

PacifiCare[®]
Secure Horizons[®] *Retiree Plans*SM

PHARMACY PROGRAM AND DRUG FORMULARY

**Secure Horizons
Group Retiree
Medicare Advantage Plan**

- Pharmacy Program Description
- Platinum Plus Enhanced Formulary



California
Benefits Effective January 1, 2006

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Your Secure Horizons Group Retiree Medicare Advantage Plan Prescription Drug Benefit

Beginning January 1, 2006, PacifiCare will offer Secure Horizons Group Retiree Medicare Advantage benefit plans that include a Medicare-approved Part D drug benefit. As a member of the Secure Horizons Group Retiree Medicare Advantage Plan, you will automatically receive Medicare Part D prescription drug coverage as a part of your benefit plan. Only members of the Secure Horizons Group Retiree Medicare Advantage Plan may access the Medicare-approved Part D drug benefit offered through PacifiCare.

Members enrolled in a Secure Horizons Group Retiree benefit plan which offers Medicare Part D drug coverage may not enroll in any other Medicare Part D drug plan. If you enroll in any other Medicare Part D drug plan, you will be disenrolled from the Secure Horizons Group Retiree Medicare Advantage Plan.

In addition to the prescription drug coverage offered under Medicare Part D, your Secure Horizons Group Retiree Medicare Advantage benefit plan allows you to access hundreds of prescription drugs on the Formulary that are not available under Medicare Part D. This additional drug coverage provides you and your doctor with more choices in treating your particular medical conditions.

You pay a Copayment at network retail pharmacies for Formulary and Covered Drugs. You may also pay a Copayment and receive a 90-day supply of your prescription drugs through Prescription Solutions,[®] PacifiCare's contracting mail service pharmacy provider. The PacifiCare retail network pharmacy that you choose may allow you to receive a 90-day supply for the applicable Copayments (for example, 3 Copayments) for your Formulary and Covered Drugs. (To find out if your pharmacy will fill a prescription for a 90-day supply, please call Customer Service or visit our Web site at www.securehorizons.com)

The Copayment amounts that you pay for drugs on the Formulary are listed in the Retiree Benefits Summary Insert or the Schedule of Benefits. If you have special needs, this document may be available in other formats.

Secure Horizons Pharmacy Program Definitions

Brand Name Drug – a drug that has met the safety, purity, strength and efficacy standards for FDA approval. This category includes drugs that are single-source (one manufacturer) and drugs that are cross-licensed.

Copayment – the amount you pay for Generic and Brand Name Formulary and Covered Drugs in accordance with your Secure Horizons Group Retiree benefit plan. Copayment amounts are listed in the Retiree Benefits Summary Insert or the Schedule of Benefits.

Formulary – a list of drugs selected by PacifiCare in consultation with health care professionals that your contracting health care providers may use in your medical treatment. The Formulary is updated periodically and is subject to change with notice during the contract year. Your Secure Horizons Group Retiree Medicare Advantage benefit plan's Formulary is the Platinum Plus Enhanced Formulary.

Generic Drug – a drug that has met the standards set by the FDA to assure its equivalency to the original patented Brand Name drug. The levels of safety, purity, strength and effectiveness of a Generic drug approved by the FDA are the same as the Brand Name drug.

Prescription Unit – the maximum amount (quantity) of drug that may be dispensed per prescription for a single Copayment amount. All outpatient prescription drug Copayment amounts are charged on a per Prescription Unit basis. For most oral drugs, the Prescription Unit represents a 30-day supply of the drug. Certain drugs have quantity limits and/or require Prior Authorization. For drugs that could be habit-forming, the Prescription Unit is set at a smaller quantity for your protection and safety.

Prior Authorization – a requirement for selected drugs to be Prior Authorized by PacifiCare to determine if they are medically necessary and being prescribed according to treatment guidelines consistent with standard professional practice.

Step Therapy – a process by which you may be required to try a certain drug to treat your medical condition before you can be covered for another drug for that condition.

Tier I Generic Drugs – Generic drugs included on the Formulary. When the FDA approves a new Generic drug, the Secure Horizons Group Retiree

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Medicare Advantage Plan may cover the Generic drug in place of the Brand Name drug listed on the Formulary.

Tier II Brand Name Drugs - Brand Name drugs included on the Formulary and designated by PacifiCare as a Tier II drug. Certain Tier II drugs may require Prior Authorization from PacifiCare before they are covered.

Tier III Drugs - Generic and Brand Name drugs that are more costly or specialized than the Tier I Generic and Tier II Brand Name drugs listed on the Formulary. You pay a higher Copayment for these Tier III drugs than you do for the Tier I and Tier II drugs on the Formulary. Tier III drugs may require Prior Authorization from PacifiCare before they are covered. In many cases, the Formulary offers Tier I Generic or Tier II Brand Name therapeutic alternatives to these Tier III drugs.

What Is the Platinum Plus Enhanced Formulary?

The Platinum Plus Enhanced Formulary contains drugs that your contracting health providers may use in your medical treatment. The Formulary contains many Brand Name and Generic drugs. Most therapeutic classes (i.e., antibiotics, anti-depressants, anti-hypertensives, etc.) are covered, and many commonly prescribed drugs are included.

While PacifiCare will generally cover the drugs listed on the Formulary, the presence of a drug on the Formulary does not guarantee that your doctor will prescribe that drug to treat your particular medical condition.

The Formulary is updated periodically throughout the year and the list of drugs may change as drugs are added or deleted from the list. If you do not see your current drugs listed, or if you would like an updated Formulary, please visit our Web site at www.securehorizons.com or call Customer Service.

When Generic drugs become available, they may be dispensed in place of Brand Name drugs on the Formulary.

Where to Have Your Prescriptions Filled

You must use network pharmacies. PacifiCare contracts with many of the largest retail pharmacy chains nationwide, as well as many local independent pharmacies. You can have your prescription filled at any of PacifiCare's network

pharmacies nationwide. Also included in the PacifiCare network of contracted pharmacies are long-term care pharmacies, Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) pharmacies and home infusion pharmacies. Sometimes a particular pharmacy may leave the PacifiCare contracting network. In that situation, have your prescriptions filled at another network pharmacy.

If you are away from home and have an urgent or emergency situation which requires a prescription, and you do not have access to a PacifiCare network pharmacy, you may have your prescription filled at any pharmacy. You may also have your prescriptions filled at a non-network pharmacy, in either of the following situations: 1) you are unable to get a covered drug in a timely manner because there are no 24-hour network pharmacies within a reasonable driving distance, and 2) your covered drug is not carried at a network pharmacy or through mail service (orphan drugs, etc.). PacifiCare will reimburse you for the cost of the prescription, minus the applicable copayment or coinsurance.

Preferred and Non-Preferred Network Pharmacies

PacifiCare has two types of contracting arrangements with retail pharmacies. Based on this contracting arrangement, pharmacies are designated as either Preferred or Non-Preferred. The designation of a pharmacy as either a Preferred pharmacy or a Non-Preferred pharmacy does not affect the amount that you pay for Formulary and Covered Drugs. You will pay the same Copayments for Formulary and Covered Drugs, whether you have your prescriptions filled at a Preferred pharmacy or a Non-Preferred pharmacy.

Network Preferred Pharmacy Locations

The following is a list of Preferred Pharmacies available in your area.

- Albertsons Pharmacies
- AMG Pharmacy, Inc.
- Ana Pharmacy
- Bear Creek Pharmacy
- Best Pharmacy
- Beverly Pharmacy
- Big A Drugstore
- Bradford Pharmacy, Inc.
- Brookvale Medical Center
- Buena Medical Center
- Cardinal Health
- Castaic Pharmacy
- Cedar Drugs
- CHCCC Pharmacy
- Clarks Drug Store

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

- Comprehensive Health Care
- Costco Pharmacies
- CVS Pharmacies
- Demartini Spring Hill
- Family Care Network
- Gualala Pharmacy, Inc.
- Hayfork Drug Store
- Horsnyder Pharmacy
- Jay Scott Drug
- Jefferson Pharmacy
- Johnson Drug Pharmacy
- Khanh Pharmacy
- Kmart Pharmacies
- Kustner's Pharmacy
- L M Caldwell Pharmacy
- Lees Mercy Plaza Pharmacy
- Longs Drug Stores
- LPCH at Stanford Pharmacy
- Majestic Pharmacy
- Major Value Pharmacy
- Managed Pharmacy Care
- MedCo Pharmacy 12
- Medicine Shoppe
- Midtown Pharmacy
- Oak Grove Pharmacy
- Parkwoods Drugs
- Primemed Pharmacy
- R and M Drug
- Raleys Pharmacies
- Ralphs Pharmacies
- Reliance Medical Services
- Right Healthcare Pharmacy
- Rings Pharmacy
- Rite Aid Pharmacies
- Rossmoor Pharmacy
- Royal Oak Pharmacy
- Safeway Pharmacies
- Sams Pharmacies
- San Ysidro Health Center
- Save Mart Pharmacy
- Sav-On Drugs
- Scott Valley Drug
- Sharp Rees Stealy Pharmacy
- Smiths Pharmacies
- St. James Health Center
- Statscript Pharmacy
- Target Pharmacies
- The Pharmacy
- The Pill Box Pharmacy
- Tien Pharmacy
- Trinity Hospital Pharmacy
- United Drugs
- United Pharmacist Network
- Valley Pharmacy
- Van Park Pharmacy
- Vons Pharmacies
- Walgreen Pharmacies
- Wal-Mart Pharmacies

This list of network pharmacies is subject to change.

This is not a complete listing of our network pharmacies. For a complete list of PacifiCare network pharmacies in your area, please call Customer Service and ask for a copy of the Pharmacy Directory or visit our Web site at www.securehorizons.com.

How to Fill a Prescription at a Network Pharmacy

1. Take your prescription, written by your doctor, to a PacifiCare network pharmacy.
2. Present your Secure Horizons Group Retiree membership card at the network pharmacy.
3. Once your order is filled, pay your pharmacy Copayment for up to a 30-day supply of the prescription drug.
4. The PacifiCare retail network pharmacy that you choose may allow you to receive a 90-day supply for the applicable Copayments (for example, 3 Copayments) for your Formulary or Covered Drug.

Mail Service Pharmacy

Save money with PacifiCare's convenient mail service pharmacy. The mail service pharmacy offered through Prescription Solutions, PacifiCare's contracting provider, provides convenient service and savings on drugs that you take on a regular basis (maintenance drugs).

Your prescription(s) will be reviewed and filled by a licensed pharmacist and will be mailed to your home to arrive approximately 7 working days from the day Prescription Solutions receives your order. All orders are shipped in discreetly labeled packages, and there are no shipping or handling charges.

Note: Drugs not available through the mail service pharmacy include drugs used for short-term or acute illnesses, such as antibiotics.

How to Fill a New Prescription Through the Mail Service Pharmacy

You may fill a new prescription through the mail service pharmacy by mailing in a mail service pharmacy order form with your new prescription(s) or by calling Prescription Solutions, at the number below, to request a new prescription from your doctor. Additionally, your doctor may telephone prescriptions directly to a Prescription Solutions pharmacist. Please note: prescriptions received by the Prescription Solutions pharmacy will be filled, unless otherwise specified.

■ **By telephone**

1. Call Prescription Solutions at 1-800-562-6223 (for the hearing impaired, 1-800-498-5428),

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

5 a.m. to 9 p.m. PST, Monday through Friday, and 7 a.m. to 7 p.m. PST, Saturday and Sunday. When you speak to the Prescription Solutions customer service representative, please have the name and telephone number of your doctor available, along with your specific drug information, such as the name(s) and strength(s) of the prescription drug(s) you are taking.

2. The Prescription Solutions customer service representative will ask for your preferred method of payment — by check, money order or credit card.
3. Prescription Solutions will then call your doctor and request your prescription.
4. Processing time for these requests depends on the response time from your doctor. You can check on the status of the order by calling Prescription Solutions at the number listed below.

■ **Using the mail service pharmacy order form**

1. Contact your doctor's office to request a 90-day prescription for each drug you need. Have your doctor write a prescription for a 90-day supply, including three additional 90-day refills. If you are trying a new drug for the first time, you may want to ask your doctor for a sample or a 30-day prescription that you can fill at a retail pharmacy. By trying the drug before receiving a 90-day supply, you and your doctor can determine if the new prescription is right for you.

Note: You must have a new written prescription to have your prescriptions filled using the mail service pharmacy order form.

2. Complete the mail service pharmacy order form included in your member materials. You may also obtain a form by calling a Prescription Solutions customer service representative at 1-800-562-6223 (for the hearing impaired, 1-800-498-5428), 5 a.m. to 9 p.m. PST, Monday through Friday, and 7 a.m. to 7 p.m. PST, Saturday and Sunday.
3. Enclose your written prescriptions and payment information (check, money order or credit card) and authorization. Make the check or money order payable to **Prescription Solutions**. There are no shipping or handling charges.

4. If you need assistance completing the form or determining your Copayment amounts, please call Prescription Solutions at 1-800-562-6223 (for the hearing impaired, 1-800-498-5428), 5 a.m. to 9 p.m. PST, Monday through Friday, and 7 a.m. to 7 p.m. PST, Saturday and Sunday.

5. Apply postage and mail.

Note: If you start a new maintenance drug, request two prescriptions from your doctor. Have one filled immediately at your PacifiCare network retail pharmacy. When you and your doctor are confident you will continue on the prescribed drug, mail the second prescription to Prescription Solutions to begin using the mail service pharmacy.

How to Refill a Prescription Through the Mail Service Pharmacy

How to reorder:

■ **By mail**

A mail service reorder form and pre-addressed envelope are included with every prescription that you receive from Prescription Solutions. When you need to reorder, complete the mail service reorder form. Mail the order form with the appropriate Copayment(s) in the pre-addressed envelope.

■ **By telephone**

Call the Prescription Solutions automated mail service phone number or speak to one of Prescription Solutions customer service representatives at 1-800-562-6223, (for the hearing impaired, 1-800-498-5428), 5 a.m. to 9 p.m. PST, Monday through Friday, and 7 a.m. to 7 p.m. PST, Saturday and Sunday. Your prescription(s) must indicate that you have refills remaining.

■ **Over the Internet**

Visit the Prescription Solutions Web site at www.rxsolutions.com

■ **When to reorder**

You can reorder your prescription refill three weeks before your drug is due to run out. Typically, your refill request is filled within 48 hours after Prescription Solutions receives it. Your refill is then shipped to your home. You should receive your order within 7 days of receipt by Prescription Solutions.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

If you do run out of your prescription medication, you should ask your doctor for a new prescription for a one-month supply. Have this prescription filled at a PacifiCare network retail pharmacy.

If you have questions about your order, please call Prescription Solutions at 1-800-562-6223 (for the hearing impaired, 1-800-498-5428), 5 a.m. to 9 p.m. PST, Monday through Friday, and 7 a.m. to 7 p.m. PST, Saturday and Sunday.

Prior Authorization for Selected Drugs on the Formulary

Selected drugs on the Formulary must be Prior Authorized by PacifiCare to determine that they are medically necessary and being prescribed according to treatment guidelines consistent with standard professional practice.

Quantity Limits

For certain drugs on the Formulary, PacifiCare limits the amount of the drug available per prescription. While the standard Prescription Unit for oral drugs is a 30-day supply, certain drugs have quantity limits that do not use the 30-day supply standard. Also, for drugs on the Formulary that could be habit-forming, a quantity limit is set at less than a 30-day supply for your protection and safety.

Step Therapy

For selected drugs on the Formulary, PacifiCare requires that you try a certain drug to treat your medical condition before you can be covered for another drug for that condition. For example: PacifiCare may not cover drug B until you have first tried drug A. If drug A does not work for your medical condition or is inappropriate, PacifiCare will then cover drug B.

Secure Horizons Group Retiree Medicare Advantage Plan Offers a Two-Part Prescription Drug Benefit

Part 1 – Medicare Part D Prescription Drug Coverage

Definitions

Covered Drugs – Medicare Part D drugs included on the Formulary and drugs that are not included on the Formulary but that have

been determined by PacifiCare to be medically necessary and that are available through the Medicare Part D exception policy.

Out-of-Pocket Costs – for Medicare Part D drugs, the amounts you pay in Copayments while the plan is paying a portion of your drug costs.

How Your Medicare Part D Prescription Drug Coverage Works

You pay the Copayment amounts listed in the Retiree Benefits Summary Insert or the Schedule of Benefits for Covered Drugs at retail network pharmacies and/or through the mail service pharmacy.

You continue to pay the applicable Copayments until your Covered Drug costs reach \$3,600. (Your covered drug costs are the amount that you pay in Copayments for your Covered Drugs, together with the amount that PacifiCare pays for your Covered Drugs.)

After your Out-of-Pocket Costs reach \$3,600 in a calendar year for Medicare Part D drugs, you pay the following Copayments for Covered Drugs:

You pay whichever costs more, either a \$2 Copayment or 5% of the cost of the drug for Generic Drugs and multi-source preferred Brand Name drugs at network pharmacies.

You pay whichever costs more, either a \$5 Copayment or 5% of the cost of the drug for Brand Name drugs at network pharmacies.

Notification of Formulary Changes

The Formulary may change with notice during the calendar year. PacifiCare will notify you in writing if a Formulary drug you are taking:

- is removed from the Formulary
- has new Prior Authorization requirements
- has reduced quantity limits
- has Step Therapy restrictions

PacifiCare will notify you at least sixty (60) days prior to the change in the Formulary. In the event that a drug is determined to be unsafe, PacifiCare will immediately remove the drug from the Formulary.

Exception Process

Note: The exception process only applies to the Medicare Part D portion of your drug coverage.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Part 1 of the Formulary contains many commonly prescribed drugs. During the course of your medical care, there may be instances when your doctor prescribes a drug that is not included on Part 1 of the Formulary, or a drug that has Formulary limits or restrictions. Under certain circumstances, PacifiCare may grant exceptions to our coverage rules. You may request an exception for the following reasons:

- A drug that is medically necessary to treat your medical condition is not included on the Formulary, and a therapeutic substitute is not available.
- The Formulary quantity limits for your prescribed drug are not high enough to treat your medical condition.

All exceptions to the Formulary coverage rules are based on medical necessity.

What Is the Explanation of Benefits?

Note: The Explanation of Benefits applies to drugs covered by Medicare Part D and to drugs not covered by Medicare Part D (drugs contained in Part 1 and Part 2 of the Formulary).

The Explanation of Benefits is a document that PacifiCare will mail to you each month when you use your SecureHorizons Group Retiree Medicare Advantage Plan prescription drug benefit to get prescription drugs. The Explanation of Benefits will document the total amount that you have spent on prescription drugs each month in copayment and coinsurance amounts, along with the total amount PacifiCare has paid for your drugs.

PacifiCare records your out-of-pocket costs on submitted claims for Medicare Part D covered drugs, until your out-of-pocket costs for Medicare Part D covered drugs reach \$3,600 in a calendar year. Once your out-of-pocket costs for Medicare Part D covered drugs reach \$3,600 in a calendar year, you pay significantly reduced copayments or coinsurance for Medicare Part D covered drugs.

The Explanation of Benefits will contain the following information:

- A list of prescriptions you had filled during the month, including the amount you paid for each prescription.
- A notification of Formulary changes at least 60 days prior to the change.
- A year-to-date summary of your prescription drug costs, including the amounts you and

PacifiCare have paid that count towards your out-of-pocket maximum for Medicare Part D covered drugs.

If you do not receive an Explanation of Benefits in the mail, please call Customer Service.

Coverage Determinations

Note: The Coverage Determinations process only applies to drugs covered by Medicare Part D (drugs contained in Part 1 of the Formulary).

A coverage determination is a decision made by PacifiCare regarding coverage for Medicare Part D prescription drugs. Coverage determinations include requests for exceptions, as described in the Exception Process section of the Pharmacy Program and Drug Formulary booklet, and requests for coverage in the following situations:

1. When you have been denied a Medicare Part D prescription drug that you believe should be covered by PacifiCare
2. When PacifiCare has refused to pay for a Medicare Part D prescription drug, that you have received and that you believe should be covered
3. When the coverage for your Medicare Part D prescription drug has been terminated or reduced
4. When you have filled a prescription at a non-network pharmacy and you want reimbursement

Coverage Determination Timeframes:

- **Standard Coverage Determinations must be completed within seventy-two (72) hours**
- **Expedited Coverage Determinations must be completed within twenty-four (24) hours**

Standard Coverage Determination

Standard coverage determination requests are appropriate in situations such as reimbursement for prescription drugs that you have already received. In this situation, you generally will be notified of the decision within seventy-two (72) hours of your request.

