hydrochloride.....	36	avita.....	45
ANCOBON.....	10	AVODART.....	34
ANDRODERM.....	25	AVONEX.....	24
ANDROGEL.....	25	AZASAN.....	37
ANDROGEL PUMP.....	25	azathioprine.....	37
ANTABUSE.....	25	AZELEX.....	45
ANTIVERT.....	32	AZILECT.....	22
APIDRA.....	25	azithromycin.....	8
APIDRA SOLOSTAR.....	25	AZMACORT.....	44
APOKYN.....	22	AZOPT.....	48
apri.....	27	bacitracin.....	48
APTIVUS.....	10	bacitracin /neomycin /polymyxin.....	48
ARALAST.....	44	bacitracin/polymyxin b.....	48
aranelle.....	27	baclofen.....	24
ARANESP ALBUMIN FREE.....	35	BACTROBAN.....	45
ARANESP ALBUMIN FREE SURECLICK.....	35	BANZEL.....	20
ARICEPT.....	21	BARACLUDE.....	11
ARICEPT ODT.....	21	BD INSULIN SYRINGE SAFETYGLIDE/ 1ML/29G X 1/2".....	25
ARIMIDEX.....	14	BD INSULIN SYRINGE ULTRAFINE/ 0.3ML/31G X 5/16".....	25
ARIXTRA.....	35	BD INSULIN SYRINGE ULTRAFINE/ 0.5ML/30G X 1/2".....	26
AROMASIN.....	14	BD INSULIN SYRINGE ULTRAFINE/ 1ML/31G X 5/16".....	26
ASACOL.....	32	BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM.....	26
ASMANEX 120 METERED DOSES.....	44	benazepril hcl.....	16
ASMANEX 14 METERED DOSES.....	44	benazepril hcl/hydrochlorothiazide.....	15
ASMANEX 30 METERED DOSES.....	44	BENICAR.....	16
ASMANEX 60 METERED DOSES.....	44	BENICAR HCT.....	16
ASTELIN.....	43	BENZAFLIN.....	45
ASTEPRO.....	43	benztropine mesylate.....	22
ATACAND.....	16	betamethasone dipropionate.....	46
ATACAND HCT.....	16	betamethasone valerate.....	46
atamet.....	22	BETASERON.....	24
atenolol.....	18	beta-val.....	46
atenolol/chlorthalidone.....	18	bethanechol chloride.....	35
ATRIPLA.....	10	BETIMOL.....	48
ATROVENT HFA.....	43	BETOPTIC-S.....	48
ATTENUVAX.....	37	bicalutamide.....	14
augmented betamethasone dipropionate.....	46	BICILLIN C-R.....	8
AUGMENTIN.....	8	BICILLIN L-A.....	8
AUGMENTIN XR.....	8	BICNU.....	12
AVALIDE.....	16	BIDIL.....	19
AVANDAMET.....	25	bisoprolol fumarate.....	18
AVANDARYL.....	25	bisoprolol fumarate/hydrochlorothiazide... ..	18
AVANDIA.....	25	bleomycin sulfate.....	13
AVAPRO.....	16	BLEPHAMIDE S.O.P.....	48
AVASTIN.....	14		
AVELOX.....	8		
AVELOX ABC PACK.....	8		
aviane.....	28		

BONIVA .....	27	CEFAZOLIN SODIUM.....	8
BOOSTRIX .....	37	cefdinir .....	8
borofair .....	50	cefepime.....	9
brimonidine tartrate .....	48	cefoxitin sodium .....	9
bromocriptine mesylate .....	22	cefpodoxime proxetil .....	9
budeprion sr .....	21	cefprozil .....	9
budeprion xl.....	21	ceftriaxone sodium.....	9
bumetanide.....	19	cefuroxime axetil .....	9
BUPHENYL .....	29	cefuroxime sodium.....	9
buproban .....	25	cefuroxime/dextrose .....	9
bupropion hcl .....	21	CELEBREX.....	7
bupirone hcl .....	20	CELLCEPT .....	37
BUSULFEX .....	12	CELONTIN.....	20
BYETTA .....	26	CENESTIN.....	29
BYSTOLIC .....	18	cephalexin .....	9
cabergoline .....	31	CEREZYME .....	29
CADUET.....	18	cesia .....	28
calcipotriene .....	46	CHANTIX .....	25
calcitonin-salmon.....	27	chloroquine phosphate.....	10
calcitriol .....	42	chlorpromazine hcl .....	22
camila .....	28	chlorthalidone .....	19
CAMPATH .....	14	chlorzoxazone .....	24
CAMPRAL .....	25	cholestyramine .....	17
CAMPTOSAR.....	15	cholestyramine light .....	17
CANASA .....	32	chorionic gonadotropin .....	31
CANCIDAS .....	10	ciclopirox .....	46
captopril .....	16	cilostazol .....	36
captopril /hydrochlorothiazide.....	15	CILOXAN .....	48
CARAC .....	45	cimetidine.....	32
CARAFATE .....	33	cimetidine hcl .....	32
carbamazepine .....	20	CIMZIA.....	32
carbamazepine er .....	20	CIPRO .....	9
CARBATROL .....	20	CIPRO HC .....	50
carbidopa/levodopa.....	22	CIPRODEX .....	50
carbidopa/levodopa er .....	22	ciprofloxacin.....	9
carbidopa/levodopa odt .....	22	ciprofloxacin er.....	9
carboplatin.....	15	ciprofloxacin hcl.....	9
CARDIZEM CD .....	18	ciprofloxacin hcl.....	48
CARDIZEM LA.....	18	ciprofloxacin i.v.-in d5w .....	9
carisoprodol .....	24	cisplatin.....	15
cartia xt .....	18	citalopram hydrobromide .....	21
carvedilol.....	18	cladribine.....	15
CASODEX .....	14	claravis .....	45
CATAPRES-TTS-1 .....	16	CLARINEX.....	43
CATAPRES-TTS-2.....	16	CLARINEX REDITABS.....	43
CATAPRES-TTS-3.....	16	clarithromycin .....	9
CEDAX .....	8	clarithromycin er.....	9
CEENU .....	12	clemastine fumarate.....	43
cefaclor .....	8	CLEOCIN .....	12
cefadroxil.....	8	CLEOCIN .....	35

CLEOCIN PEDIATRIC GRANULES .....	12	COREG CR .....	18
CLIMARA PRO .....	29	CORTIFOAM .....	33
clindamycin hcl .....	12	cortomycin .....	50
clindamycin phosphate .....	12	COSMEGEN .....	13
clindamycin phosphate .....	35	COUMADIN .....	35
clindamycin phosphate .....	45	COZAAR .....	16
CLINIMIX 2.75%/DEXTROSE 5% .....	39	CREON .....	33
clinimix 4.25%/dextrose 10% .....	39	CREON 5 .....	33
clinimix 4.25%/dextrose 20% .....	39	CREON 10 .....	33
clinimix 4.25%/dextrose 25% .....	39	CREON 20 .....	33
CLINIMIX 4.25%/DEXTROSE 5% .....	39	CRESTOR .....	17
CLINIMIX 5%/DEXTROSE 15% .....	39	CRIXIVAN .....	10
CLINIMIX 5%/DEXTROSE 20% .....	39	cromolyn sodium .....	44
CLINIMIX 5%/DEXTROSE 25% .....	39	cromolyn sodium .....	48
CLINIMIX E 2.75%/DEXTROSE 10% .....	39	cryselle-28 .....	28
CLINIMIX E 2.75%/DEXTROSE 5% .....	39	CUBICIN .....	12
CLINIMIX E 4.25%/DEXTROSE 25% .....	39	CUPRIMINE .....	36
CLINIMIX E 4.25%/DEXTROSE 5% .....	39	CURITY GAUZE PADS 2"X2" .....	26
CLINIMIX E 5%/DEXTROSE 15% .....	39	cyclobenzaprine hcl .....	24
CLINIMIX E 5%/DEXTROSE 20% .....	39	cyclophosphamide .....	12
CLINIMIX E 5%/DEXTROSE 25% .....	39	cyclosporine .....	37
CLINIMIX E 5%/DEXTROSE 35% .....	39	cyclosporine modified .....	37
clinisol sf 15% .....	39	CYKLOKAPRON .....	36
clobetasol propionate .....	46	CYMBALTA .....	21
clobetasol propionate e .....	46	cyproheptadine hcl .....	43
clobetasol propionate emollient .....	46	CYSTADANE .....	29
clomipramine hcl .....	21	CYSTAGON .....	29
clonidine hcl .....	16	cytarabine .....	13
clotrimazole .....	10	CYTOVENE .....	11
clotrimazole .....	46	dacarbazine .....	12
clozapine .....	22	danazol .....	29
COGENTIN .....	22	dantrolene sodium .....	25
co-gesic .....	7	dapsone .....	12
colestipol hcl .....	17	DAPTACEL .....	37
colestipol hcl for oral suspension .....	17	DARAPRIM .....	10
colistimethate sodium .....	11	DAUNORUBICIN HCL .....	13
colocort .....	32	DAUNOXOME .....	13
COMBIGAN .....	48	DECAVAC .....	37
COMBIPATCH .....	29	del-beta .....	47
COMBIVENT .....	42	DEMADEX .....	19
COMBIVIR .....	10	DENAVIR .....	46
compro .....	32	depade .....	25
COMTAN .....	22	DEPO-PROVERA .....	14
COMVAX .....	37	DEPO-PROVERA CONTRACEPTIVE .....	28
CONCERTA .....	23	DERMA-SMOOTH/FS SCALP OIL .....	47
CONDYLOX .....	47	DERMOTIC .....	50
constulose .....	33	desipramine hcl .....	21
COPAXONE .....	24	desmopressin acetate .....	31
CORDRAN .....	46	desonide .....	47
CORDRAN TAPE .....	47	DESOWEN .....	47