Standard coverage determination requests for Formulary exceptions, drug tier exceptions, exceptions from drug quantity limits or step therapy requirements must be medically necessary and supported with a physician's statement. In these situations, PacifiCare must make a coverage

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

determination within seventy-two (72) hours after receiving your physician's supporting statement and must notify you of the decision. If PacifiCare does not approve your request (an adverse coverage determination), the written notice will state the reasons for the denial and inform you of your right to file an appeal. If you do not receive a coverage determination notification within seventy-two (72) hours of your request, you may assume the decision is a denial, and you may file an appeal.

If your request for a standard coverage determination regarding an exception is decided in your favor, PacifiCare will notify you and authorize or provide the drug you requested within seventy-two (72) hours after receiving your physician's supporting statement. If your request for a standard coverage determination regarding a reimbursement for a drug that you have already received is decided in your favor, PacifiCare must notify you and send you payment no later than thirty (30) days after the receipt of your request.

Expedited 24-Hour Coverage Determination

You may request and receive an expedited twenty-four (24) hour coverage determination in situations in which waiting for a decision to be made within the standard timeframe could seriously jeopardize your life or health, or your ability to function. If PacifiCare decides, based on medical criteria, that your situation requires an expedited coverage determination, or if any doctor calls or writes in support of your request for an expedited coverage determination, PacifiCare will issue a decision as expeditiously as possible, but no later than twenty-four (24) hours after receiving the request.

If you request an expedited twenty-four (24) hour coverage determination without support from a physician, PacifiCare will determine if your health situation requires the expedited twenty-four (24) hour coverage determination. If PacifiCare determines that your health situation does not require an expedited twenty-four (24) hour coverage determination, you will be notified. The written notification may explain that your expedited coverage determination request lacked necessary physician support. The notification will explain that you have the right to file a grievance based on PacifiCare's denial of your request for an expedited review and that your request will

be reviewed within the standard seventy-two (72) hour timeframe.

If PacifiCare determines that your request for an expedited coverage determination is appropriate, but you do not receive a decision from PacifiCare within twenty-four (24) hours of your request, your request will automatically be elevated to the second level of an appeal and will be reviewed by an Independent Review Entity (IRE).

If your expedited twenty-four (24) hour coverage determination involving an exception request is decided in your favor, PacifiCare must notify you and authorize or provide the drug you requested within twenty-four (24) hours after receiving your physician's supporting statement.

How to Request a Coverage Determination

To request a coverage determination, you or your authorized representative may call, write, fax or visit PacifiCare.

- Call:** 1-800-228-2144
7 a.m. to 9 p.m.
Monday through Friday
PacifiCare will document your request in writing
- TDHI:** 1-800-685-9355
7 a.m. to 9 p.m.
Monday through Friday
PacifiCare will document your request in writing
- Write:** Customer Service
Expedited Coverage Determinations
P.O. Box 489
Cypress, CA 90630
- Fax:** Expedited Coverage Determinations
(714) 226-5632
- Walk In:** PacifiCare Customer Service Center
5701 Plaza Drive
Cypress, CA 90630
9 a.m. to 5 p.m.
Monday through Friday

Note: The Customer Service representative will record the date and time of all telephone or fax requests for coverage determinations received before or after business hours, Monday through Friday, or on Saturday or Sunday. For standard coverage determination requests, the seventy-two (72) hour period will begin at the time the request is received.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

How to Request an Expedited Coverage Determination

To request an expedited coverage determination, you or your authorized representative may call, fax or visit PacifiCare. **Please indicate that you want an expedited twenty-four (24) hour coverage determination when you speak to the Customer Service representative or send the fax.**

During normal business hours, please call, fax or visit:

- Call: 1-800-228-2144
7 a.m. to 9 p.m.
Monday through Friday
PacifiCare will document your request in writing
- TDHI: 1-800-685-9355
7 a.m. to 9 p.m.
Monday through Friday
PacifiCare will document your request in writing
- Write: Customer Service
Expedited Coverage Determinations
P.O. Box 489
Cypress, CA 90630
- Fax: Expedited Coverage Determinations
(714) 226-5632
- Walk In: PacifiCare Customer Service Center
5701 Plaza Drive
Cypress, CA 90630
9 a.m. to 5 p.m.
Monday through Friday

After normal business hours and on Saturday and Sunday, please call or fax:

- Call: 1-866-462-4071
PacifiCare will document your request in writing
- TDHI: 1-866-477-1626
PacifiCare will document your request in writing
- Fax: Expedited Coverage Determinations
1-866-462-4075

Secure Horizons Medicare-approved Prescription Drug Appeals and Grievances for Medicare Part D Drugs

Note: Part 1 of the Formulary contains drugs that are covered by Medicare Part D and that are subject to the Appeals and Grievances section below. Part 2 of the Formulary contains drugs that

are not covered by Medicare Part D. These Part 2 Formulary drugs are not subject to the Appeals and Grievances section below and are, instead, subject to the “What to Do if You Have a Problem With Drugs Not Covered by Medicare Part D on Part 2 of the Formulary” section.

Appeal – the type of complaint you make when you want a redetermination of a decision (determination) that was made regarding coverage for a drug or what PacifiCare will pay for a drug. You may file an Appeal in the following instance: if PacifiCare refuses to cover or pay for drugs you think PacifiCare should cover.

Grievance – the type of complaint you make if you have a complaint or problem that does not involve coverage determination by PacifiCare or a contracting medical provider. For example, you would file a Grievance if you have a problem with things such as: general dissatisfaction with the way that the Secure Horizons Medicare Advantage Group Retiree Plan drug coverage is designed.

You may request a redetermination (Appeal) of an unfavorable coverage determination related to a Medicare Part D prescription drug. You may also appeal the following situations:

- 1) When a coverage determination is not provided in a timely manner.
- 2) When a delay in a coverage determination would adversely affect your health.
- 3) When a decision has been made that you do not meet the criteria for a Formulary exception.

Part D Appeal Timeframes:

- **Standard Appeals must be completed within seven (7) calendar days.**
- **Expedited Appeals must be completed within seventy-two (72)-hours.**
- **Extensions to timeframes are not permitted.**

The first level of appeal is considered a **redetermination** by the Centers for Medicare & Medicaid Services (CMS). The redetermination process is required to be completed within seven (7) calendar days of PacifiCare’s receipt of the request. You must submit a written request for a redetermination to the Part D Prescription Appeal & Grievance Department at P.O. Box 6006, Mail Stop CY44-158, Cypress, CA 90630, or you may fax your written request to 1-866-308-6294. You must submit your written request within sixty (60) calendar days of the date of the notice of the initial coverage determination.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Note: The sixty (60)-calendar day limit may be extended for good cause. Include in your written request the reason you could not file within the sixty (60)-calendar day timeframe.

PacifiCare will conduct a redetermination and notify you in writing of the decision within seven (7) calendar days from the receipt of your request.

PacifiCare's reconsideration decision will be made by a person(s) not involved in the initial decision.

If PacifiCare decides to reverse the original adverse decision, PacifiCare must authorize or provide coverage as expeditiously as your health requires, but no later than seven (7) calendar days from the date your request for an appeal was received; or pay your claim within thirty (30) calendar days from the date your request for an appeal was received.

If the redetermination is not completed within the required timeframe, PacifiCare must submit the request to an Independent Review Entity (IRE) for review.

If you remain dissatisfied after the redetermination, you may request a further review known as a **reconsideration**; the reconsideration will be performed by the IRE. You may request a reconsideration by the IRE within sixty (60) calendar days of receiving an adverse determination on a redetermination review.

The IRE will notify PacifiCare that you have filed a reconsideration request. CMS requires the IRE to issue its reconsideration decision within seven (7) calendar days for a standard reconsideration and within seventy-two (72)-hours for expedited requests.

If the IRE maintains the denial, its notice will inform you of your right to a hearing before an administrative law judge (ALJ). You may request a hearing before an ALJ by submitting a written request to the entity specified in the IRE's reconsideration notice. The request must be made within sixty (60) calendar days of the date of the IRE's notice that the reconsideration decision was not in your favor. A hearing can be held only if the amount in controversy is \$110 or more as determined by the ALJ. The IRE reconsideration will provide guidance on how the amount in controversy is calculated.

If you are dissatisfied with an ALJ hearing decision, you may request a Medicare Appeals Council (MAC) review, which may either review the decision or decline to review.

You may also request a Judicial review of the ALJ's decision if the MAC denied your request for review, and the amount involved is \$1,090 or more. In order to request judicial review, you must file a civil action in a district court of the United States.

The following are not considered coverage determinations and do not constitute the right to appeal:

- **Transactions at the pharmacy counter are not considered coverage determinations.**
- **Information on a benefit plan design as it pertains to all members is not a coverage determination.**
- **The decision to place a drug on a Prior Authorization list is not a coverage determination and is not subject to appeal.**

Expedited/72-Hour Appeal Procedures

You have the right to request and receive an expedited seventy-two (72)-hour redetermination (Appeal) in situations where waiting for a redetermination (Appeal) decision to be made within the standard timeframe could seriously jeopardize your life or health, or your ability to regain maximum function. If PacifiCare decides, based on medical criteria, that your situation is Time-Sensitive or if any doctor calls or writes in support of your request for an expedited redetermination (Appeal) review, PacifiCare will issue a decision as expeditiously as possible, but no later than seventy-two (72)-hours after receiving the request.

How to Request an Expedited Redetermination

To request an expedited seventy-two (72)-hour review, you or your authorized representative may call, write, fax or visit PacifiCare. **Be sure to ask for an expedited seventy-two (72)-hour review when you make your request.**

Call: 1-888-277-4232
8 a.m. to 5 p.m.
Monday through Friday
PacifiCare will document your request in writing.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

TDHI: 1-800-442-8833
8 a.m. to 5 p.m.
Monday through Friday
PacifiCare will document your request in writing.

Write: PacifiCare Part D Prescription
Appeal & Grievance Department
P.O. Box 6006, Mail Stop CY44-158
Cypress, CA 90630

Fax: **Expedited Redeterminations:**
1-866-308-6296
Attention: Part D Prescription
Appeal & Grievance Department

Walk In: PacifiCare Customer Service Center
5701 Plaza Drive
Cypress, CA 90630
9 a.m. to 5 p.m.
Monday through Friday

Note: The Appeals and Grievance Department will record the date and time of all telephone or fax requests for expedited seventy-two (72) hour reviews received before or after business hours, Monday through Friday, or on Saturday or Sunday. The seventy-two (72) hour period for the expedited review will begin at the time received.

Upon receiving your redetermination request, PacifiCare will determine if your request meets the definition of Time-Sensitive.

If your request does not meet the definition of Time-Sensitive, it will be handled within the standard review process of seven (7) calendar days. You will be informed by telephone that your request for the expedited seventy-two (72)-hour review has been denied and will also receive a written confirmation that the request will be processed within the standard review timeframe, within three (3) calendar days of the telephone call. If you disagree with PacifiCare's decision to process your request within the standard timeframe, you may file a Grievance with PacifiCare. The written confirmation letter will include instructions on how to file a Grievance. If your request is Time-Sensitive, you will be notified of PacifiCare's Appeal decision within seventy-two (72)-hours. You will also receive a follow-up decision letter within three (3) calendar days of the telephone call.

Grievance Procedures

PacifiCare will attempt to resolve any complaint (Grievance) you might have. PacifiCare encourages the informal resolution of complaints (i.e., over the telephone), especially if such complaints result from misinformation, misunderstanding or lack of information. If you have a complaint, please call Customer Service. A more formal Grievance procedure is available, if your complaint cannot be resolved in this manner.

Formal Complaints

As a Secure Horizons Group Retiree Medicare Advantage Plan member, you have the right to file a complaint, also called a Grievance, regarding any of the following:

- Complaints about the quality of services that you receive.
- Complaints regarding such issues as pharmacy waiting times, pharmacist behavior, inadequacy of facilities or other similar member concerns.
- General complaints about increases in member liability or benefit design.
- Involuntary Disenrollment situations.
- If you disagree with PacifiCare's decision to process your coverage determination request for service under the standard 72-hour timeframe rather than expedited 24-hour timeframe.
- If you disagree with PacifiCare's decision to process your redetermination (Appeal) request under the standard seven (7)-day timeframe rather than the expedited seventy-two (72)-hour timeframe.

To use the formal Grievance procedure, contact Customer Service or submit your request to PacifiCare Part D Appeal & Grievance Department.

Complaints That Do Not Relate to Quality of Care Issues

PacifiCare reviews complaints that do not relate to quality of care issues in consultation with appropriate PacifiCare departments. PacifiCare will write you to acknowledge your complaint and let you know how PacifiCare has addressed your concern within thirty (30) calendar days of receiving your Grievance. In some instances, PacifiCare will need additional time to address your concern. If additional time is needed, PacifiCare will keep you informed regarding the status of your Grievance.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Complaints Involving Quality of Care Issues

All complaints that involve quality of care issues are referred to PacifiCare's Health Services Department for review. Complaints that affect a member's immediate condition will receive immediate review. PacifiCare will investigate the complaint with the involved providers and appropriate PacifiCare departments, and will review. You may need to sign an authorization to release your medical records. PacifiCare will confirm receipt of your complaint within thirty (30) calendar days of receiving your complaint. The results of the Quality Management review are confidential.

QIO Quality of Care Complaint Process

If you are concerned about the quality of care you have received, you may also file a complaint with the QIO in your local area. The phone number and address of the QIO for your area is:

Lumetra
CitiCorp Center
One Sansome St., Suite 600
San Francisco, CA 94104
1-800-841-1602

Medicare Part D Formulary Limitations and Exclusions

Note: The following limitations and exclusions apply only to Part 1 of your pharmacy benefit — the Medicare Part D prescription drug benefit.

Limitations

1. Drugs that apply to your Covered Drug costs or your Out-of-Pocket costs are limited to drugs included on the Formulary, and/or drugs that have been determined by PacifiCare to be medically necessary.
2. Drugs not included on the Formulary and/or drugs that have not been determined by PacifiCare to be medically necessary are limited to those drugs approved through PacifiCare's exception policy process.

Exclusions

1. Drugs used to promote fertility.
2. Drugs used for the symptomatic relief of cough or colds.
3. Dietary supplements, including prescription vitamin and mineral products (except

prenatal vitamins and fluoride), and health or beauty aids, herbal supplements and/or alternative medicine.

4. Barbiturates.
5. Benzodiazepines.

Extra Help With Your Medicare Part D Covered Drug Costs

Note: Extra Help only applies to Part 1 drugs that are covered under the Medicare Part D portion of your drug coverage. Extra Help with your drug costs is not available for Part 2 drugs that are not covered under Medicare Part D.

If you are a Secure Horizons Group Retiree Medicare Advantage Plan member with limited income and resources, you may be eligible to get extra help paying for your Medicare Part D prescription drugs. Members with the lowest income and resources are eligible for the most help. Please see the chart on the following pages to determine the level of assistance for which you may be eligible. If you are qualified for extra help with your drug costs, your costs for Covered Drugs will be different than the Copayment amounts listed in the Retiree Benefits Summary Insert or the Schedule of Benefits.

How to Find Out About Low Income and Resources Assistance

PacifiCare has contracted with Social Service Coordinators to assist Secure Horizons Medicare Advantage Plan members with the application process at no cost. If you have any questions, you may contact Social Service Coordinators at 1-888-528-9488, (for the hearing impaired, 1-877-644-3244), 8 a.m. to 8 p.m. EST, Monday through Friday, and speak to a representative who will determine if you may be eligible for assistance. Please call Customer Service for more information. You may also contact your local State Medicaid Agency or the Social Security Administration for more information or assistance. You can obtain the local number for your State Agency by calling 1-800-MEDICARE (1-800-633-4227) (for the hearing impaired, 1-877-486-2048), 24 hours a day, seven days a week. The Social Security Administration can be contacted at 1-800-772-1213 (for the hearing impaired, 1-800-325-0778).

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Extra Help With Medicare Part D Covered Drugs

If you are a Secure Horizons Group Retiree Medicare Advantage Plan member with limited income and resources, you may be eligible to get extra help paying for your Medicare Part D prescription drug benefits. Members with the lowest income and resources are eligible for the most help. Please see the chart below to determine the level of assistance for which you may be eligible. If you are qualified for extra help with your drug costs, your costs for Formulary and Covered Drugs will be different than the Copayment amounts listed in the Retiree Benefits Summary Insert or the Schedule of Benefits.

Income Level	Single person: at or below \$9,800 a year Married couple: at or below \$13,200 a year Residing in a long-term care facility (such as a nursing home) You pay:	Single person: at or below \$9,800 a year Married couple: at or below \$13,200 a year You pay:	Single person: between \$9,801 and \$13,230 a year Married couple: between \$13,201 and \$17,820 a year You pay:
Monthly Medicare Part D Premium (if applicable)*	\$0	\$0	\$0
Your copayments for covered drugs on the Formulary. You pay these amounts until the amount that you pay, Out-of-Pocket (including deductibles and copayments), or the amount that someone else pays on your behalf, reaches \$3,600 in a calendar year	\$0	\$1 for Generic drugs \$3 for Brand Name drugs	\$2 for Generic drugs \$5 for Brand Name drugs
Once your Out-of-Pocket Formulary drug costs have reached \$3,600 in a calendar year, you pay for covered Formulary drugs at retail network pharmacies and through mail service	\$0	\$0	\$0

* If your plan sponsor pays your health plan premium on your behalf, CMS will reimburse PacifiCare for your reduced Part D premium and PacifiCare will pass the reimbursement on to your plan sponsor. Based on your contribution level, your plan sponsor may be responsible for reimbursing you for your reduced Part D premium.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Resource Limits

In addition to meeting the income requirements below, you must meet the following asset requirements: Your resources, which include your savings and stocks but not your home, must be less than \$11,500 for a single person and \$23,000 for a married couple.

Single person: between \$13,231 and \$13,445 a year Married couple: between \$17,821 and \$18,480 a year You pay:	Single person: between \$13,446 and \$14,210 a year Married couple: between \$18,481 and \$19,140 a year You pay:	Single person: between \$14,211 and \$14,700 a year Married couple: between \$19,141 and \$19,800 a year You pay:
Reduced Part D Premium	Reduced Part D Premium	Reduced Part D Premium
Whichever is less, 15%** coinsurance or the standard copayment	Whichever is less, 15%** coinsurance or the standard copayment	Whichever is less, 15%** coinsurance or the standard copayment
\$2 for Generic drugs \$5 for Brand Name drugs	\$2 for Generic drugs \$5 for Brand Name drugs	\$2 for Generic drugs \$5 for Brand Name drugs

** Coinsurance is based on PacifiCare's contractually negotiated rates.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Part 2 – Additional Formulary Drug Coverage

This portion of your SecureHorizons Group Retiree Medicare Advantage Plan pharmacy benefit offers you additional Formulary drugs beyond the Medicare Part D drug coverage. Part 2 of the Formulary contains drugs that are not covered by Medicare Part D and that are subject to the “What to Do if You Have a Problem With Drugs Not Covered by Medicare Part D on Part 2 of the Formulary” section below.

How Your Additional Formulary Drug Coverage Works

You pay the Copayments listed in the Retiree Benefits Summary Insert or the Schedule of Benefits. The Copayments that you pay for these additional Formulary drugs do not apply to your Medicare Part D Out-of-Pocket Costs.

What to Do if You Have a Problem With Drugs Not Covered by Medicare Part D on Part 2 of the Formulary

PacifiCare’s top priority is meeting our Members’ needs, but sometimes you may have an unexpected problem. When this happens, your first step should be to call our Customer Service department. We’ll assist you and attempt to find a solution to your situation.

If you feel that we haven’t assisted you or that your situation requires additional action, you may also submit a Grievance requesting an Appeal or Quality Review. To learn more about this, read the following section: “Appealing a Health Care Decision or Requesting a Quality of Care Review.”