desoximetasone.....	47	DILANTIN .....	20
DETROL.....	35	DILANTIN INFATABS .....	20
DETROL LA .....	35	DILAUDID-5 .....	7
dexamethasone .....	30	dilt-cd .....	18
dexamethasone intensol .....	30	diltiazem cd .....	18
dexamethasone sodium phosphate.....	30	diltiazem hcl.....	18
dexamethasone sodium phosphate.....	48	diltiazem hcl er.....	18
dexasporin.....	48	dilt-xr.....	18
DEXPAK 13 DAY.....	30	DIOVAN.....	16
dexrazoxane .....	15	DIOVAN HCT .....	16
dextroamphetamine sulfate .....	23	DIPENTUM .....	33
dextroamphetamine sulfate cr .....	23	diphenhydramine hcl .....	43
dextrose 10%/nacl 0.45%.....	40	diphenoxylate/atropine .....	31
DEXTROSE 5% /ELECTROLYTE #48		diphtheria/tetanus toxoid pediatric .....	37
VIAFLEX .....	40	dipyridamole .....	36
dextrose 5% /electrolyte #75 viaflex .....	40	disopyramide phosphate .....	17
dextrose 10% flex container .....	40	disopyramide phosphate er .....	17
dextrose 10%/nacl 0.2% .....	40	divalproex sodium.....	20
dextrose 2.5%/nacl 0.45%.....	40	dorzolamide hcl .....	48
dextrose 2.5%/sodium chloride 0.45% ...	40	dorzolamide hcl/timolol maleate.....	49
dextrose 5% .....	40	DOVONEX .....	46
dextrose 5%/lactated ringers.....	40	doxazosin mesylate.....	16
dextrose 5%/nacl 0.2% .....	41	doxepin hcl .....	21
dextrose 5%/nacl 0.225%.....	41	DOXIL .....	13
dextrose 5%/nacl 0.33% .....	41	doxorubicin hcl .....	13
dextrose 5%/nacl 0.45% .....	41	doxy-caps.....	9
dextrose 5%/nacl 0.9% .....	41	doxycycline hyclate .....	9
DEXTROSE 5%/POTASSIUM		doxycycline monohydrate.....	9
CHLORIDE 0.075% .....	41	dronabinol .....	32
dextrose 5%/potassium chloride 0.15% ...	41	DROXIA.....	14
dextrose 5%/sodium chloride 0.2% .....	41	DUETACT .....	26
dextrose 5%/sodium chloride 0.33% .....	41	e.e.s. 200 .....	9
dextrose 5%/sodium chloride 0.45% .....	41	e.e.s. 400 .....	9
dextrose 5%/sodium chloride 0.9% .....	41	econazole nitrate .....	46
dextrostat.....	23	ed k+10 .....	38
diclofenac sodium .....	7	EFFEXOR XR.....	21
diclofenac sodium .....	48	ELAPRASE.....	29
diclofenac sodium dr .....	7	ELIDEL .....	47
diclofenac sodium ec .....	7	ELITEK .....	15
diclofenac sodium er .....	7	ELIXOPHYLLIN.....	45
diclofenac sodium xr .....	7	ELLENCE.....	13
dicloxacillin sodium .....	9	ELMIRON .....	35
dicyclomine hcl.....	32	ELOXATIN.....	15
didanosine .....	10	ELSPAR .....	14
DIFFERIN.....	45	EMCYT.....	12
diflorasone diacetate .....	47	EMEND .....	32
diflunisal.....	7	EMSAM.....	21
digitek.....	19	EMTRIVA .....	10
digoxin .....	19	ENABLEX .....	35
dihydroergotamine mesylate .....	24	enalapril maleate .....	16