Appealing a Health Care Decision or Requesting a Quality of Care Review

Submitting a Grievance

PacifiCare’s Grievance system provides Members with a method for addressing Member dissatisfaction regarding coverage decisions, care or services. Our appeals and quality of care review procedures are designed to deliver a timely response and resolution to your Grievances. This is done through a process that includes a thorough and appropriate investigation. To initiate an appeal or a request quality of care review, call our

Customer Service department, where a Customer Service representative will document your oral appeal. You may also file an appeal using the Online Grievance form at www.pacificare.com or write to the Appeals Department at:

PacifiCare of California
Appeals and Grievance Department
P.O. Box 6006, Mail Stop CY44-157
Cypress, CA 90630

This request will initiate the following Appeals, Quality of Clinical Care or Quality of Service Review Process except in the case of “expedited reviews,” as discussed below. You may submit written comments, documents, records and any other information relating to your appeal regardless of whether this information was submitted or considered in the initial determination. You may obtain, upon request and free of charge, copies of all documents, records and other information relevant to your appeal. The appeal will be reviewed by an individual who is neither the individual who made the initial determination that is the subject of the appeal nor the subordinate of that person.

PacifiCare will review your complaint and if it involves a clinical issue, the necessity of treatment or the type of treatment or level of care proposed or utilized, the determination will be made by a medical reviewer, a health care professional who has the education, training and relevant expertise in the field of medicine necessary to evaluate the specific clinical issues that serve as the basis of your appeal.

Quality of Clinical Care and Quality of Service Review

All quality of clinical care and quality of service complaints, requiring review are investigated by PacifiCare’s Health Services Department. Clinical complaints affecting your urgent condition are reviewed immediately. PacifiCare conducts this quality review by investigating the complaint and consulting with your Contracting Medical Group/IPA, treating Providers, and other PacifiCare internal departments. Medical records are requested and reviewed as necessary, and as such, you may need to sign an authorization to release your medical records. We will respond to your complaint in a timely manner, appropriate to the clinical urgency of you situation. You will also receive written notification regarding the disposition of your quality of clinical care and/

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

or quality of service review complaint within 30 calendar days of PacifiCare's receipt of your complaint. Please be aware that the results of the quality of clinical care review are confidential and protected from legal discovery in accordance with state law.

The Appeals Process

You may submit an appeal for a denial of a service or denied claims within 180 calendar day of your receipt of an initial determination through our Appeals Department. PacifiCare's Health Services department will review your appeal within a reasonable period of time appropriate to the medical circumstances and make a determination within 30 calendar days of PacifiCare's receipt of the appeal. For appeals involving the delay, denial or modification of health care services related to Medical Necessity, PacifiCare's written response will include the specific reason for the decision, describe the criteria or guidelines or benefit provision on which the denial decision was based, and notification that upon request the Member may obtain a copy of the actual benefit provision, guideline protocol or other similar criterion on which the denial is based. For determinations delaying, denying or modifying health care services based on a finding that the services are not Covered Services, the response will specify the provisions in Pharmacy Program and Drug Formulary booklet that exclude that coverage.

Expedited Review Appeals Process

Appeals involving an imminent and serious threat to your health including, but not limited to, severe pain or the potential loss of life, limb or major bodily function will be immediately referred to PacifiCare's clinical review personnel. If your case does not meet the criteria for an expedited review, it will be reviewed under the standard appeal process. If your appeal requires expedited review, PacifiCare will immediately inform you of your review status and your right to notify the Department of Managed Health Care (DMHC) of the Grievance.

You and the DMHC will be provided a written statement of the disposition or pending status of the expedited review no later than three calendar days from receipt of the Grievance. You are not required to participate in the PacifiCare appeals process prior to contracting the DMHC regarding your expedited appeal.

Voluntary Mediation and Binding Arbitration

If you are dissatisfied with PacifiCare's Appeal Process determination, you can request that PacifiCare submit the appeal to voluntary mediation or binding arbitration before JAMS.

Voluntary Mediation

In order to initiate voluntary mediation, either you or the agent acting on your behalf must submit a written request to PacifiCare. If all parties mutually agree to mediation, the mediation will be administered by JAMS in accordance with the JAMS Mediation Rules and Procedures, unless all parties otherwise agree. Expenses for mediation will be shared equally by the parties. The Department of Managed Health Care will have no administrative or enforcement responsibilities with the voluntary mediation process.

Binding Arbitration

All disputes of any kind, including, but not limited to, claims for medical malpractice between the Member (including any heirs, successors or assigns of Member) and PacifiCare, except for claims subject to ERISA, will be submitted to Binding Arbitration. Medical malpractice includes any issues or allegations that medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. This means that disputes between the Member and PacifiCare will not be resolved by a lawsuit or by pursuing other court processes and remedies, except to the extent the Federal Arbitration Act provides for judicial review of arbitration proceedings. Under this provision, neither the Court nor any arbitrator may delay arbitration of disputes or refuse to order disputes to arbitration. The intent of this arbitration provision, and the parties, is to put litigation on hold so that issues can be resolved through the binding arbitration process. Any disputes about the scope of arbitration, about the arbitration itself or about whether an issue falls under this arbitration provision will be resolved by the arbitrator to avoid ambiguities and litigation costs.

The Member and PacifiCare understand and agree that they are giving up their constitutional rights to have disputes decided in a court of law before a jury and are instead accepting the use of Binding Arbitration by a single arbitrator. The arbitration will be performed by JAMS or another arbitration service as the parties may agree in writing. The arbitration will be conducted under the JAMS

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

Comprehensive Arbitration Rules and Procedures. The parties will attempt in good faith to agree to the appointment of an arbitrator, but if agreement cannot be reached within 30 days following the date demand for arbitration is made, the arbitrator will be chosen using the appointment procedures set out in the JAMS Comprehensive Arbitration Rules and Procedures. These rules may be viewed by the Member at the JAMS Web site, www.jamsadr.com. If the member does not have access to the Internet, the Member may request a copy of the rules from PacifiCare, and arrangements will be made for the Member to obtain a hard copy of the rules and procedures.

Arbitration hearings will be held in Orange County, California or at a location agreed to in writing by the Member and PacifiCare. The expenses of JAMS and the arbitrator will be paid in equal shares by the Member and PacifiCare. Each party will be responsible for any the expenses related to discovery conducted by them and their own attorney fees. In cases of extreme hardship, PacifiCare may assume all or part of the Member's share of the fees and expenses of JAMS and the arbitrator, provided the Member submits a hardship application to JAMS and JAMS approves the application. The approval or denial of the hardship application will be determined solely by JAMS. The Member will remain responsible for their own attorney fees, unless an award of attorney fees is allowable under the law and the arbitrator makes an award of attorney fees to the Member. Following the arbitration, the arbitrator will prepare a written award that includes the legal and factual reasons for the decision.

Nothing in this Binding Arbitration provision is intended to prevent the Member or PacifiCare from seeking a temporary restraining order or preliminary injunction or other provisional remedies from a court. However, any and all other claims or causes of action, including, but not limited to those seeking damages, restitution, or other monetary relief, will be subject to this Binding Arbitration provision. Any claim for permanent injunctive relief will be stayed pending completion of the arbitration. The Federal Arbitration Act, 9 U.S.C. Sections 1-16, will apply to the arbitration.

ALL PARTIES EXPRESSLY AGREE TO WAIVE THEIR CONSTITUTIONAL RIGHT TO HAVE DISPUTES BETWEEN THEM RESOLVED

IN COURT BEFORE A JURY AND ARE INSTEAD ACCEPTING THE USE OF BINDING ARBITRATION.

Experimental or Investigational Treatment

A PacifiCare medical director may deny a treatment if he or she determines it is Experimental or Investigational. If you have a Terminal Illness, as defined below, you may request that PacifiCare hold a conference within 30 calendar days of receiving your request to review the denial. For purposes of this paragraph, Terminal Illness means an incurable or irreversible condition that has a high probability of causing death within one year or less. The conference will be held within five days if the treating Physician determines, in consultation with the PacifiCare Medical Director and based on professionally recognized standards of practice, that the effectiveness of the proposed treatment or services would be materially reduced if not provided at the earliest possible date.

Independent Medical Review

If you believe that a health care service included in your coverage has been improperly denied, modified or delayed by PacifiCare or one of its Contracting Providers, you may request an independent medical review (IMR) of the decision. IMR is available for denials, delays or modifications of health care services requested by you or your Provider based on a finding that the requested service is Experimental or Investigational or is not Medically Necessary. Your case also must meet the statutory eligibility criteria and procedural requirements discussed below. If your Complaint or appeal pertains to a Disputed Health Care Service subject to Independent Medical Review (as discussed below), you must file your Complaint or appeal within 180 calendar days of receiving a denial notice.

Eligibility for Independent Medical Review

Experimental or Investigational Treatment Decisions

If you suffer from a life-threatening or seriously debilitating condition, you may have the opportunity to seek IMR of PacifiCare's coverage decision regarding Experimental or Investigational therapies under California's Independent Medical Review System pursuant to Health and Safety Code Section 1370.4. Life-Threatening means either or

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

both of the following: (a) diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted; (b) diseases or conditions with potentially fatal outcomes, where the endpoint of clinical intervention is survival. Seriously Debilitating means diseases or conditions that cause major irreversible morbidity.

To be eligible for IMR of Experimental or Investigational treatment, your case must meet all of the following criteria:

1. Your Physician certifies that you have a life-threatening or seriously debilitating condition for which:
 - Standard therapies have not been effective in improving your condition; or
 - Standard therapies would not be medically appropriate for you; or
 - There is no more beneficial standard therapy covered by PacifiCare than the proposed Experimental or Investigational therapy proposed by your Physician under the following paragraph.
2. Either (a) your PacifiCare Contracting Physician has recommended a treatment, drug, device, procedure or other therapy that he or she certifies in writing is likely to be more beneficial to you than any available standard therapies, and he or she has included a statement of the evidence relied upon by the Physician in certifying his or her recommendation; or (b) you or your non-contracting Physician — who is a licensed, board-certified or board-eligible Physician qualified to practice in the specialty appropriate to treating your condition — has requested a therapy that, based on two documents of medical and scientific evidence identified in California Health and Safety Code Section 1370.4(d), is likely to be more beneficial than any available standard therapy. To satisfy this requirement, the Physician certification must include a statement detailing the evidence relied upon by the Physician in certifying his or her recommendation. (**Please note** that PacifiCare is not responsible for the payment of services rendered by non-contracting Physicians who are not otherwise covered under your PacifiCare benefits.)
3. A PacifiCare Medical Director has denied your request for a treatment or therapy

recommended or requested pursuant to the above paragraph.

4. The treatment or therapy recommended pursuant to Paragraph 2 above would be a Covered Service, except for PacifiCare's determination that the treatment, drug, device, procedure or other therapy is Experimental or Investigational.

If you have a life-threatening or seriously debilitating condition and PacifiCare denies your request for Experimental or Investigational therapy, PacifiCare will send a written notice of the denial within five business days of the decision. The notice will advise you of your right to request IMR, and include a Physician certification form and an application form with a preaddressed envelope to be used to request IMR from the DMHC.

Disputed Health Care Services

You may also request IMR of a Disputed Health Care Service. A Disputed Health Care Service is any health care service eligible for coverage and payment under your Health Plan that has been denied, modified or delayed by PacifiCare or one of its Contracting Providers, in whole or in part, due to a finding that the service is not Medically Necessary. (**Note:** Disputed Health Care Services do not encompass coverage decisions. Coverage decisions are decisions that approve or deny health care services substantially based on whether or not a particular service is included or excluded as a covered benefit under the terms and conditions of your health care coverage.)

You are eligible to submit an application to the DMHC for IMR of a Disputed Health Care Service if you meet all of the following criteria:

1. (a) Your Provider has recommended a health care service as Medically Necessary; or (b) you have received Urgently Needed Services or Emergency Services that a Provider determined were Medically Necessary; or (c) you have been seen by a Contracting Provider for the diagnosis or treatment of the medical condition for which you seek IMR;
2. The health care service has been denied, modified or delayed by PacifiCare or one of its Contracting Providers; and
3. You have filed an appeal with PacifiCare regarding the decision to deny, delay or modify health care services and the disputed decision is upheld or the appeal remains

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

unresolved after 30 days (or three days in the case of an urgent appeal requiring expedited review). (**Note:** If there is an imminent and serious threat to your health the DMHC may waive the requirement that you complete the appeals process or participate in the appeals process for at least 30 calendar days if the DMHC determines that an earlier review is necessary in extraordinary and compelling cases if the DMHC finds that you have acted reasonably.)

You may apply to the DMHC for IMR of a Disputed Health Care Service within six months of any of the events or periods described above, or longer if the DMHC determines that the circumstances of your case warrant an IMR review. PacifiCare will provide you an IMR application form with any Grievance disposition letter that denies, modifies or delays health care services based in whole or in part due to a finding that the service is not Medically Necessary. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against PacifiCare regarding the Disputed Health Care Service. The IMR process is in addition to any other procedures or remedies that may be available to you.

Independent Medical Review Procedures

Applying for Independent Medical Review Procedures

In the case of Experimental or Investigational coverage decisions, if you have a Life-Threatening or Seriously Debilitating condition, PacifiCare will include an application for IMR in its notice to you that the requested service has been denied and include a Physician certification form with a preaddressed envelope to the DMHC. Your Physician must provide the Physician certification and medical and scientific documentation required for Experimental and Investigational IMR, which may be included with your application, or mailed or faxed directly to the DMHC by your Physician. Either you or your Physician can provide the letter from PacifiCare or its Contracting Provider denying the request for Experimental or Investigational treatment.

In the case of determinations that a Disputed Health Care Service is not Medically Necessary, PacifiCare will provide you with an IMR application form with any disposition letter resolving your appeal of the determination.

Your application for IMR of a Disputed Health Care Service may include information or documentation regarding a Provider's recommendation that the service is Medically Necessary, medical information that a service received on an urgent care or emergency basis was Medically Necessary, and any other information you received from or gave to PacifiCare or its Contracting Providers that you believe is relevant in support of your position that the Disputed Health Care Service was Medically Necessary.

Completed applications for IMR should be submitted to the DMHC. You pay no fee to apply for IMR. You, your Physician, or another designated representative acting on your behalf may request IMR. If there is any additional information or evidence you or your Physician wish to submit to the DMHC that was not previously provided to PacifiCare, you may include this information with the application for IMR. The DMHC fax number is **(916) 229-0465**. You may also reach the DMHC by calling **1-888-HMO-2219**.

Accepted Applications for Independent Medical Review

Upon receiving your application for IMR, the DMHC will review your request and notify you whether your case has been accepted. If your case is eligible for IMR, the dispute will be submitted to an independent medical review organization (IRO) contracted with the DMHC for review by one or more expert reviewers, independent of PacifiCare, who will make an independent determination of whether or not the care should be provided. The IRO selects an independent panel of medical professionals knowledgeable in the treatment of your condition, the proposed treatment and the guidelines and protocols in the area of treatment under review. Neither you nor PacifiCare will control the choice of expert reviewers.

PacifiCare must provide the following documents to the IRO within three business days of receiving notice from the DMHC that you have successfully applied for an IMR:

1. The relevant medical records in the possession of PacifiCare or its Contracting Providers;
2. All information provided to you by PacifiCare and any of its Contracting Providers concerning PacifiCare and Provider decisions regarding your condition and care (including a copy of PacifiCare's denial notice sent to you);

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

3. Any materials that you or your Provider submitted to PacifiCare and its Contracting Providers in support of the request for the health care services;
4. Any other relevant documents or information used by PacifiCare or its Contracting Providers in determining whether the health care service should have been provided and any statement by PacifiCare or its Contracting Providers explaining the reasons for the decision. The Plan shall provide copies of these documents to you and your Provider unless any information in them is found by the DMHC to be privileged.

If there is an imminent and serious threat to your health, PacifiCare will deliver the necessary information and documents listed above to the IRO within 24 hours of approval of the request for IMR.

After submitting all of the required material to the IRO, PacifiCare will promptly issue you a notification that includes an annotated list of the documents submitted and offer you the opportunity to request copies of those documents from PacifiCare.

If there is any information or evidence you or your Provider wish to submit to the DMHC in support of IMR that was not previously provided to PacifiCare, you may include this information with your application to the DMHC. Also as required, you or your Provider must provide to the DMHC or the IRO copies of any relevant medical records, and any newly developed or discovered relevant medical records after the initial documents are provided, and respond to any requests for additional medical records or other relevant information from the expert reviewers.

The Independent Medical Review Decision

The independent review panel will render its analysis and recommendations on your IMR case in writing, and in layperson's terms to the maximum extent practical, within 30 calendar days of receiving your request for IMR and supporting information. The time may be adjusted under any of the following circumstances:

- In the case of a review of an Experimental or Investigational determination, if your Physician determines that the proposed treatment or therapy would be significantly less effective if not promptly initiated. In this instance, the analysis and recommendations will be rendered

within seven calendar days of the request for expedited review. The review period can be extended up to three calendar days for a delay in providing required documents at the request of the expert. The organization shall complete its review and make its determination in writing, and in layperson's terms to the maximum extent practicable, within 30 days of the receipt of the application for review and supporting documentation, or within less time as prescribed by the director.

- If the disputed health care service has not been provided and the enrollee's Provider or the Department certifies in writing that an imminent and serious threat to the health of the enrollee may exist, including, but not limited to, serious pain, the potential loss of life, limb or major bodily function or the immediate and serious deterioration of the health of the enrollee, the analyses and determinations of the reviewers shall be expedited and rendered within three days of the receipt of the information.
- Subject to the approval of the DMHC, the deadlines for analyses and determinations involving both regular and expedited reviews may be extended by the director for up to three days in extraordinary circumstances or for good cause.

The IRO will provide the DMHC, PacifiCare, you and your Physician with each of the experts' analyses and recommendations, and a description of the qualifications of each expert. The IRO will keep the names of the expert reviewers confidential, except in cases where the reviewer is called to testify and in response to court orders. In the case of an Experimental or Investigational determination, the experts' analyses will state the reasons the requested Experimental or Investigational therapy is or is not likely to be more beneficial for you than any available standard therapy and the reasons for recommending why the therapy should or should not be provided by PacifiCare, citing your specific medical condition, the relevant documents provided and the relevant medical and scientific evidence supporting the experts' recommendation. In the case of a review of a Disputed Health Care Services denied as not Medically Necessary, the experts' analyses will state whether the Disputed Health Care Service is Medically Necessary and cite your medical condition, the relevant documents in the record and the reviewers' relevant findings.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

The recommendation of the majority of the experts on the panel will prevail. If the experts on the panel are evenly divided as to whether the health care service should be provided, the panel's decision will be deemed to be in favor of coverage. If the majority of the experts on the panel does not recommend providing the health care service, PacifiCare will not be required to provide the service.

When a Decision is Made

The DMHC will immediately adopt the decision of the IRO upon receipt and will promptly issue a written decision to the parties that will be binding on PacifiCare. PacifiCare will promptly implement the decision when received from the DMHC. In the case of an IRO determination requiring reimbursement for services already rendered, PacifiCare will reimburse either you or your Provider — whichever applies — within five business days. In the case of services not yet rendered to you, PacifiCare will authorize the services within five business days of receiving the written decision from the DMHC, or sooner if appropriate for the nature of your medical condition, and will inform you and your Physician of the authorization.

PacifiCare will promptly reimburse you for reasonable costs associated with Urgently Needed Services or Emergency Services outside of PacifiCare's Contracting Provider network, if:

- The services are found by the IRO to have been Medically Necessary;
- The DMHC finds your decision to secure services outside of PacifiCare's Contracting Provider network prior to completing the PacifiCare Grievance process or seeking IMR was reasonable under the circumstances; and
- The DMHC finds that the Disputed Health Care Services were a covered benefit under the PacifiCare Subscriber contract.

Health care services required by IMR will be provided subject to the terms and conditions generally applicable to all other benefits under your Health Plan.

For more information regarding the IMR process, or to request an application, please call Customer Service.

Review by the Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against your Health Plan, you should first telephone your Health Plan at **1-800-642-8822** or (TDHI **1-800-442-8833**) and use your Health Plan's Grievance process before contacting the department. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a Grievance involving an emergency, a Grievance that has not been satisfactorily resolved by your Health Plan, or a Grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are Experimental or Investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDHI line (**1-877-688-9891**) for the hearing- and speech-impaired. The department's Internet Web site www.bmobelp.ca.gov has Complaint forms, IMR application forms and instructions online.

Complaints Against Contracting Medical Groups/IPAs, Providers, Physicians and Hospitals

Claims against a Contracting Medical Group/IPA, the group's Physicians, or Providers, Physicians or Hospitals — other than claims for benefits under your coverage — are not governed by the terms of this plan. You may seek any appropriate legal action against such persons and entities deemed necessary.

In the event of a dispute between you and a Contracting Medical Group/IPA (or one of its Contracting Providers) for claims not involving benefits, PacifiCare agrees to make available the Member appeals process for resolution of such dispute. In such an instance, all parties must agree to this resolution process. Any decision reached through this resolution process will

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not be binding upon the parties except upon agreement between the parties. The Grievance will not be subject to binding arbitration except upon agreement between the parties. Should the parties fail to resolve the Grievance, you or the Contracting Medical Group/IPA (or its Contracting Provider) may seek any appropriate legal action deemed necessary. Member claims against PacifiCare will be handled as discussed above under "Appealing a Health Care Decision."

ERISA Rights

The following is a general description of the claims procedures applicable to Employers subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). Members should contact their Employer's benefit administrator to determine whether the Employer is subject to ERISA.

- 1) A description of PacifiCare's claims procedures, including the process for obtaining Prior Authorization of a Covered Service, is set forth below.
- 2) PacifiCare or its Contracting Medical Group/IPA processes initial requests from Members (or their authorized representatives) for Covered Services pursuant to the following timeframes:
 - a) **Non-Urgent Pre-Service Requests.** Members will be notified of decisions to authorize or deny requests for Covered Services within a reasonable period of time appropriate to the medical condition of the Member but not later than 15 days from the receipt of the request. PacifiCare or its Contracting Medical Group/IPA may extend the initial timeframe for up to 15 days due to circumstances beyond its control. However, if the extension is necessary due to the Member's failure to submit the information necessary for PacifiCare or its Contracting Medical Group/IPA to make a decision regarding the request, the Member will be notified of the extension, informed of the specific information necessary to make a decision, and provided at least 45 days to provide the specified information. In addition, the time period for making the determination is suspended from the date on which extension notification is received by the Member until the date on which (1) the Member responds with the specified

information or (2) the end of the period of time provided to submit the specified information, whichever is earlier.

- b) **Urgent Requests.** A request for Covered Services will be treated as an "urgent request" if making a determination pursuant to the timeframes in Section (a) above (i) could seriously jeopardize the life or health of the Member, or (ii) if in the opinion of a Physician with knowledge of the Member's medical condition, would subject the Member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. In the event of an urgent request, PacifiCare or its Contracting Medical Group/IPA will notify the Member of its determination to authorize or deny as soon as possible, taking into account the Member's medical condition, but not later than 72 hours after receipt of the urgent request. In the event PacifiCare or its Contracting Medical Group/IPA does not have the information necessary to make a decision regarding the request, PacifiCare or its Contracting Medical Group/IPA will notify the Member as soon as reasonably possible, but not later than 24 hours after receipt of the request and will inform the Member of the specific information necessary for PacifiCare or its Contracting Medical Group/IPA to make a determination regarding the request, and the reasonable timeframe (no less than 48 hours) for the Member to provide the specified information. PacifiCare or its Contracting Medical Group/IPA will make a determination as soon as possible but no later than 48 hours after the earlier of (1) the receipt of the requested information, or (2) the end of the period of time provided to submit the specified information.
- c) **Concurrent Care Requests.** If the Member requests an extension of a previously authorized and currently ongoing course of treatment, and the request is an "urgent request" as defined in Section (b) above, PacifiCare or its Contracting Medical Group/IPA will approve or deny the request as soon as possible, taking into account the Member's medical condition, and will notify the Member of the decision within 24 hours

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of the request, provided the Member made the request to PacifiCare or its Contracting Medical Group/IPA at least 24 hours prior to the expiration of the previously authorized course of treatment. If the concurrent care request is not an “urgent request” as defined in Section (b) above, PacifiCare or its Contracting Medical Group/IPA will treat the request as a new request for a Covered Service under the Health Plan and will follow the time frame for non-urgent requests as discussed in Section (a) above.

- d) **Post-Service Claim.** Members will be notified of denials (in whole or in part) of an initial post-service claim within a reasonable period of time, but not later than 30 days after receipt of the claim. PacifiCare or its Contracting Medical Group/IPA may extend the initial timeframe for up to 15 days due to circumstances beyond its control. However, if the extension is necessary due to the Member’s failure to submit the information necessary for PacifiCare or its Contracting Medical Group/IPA to make a decision regarding the request, the Member will be notified of the extension, informed of the specific information necessary to make a decision, and provided at least 45 days to provide the specified information. In addition, the time period for making the determination is suspended from the date on which extension notification is received by the Member until the date on which (1) the Member responds with the specified information or (2) the end of the period of time provided to submit the specified information, whichever is earlier.
- 3) **Appeal.** Members have up to 180 days following receipt of an adverse determination within which to appeal the determination. Members are entitled to a full and fair appeals process. Members may submit written comments, documents, records and information in support of their appeal. PacifiCare will notify the Member of its decision regarding the appeal no later than:
- 72 hours for an urgent request
 - 30 days for a non-urgent pre-service request (the denial of an initial request for a service not yet provided)

- 60 days for a post-service claim (the denial of a claim for services already provided but not yet paid for)
- 4) The Member agrees that their Provider will be their “authorized representative (pursuant to ERISA) regarding the receipt of approvals of requests for Covered Services for purposes of medical management.
- 5) ERISA provides for a maximum of two (2) mandatory appeal levels. Members enrolled in employee welfare benefit plans subject to ERISA may have the right to bring civil action under Section 502(a) of ERISA if all required reviews of their claim have been completed and the claim has not been approved.
- 6) A Member’s participation in a voluntary appeal level does not effect their legal rights provided under ERISA. Any statute of limitations applicable to pursuing civil action will be tolled during the period of a voluntary level of appeal.
- 7) Binding Arbitration of claims, as described in this section of this Pharmacy Program and Drug Formulary booklet, will be limited to claims that are not subject to ERISA.

Pharmacy Limitations and Exclusions

The following pharmacy limitations and exclusions apply to both the Medicare Part D portion of your pharmacy benefit and to the additional Formulary drugs that are available beyond the Medicare Part D drug coverage.

Limitations

1. Drugs prescribed for non-FDA approved indications are excluded, unless prescribed in a manner consistent with a specific indication in one of the following compendia: *Drug Information for the Health Care Professional*, published by the United States Pharmacopeial Convention; DRUGDEX information system, American Medical Association Drug Evaluations, or the American Hospital Formulary Services edition of *Drug Information*.
2. PacifiCare reserves the right to require Prior Authorization for certain drugs on the Formulary prior to dispensing.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

3. Drugs prescribed by non-contracting doctors and/or drugs dispensed by non-contracting pharmacies are not covered (except for covered prescriptions required as a result of an emergency or urgently needed service for an acute condition).
4. Smoking cessation products and treatments are covered in accordance with Medicare guidelines.
5. Medicare Part A and Part B drugs are not listed on the Formulary and are limited to those drugs available through your medical benefit.
6. Compounded drugs are limited to those drugs that are Prior Authorized and that have been determined by PacifiCare to be medically necessary.

Exclusions

1. Drugs purchased before you started or after you terminated your Secure Horizons Group Retiree Medicare Advantage Plan membership.
2. Elective or voluntary enhancement services procedures, treatments, supplies and drugs including, but not limited to:
 - Drugs used for anorexia, weight loss or weight gain. Examples of these drugs include, but are not limited to: Xenical® or Meridia®.
 - Drugs used for hair growth, athletic performance, cosmetic purposes and anti-aging. Examples of these drugs include, but are not limited to: Retin-A®, Vaniqa®, Propecia® and Lustra®.
3. Drugs for which the cost is recovered under any Workers' Compensation, Occupational Disease Law or from any state or government agency, or drugs furnished by any other drug or medical services for which there is no charge to the member.
4. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
5. Non-prescription drugs, unless they are part of a Step Therapy protocol.

Drugs Covered Under the Secure Horizons Group Retiree Medicare Advantage Plan Medical Benefit

These drugs do not count toward your Out-of-Pocket costs.

1. Immunizing agents, biological sera, blood or blood plasma, or drugs (except insulin) prescribed for intravenous or intramuscular use or administration when authorized by your contracting primary care physician, and in accordance with Medicare guidelines.
2. Drugs to be taken or administered to the eligible member while he or she is a patient in a hospital, rest home, nursing home, sanitarium and/or skilled nursing facility, while receiving a skilled level of care.
3. Medicare-covered drugs delivered or administered to the member by the prescriber or the prescriber's staff.
4. Glucose test strips and lancets may be limited to specific brands.
5. Immunosuppressive drugs following a Medicare-approved organ transplant in accordance with Medicare guidelines.
6. Medicare-covered oral chemotherapy drugs, anti-nausea drugs and inhalant solutions, in accordance with Medicare guidelines, and applicable Coinsurance applies.

For a list of drugs covered under your Secure Horizons Group Retiree Medicare Advantage Plan medical benefit, please call Customer Service.

How the Formulary Is Organized

The Formulary on the following pages is divided into two separate listings:

- Part 1 of the Formulary Listing includes the drugs that are covered under your Medicare Part D Drug Coverage and;
- Part 2 of the Formulary Listing includes additional Formulary drugs that are not covered by Medicare Part D but which you and your doctor may choose to treat your particular medical condition.

For more information, please call Customer Service at 1-800-228-2144 (for the hearing impaired, 1-800-685-9355), 7 a.m. to 9 p.m., Monday through Friday.

How to Read the Secure Horizons Drug Formulary Listing

The Formulary has been developed to assist you and your doctor in determining which drugs are covered under the Secure Horizons Medicare-approved Prescription Drug Benefit.

The drugs on the Formulary are first grouped into drug **categories** based on the type of medical condition the drugs are designed to treat. Under the category, the drugs are listed by therapeutic **class**. For example, the class containing Asthma Drugs is located under the category of Respiratory Agents.

All drugs on the Formulary are listed with their tier designation. The tier designation of drug determines the Copayment that you will pay for that drug. Please see the Copayment amounts listed in the Retiree Benefits Summary Insert or the Schedule of Benefits.

Certain drugs on the Formulary have quantity limits, Prior Authorization and/or Step-Therapy requirements. Any limits or requirements will be listed next to the drug.

The Formulary on the following pages does not itemize all the strengths and dosage forms available for each drug. This list may change as drugs are added or deleted from the Formulary. If you do not see your current drugs listed, or if you would like an updated Formulary, please visit our Web site at www.securehorizons.com or call Customer Service.

What Is on the Formulary

- All drug names listed in bold are covered under the Formulary Pharmacy Benefit.
- Drug names listed in regular print are **not** covered and are listed for reference purposes only.

Secure Horizons Drug Formulary Index

All of the drugs included in the Formulary are also listed in alphabetical order at the end of this booklet. The index contains Formulary drugs and other drugs that are included in the index for reference purposes only.

Part 1 - Formulary Drugs Covered Under Your Medicare Part D Drug Coverage

These Formulary drugs are covered under your Medicare Part D drug benefit and apply toward your Out-of-Pocket Costs.

Note: The presence of a drug on the Formulary does not guarantee that you will be prescribed that drug by your doctor or other medical provider for a particular medical condition.

For specific Copayment amounts, please see the Retiree Benefits Summary Insert or the Schedule of Benefits or call Customer Service.

Please see page 52 for a listing of additional Formulary drugs that are not covered under your Medicare Part D drug benefit.

Anesthetics (Drugs for numbing)			
GENERIC	BRAND	TIER	NOTES
Injectable Drugs			
Bupivacaine	Bupivacaine Spinal, Sensorcaine-MPF Spinal	I	Injection
Bupivacaine HCl	Marcaine, Marcaine w/o Epi, Sensorcaine- MPF	I	Injection
Bupivacaine w/ Epinephrine	Marcaine w/ Epinephrine, Sensorcaine w/ Epinephrine	I	Injection
Chloroprocaine HCl	Nesacaine, Nesacaine- MPF	I	Injection
Etomidate	Amidate	I	IV Solution
Ketamine HCl	Ketalar	I	Injection
Lidocaine HCl	Xylocaine	I	Injection
Lidocaine w/ Epinephrine	Xylocaine w/ Epinephrine	I	Injection
Lidocaine w/ Epinephrine	Xylocaine-MPF w/ Epinephrine	I	Injection
Propofol	Diprivan	I	Emulsion
Tetracaine HCl	Pontocaine	I	Injection
Topical Drugs			
Lidocaine	Lidoderm	III	Patch
Lidocaine HCl	Xylocaine	I	Solution
Lidocaine HCl	Xylocaine	I	Ointment
Lidocaine HCl	Xylocaine	I	Gel
Lidocaine HCl	Lidamantle	I	Cream
Lidocaine HCl	Lidamantle	I	Lotion
Lidocaine-Hydrocortisone Acetate	Lidamantle HC	I	Cream, Lotion
Lidocaine-Prilocaine	Emla	I	Cream
Pramoxine-HC	HC Pramoxine	I	Cream

**Anti-infective Agents
(Drugs to treat infections)**

GENERIC	BRAND	TIER	NOTES
Antibiotics			
Amikacin Sulfate	Amikin	I	Injection
Amoxicillin	Amoxil	I	Chewable Tablet, Suspension, Tablet
Amoxicillin	Amoxil	I	Capsule
Amoxicillin/Potassium Clavulanate	Augmentin	I	Chewable Tablet, Suspension, Tablet
Amoxicillin/Potassium Clavulanate	Augmentin	II	SR Tablet
Ampicillin	Principen	I	Capsule, Suspension
Ampicillin & Sulbactam Sodium	Unasyn	I	Injection
Ampicillin Sodium	Ampicillin Sodium	I	Injection
Ampicillin Sodium	Totacillin-N	I	Injection, IV Solution
Azithromycin	Zithromax, 500mg	II	Limit 3 tablets of Zithromax 500mg with each prescription. There is a maximum of 2 prescriptions or 6 tablets every 30 days.
Azithromycin	Zithromax, 250mg	II	Limit 6 tablets of Zithromax 250mg with each prescription. There is a maximum of 2 prescriptions or 12 tablets every 30 days.
Azithromycin	Zithromax, 600mg	II	Limit 8 tablets of Zithromax 600mg with every prescription.
Azithromycin	Zithromax	II	Powder
Azithromycin	Zithromax	II	Suspension
Bacitracin	Baci-IM	I	Solution
Cefaclor	Ceclor	I	Capsule, Suspension
Cefaclor Monohydrate	Cefaclor ER	I	SR Tablet
Cefadroxil	Duricef	I	Capsule, Tablet
Cefazolin Sodium	Ancef, Kefzol	I	Injection
Cefdinir	Omnicef	II	Capsule, Suspension
Cefditoren Pivoxil	Spectracef	II	Tablet
Cefixime	Suprax	III	Suspension
Cefotaxime Sodium	Claforan	I	Injection
Cefotetan Disodium	Cefotan	III	Injection
Cefoxitin Sodium	Mefoxin	I	Injection

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Cefpodoxime Proxetil	Vantin	I	Tablet
Cefprozil	Cefzil	III	Suspension, Tablet
Ceftazidime	Tazidime	I	Injection, IV Solution
Ceftriaxone Sodium	Rocephin	I	Injection
Cefuroxime Axetil	Ceftin	I	Tablet
Cefuroxime Sodium	Kefurox, Zinacef	I	Injection
Cephalexin	Keflex	I	Capsule, Suspension
Cephalexin	Cephalexin Monohydrate	I	Tablet
Cephradine	Velosef	II	Capsule, Suspension
Chloramphenicol Sodium	Chloromycetin	I	Injection
Ciprofloxacin	Cipro I.V.	III	IV Solution
Ciprofloxacin HCl	Cipro	I	Tablet
Clarithromycin	Biaxin	I	Tablet, Suspension
Clarithromycin	Biaxin XL Pac	II	SR Tablet
Clindamycin HCl	Cleocin	I	Capsule
Clindamycin Phosphate	Cleocin	I	Injection, IV Solution
Clindamycin Phosphate Vaginal	Clindamax	I	Vaginal Cream
Colistimethate Sodium	Coly-Mycin-M	I	Injection
Demeclocycline HCl	Declomycin	I	Tablet. Prior authorization required.
Dicloxacillin Sodium	Dynapen	I	Capsule
Doxycycline Hyclate	Vibramycin, Doxy-Caps	I	Capsule
Doxycycline Hyclate	Vibramycin	I	Injection
Doxycycline Hyclate	Periostat, Vibratab	I	Tablet
Doxycycline Monohydrate	Monodox	I	Capsule
Erythromycin	ERYC	I	Capsule
Erythromycin	Ery-Tab	II	Delayed Release Tablet
Erythromycin & Sulfisoxazole	Pediazole	I	Suspension
Erythromycin Ethylsuccinate	E.E.S.	I	Tablet, Suspension
Erythromycin Stearate	Erythrocin Stearate	I	Tablet
Gatifloxacin	Tequin	III	Tablet
Gentamicin Sulfate	Garamycin	I	Injection, IV Solution
Kanamycin Sulfate	Kantrex	I	Injection
Levofloxacin	Levaquin	II	Tablet, Oral Solution
Linezolid	Zyvox	III	Tablet, Suspension. Prior authorization required.
Loracarbef	Lorabid	III	Capsule, Suspension
Methenamine Hippurate	Hiprex, Urex	I	Tablet

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Methenamine Mandelate	Mandelamine	I	Tablet
Methenamine-Bella Alk-Meth Blue-Phenyl Sal	Usept, Uriseptic	I	Tablet
Methenamine-Hyosc-Meth Blue-Sod Biphos-Phenyl Sal	Urogesic-Blue, Urimax, Utira	I	Tablet
Methen-Meth Blue-Benz Acd-Phenyl Sal-Atrop-Hyosc T	Uritact DS	I	Tablet
Metronidazole	Flagyl	I	Tablet, Capsule
Metronidazole in NaCl	Flagyl	I	IV Solution
Minocycline HCl	Dynacin	I	Capsule
Minocycline HCl	Myrac	I	Tablet
Moxifloxacin HCl	Avelox	II	Tablet
Nafcillin Sodium	Nallpen	I	Injection, IV Solution
Neomycin Sulfate	Neomycin Sulfate	I	Tablet
Nitrofurantoin Macrocrystal	Macrodantin	I	Capsule
Nitrofurantoin Monohyd Macro	MacroBid	I	Capsule
Nystatin Vaginal	Nystatin Vaginal Tablet	I	Vaginal Tablet
Ofloxacin	Floxin	I	Tablet
Oxacillin Sodium	Bactocill	I	Injection, IV Solution
Paromomycin Sulfate	Humatin	I	Capsule
Penicillin G Potassium	Pfizerpen	I	Injection
Penicillin G Sodium	Penicillin G Sodium	I	Injection
Penicillin V Potassium	Veetids	I	Tablet, Solution
Pentamidine Isethionate	Pentam 300	I	Solution
Piperacillin Sodium	Pipracil	I	Injection, IV Solution
Piperacillin Sodium-Tazobactam Sodium	Zosyn	III	Injection, IV Solution
Sulfadiazine	Sulfadiazine	I	Tablet
Sulfisoxazole Acetyl	Gantrisin Pediatric	II	Suspension
Telithromycin	Ketek Pak	II	Limit 20 tablets of Ketek every 30 days.
Tetracycline HCl	Achromycin V, Sumycin	I	Capsule
Tobramycin Sulfate	Nebcin	I	Injection
Trimethoprim	Proloprim	I	Tablet
Trimethoprim/Sulfamethoxazole	Bactrim DS, Septra DS, Bactrim, Septra, Sulfatrim	I	Tablet, Suspension, IV Solution
Vancomycin HCl	Vancocin	I	Injection
Vancomycin HCl	Vancocin HCl	III	Capsule. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Antifungals			
Amphotericin B	Fungizone, Amphocin	I	Injection
Clotrimazole	Mycelex	I	Troche
Fluconazole	Diflucan	I	Limit 2 tablets of Fluconazole 150mg within a 30 day period.
Fluconazole	Diflucan 150mg	I	Suspension
Fluconazole in Dextrose	Diflucan Dextrose	I	Injection
Fluconazole in NACL	Diflucan	I	Injection
Griseofulvin Microsize	Grifulvin-V	II	Tablet, Suspension
Griseofulvin Ultramicrosized	Gris-Peg	II	Tablet
Itraconazole	Sporanox	I	Capsule. Prior authorization required.
Itraconazole	Sporanox	III	Capsule, Oral Solution. Prior authorization required.
Ketoconazole	Nizoral	I	Tablet
Miconazole Nitrate Vaginal	Miconazole 3, M-Zole 3 Combo Pack	I	Vaginal Suppository
Nystatin	Mycostatin, Bio-Staton, Nystatin	I	Suspension, Powder, Tablet
Terbinafine HCl	Lamisil	III	Tablet
Terconazole Vaginal	Terazol 3, Terazol 7, Zazole	I	Vaginal Cream
Tioconazole Vaginal	CVA Tioconazole 1	I	Vaginal Ointment
Voriconazole	Vfend	III	Tablet, Suspension. Prior authorization required.
Anti-infectives, Other			
Dapsone	Dapsone	I	Tablet
Hepatitis Drugs			
Adefovir Dipivoxil	Hepsera	III	Tablet. Prior authorization required.
Peginterferon Alfa-2B	Peg-Intron	III	Injection. Prior authorization required.
Ribavirin	Rebetol, Ribasphere	I	Capsule. Prior authorization required.
HIV Drugs			
Abacavir Sulfate	Ziagen	II	Tablet, Solution
Abacavir Sulfate-Lamivudine	Epzicom	II	Tablet
Abacavir Sulfate-Lamivudine-Zidovudine	Trizivir	II	Tablet
Amprenavir	Agenerase	II	Capsule, Oral Solution