enalapril maleate/hydrochlorothiazide .....	15	famotidine premixed .....	32
ENBREL .....	36	FARESTON .....	14
ENBREL SURECLICK .....	36	FASLODEX .....	14
endocet .....	7	FAZACLO .....	22
ENGERIX-B .....	37	FELBATOL .....	20
enpresse-28 .....	28	felodipine er .....	18
ENTOCORT EC .....	33	FEMARA .....	14
enulose .....	33	FEMHRT 1/5 .....	29
EPIPEN 2-PAK .....	44	FEMHRT LOW DOSE .....	29
EPIPEN-JR 2-PAK .....	44	FEMRING .....	30
epirubicin hcl .....	13	fenofibrate .....	17
epitol .....	20	fenofibrate micronized .....	17
EPIVIR .....	10	fentanyl .....	7
EPIVIR HBV .....	11	fexofenadine hcl .....	43
eplerenone .....	16	FINACEA .....	47
EPOGEN .....	35	finasteride .....	34
EPZICOM .....	10	flecainide acetate .....	17
ergotamine tartrate/caffeine .....	24	FLOMAX .....	34
errin .....	28	FLOVENT DISKUS .....	44
ery .....	45	FLOVENT HFA .....	44
eryderm .....	45	fluconazole .....	10
ERYPED .....	9	fluconazole in dextrose .....	10
ERYTHROCIN LACTOBIONATE .....	9	fluconazole in nacl .....	10
erythrocin stearate .....	9	fludarabine phosphate .....	15
erythromycin .....	9	fludrocortisone acetate .....	30
erythromycin .....	45	flunisolide .....	44
erythromycin .....	49	fluocinolone acetonide .....	47
erythromycin /sulfisoxazole .....	12	fluocinonide .....	47
erythromycin ethylsuccinate .....	9	fluocinonide-e .....	47
erythromycin/benzoyl peroxide .....	45	fluorometholone .....	49
ESTRACE .....	29	fluor-op .....	49
ESTRADERM .....	29	FLUOROPLEX .....	45
estradiol .....	29	FLUOROURACIL .....	13
ESTRING .....	30	fluorouracil .....	45
estropipate .....	30	fluoxetine hcl .....	21
ethambutol hcl .....	11	fluphenazine decanoate .....	23
ethosuximide .....	20	fluphenazine hcl .....	23
etodolac .....	8	flutamide .....	14
etodolac er .....	8	fluticasone propionate .....	44
etoposide .....	15	fluticasone propionate .....	47
EURAX .....	48	fluvoxamine maleate .....	20
EVISTA .....	31	FML .....	49
EVOXAC .....	34	FORADIL AEROLIZER .....	43
EXELON .....	21	FORTEO .....	31
EXFORGE .....	16	fortical .....	27
EXFORGE HCT .....	16	fosinopril sodium .....	16
EXJADE .....	27	fosinopril sodium/hydrochlorothiazide .....	16
FABRAZYME .....	29	FOSRENOL .....	31
famciclovir .....	11	FREAMINE HBC 6.9% .....	39
famotidine .....	32	freamine iii .....	39