GENERIC	BRAND	TIER	NOTES
HIV Drugs (continued)			
Atazanavir Sulfate	Reyataz	II	Capsule
Delavirdine Mesylate	Rescriptor	II	Tablet
Didanosine	Videx EC	I	Delayed Release Capsule
Didanosine	Videx	II	Chewable Tablet, Powder
Didanosine	Videx Pediatric	II	Solution
Efavirenz	Sustiva	II	Capsule, Tablet
Emtricitabine	Emtriva	II	Capsules
Emtricitabine	Emtriva	III	Oral Solution
Emtricitabine-Tenofovir Disoproxil Fumarate	Truvada	II	Tablet
Enfuvirtide	Fuzeon	III	Injection. Prior authorization required.
Fosamprenavir Calcium	Lexiva	II	Tablet
Indinavir Sulfate	Crixivan	II	Capsule
Lamivudine	Epivir	II	Tablet, Oral Solution
Lamivudine	Epivir HBV	II	Tablet, Oral Solution
Lamivudine-Zidovudine	Combivir	II	Tablet
Lopinavir-Ritonavir	Kaletra	II	Capsule, Solution
Nelfinavir Mesylate	Viracept	II	Tablet, Powder
Nevirapine	Viramune	II	Tablet, Suspension
Ritonavir	Norvir	II	Capsule, Oral Solution
Saquinavir	Fortovase	II	Capsule
Saquinavir Mesylate	Invirase	II	Capsule, Tablet
Stavudine	Zerit	II	Capsule, Oral Solution
Tenofovir Disoproxil Fumarate	Viread	II	Tablet
Tipranavir	Aptivus	III	Capsule
Zalcitabine	Hivid	II	Tablet
Zidovudine	Retrovir	II	Capsule, Syrup, Tablet
Malaria Drugs			
Atovaquone-Proguanil HCl	Malarone	III	Tablet
Chloroquine Phosphate	Aralen	I	Tablet
Iodoquinol	Yodoxin	II	Tablet
Mefloquine HCl	Lariam	I	Limit 12 tablets of Mefloquine every 90 days.
Primaquine Phosphate	Primaquine Phosphate	I	Tablet
Pyrimethamine	Daraprim	II	Tablet
Quinine Sulfate	Quinerva, Quinine Sulfate	I	Tablet, Capsule

GENERIC	BRAND	TIER	NOTES
Parasitic Infection Drugs			
Albendazole	Albenza	II	Tablet
Crotamiton	Eurax	II	Cream, Lotion
Ivermectin	Stromectol	II	Tablet
Lindane	None	I	Shampoo
Mebendazole	Vermox	I	Chewable Tablet
Nitazoxanide	Alinia	II	Tablet, Suspension.
Permethrin	Acticin, Elimite	I	Cream
Praziquantel	Biltricide	II	Tablet
Thiabendazole	Mintezol	II	Chewable Tablet, Suspension
Tinidazole	Tindamax	III	Tablet
Tuberculosis Drugs			
Aminosalicylic Acid	Paser	III	Granules
Ethambutol HCl	Myambutol	I	Tablet
Ethionamide	Trecator-SC	III	Tablet
Isoniazid	Isoniazid	I	Tablet, Syrup
Isoniazid & Rifampin	Rifamate	III	Capsule
Isoniazid-Rifampin w/ Pyrazinamide	Rifater	III	Tablet
Pyrazinamide	Pyrazinamide	I	Tablet
Rifabutin	Mycobutin	II	Capsule
Rifampin	Rifadin, Rimactane	I	Capsule, Injection
Rifapentine	Priftin	III	Tablet
Viral Infection Drugs			
Acyclovir	Zovirax	I	Capsule, Tablet, Suspension
Acyclovir Sodium	Zovirax	I	Injection
Famciclovir	Famvir	III	Tablet
Ganciclovir	Cytovene	I	Capsule. Prior authorization required. Limit 180 days supply of Ganciclovir 500mg within a 365 day period.
Oseltamivir Phosphate	Tamiflu Capsule	III	Limit 10 capsules of Tamiflu every 365 days.
Oseltamivir Phosphate	Tamiflu Suspension	III	Limit 75mL of Tamiflu suspension every 365 days.
Rimantadine Hydrochloride	Flumadine	I	Tablet
Valacyclovir HCl	Valtrex	III	Tablet

GENERIC	BRAND	TIER	NOTES
Viral Infection Drugs (continued)			
Valganciclovir HCl	Valcyte	III	Tablet. Prior authorization required. Limit 180 days supply of Valcyte 450mg within a 365 day period.
Cardiovascular Agents (Drugs to treat heart and circulation conditions)			
GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs			
Acebutolol HCl	Sectral	I	Capsule
Amlodipine Besylate-Atorvastatin Calcium	Caduet	III	Tablet
Amiloride & HCTZ	Moduretic	I	Tablet
Amiloride HCl	Midamor	I	Tablet
Amlodipine Besylate	Norvasc	III	Limit 1 tablet of Norvasc 2.5mg per day.
Atenolol	Tenormin	I	Tablet
Atenolol & Chlorthalidone	Tenoretic	I	Tablet
Benazepril & HCTZ	Lotensin-HCT	I	Tablet
Benazepril HCl	Lotensin	I	Tablet
Benazepril HCl-Amlodipine Besylate	Lotrel	II	Capsule
Betaxolol HCl	Kerlone	I	Tablet
Bisoprolol & Hydrochlorothiazide	Ziac	I	Tablet
Bisoprolol Fumarate	Zebeta	I	Tablet
Bumetanide	Bumex	I	Tablet, Injection
Candesartan Cilexetil	Atacand	III	Tablet
Captopril	Capoten	I	Tablet
Captopril & HCTZ	Capozide	I	Tablet
Carvedilol	Coreg	II	Tablet
Chlorothiazide	Diuril	I	Tablet
Chlorthalidone	Hygroton	I	Tablet
Clonidine HCl	Catapres	I	Tablet
Clonidine HCl	Catapres-TTS-1	III	Transdermal Patch
Diltiazem HCl	Cardizem	I	IV Solution
Diltiazem HCl	Cardizem SR, Dilacor XR, Diltia XT, Cardizem CD, Cartia XT, Taztia XT, Tiazac	I	SR Capsule
Diltiazem HCl	Cardizem	I	Tablet
Diltiazem HCl	Cardizem LA	III	SR Capsule
Diltiazem HCl	Dilt-CD	I	SR Capsule

GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs (continued)			
Diltiazem HCl	Cartia XT, Diltia XT, Taztia XT	I	SR Capsule
Dobutamine	Dobutamine, Dobutrex	I	Injection
Dobutamine	Dobutamine	I	Injection
Dopamine	Dopamine	I	Injection
Doxazosin Mesylate	Cardura	I	Tablet
Enalapril & HCTZ	Vaseretic	I	Tablet
Enalapril Maleate	Vasotec	I	Tablet
Enalaprilat	Vasotec IV	I	Injection
Ephedrine	Ephedrine	I	Injection
Felodipine	Plendil	I	SR Tablet
Fenoldopam Mesylate	Corlopam	I	Injection
Fosinopril & HCTZ	Monopril HCT	I	Tablet
Fosinopril Sodium	Monopril	I	Tablet
Furosemide	Lasix	I	Tablet, Oral Solution, Injection
Guanfacine	Tenex	I	Tablet
Hydralazine HCl	Apresoline	I	Tablet, Injection
Hydrochlorothiazide	Microzide	I	Capsule
Hydrochlorothiazide	Hydrochlorothiazide	I	Solution
Hydrochlorothiazide	Hydro-Diuril	I	Tablet
Indapamide	Lozol	I	Tablet
Irbesartan	Avapro	III	Tablet
Irbesartan-Hydrochlorothiazide	Avalide	III	Tablet
Labetalol HCl	Normodyne, Trandate	I	Tablet, IV Solution
Lisinopril	Prinivil, Zestril	I	Tablet
Lisinopril & HCTZ	Prinzide, Zestoretic	I	Tablet
Losartan	Cozaar	III	Tablet
Losartan & HCTZ	Hyzaar	III	Tablet
Methyclothiazide	Enduron	I	Tablet
Methyldopa	Aldomet	I	Tablet
Methyldopa & Hydrochlorothiazide	Aldoril-25, Aldoril-15	I	Tablet
Methyldopate	Aldomet	I	Injection
Metolazone	Zaroxolyn	I	Tablet
Metoprolol & HCTZ	Lopressor HCT	I	Tablet
Metoprolol Succinate	Toprol XL	II	SR Tablet
Metoprolol Tartrate	Lopressor	I	Tablet, Injection
Midodrine HCl	Orvaten, Proamatine	I	Tablet
Minoxidil	Loniten	I	Tablet
Moexipril HCl	Univasc	II	Tablet

GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs (continued)			
Moexipril-Hydrochlorothiazide	Uniretic	II	Tablet
Nadolol	Corgard	I	Tablet
Nicardipine HCl	Cardene	I	Capsule
Nicardipine HCl	Cardene SR	II	SR Capsule
Nifedipine	Procardia	I	Capsule
Nifedipine	Various	I	SR Tablet. Quantity limits.
Nifedipine	Afeditab CR, Nifediac CC, Nifedical XL	I	SR Tablet
Nisoldipine	Sular	II	SR Tablet. Quantity limits.
Norepinephrine	Levophed	I	Injection
Olmesartan Medoxomil	Benicar	II	Tablet. Step therapy
Omesartan Medoxomil-HCTZ	Benicar HCT	II	Tablet. Step therapy
Phenylephrine	Neo-Synephrine	I	Injection
Pindolol	Visken	I	Tablet
Prazosin	Minipress	I	Capsule
Propranolol & HCTZ	Inderide	I	Tablet
Propranolol HCl	Inderal	I	Tablet, Oral Solution, Injection
Propranolol HCl	Inderal LA	II	SR Capsule
Quinapril	Accupril	I	Tablet
Propranolol HCl	Innopran XL	III	SR Capsule
Quinapril-Hydrochlorothiazide	Quinaretic	I	Tablet
Ramipril	Altace	II	Capsule
Spironolactone	Aldactone	I	Tablet
Spironolactone & HCTZ	Aldactazide	I	Tablet
Telmisartan	Micardis	III	Tablet
Terazosin HCl	Hytrin	I	Capsule
Timolol Maleate	Blocadren	I	Tablet
Torsemide	Demadex	I	Tablet
Trandolapril	Mavik	III	Tablet
Trandolapril-Verapamil	Tarka	III	CR Tablet
Triamterene & HCTZ	Dyazide, Maxzide, Maxzide-25	I	Capsule, Tablet
Valsartan	Diovan	II	Tablet. Step therapy
Valsartan-Hydrochlorothiazide	Diovan HCT	II	Tablet. Step therapy
Verapamil HCl	Calan, Isoptin, Calan SR, Isoptin SR, Verelan	I	Tablet, CR Tablet, SR Capsule, IV Solution

GENERIC	BRAND	TIER	NOTES
Cardiovascular Drugs, Other			
Bosentan	Tracleer	III	Tablet. Prior authorization required.
Isoxuprine	Vasodilan	I	Tablet
Papaverine	Para-Time	I	CR Capsule
Papaverine	Papaverine	I	Injection
Chest Pain Drugs			
Isosorbide Dinitrate	Isochron	I	CR Tablet
Isosorbide Dinitrate	Isordil	I	Tablet
Isosorbide Mononitrate	Imdur, Monoket, Ismo	I	Tablet, SR Tablet
Nitroglycerin	Nitroglycerin	I	IV Solution
Nitroglycerin	Nitro-Time	I	CR Capsule
Nitroglycerin	Nitrostat, NitroQuick	I	SL Tablet
Nitroglycerin	Minitran, NitroDur	I	Transdermal Patch
Nitroglycerin	Nitrotab	I	Tablet
Cholesterol Control Drugs			
Atorvastatin Calcium	Lipitor	III	Prior authorization required. Quantity limits.
Cholestyramine	Questran	I	Powder
Cholestyramine Light Powder	Questran Light, Prevalite	I	Powder
Colestipol HCl	Colestid	II	Tablet, Granules
Ezetimibe	Zetia	III	Tablet
Ezetimibe-Simvastatin	Vytorin	II	Tablet. Quantity limits.
Fenofibrate	Tricor	III	Tablet
Fenofibrate, Micronized	Lofibra	II	Micronized Capsule
Fluvastatin	Lescol	III	Capsule
Fluvastatin	Lescol XL	III	SR Tablet
Gemfibrozil	Lopid	I	Tablet
Lovastatin	Mevacor	I	Tablet
Niacin	Niaspan	II	CR Tablet
Niacin-Lovastatin	Advicor	II	SR Tablet
Rosuvastatin	Crestor	III	Tablet
Simvastatin	Zocor	II	Tablet. Quantity limits.
Heart Regulation Drugs			
Adenosine	Adenocard	I	IV Solution
Amiodarone HCl	Cordarone IV.	I	Injection
Amiodarone HCl	Cordarone, Pacerone	I	Tablet

GENERIC	BRAND	TIER	NOTES
Heart Regulation Drugs (continued)			
Amiodarone HCl	Pacerone	I	Tablet
Bretylium Tosylate	Bretylium Tosylate	I	Injection
Digoxin	Digitex, Lanoxin	I	Tablet, Injection, Elixir
Digoxin	Lanoxin	II	Elixir, Tablet
Disopyramide Phosphate	Norpace	I	Capsule, SR Capsule
Dofetilide	Tikosyn	III	Capsule
Esmolol	Brevibloc	I	Injection
Flecainide Acetate	Tambocor	I	Tablet
Lidocaine HCl	Xylocaine	I	Injection, IV Solution
Mexiletine HCl	Mexitil	I	Capsule
Milrinone	Primacor	I	IV Solution
Procainamide HCl	Procainamide, Pronestyl, Procan SR, Pronestyl SR	I	Capsule, CR Tablet, Injection
Procainamide HCl	Procanbid	III	SR Tablet
Propafenone HCl	Rythmol	I	Tablet
Quinidine Gluconate	Quinidine Gluconate, Quinidine Gluconate ER	I	Tablet, Injection
Quinidine Sulfate	Quinidine Sulfate, Quinidine Sulfate ER	I	Tablet, CR Tablet
Sotalol HCl	Betapace, Sorine	I	Tablet
Sotalol HCl	Sotalol HCl AF	I	Tablet
Miscellaneous			
Alprostadil	Prostin VR	I	Injection
Edetate Disodium	Endrate	I	Injection
Morrhuate Sodium	Scleromate	I	Injection
Chemotherapy Agents (Drugs to treat cancer and cancer treatment side effects)			
GENERIC	BRAND	TIER	NOTES
Aldesleukin	Proleukin	III	IV Solution. Prior authorization required.
Altretamine	Hexalen	II	Capsule. Prior authorization required.
Amifostine Crystalline	Ethyol	III	Injection
Anastrozole	Arimidex	II	Tablet
Arsenic Trioxide	Trisenox	III	Injection
Asparaginase	Elspar	III	Injection
Azacitidine	Vidaza	III	Injection
BCG Vaccine Intravesical	Tice BCG	III	Suspension
Bevacizumab	Avastin	III	IV Solution. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Chemotherapy Agents (continued)			
Bexarotene	Targretin	II	Gel. Prior authorization required.
Bexarotene	Targretin	II	Capsule. Prior authorization required.
Bicalutamide	Casodex	II	Tablet
Bleomycin Sulfate	Blenoxane	I	Injection
Bortezomib	Velcade	III	Injection
Busulfan	Myleran	II	Tablet. Prior authorization required.
Busulfan	Busulfex	III	Injection
Capecitabine	Xeloda	II	Tablet. Prior authorization required.
Carboplatin	Paraplatin	I	IV Solution, Injection.
Carmustine	BiCNU	III	Injection
Chlorambucil	Leukeran	II	Tablet
Cisplatin	Platinol AQ	I	Injection
Cladribine	Leustatin	I	Injection
Cyclophosphamide	Cytosan, Neosar	I	Injection, Tablet. Prior authorization required.
Cytarabine	Cytosar-U	I	Injection
Dacarbazine	DTIC-Dome	I	Injection
Daunorubicin HCl	Cerubidine	I	Injection
Denileukin Diftitox	Ontak	III	IV Solution
Dexrazoxane	Zinecard	I	Injection
Docetaxel	Taxotere	III	Concentrate
Docetaxel	Taxotere	III	Injection. Prior authorization required
Doxorubicin HCl	Adriamycin	I	Injection
Erlotinib	Tarceva	III	Tablet. Prior authorization required.
Estramustine Phosphate Sodium	Emcyt	II	Capsule
Etoposide	VePesid, Toposar	I	Capsule, Injection. Prior authorization required.
Exemestane	Aromasin	II	Tablet
Floxuridine	FUDR	I	Injection
Fludarabine Phosphate	Fludara	I	Injection
Fluorouracil	Efudex	I	Solution
Fluorouracil	Adrucil	I	Injection
Fluorouracil	Carac	II	Cream
Fluorouracil	Fluoroplex	III	Cream, Solution

GENERIC	BRAND	TIER	NOTES
Chemotherapy Agents (continued)			
Fluorouracil	Efudex	II	Solution, Cream
Flutamide	Eulexin	I	Capsule
Fulvestrant	Faslodex	III	Injection. Prior authorization required.
Gemcitabine HCl	Gemzar	III	Injection
Goserelin Acetate	Zoladex	III	Implant
Hydroxyurea	Hydrea	I	Capsule
Hydroxyurea	Mylocel	II	Tablet
Idarubicin HCl	Idamycin	I	Injection
Ifosfamide	Ifex	I	Injection
Ifosfamide & Mesna	Ifex/Mesna	I	Injection
Imatinib Mesylate	Gleevec	II	Tablet. Prior authorization required.
Irinotecan HCl	Camptosar	III	Injection
Letrozole	Femara	II	Tablet
Leucovorin Calcium	Leucovorin Calcium	I	Tablet, Injection. Prior authorization required.
Leuprolide Acetate	Lupron	I	Injection
Leuprolide Acetate	Lupron Depot	III	Injection
Lomustine	Ceenu	II	Dose Pack
Mechlorethamine HCl	Mustargen	III	Injection. Prior authorization required.
Melphalan	Alkeran	II	Tablet, Injection. Prior authorization required.
Mercaptopurine	Purinethol	I	Tablet
Mesna	Mesnex	I	Injection
Mesna	Mesnex	III	Tablet. Prior authorization required.
Methotrexate Sodium	Methotrexate Sodium	I	Tablet, Injection
Mitomycin	Mutamycin	I	Injection
Mitotane	Lysodren	II	Tablet. Prior authorization required.
Mitoxantrone HCl	Novantrone	III	Injection. Prior authorization required.
Nilutamide	Nilandron	II	Tablet
Oxaliplatin	Eloxatin	III	Injection
Paclitaxel	Taxol, Onxol	I	IV Concentrate
Pegaspargase	Oncaspar	III	Injection
Pemetrexed Disodium	Alimta	III	IV Solution. Prior authorization required.
Pentostatin	Nipent	III	Injection