FREAMINE III 3% .....	39	haloperidol decanoate.....	23
FROVA .....	24	haloperidol lactate.....	23
FURADANTIN.....	12	HAVRIX .....	37
furosemide .....	19	HECTOROL.....	42
FUZEON .....	10	HEPARIN SODIUM .....	35
gabapentin .....	20	hepatamine.....	39
GABITRIL.....	20	HEPATASOL .....	39
galantamine hydrobromide.....	21	HEPSERA .....	11
GAMASTAN S/D .....	36	HERCEPTIN .....	14
GAMMAGARD LIQUID .....	36	HEXALEN .....	13
GAMUNEX .....	36	HIBTITER.....	37
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trandolapril .....	16	TYKERB .....	14
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travasol 3.5%/electrolytes .....	40	ULTRASE .....	34
TRAVASOL 4.25%/DEXTROSE 10% .....	40	ULTRASE MT 12 .....	34
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TRAVASOL 8.5%/DEXTROSE 20% .....	40	VAGIFEM .....	30
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ZAVESCA .....	29		
zazole .....	35		
ZEGERID .....	34		
ZERIT .....	11		

These are drugs covered by your plan that have special requirements.  
 To find out if a specific drug is covered by your plan, call Customer Care or go to  
<http://nreca.medicareplanrx.com> for a copy of the latest formulary.

### Drugs Requiring Prior Authorization (PA)

ACTIMMUNE ADDERALL XR ANDRODERM ANDROGEL ARANESP CELEBREX CONCERTA dextroamphetamine dextroamphetamine ext-rel DIFFERIN ENBREL EPOGEN EXJADE FORTEO GENOTROPIN	HUMATROPE HUMIRA INCRELEX INFERGEN INTRON A itraconazole LOTRONEX METADATE CD METHYLIN/ METHYLIN ER methylphenidate methylphenidate ext-rel NEULASTA NEUPOGEN NORDITROPIN NUTROPIN/NUTROPIN AQ	octreotide oxandrolone PEGASYS PEG-INTRON PROCRIT PROVIGIL RANEXA REBETOL SOLUTION REBETRON REGRANEX REMICADE RETIN-A LIQUID/MICRO GEL REVATIO REVLIMID RIBASPHERE	RIBAVRIN caps RITALIN LA ROFERON-A SAIZEN SANDOSTATIN LAR SOMAVERT STRATTERA terbinafine TESTIM THALOMID tretinoin topicals XOLAIR
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### Drugs Covered By Part B or Part D (B/D)

ACCUNEB SOLN acetylcysteine soln albuterol sulfate soln AZASAN azathioprine CELLCEPT cromolyn sodium soln cyclophosphamide cyclosporine	DUONEB SOLN EMEND ENGERIX-B GAMMAGARD GAMUNEX GENGRAF Ipratropium soln Ipratropium/albuterol KYTRIL	NEORAL ondansetron ondansetron inj ondansetron 24mg ondansetron/nacl PROGRAF PULMICORT RESPULES PULMOZYME RAPAMUNE	RECOMBIVAX HB SANDIMMUNE TOBI VENTAVIS XOPENEX SOLN
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*Drugs with Quantity Limits or requiring Step Therapy can be found on the next page*

<b>Drugs with Quantity Limits (QL)</b>			
ACCUNEB nebulizer soln ADVAIR albuterol inhaler albuterol nebulizer soln ALINIA ASMANEX ASTELIN ATROVENT HFA AZMACORT COMBIVENT cromolyn nebulizer soln DUONEB EMEND FLOVENT flunisolide nasal spray	fluticasone nasal spray FORADIL FROVA gabapentin IMITREX inj,tabs,spray INTAL ipratropium/albuterol ipratropium nebulizer soln KYTRIL LUNESTA LYRICA MARINOL MAXAIR MAXALT/MAXALT MLT MIGRANAL nasal spray	NASACORT AQ NASONEX NEURONTIN SOLN NEXIUM omeprazole delayed rel ondansetron ondansetron inj ondansetron 24mg ondansetron/nacl PREVACID PRILOSEC 40mg PROAIR HFA PROVENTIL HFA PULMICORT PULMICORT RESPULES	QVAR RELPAX RHINOCORT AQUA SEREVENT SONATA SPIRIVA SYMBICORT TAMIFLU TILADE XOPENEX HFA XOPENEX nebulizer soln ZEGERID zolpidem ZOMIG
<b>Drugs Requiring Step Therapy (ST)</b>			
ELIDEL PROTOPIC			



4301 Wilson Blvd.  
Arlington, VA 22203

NRECA's Medicare Part D Prescription Drug Plan  
c/o SilverScript, LLC, a CVS Caremark company  
PO Box 280200  
Nashville, TN 37228