GENERIC	BRAND	TIER	NOTES
Chemotherapy Agents (continued)			
Porfimer Sodium	Photofrin	III	Injection
Procarbazine HCl	Matulane	II	Capsule. Prior authorization required.
Rasburicase	Elitek	III	IV Solution
Rituximab	Rituxan	III	Injection. Prior authorization required.
Tamoxifen Citrate	Nolvadex	I	Tablet
Temozolomide	Temodar	II	Capsule. Prior authorization required.
Teniposide	Vumon	III	IV Solution. Prior authorization required.
Testolactone	Teslac	II	Tablet
Thioguanine	Thioguanine	I	Tablet
Thiotepa	Thiotepa	I	Injection. Prior authorization required.
Topotecan HCl	Hycamtin	III	Injection
Toremifene Citrate	Fareston	II	Tablet
Tretinoin	Vesanoid	II	Capsule. Prior authorization required.
Vincristine Sulfate	Vincasar, Oncovin	I	IV Solution
Vinorelbine Tartrate	Navelbine	I	Injection
Dental and Oral Agents (Drugs to treat mouth and throat conditions)			
GENERIC	BRAND	TIER	NOTES
Chlorhexidine Gluconate	Peridex, Periogard	I	Solution
Lidocaine HCl	Lidomar, Xylocaine	I	Solution
Lidocaine HCl (Endotracheal)	Lidomar	I	Solution
Oral Wound Care Products-For Soln Rinse	Salicept	I	Solution
Pilocarpine HCl (Oral)	Salagen	I	Tablet
Sodium Fluoride	SF 50000 Plus, T-Naf, Control RX, Phos-Flur	I	Cream, Gel
Stannous Fluoride	Various	I	Concentrate
Triamcinolone Acetonide	Kenalog in Orabase	I	Orabase
Dermatological Agents (Drugs to treat skin conditions)			
GENERIC	BRAND	TIER	NOTES
Acne Drugs			
Adapalene	Differin	III	Cream, Gel, Pad, Solution
Azelaic Acid	Finacea	II	Gel
Benzoyl Peroxide	Benzac AC	I	Liquid, Gel

GENERIC	BRAND	TIER	NOTES
Acne Drugs (continued)			
Benzoyl Peroxide	Benzashave 10, Del-Aqua	I	Cream, Gel
Benzoyl Peroxide	Desquam-E, Seba-Gel	I	Gel
Benzoyl Peroxide	Ethehexderm BPW-5	I	Liquid
Benzoyl Peroxide-Erythromycin	Benzamycin	I	Gel
Clindamycin Phosphate (Topical)	Cleocin-T, Clindamax, Clindets	I	Solution, Lotion, Swab, Gel
Clindamycin Phosphate-Benzoyl Peroxide	Benzaclin	II	Gel
Erythromycin	A/T/S, Eryderm, Emgel, Erygel	I	Solution, Gel
Erythromycin (Acne Aid)	Emcin Clear	I	Pad
Isotretinoin	Amnsteem, Accutane	I	Capsule. Prior authorization required.
Sulfacetamide Sodium w/ Sulfur	Sulfacet-R, Zetacet, Plexion TS	I	Lotion, Suspension, Emulsion
Sulfacetamide Sodium w/ Sulfur	Rosaderm	I	Emulsion
Sulfacetamide Sodium w/ Sulfur	Clenia	I	Cream
Sulfacetamide Sodium w/ Sulfur	Rosanil	I	Emulsion
Sulfacetamide Sodium w/ Sulfur	Zetacet	I	Lotion, Suspension
Sulfacetamide Sodium-Sulfur with Sunscreen	Rosac	III	Cream
Tretinoin	Avita, Retin-A	I	Cream, Gel
Tretinoin Microsphere	Retin-A Micro	II	Gel
Antibiotics			
Gentamicin Sulfate	Gentamicin Sulfate	I	Cream, Ointment
Metronidazole (Topical)	Metrocream	I	Cream
Metronidazole (Topical)	Metrogel	II	Gel
Mupirocin	Bactroban, Centany	I	Ointment
Mupirocin Calcium (Topical)	Bactroban	II	Cream
Silver Sulfadiazine	Silvadene, Thermazine	I	Cream
Antifungals			
Ciclopirox	Loprox	I	Cream, Lotion
Ciclopirox	Penlac	III	Solution
Clioquinol-HC	Clioquinol-HC	I	Cream
Clotrimazole	Various	I	Cream, Solution
Clotrimazole	SB Clotrimazole Foor	I	Cream
Clotrimazole w/ Betamethasone	Lotrisone	I	Cream, Lotion
Econazole Nitrate	Spectazole	I	Cream
Iodoquinol-HC	Vytone, Dermazene	I	Cream
Ketoconazole	Kuric, Nizoral	I	Cream, Shampoo
Naftifine	Naftin	III	Cream, Gel

GENERIC	BRAND	TIER	NOTES
Antifungals (continued)			
Nystatin	Mycostatin, Nystatin	I	Cream, Ointment, Powder
Nystatin-Triamcinolone	Mycolog II, Mytrex	I	Ointment, Cream
Oxiconazole Nitrate	Oxistat	III	Cream, Lotion
Selenium Sulfide	Selsun	I	Lotion
Sertaconazole Nitrate	Ertazco	III	Cream
Sodium Thiosulfate-Salicylic Acid	Exoderm	I	Lotion
Sulfacetamide Sodium	RE 10	I	Liquid
Antiperspirant Drugs			
Aluminum Chloride	Drysol, Hypercare	I	Solution
Emollient Drugs			
Lactic Acid (Amonium Lactate)	Lac-Hydrin, Laclotion, Lactrex, Lactinol	I	Lotion, Cream
Lactic Acid w/ Vitamin E	Lactic Acid E	I	Cream
Urea	Carmol 40, RE 40, Keralac, Urealac	I	Cream, Gel, Lotion
Urea	RE 40, Urea Nail, Urealac	I	Gel, Lotion
Urea	Carmol 40	I	Cream
Emollient/Steroid Drugs			
Urea-HC Acetate	U-Cort	I	Cream
Psoriasis Drugs			
Acitretin	Soriatane	II	Capsule
Anthralin	Psoriatec	I	Cream
Calcipotriene	Dovonex	II	Cream, Ointment, Solution
Methoxsalen	Oxsoralen Ultra	II	Capsule
Tazarotene	Tazorac	III	Cream, Gel
Skin Treatment Drugs, Other			
Alitretinoin	Panretin	III	Gel. Prior authorization required.
Aminolevulinic Acid HCl	Levulan Kerastick	III	Solution
Diclofenac Sodium	Solaraze	III	Gel
Doxepin HCl	Zonalon	III	Cream
Doxepin HCl (Antipruritic)	Prudoxin	I	Cream
Steroids			
Alclometasone Dipropionate	Aclovate	I	Ointment
Amcinonide	Cyclocort	I	Cream, Lotion, Ointment
Aug Betamethasone Dipropionate	Diprolene	I	Ointment

GENERIC	BRAND	TIER	NOTES
Steroids (continued)			
Aug Betamethasone Dipropionate	Diprolene AF	I	Cream
Aug Betamethasone Dipropionate	Alphatrex, Diprolene	I	Gel
Betamethasone Dipropionate	Del-Beta, Diprosone, Betamethasone Dipropionate	I	Ointment, Cream, Lotion
Betamethasone Valerate	Betamethasone Valerate, Beta-Val	I	Ointment, Cream, Lotion
Clobetasol Propionate	Various	I	Cream, Gel, Ointment, Solution
Clobetasol Propionate Emollient	Clobetasol Propionate Emollient, Embelline E	I	Cream
Desonide	Tridesilon, DesOwen, Lokara	I	Cream, Ointment, Lotion
Desoximetasone	Topicort, Topicort LP	I	Gel, Cream, Ointment
Diflorasone Diacetate	Apexicon, Maxiflor	I	Ointment, Cream
Diflorasone Diacetate	Psorcon E	III	Cream, Ointment
Fluocinolone Acetonide	Synalar	I	Cream, Solution, Ointment
Fluocinonide	Lidex, Lidex-E	I	Cream, Gel, Ointment, Solution
Fluticasone Propionate	Cutivate	I	Ointment, Cream
Halcinonide	Halog	III	Cream, Ointment, Solution
Halobetasol Propionate	Ultravate	I	Cream, Ointment
Hydrocortisone (Topical) 1%	Various	I	Cream, Lotion, Ointment
Hydrocortisone 2.5%	Hytone	I	Cream, Ointment, Lotion
Hydrocortisone Butyrate	Locoid	I	Solution
Hydrocortisone Valerate	Westcort	I	Cream, Ointment
Mometasone Furoate	Elocon	I	Cream, Lotion, Ointment
Prednicarbate	Dermatop	III	Cream, Ointment
Triamcinolone Acetonide	Aristocort A, Kenalog	I	Cream, Lotion, Ointment
Viral Infection Drugs			
Acyclovir	Zovirax	III	Cream, Ointment
Penciclovir	Denavir	III	Cream
Wart Removal Drugs			
Imiquimod	Aldara	II	Cream
Podofilox	Condylox	I	Solution

GENERIC	BRAND	TIER	NOTES
Wart Removal Drugs (continued)			
Podophyllum Resin	Prodocon 25 in Benzoin Tincture	I	Solution
Salicylic Acid	Salex	III	Cream, Lotion
Wound Care Drugs			
Becaplermin	Regranex	III	Gel. Prior authorization required.
Collagenase	Santyl	III	Ointment
Papain-Urea	Kovia	I	Ointment
Papain-Urea-Chlorophyllin	Panafil	I	Ointment
Trypsin w/ Castor Oil & Balsam	Granul-Derm	I	Spray
Trypsin w/ Castor Oil & Balsam	Granulex	II	Spray
Wound Dressing	Diab	I	Gel
Diagnostic Agents (Drugs to diagnose medical conditions)			
GENERIC	BRAND	TIER	NOTES
Dipyridamole	Persantine I.V.	I	IV Solution
Indigotindisulfonate Sodium	Indigo Carmine	I	Injection
Gastrointestinal Agents (Drugs to treat bowel, intestine and stomach conditions)			
GENERIC	BRAND	TIER	NOTES
Bowel Treatment Drugs			
Alosetron HCl	Lotronex	II	Tablet. Prior authorization required.
Atropine Sulfate	Atropine Sulfate	I	Injection
Atropine Sulfate	Atreza	I	Tablet
Balsalazide Disodium	Colazal	II	Capsule
Belladonna Alkaloids & Opium	B & O 15-A Suppette, B & O 16-A Suppette	I	Suppository
Bisacodyl	Halflytely	III	Solution
Clidinium & Chlordiazepoxide	Librax	I	Capsule
Dicyclomine HCl	Bentyl	I	Injection, Capsule, Tablet
Diphenoxylate-Atropine	Various	I	Tablet, Liquid
Hyoscyamine Sulfate	Levsin, Spasdel, Nulev, Neosol, Cystospaz-M, Levsinex, Levbid, Symax-SR	I	Elixir, Orally Disintegrating Tablet, Solution, SR Capsule, SR Tablet, Tablet
Hyoscyamine Sulfate	Colidrops, Spasdel, A-Spas	I	Solution, Tablet, Elixir
Hyoscyamine Sulfate	Neosol, Symax-SR, Symax-SL	I	Orally Disintegrating Tablet, SR Tablet, Tablet

GENERIC	BRAND	TIER	NOTES
Bowel Treatment Drugs (continued)			
Lactulose	Constulose, Duphalac, Enulose, Generlac	I	Solution
Lactulose (Encephalopathy)	Enulose	I	Solution
Loperamide	Soba Anti-Diarrheal	I	Capsule
Mesalamine	Rowasa	I	Enema
Mesalamine	Asacol	II	Delayed Release Tablet
Mesalamine	Canasa	III	Suppository
Mesalamine	Pentasa	III	CR Capsule
Olsalazine	Dipentum	III	Capsule
Paregoric	Paregoric	I	
PEG-3350/Electrolytes	Colyte, Golytely, Nulytely, Trilyte	I	Solution, Packet
Phenobarbital & Belladonna Alk	Donnatal, D-Tal, Haponal	I	Elixir, Tablet
Polyethylene Glycol	Miralax, Glycolax	I	Powder
Polyethylene Glycol	Glycolax	I	Powder
Sod Phos Mono-Sod DI	Visicol	III	Tablet
Sulfasalazine	Azulfidine EN, Sulfazine EC, Azulfidine, Sulfazine	I	Delayed Release Tablet, Tablet
Tegaserod Maleate	Zelnorm	II	Tablet. Prior authorization required.
Digestive Drugs			
Amylase-Lipase-Protease	Creon 10, Creon 20	III	Capsule
Amylase-Lipase-Protease	Viokase 16	III	Tablet
Digestive Aids Mixture Tab EC	Digesplen Plus	I	Tablet
Digestive Enzymes w/ Anticholinergics	Digex	I	Capsule
Gallstone Drugs			
Ursodiol	Actigall	I	Capsule
Gastrointestinal Drugs, Other			
Dexpanthenol	Dexpanthenol	I	Injection
Hemorrhoid Drugs			
Hydrocortisone (Rectal)	Proctosol HC, Proctocream-HC	I	Cream
Hydrocortisone Acetate	Proctocream-HC, Various	I	Rectal Cream, Suppository
Hydrocortisone Acetate (Rectal)	Hemorrhoidal-HC, Hemril-30, Hemril-HC	I	Suppository
Hydrocortisone Acetate w/ Pramoxine	Proctofoam HC, Analpram-HC	II	Rectal Foam, Rectal Cream, Rectal Lotion
Lidocaine-Hydrocortisone Acetate (Rectal)	Anamantle HC, Lidazone HC	I	Cream

GENERIC	BRAND	TIER	NOTES
Hemorrhoid Drugs (continued)			
Lidocaine-Hydrocortisone Acetate (Rectal)	Lidazone HC	I	Cream
Nausea and Vomit Prevention Drugs			
Dolasetron	Anzemet	II	Tablet, Injection. Prior authorization required.
Dronabinol	Marinol	II	Capsule
Droperidol	Inapsine	I	Injection
Granisetron	Kytril	III	Tablet, Injection. Prior authorization required.
Meclizine	Antivert, Travel-Ease	I	Tablet
Metoclopramide HCl	Reglan	I	Injection, Tablet, Syrup
Ondansetron HCl	Zofran ODT	II	Prior authorization required. Limit 9 tablets or 3 days supply of Zofran 4mg ODT with each prescription.
Ondansetron HCl	Zofran Solution	II	Prior authorization required. Limit 100mL or 4 days supply of Zofran solution with each prescription.
Ondansetron HCl	Zofran, 24mg	II	Prior authorization required. Limit 3 tablets of Zofran 24mg with each prescription.
Ondansetron HCl	Zofran, 8mg	II	Prior authorization required. Limit 9 tablets or 3 days supply of Zofran 8mg with each prescription.
Ondansetron HCl	Zofran	II	Injection
Prochlorperazine	Compazine, Compro	I	Suppository
Prochlorperazine Edisylate	Compazine	I	Injection
Prochlorperazine Maleate	Compazine	I	Tablet
Promethazine HCl	Phenergan, Phenadoz, Prometh-50	I	Injection, Tablet, Syrup, Suppository
Promethazine HCl	Promethegan	I	Suppository
Scopolamine	Maldemar	I	Tablet
Scopolamine	Transderm Scop	III	Transdermal Patch
Trimethobenzamide HCl	Tigan, Trimazide	I	Injection, Capsule, Suppository
Trimethobenzamide-Benzocaine	Tebamide, Tigan	I	Suppository

GENERIC	BRAND	TIER	NOTES
Ulcer and Stomach Acid Drugs			
Amoxicillin-Clarithromycin w/ Lansoprazole	Prevpac	II	CR Capsule. Limit 1 therapy pack of Prevpac every 365 days.
Cimetidine	Tagamet	I	Tablet
Cimetidine HCl	Tagamet	I	Injection, Solution
Esomeprazole Magnesium	Nexium	II	Delayed Release Capsule
Famotidine	Pepcid	I	Injection, Tablet
Glycopyrrolate	Robinul, Robinul Forte	I	Injection, Tablet
Lansoprazole	Prevacid I.V.	III	IV Solution
Lansoprazole	Prevacid	III	Delayed Release Capsule, Suspension
Lansoprazole	Prevacid Solutab	III	Delayed Release Tablet
Misoprostol	Cytotec	I	Tablet
Nizatidine	Axid	I	Capsule
Omeprazole	Prilosec	I	Delayed Release Capsule
Pantoprazole Sodium	Protonix	II	Tablet, IV Solution
Rabeprazole Sodium	Aciphex	II	Tablet
Ranitidine HCl	Zantac, Taladine	I	Capsule, Tablet, Injection
Sucralfate	Carafate	I	Tablet
Sucralfate	Carafate	III	Suspension
Genitourinary Agents (Drugs to treat bladder, genital and kidney conditions)			
GENERIC	BRAND	TIER	NOTES
Bladder Control Drugs			
Bethanechol Chloride	Urecholine	I	Tablet
Bethanechol Chloride	Urecholine	II	Tablet
Flavoxate	Urispas	I	Tablet
Hyoscyamine	Various	I	Tablet
Oxybutynin	Oxytrol	II	Transdermal Patch
Oxybutynin Chloride	Ditropan	I	Tablet, Syrup
Oxybutynin Chloride	Ditropan XL	II	SR Tablet
Tolterodine Tartrate	Detrol	III	Tablet
Solifenacin Succinate	VESIcare	III	Tablet
Tolterodine Tartrate SR	Detrol LA	III	SR Capsule
Trospium Chloride	Sanctura	III	Tablet
Bladder Irrigants			
Acetic Acid	Acetic Acid	I	Solution

GENERIC	BRAND	TIER	NOTES
Bladder Irrigants (continued)			
Glycine Irrigation	Glycine, Aminoacetic Acid	I	Solution
Sodium Chloride Irrigation	Sodium Chloride Irrigation	I	Solution
Impotence Drugs			
Alprostadil	Caverject	III	Injection
Alprostadil	Caverject Impulse	III	Injection
Sildenafil Citrate	Viagra	II	Limit 6 tablets of Viagra every 30 days. If you have filled a prescription for 6 tablets of Viagra, you will not be able to fill a prescription for any other medication prescribed for the treatment of sexual dysfunction.
Tadalafil	Cialis	III	Limit 6 tablets of Cialis every 30 days. If you have filled a prescription for 6 tablets of Cialis, you will not be able to fill a prescription for any other medication prescribed for the treatment of sexual dysfunction.
Vardenafil HCl	Levitra	II	Limit 6 tablets of Levitra every 30 days. If you have filled a prescription for 6 tablets of Levitra, you will not be able to fill a prescription for any other medication prescribed for the treatment of sexual dysfunction.
Yohimbine	Yocon, Testomar, Aphrodyne	I	Tablet
Kidney Stone Drugs			
Subys Solution for Irrigation	Irrigating Solution G, Urologic G	I	Solution
Prostate Drugs			
Alfuzosin HCl	Uroxatral	III	SR Tablet
Dutasteride	Avodart	III	Capsule

GENERIC	BRAND	TIER	NOTES
Prostate Drugs (continued)			
Finasteride	Proscar	II	Tablet
Tamsulosin HCl	Flomax	II	SR Capsule
Renal Disease Drugs			
Lanthanum Carbonate	Fosrenol	III	Chewable Tablet
Potassium & Sodium Citrates w/ Citric Acid	Polycitra, Cytra-3	I	Syrup, Solution
Potassium Citrate CR	Urocit-K 10, Urocit-K 5	III	SR Tablet
Potassium Citrate-Citric Acid	Cytra-K	I	Solution, Powder
Sevelamer	Renagel	II	Tablet. Prior authorization required.
Sodium Citrate & Citric Acid	Bicitra, Cytra-2	I	Solution
Sodium Polystyrene Sulfonate	SPS, Kayexalate	I	Powder, Oral Suspension, Rectal Suspension
Urinary Pain Relievers			
Phenazopyridine	Pyridium	I	Tablet
Phenazopyridine-Butabarbital-Hyoscyamine	Urelief Plus	I	Tablet
Vaginal Drugs, Other			
Acetic Acid	Acidic Vaginal Jelly	I	Vaginal Gel
Amino Acid-Urea	Cervical Amino Acid	I	Cervical Cream
Hematological Agents (Drugs to treat blood disorders)			
GENERIC	BRAND	TIER	NOTES
Blood Clotting Drugs			
Aminocaproic Acid	Amicar	I	Injection, Syrup, Tablet
Phytonadione	Mephyton	II	Tablet
Blood Formation Drugs			
Darbepoetin Alfa-Albumin	Aranesp	III	Injection. Prior authorization required.
Epoetin Alfa	Procrit	III	Injection. Prior authorization required.
Filgrastim	Neupogen	III	Injection. Prior authorization required.
Blood Modifiers			
Anagrelide HCl	Agrylin	I	Capsule
Blood Thinners			
Anticoagulant Citrate Phosphate Dextrose	CPD	I	Solution
Cilostazol	Pletal	I	Tablet
Clopidogrel Bisulfate	Plavix	II	Tablet
Dalteparin Sodium	Fragmin	III	Injection. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Blood Thinners (continued)			
Dipyridamole	Persantine	I	Tablet
Dipyridamole w/ Aspirin	Aggrenox	II	SR Capsule
Enoxaparin Sodium	Lovenox	III	Injection. Prior authorization required.
Fondaparinux Sodium	Arixtra	III	Injection. Prior authorization required.
Heparin Sodium (Porcine)	Heparin Sodium (Porcine), Various	I	Injection, Solution, IV Solution
Heparin Sodium (Porcine)	Heparin Lock Flush	I	Solution
Heparin Sodium (Porcine)	Hep-Lock	I	Solution
Heparin Sodium (Porcine)	Sash Kit For Flushing Vascular Access Devices	I	Kit
Pentoxifylline	Trental, Pentopak	I	CR Tablet
Ticlopidine	Ticlid	I	Tablet
Warfarin Sodium	Coumadin, Jantoven	I	Tablet
Hematological Agents, Other			
Albumin, Human	Plasbumin	I	Injection
Albumin, Human	Albumin-ZLB, Plasbumin-25, Plasbumin-5	I	Injection
Dextran 40 in D5W	Gentran 40 10%D5W	I	Injection
Dextran 40 in Saline	LMD 10% Sodium Chloride 0.9%	I	Injection
Dextran 70	Macrodex	I	IV Solution
Dextran 75	Gentran	I	IV Solution
Glyc-Sod Lact-Sod Phos-Pot Cl	Glysol-400	I	In Vitro Solution
Hetastarch	Hespan	I	Injection
Hydroxyurea	Droxia	II	Capsule
Immunological Agents (Drugs that stimulate or suppress the immune system)			
GENERIC	BRAND	TIER	NOTES
Immune System Drugs, Other			
Hepatitis B Immune Globulin	NABI-HB	I	Injection
Immune Globulin (Human)	Baygam	I	Injection. Prior authorization required.
Immune Globulin (Human)	Gammagard, Gammagard S/D, Carimune, Crimune, Gammar-P, Octagam, Panglobulin, Polygam S/D, Gamunex	I	IV Solution. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Immune System Drugs, Other (continued)			
Infliximab	Remicade	III	Injection. Prior authorization required.
Rabies Immune Globulin	Bayrab	I	Injection
RHO D Immune Globulin	MicRhoGam	I	Injection
Thalidomide	Thalomid	III	Capsule. Prior authorization required.
Multiple Sclerosis Drugs			
Glatiramer Acetate	Copaxone	III	Injection. Prior authorization required.
Interferon Beta-1A	Avonex	III	Injection. Prior authorization required.
Interferon Beta-1A	Rebif	III	Injection. Prior authorization required.
Interferon Beta-1B	Betaseron	III	Injection. Prior authorization required.
Organ Transplant Drugs			
Azathioprine	Imuran	I	Tablet, Injection. Prior authorization required.
Cyclosporine	Sandimmune	I	IV Solution. Prior authorization required.
Cyclosporine Modified Oral Solution	Gengraf, Neoral	I	Oral Solution. Prior authorization required.
Cyclosporine	Sandimmune	I	Solution. Prior authorization required.
Cyclosporine Modified Capsules	Gengraf	I	Capsule. Prior authorization required.
Cyclosporine	Sandimmune	I	Capsule. Prior authorization required.
Mycophenolate Mofetil	Cellcept	III	Suspension, Capsule, Tablet. Prior authorization required.
Mycophenolate Mofetil HCl	Cellcept Intravenous	III	IV Solution. Prior authorization required.
Mycophenolate Sodium	Myfortic	III	Tablet. Prior authorization required.
Sirolimus	Rapamune	III	Tablet. Prior authorization required.
Sirolimus	Rapamune	III	Oral Solution, Tablet. Prior authorization required.
Tacrolimus	Prograf	III	Injection, Capsule. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Vaccines			
Diph, Acellular Pertussis, Tetanus Tox & Haemophil	Trihibit	II	Injection
Diphtheria, Acellular Pertussis & Tetanus	Daptacel	II	Injection
Diphtheria, Acellular Pertussis & Tetanus	Infanrix	II	Injection
Diphtheria, Acellular Pertussis & Tetanus	Tripedia	II	Injection
Diphtheria-Tetanus Tox-Acell Pertussis, Hepatitis B	Pediarix	II	Injection
Haemophilus B Oligosaccharide Conjugate Vaccine	Hibtiter	II	Injection
Haemophilus B Polysac Conjugate Vaccine	Acthib	II	Injection
Haemophilus B Polysac Conjugate-Hepatitis B Vaccines	Comvax	II	Suspension
Hepatitis A & B Vaccines	Twinrix	III	Injection
Hepatitis A Vaccine	Havrix, Vaqta	II	Injection
Hepatitis B Vaccine	Engerix-B, Recombivax HB	II	Suspension. Prior authorization required.
Measles, Mumps & Rubella Virus Vaccines	M-M-R II	II	Injection
Meningococcal Conjugate Vaccine	Menactra	II	Injection
Meningococcal Vaccine	Menomune	III	Injection
Poliovirus Vaccine, IPV	IPOL Inactivated IPV	II	Injection
Tetanus-Diphtheria Toxoid	Decavac	I	Injection
Varicella Virus Vaccine Live	Varivax	II	Injection

**Metabolic and Endocrine Agents
(Drugs to regulate hormones and treat diabetes and bone conditions)**

GENERIC	BRAND	TIER	NOTES
Antidotes/Protectants			
Deferoxamine Mesylate	Desferal	I	Injection
Flumazenil	Romazicon	I	IV Solution
Methylene Blue	Methylene Blue	I	Injection
Physostigmine Salicylate	Physostigmine Salicylate	I	Injection
Sodium Thiosulfate	Sodium Thiosulfate	I	Injection
Birth Control Drugs			
Desogest-Ethinyl-Estradiol	Cyclessa	II	Tablet
Desogestrel & Ethinyl Estradiol	Apri, Kariva	I	Tablet
Desogestrel & Ethinyl Estradiol	Desogen, Mircette	II	Tablet
Desogestrel-Ethinyl Estradiol	Velivet	I	Tablet
Drospirenone-Ethinyl Estradiol	Yasmin 28	II	Tablet
Ethinodiol Diacetate & Ethinyl Estradiol	Zovia 1/35, Zovia 1/50	I	Tablet
Ethinodiol Diacetate & Ethinyl Estradiol	Demulen 1/35-28, Demulen 1/50-28	II	Tablet

GENERIC	BRAND	TIER	NOTES
Birth Control Drugs (continued)			
Etonogestrel-Ethinyl Estradiol	Nuvaring	II	Vaginal Ring
Levonorgestrel & Eth Estradiol	Lessina-28, Levora 0.15/30-28	I	Tablet
Levonorgestrel & Eth Estradiol	Alesse-28, Nordette-28	II	Tablet
Levonorgestrel-Eth Estradiol	Trivora-28	I	Tablet
Levonorgestrel-Eth Estradiol	Triphasil 28	II	Tablet
Medroxyprogesterone Acetate	Depo-Provera	I	IM Suspension
Norelgestromin-Ethinyl Estradiol	Ortho Evra	II	Transdermal Patch
Norethindrone & Eth Estradiol	Necon 0.5/35-28, Necon 1/35-28	I	Tablet
Norethindrone & Eth Estradiol	Nortrel, Nortrel 1/35 (21)	I	Tablet
Norethindrone & Eth Estradiol	Ortho-Novum	II	Tablet
Norethindrone & Eth Estradiol	Modicon-28	II	Tablet
Norethindrone & Mestranol	Necon 1/50	I	Tablet
Norethindrone & Mestranol	Ortho-Novum 1/50-28	II	Tablet
Norethindrone (Contraceptive)	Camila	I	Tablet
Norethindrone (Contraceptive)	Ortho Micronor	II	Tablet
Norethindrone Ace & Eth Estradiol	Microgestin	I	Tablet
Norethindrone Ace & Ethinyl Estradiol-Fe	Microgestin FE	I	Tablet
Norethindrone-Eth Estradiol	Necon 10/11-28	I	Tablet
Norethindrone-Eth Estradiol	Ortho-Novum 10/11-28	II	Tablet
Norethindrone-Ethinyl Estrad	Aranelle, Necon 7/7/7	I	Tablet
Norethindrone-Ethinyl Estrad	Ortho-Novum 7/7/7-28	II	Tablet
Norgestimate & Ethinyl Estradiol	Sprintec 28	I	Tablet
Norgestimate & Ethinyl Estradiol	Ortho-Cyclen-28	II	Tablet
Norgestimate-Ethinyl Estradiol	Trinessa	I	Tablet
Norgestimate-Ethinyl Estradiol	Ortho Tri-Cyclen	II	Tablet
Norgestimate-Ethinyl Estradiol	Ortho Tri-Cyclen Lo	II	Tablet
Norgestrel & Ethinyl Estradiol	Low-Ogestrel	I	Tablet
Norgestrel & Ethinyl Estradiol	Lo/Ovral 28, Ovral 28	II	Tablet
Diabetic Drugs, Oral			
Acarbose	Precose	III	Tablet
Chlorpropamide	Diabinese	I	Tablet
Diazoxide	Proglycem	III	Suspension
Glimepiride	Amaryl	I	Tablet
Glipizide	Glucotrol	I	Tablet
Glipizide	Glucotrol XL	I	SR Tablet
Glucagon	Glucagon Emergency Kit	II	Injection

GENERIC	BRAND	TIER	NOTES
Diabetic Drugs, Oral (continued)			
Glyburide	Diabeta, Micronase	I	Tablet
Glyburide	Glynase, Glycron	I	Micronized Tablet
Glyburide	Glycron	III	Micronized Tablet
Glyburide-Metformin	Glucovance	I	Tablet
Metformin HCl	Glucophage	I	Tablet
Metformin HCl	Glucophage XR	I	SR Tablet
Miglitol	Glyset	III	Tablet
Pioglitazone HCl	Actos	III	Tablet
Repaglinide	Prandin	III	Tablet
Rosiglitazone Maleate	Avandia	II	Tablet
Rosiglitazone Maleate-Metformin HCl	Avandamet	II	Tablet
Tolazamide	Tolinase	I	Tablet
Diabetic Supplies			
Alcohol Swabs	Alcohol Swabs	I	
Gauze Pads & Dressing Pads	Gauze Pads & Dressing Pads	I	
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/0.5ml/ 28G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/ U-100/0.3ml/29G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/ U-100/0.5ml/29G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/ U-100/1ml/29G x 1/2
Enzyme Deficiency Drugs			
Agalsidase Beta	Fabrazyme	III	IV Solution. Prior authorization required.
Imiglucerase	Cerezyme	III	Injection. Prior authorization required.
Gout Drugs			
Allopurinol	Zyloprim	I	Tablet
Allopurinol Sodium	Aloprim	I	Injection
Colchicine	Colchicine	I	Tablet
Colchicine w/ Probenecid	Probenecid/Colchicine	I	Tablet
Probenecid	Probenecid	I	Tablet
Growth Deficiency Drugs			
Somatropin	Norditropin, Norditropin Cartridge	III	Injection
Hormone Drugs, Other			
Aminoglutethimide	Cytadren	III	Tablet

GENERIC	BRAND	TIER	NOTES
Hormone Drugs, Other (continued)			
Desmopressin Acetate	DDAVP	I	Injection, Nasal Spray, Tablet
Desmopressin Acetate	Stimate	III	Nasal Solution. Prior authorization required.
Megestrol Acetate	Megace	I	Tablet, Suspension
Octreotide Acetate	Sandostatin	I	Injection
Octreotide Acetate	Sandostatin LAR Depot	III	Injection. Prior authorization required.
Progesterone Vaginal	Procheive	III	Vaginal Gel
Vasopressin	Pitressin	I	Injection
Hormone Replacement Drugs			
Conjugated Estrogens-Medroxyprogesterone Acetate	Premphase	II	Tablet
Conjugated Estrogens-Medroxyprogesterone Acetate	Prempro	II	Tablet
Esterified Estrogens	Menest	II	Tablet
Esterified Estrogens & Methyltestosterone	Estratest	II	Tablet
Esterified Estrogens & Methyltestosterone	Estratest H.S., Syntest H.S.	II	Tablet
Estradiol	Estrace, Gynodiol	I	Tablet
Estradiol	Climara	I	Transdermal Patch
Estradiol	Alora	II	Transdermal Patch. Excluded for males.
Estradiol	Estraderm	II	Transdermal Patch. Excluded for males.
Estradiol	Vivelle	II	Transdermal Patch. Excluded for males.
Estradiol	Vivelle-Dot	II	Transdermal Patch. Excluded for males.
Estradiol	Climara	II	Transdermal Patch. Excluded for males.
Estradiol	Menostar	II	
Estradiol	Esclim	II	Transdermal Patch
Estradiol & Norethindrone Acetate	Combipatch	III	Transdermal Patch. Excluded for males.
Estradiol & Norethindrone Acetate	Activella	III	Tablet
Estradiol-Norgestimate	Prefest	III	Tablet
Estradiol Vaginal	Vagifem	II	Vaginal Tablet
Estradiol Vaginal	Estrace	III	Vaginal Cream
Estrogens, Conjugated	Premarin	II	Tablet
Estrogens, Conjugated Vaginal	Premarin	II	Vaginal Cream
Estrone	Kestrone 5	I	IM Suspension

GENERIC	BRAND	TIER	NOTES
Hormone Replacement Drugs (continued)			
Estropipate	Ogen, Ortho-Est	I	Tablet
Medroxyprogesterone Acetate	Provera	I	Tablet
Norethindrone Acetate	Aygestin	I	Tablet
Norethindrone Acetate-Ethinyl Estradiol	FemHRT	III	Tablet
Progesterone	Progesterone	I	Injection
Progesterone, Micronized	Prometrium	III	Capsule
Insulins			
Human Insulin Aspart	Novolog	II	Injection
Human Insulin Aspart/Aspart Protamine	Novolog Mix	II	Injection
Insulin Glargine	Lantus	II	Injection
Insulin Isophane (Human)	Humulin N, Humulin R	II	Injection
Insulin Lispro (Human)	Humalog	II	Injection
Insulin Regular (Human)	Novolin R, Novolin N	II	Injection
Osteoporosis (Bone Loss) Drugs			
Alendronate Sodium	Fosamax	II	Tablet, Oral Solution
Calcitonin (Salmon)	Miacalcin	II	Nasal Solution, Injection
Pamidronate	Aredia	I	IV Solution, Injection
Raloxifene HCl	Evista	II	Tablet
Risedronate Sodium	Actonel	II	Tablet
Zoledronic Acid	Zometa	III	Injection
Renal Disease Drugs			
Cinacalcet HCl	Sensipar	III	Tablet. Prior authorization required.
Steroids			
Budesonide	Entocort EC	III	SR Capsule
Cortisone Acetate	Cortisone Acetate	I	Tablet
Dexamethasone	Decadron	I	Tablet, Elixir, Solution
Dexamethasone Acetate	Solurex LA	I	Injection
Dexamethasone Sodium Phosphate	Dekasol, Solurex, Dekasol-10	I	Injection
Fludrocortisone Acetate	Florinef	I	Tablet
Hydrocortisone	Cortef	I	Tablet
Hydrocortisone	Colocort	I	Enema
Hydrocortisone Sod Succinate	A-Hydrocort	I	Injection
Methylprednisolone	Medrol	I	Tablet
Methylprednisolone	Medrol Dosepak	I	Tablet
Methylprednisolone Acetate	Depo-Medrol	I	Injection

GENERIC	BRAND	TIER	NOTES
Steroids (continued)			
Methylprednisolone Sod Succinate	Solu-Medrol, A-Methapred	I	Injection
Prednisolone	Prelone	I	Syrup
Prednisolone Acetate	Key-Pred	I	Injection
Prednisolone Sodium Phosphate	Orapred, PEDIAPRED	I	Oral Solution, Liquid
Prednisone	Deltasone, Sterapred	I	Tablet
Prednisone	Prednisone	I	Oral Solution
Triamcinolone	Aristocort	II	Tablet
Triamcinolone Diacetate	Triam Forte	I	Suspension
Testosterone Drugs			
Danazol	Danocrine	I	Capsule
Testosterone	Androderm	II	Transdermal Patch. Excluded for females.
Testosterone	Androgel	III	Transdermal Gel. Excluded for females.
Testosterone Cypionate	Depo-Testosterone	I	Injection. Prior authorization required.
Testosterone Enanthate	Delatestryl	I	Injection. Prior authorization required.
Thyroid Drugs			
Levothyroxine Sodium	Levothroid	I	Tablet
Levothyroxine Sodium	Various	I	Tablet, Injection
Levothyroxine Sodium	Levoxyl	I	Tablet
Levothyroxine Sodium	Synthroid	II	Tablet
Liothyronine Sodium	Cytomel	II	Tablet
Liotrix	Thyrolar	III	Tablet
Methimazole	Tapazole	I	Tablet
Propylthiouracil	Propylthiouracil	I	Tablet
Thyroid, Dessicated	Various	I	Tablet
Uterine Active Drugs			
Oxytocin	Pitocin	I	Injection
Miscellaneous			
GENERIC	BRAND	TIER	NOTES
Hydrochloric Acid	Hydrochloric Acid	I	Injection
Saline Injection Bacteriostatic	Saline Injection Bacteriostatic	I	Injection
Water for Injection	Water for Injection	I	Injection
Water for Injection, Bacteriostatic Benzyl Alcohol	Water for Injection, Bacteriostatic Benzyl Alcohol	I	Injection

Musculoskeletal Agents (Drugs to treat pain, inflammation and muscle and joint conditions)			
GENERIC	BRAND	TIER	NOTES
Arthritis Drugs			
Adalimumab	Humira	III	Injection. Prior authorization required.
Auranofin	Ridaura	II	Capsule
Etanercept	Enbrel	III	Injection. Prior authorization required.
Gold Sodium Thiomalate	Myochrysine	I	Injection
Hydroxychloroquine Sulfate	Plaquenil	I	Tablet
Leflunomide	Arava	I	Tablet. Prior authorization required.
Penicillamine	Cuprimine	II	Capsule. Prior authorization required.
Muscle Relaxants			
Atracurium Besylate	Atracurium Besylate	I	IV Solution
Baclofen	Lioresal	I	Tablet
Carisoprodol	Soma	I	Tablet
Carisoprodol w/ ASA	Soma Compound	I	Tablet
Carisoprodol w/ ASA & Codeine	Soma Compound/ Codeine	I	Tablet
Chlorzoxazone	Chlorzoxazone, Parafon Forte DCS	I	Tablet
Cyclobenzaprine HCl	Flexeril	I	Tablet
Methocarbamol	Robaxin	I	Tablet
Orphenadrine Citrate	Norflex	I	SR Tablet
Orphenadrine w/ ASA & Caffeine	Norgesic, Norgesic Forte	I	Tablet
Pancuronium Bromide	Pancuronium Bromide	I	Injection
Tizanidine HCl	Zanaflex	I	Tablet
Tubocurarine Chloride	Tubocurarine Chloride	I	Injection
Vecuronium Bromide	Norcuron	I	Injection
Pain Relievers			
Acetaminophen w/ Codeine	Tylenol with Codeine	I	Elixir, Tablet
Acetaminophen w/ Codeine	Capital/Codeine	II	Suspension
Acetaminophen w/ Hydrocodone	Various	I	Capsule
Acetaminophen w/ Hydrocodone	Anexsia, Lorcet Plus, Lorcet, Norco, Maxidone, Vicodin HP, Vicodin ES	I	Tablet
Acetaminophen w/ Hydrocodone	Lortab	I	Solution
Acetaminophen w/ Hydrocodone	Ceta Plus	I	Capsule

GENERIC	BRAND	TIER	NOTES
Pain Relievers (continued)			
Acetaminophen w/ Hydrocodone	Anexsia, Vicodin HP, Co-Gesic	I	Tablet
Alfentanil	Alfenta	I	Injection
Aspirin w/ Codeine	Aspirin with Codeine, Empirin with Codeine	I	Tablet
Buprenorphine HCl	Buprenex	I	Injection
Butorphanol Tartrate	Stadol	I	Injection, Nasal Solution
Codeine Sulfate	Codeine Sulfate	I	Tablet
Fentanyl	Duragesic, 25mcg	I	Limit 15 patches of Fentanyl 25mcg every 30 days.
Fentanyl	Duragesic, 50mcg	I	Limit 15 patches of Fentanyl 50mcg every 30 days.
Fentanyl	Duragesic, 75mcg	I	Limit 30 patches of Fentanyl 75mcg every 30 days.
Fentanyl	Duragesic, 100mcg	I	Limit 30 patches of Fentanyl 100mcg every 30 days.
Fentanyl	Duragesic, 25mcg	III	Transdermal Patch. Limit 15 patches of Fentanyl 25mcg every 30 days.
Fentanyl	Duragesic, 50mcg	III	Transdermal Patch. Limit 15 patches of Fentanyl 50mcg every 30 days.
Fentanyl	Duragesic, 75mcg	III	Transdermal Patch. Limit 30 patches of Fentanyl 75mcg every 30 days.
Fentanyl	Duragesic, 100mcg	III	Transdermal Patch. Limit 30 patches of Fentanyl 100mcg every 30 days.
Fentanyl Citrate	Sublimaze	I	Injection
Hydromorphone HCl	Dilaudid, Dilaudid-HP	I	Injection
Hydromorphone HCl	Dilaudid-5	I	Liquid
Hydromorphone HCl	Dilaudid	I	Suppository
Hydromorphone HCl	Dilaudid	I	Tablet
Ibuprofen-Hydrocodone	Vicoprofen	I	Tablet
Levorphanol Tartrate	Levo Dromoran	I	Tablet
Meperidine HCl	Demerol	I	Injection, Tablet, Syrup

GENERIC	BRAND	TIER	NOTES
Pain Relievers (continued)			
Meperidine w/ Promethazine	Meprozone	I	Capsule
Methadone HCl	Methadose	I	Concentrate, Dispersible Tablet
Methadone HCl	Dolophine	I	Injection
Methadone HCl	Methadone HCl	I	Oral Suspension, Solution
Methadone HCl	Dolophine, Methadose	I	Concentrate, Dispersible Tablet, Tablet
Morphine Sulfate	MS Contin, 200mg	I	Limit 90 tablets of Morphine Sulfate ER 200mg every 30 days.
Morphine Sulfate	MS Contin, 100mg Oramorph SR, 100mg	I	Limit 120 tablets of Morphine Sulfate ER 100mg every 30 days.
Morphine Sulfate	MS Contin, 15mg Oramorph SR, 15mg	I	Limit 120 tablets of Morphine Sulfate ER 15mg every 30 days.
Morphine Sulfate	MS Contin, 30mg Oramorph SR, 30mg	I	Limit 120 tablets of Morphine Sulfate ER 30mg every 30 days.
Morphine Sulfate	MS Contin, 60mg Oramorph SR, 60mg	I	Limit 120 tablets of Morphine Sulfate ER 60mg every 30 days.
Morphine Sulfate	Astramorph, Duramorph, Infumorph, Infumorph 200, Infumorph 500	I	Injection
Morphine Sulfate	Morphine Sulfate	I	IV Solution
Morphine Sulfate	Morphine Sulfate	I	Tablet
Morphine Sulfate	MSIR	I	Oral Solution
Morphine Sulfate	RMS	I	Suppository
Morphine Sulfate	Kadian, 100mg	II	Prior authorization required. Limit 1 tablet of Kadian 100mg per day.
Morphine Sulfate	Kadian, 20mg	II	Prior authorization required. Limit 1 tablet of Kadian 20mg per day.
Morphine Sulfate	Kadian, 30mg	II	Prior authorization required. Limit 1 tablet of Kadian 30mg per day.

GENERIC	BRAND	TIER	NOTES
Pain Relievers (continued)			
Morphine Sulfate	Kadian, 50mg	II	Prior authorization required. Limit 1 tablet of Kadian 50mg per day.
Morphine Sulfate	Kadian, 60mg	II	Prior authorization required. Limit 1 tablet of Kadian 60mg per day.
Morphine Sulfate	Morphine Sulfate	I	Injection
Morphine Sulfate	Oramorph SR, 100mg	II	Limit 120 tablets of Oramorph SR 100mg every 30 days.
Morphine Sulfate	Oramorph SR, 15mg	II	Limit 120 tablets of Oramorph SR 15mg every 30 days.
Morphine Sulfate	Oramorph SR, 30mg	II	Limit 120 tablets of Oramorph SR 30mg every 30 days.
Morphine Sulfate	Oramorph SR, 60mg	II	Limit 120 tablets of Oramorph SR 60mg every 30 days.
Nalbuphine HCl	Nubain	I	Injection
Oxycodone HCl	Roxicodone	I	Tablet, Solution
Oxycodone HCl	OxyContin, 80mg	I	Limit 120 tablets of Oxycodone SR 80mg every 30 days.
Oxycodone HCl	Oxy IR	I	Capsule
Oxycodone HCl	OxyContin	I	SR Tablet
Oxycodone HCl	Oxyfast	I	Concentrate
Oxycodone w/ Acetaminophen	Percocet, Tylox	I	Capsule, Tablets
Oxycodone w/ Aspirin	Endodan, Percodan	I	Tablet
Pentazocine & Naloxone	Talwin NX	I	Tablet
Pentazocine w/ APAP	Talacen	I	Tablet
Propoxyphene-N w/ APAP	Darvocet-N 100, Darvocet-N 50	I	Tablet
Propoxyphene HCl	Darvon	I	Capsule
Propoxyphene HCl w/ APAP	Propoxacet	I	Tablet
Sufentanil Citrate	Sufenta	I	Injection
Tramadol HCl	Ultram	I	Tablet
Pain/Swelling Management Drugs			
Acetaminophen-Salicylamide-Phenyltoloxamine	Dolorex, Lobac, Ed-Flex	I	Capsule, Tablet
Aspirin	Easprin	I	Delayed Release Tablet

GENERIC	BRAND	TIER	NOTES
Pain/Swelling Management Drugs (continued)			
Aspirin	Zorprin, Zero-Order Release Aspirin	I	CR Tablet
Celecoxib	Celebrex	III	Capsule. Prior authorization required.
Choline & Mag Salicylate	Choline Magnesium Trisalicylate	I	Liquid
Choline & Mag Salicylate	Tricosal, Trilisate	I	Tablet
Diclofenac Potassium	Cataflam	I	Tablet
Diclofenac Sodium	Voltaren, Voltaren XR	I	Delayed Release Tablet, SR Tablet
Diclofenac w/ Misoprostol	Arthrotec 50, Arthrotec 75	III	Tablet
Diflunisal	Dolobid	I	Tablet
Etodolac	Lodine, Lodine XL	I	Capsule, Tablet, SR Tablet
Fenoprofen Calcium	Nalfon	I	Tablet
Flurbiprofen	Ansaid	I	Tablet
Ibuprofen	Motrin	I	Tablet, Suspension
Indomethacin	Indocin, Indocin SR	I	Capsule, CR Capsule
Ketoprofen	Orudis	I	Capsule
Ketoprofen	Oruvail	I	SR Capsule
Ketorolac Tromethamine	Toradol	I	Tablet, Injection
Magnesium Salicylate	Novasal, MST 600	I	Tablet
Nabumetone	Relafen	I	Tablet
Naproxen	Naprosyn	I	Suspension, Tablet, Enteric Coated Tablet
Naproxen Sodium	Anaprox, Anaprox DS, Napreelan	I	Tablet, SR Tablet
Oxaprozin	Daypro	I	Tablet
Piroxicam	Feldene	I	Capsule
Salsalate	Salsalate	I	Tablet
Salsalate	Amigesic, Salsalate	I	Tablet
Sodium Thiosalicylate	Thiocyl	I	Injection
Sulindac	Clinoril	I	Tablet
Tolmetin Sodium	Tolectin, Tolectin DS	I	Tablet, Capsule
Nervous System Agents (Drugs to treat nerve conditions)			
GENERIC	BRAND	TIER	NOTES
Alzheimer's Disease and Dementia Drugs			
Donepezil Hydrochloride	Aricept	II	Tablet. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Alzheimer's Disease and Dementia Drugs (continued)			
Donepezil Hydrochloride	Aricept ODT	II	Orally Disintegrating Tablet. Prior authorization required.
Ergoloid Mesylates	Hydergine	I	Tablet
Galantamine Hydrobromide	Razadyne	III	Tablet, Oral Solution
Memantine HCl	Namenda	II	Tablet. Prior authorization required.
Pimozide	Orap	II	Tablet
Rivastigmine Tartrate	Exelon	II	Capsule. Prior authorization required.
Rivastigmine Tartrate	Exelon	III	Solution. Prior authorization required.
Antidepressants			
Amitriptyline HCl	Elavil, Vanatrip	I	Tablet
Amoxapine	Asendin	I	Tablet
Bupropion HCl	Wellbutrin, Wellbutrin SR, Budeprion SR	I	Tablet, SR Tablet
Bupropion HCl	Wellbutrin XL	II	SR Tablet
Citalopram Hydrobromide	Celexa	I	Tablet, Oral Solution
Clomipramine HCl	Anafranil	I	Capsule
Desipramine HCl	Norpramin	I	Tablet
Doxepin HCl	Sinequan	I	Capsule, Concentrate
Duloxetine HCl	Cymbalta	III	Capsule. Prior authorization required.
Escitalopram Oxalate	Lexapro	II	Tablet, Solution
Fluoxetine HCl	Prozac, Rapiflux	I	Tablet, Capsule, Solution
Fluvoxamine Maleate	Luvox	I	Tablet
Imipramine HCl	Tofranil	I	Tablet
Imipramine Pamoate	Tofranil-PM	III	Capsule
Isocarboxazid	Marplan	III	Tablet
Maprotiline HCl	Ludiomil	I	Tablet
Mirtazapine	Remeron, Remeron SolTab	I	Tablet, Orally Disintegrating Tablet
Nefazodone HCl	Serzone	I	Tablet
Nortriptyline HCl	Aventyl, Pamelor	I	Capsule, Solution
Paroxetine HCl	Paxil	I	Limit 1 tablet of Paroxetine 10mg per day.
Paroxetine HCl	Paxil CR	II	SR Tablet
Paroxetine Mesylate	Pexeva	III	Tablet
Phenelzine Sulfate	Nardil	II	Tablet

GENERIC	BRAND	TIER	NOTES
Antidepressants (continued)			
Protriptyline HCl	Vivactil	III	Tablet
Sertraline HCl	Zoloft	II	Tablet, Oral Concentration. Limit 1 1/2 tablets of Zoloft 50mg per day.
Tranlycypromine Sulfate	Parnate	II	Tablet
Trazodone HCl	Desyrel	I	Tablet
Trimipramine Maleate	Surmontil	III	Capsule
Venlafaxine HCl	Effexor	II	Tablet
Venlafaxine HCl	Effexor XR	II	SR Capsule
Antidotes/Protectants			
Edrophonium Chloride	Enlon	I	Injection
Epinephrine HCl	Epipen	II	Injection
Neostigmine Methylsulfate	Prostigmin	I	Injection
Pyridostigmine Bromide	Mestinon	I	Tablet
Pyridostigmine Bromide	Regonol	I	Injection
Antipsychotics			
Aripiprazole	Abilify	III	Oral Solution, Tablet
Chlorpromazine HCl	Thorazine	I	Injection, Tablet, Concentrate
Clozapine	Clozaril	I	Tablet. Prior authorization required.
Fluphenazine Decanoate	Prolixin Decanoate	I	Injection
Fluphenazine HCl	Prolixin	I	Injection, Tablet, Elixir, Oral Concentrate
Haloperidol	Haldol	I	Tablet
Haloperidol Decanoate	Haldol Decanoate	I	IM Solution
Haloperidol Lactate	Haldol	I	Injection, Oral Concentrate
Loxapine Succinate	Loxitane	I	Capsule
Molindone HCl	Moban	III	Tablet
Olanzapine	Zyprexa	II	Injection
Olanzapine	Zyprexa Zydis	II	Orally Disintegrating Tablet
Perphenazine	Trilafon	I	Tablet, Concentrate
Quetiapine Fumarate	Seroquel	II	Tablet
Risperidone	Risperdal	II	Tablet, Solution
Risperidone	Risperdal M-Tab	II	Orally Disintegrating Tablet
Risperidone	Risperdal Consta	II	Injection
Thioridazine HCl	Mellaril	I	Tablet, Concentrate

GENERIC	BRAND	TIER	NOTES
Antipsychotics (continued)			
Thiothixene	Navane	I	Capsule
Trifluoperazine HCl	Stelazine	I	Tablet
Ziprasidone HCl	Geodon	III	Capsule, Injection. Prior authorization required.
Anxiety Drugs			
Buspirone HCl	Buspar, Vanspar	I	Tablet
Chlordiazepoxide-Amitriptyline	Limbitrol DS	I	Tablet
Hydroxyzine HCl	Atarax	I	Tablet, Syrup
Hydroxyzine HCl	Vistaril, Hyzine	I	IM Solution
Hydroxyzine Pamoate	Vistaril	I	Capsule
Meprobamate	Miltown	I	Tablet
Perphenazine-Amitriptyline	Triavil	I	Tablet
Migraine and Headache Drugs			
Almotriptan Malate	Axert	III	Limit 6 tablets of Axert 6.25mg every 30 days.
APAP-Isometheptene-Dichloral	Various	I	Capsule
Butalbital-Aspirin-Caffeine	Fiorinal, Butalbital Compound	I	Capsule, Tablet
Dihydroergotamine Mesylate	D.H.E. 45	I	Injection. Prior authorization required.
Dihydroergotamine Mesylate	Migranal	III	Nasal Spray. Limit 6ml (1 kit) of Migranal every 23 days retail and 18ml per 63 days mail.
Eletriptan Hydrobromide	Relpax	III	Limit 6 tablets of Relpax 20mg every 30 days.
Ergotamine Tartrate	Ergomar	II	Tablet
Ergotamine Tartrate w/ Caffeine	Cafergot	I	Tablet, Suppository
Phenyltoloxamine & Mag Salicylate	Tetra-Mag, Myogesic	I	Tablet
Phenyltoloxamine-APAP	Dologesic, Novagesic, Rhinoflex, Hyflex-650, Hyflex-DS, Rhinoflex-650	I	Tablet
Rizatriptan Benzoate	Maxalt, 10mg	II	Limit 9 tablets of Maxalt 10mg every 30 days.
Rizatriptan Benzoate	Maxalt, 5mg	II	Limit 9 tablets of Maxalt 5mg every 30 days.
Rizatriptan Benzoate	Maxalt-MLT, 10mg	II	Limit 9 tablets of Maxalt-MLT 10mg every 30 days.
Rizatriptan Benzoate	Maxalt-MLT, 5mg	II	Limit 9 tablets of Maxalt-MLT 5mg every 30 days.

GENERIC	BRAND	TIER	NOTES
Migraine and Headache Drugs (continued)			
Sumatriptan	Imitrex NS	III	Nasal Spray. Prior authorization required. Limit 2 boxes (4 injections) of Imitrex every 30 days.
Sumatriptan	Imitrex	III	Prior authorization required. Limit 2 boxes (4 injections) of Imitrex every 30 days.
Sumatriptan	Imitrex, 25mg	III	Tablets. Quantity Limits
Sumatriptan	Imitrex, 50mg	III	Tablets. Quantity Limits
Sumatriptan	Imitrex, 100mg	III	Tablets. Quantity Limits
Zolmitriptan	Zomig NS	II	Nasal Spray. Limit 1 box (6 doses) of Zomig Nasal Spray every 30 days.
Zolmitriptan	Zomig, 2.5mg	II	Limit 12 tablets of Zomig 2.5mg every 30 days.
Zolmitriptan	Zomig ZMT, 2.5mg	II	Limit 12 tablets of Zomig-ZMT 2.5mg every 30 days.
Zolmitriptan	Zomig, 5mg	II	Limit 9 tablets of Zomig 5mg every 30 days.
Zolmitriptan	Zomig ZMT, 5mg	II	Limit 9 tablets of Zomig-ZMT 5mg every 30 days.
Mood Stabilizers			
Lithium Carbonate	Lithium Carbonate	I	Capsule, Tablet
Lithium Carbonate	Eskalith	I	Capsule, CR Tablet
Lithium Carbonate	Lithobid	I	CR Tablet
Lithium Citrate	Lithium Citrate	I	Syrup
Nervous System Drugs, Other			
Riluzole	Rilutek	III	Tablet. Prior authorization required.
Parkinson's Disease Drugs			
Amantadine HCl	Symmetrel	I	Capsule, Tablet, Syrup
Apomorphine HCl	Apokyn	III	Injection. Prior authorization required.
Benzotropine Mesylate	Cogentin	I	Tablet
Benzotropine Mesylate	Cogentin	II	Injection
Bromocriptine Mesylate	Parlodel	I	Tablet

GENERIC	BRAND	TIER	NOTES
Parkinson's Disease Drugs (continued)			
Carbidopa	Lodosyn	III	Tablet
Carbidopa-Levodopa	Sinemet CR	I	CR Tablet
Carbidopa-Levodopa	Atamet, Sinemet	I	Tablet
Carbidopa-Levodopa-Entacapone	Stalevo	III	Tablet
Entacapone	Comtan	II	Tablet
Levodopa	Larodopa	II	Tablet
Pergolide Mesylate	Permax	I	Tablet
Pramipexole Dihydrochloride	Mirapex	II	Tablet
Ropinrole HCl	Requip	III	Tablet
Selegiline HCl	Eldepryl	I	Capsule, Tablet
Trihexyphenidyl HCl	Artane	I	Elixir, Tablet
Seizure Control Drugs			
Carbamazepine	Epitol, Tegretol	I	Tablet, Chewable Tablet, Suspension
Carbamazepine	Tegretol	II	Chewable Tablet
Carbamazepine	Tegretol XR	II	SR Tablet
Carbamazepine	Tegretol	II	Suspension, Tablet
Carbamazepine	Carbatrol	III	SR Capsule
Clonazepam	Klonopin	I	Tablet
Divalproex Sodium	Depakote	II	Delayed Release Tablet
Divalproex Sodium	Depakote Sprinkles	II	Sprinkle Capsule
Divalproex Sodium	Depakote ER	II	SR Tablet
Ethosuximide	Zarontin	I	Capsule, Solution
Ethotoin	Peganone	III	Tablet
Felbamate	Felbatol	III	Tablet, Suspension. Prior authorization required.
Gabapentin	Neurontin, Gabarone	I	Capsule
Gabapentin	Neurontin	II	Oral Solution
Lamotrigine	Lamictal	II	Chewable Tablet
Lamotrigine	Lamictal	I	Dispersible Tablet
Levetiracetam	Keppra	III	Solution
Methsuximide	Celontin	III	Capsule
Oxcarbazepine	Trileptal	II	Tablet, Suspension
Phenobarbital	Phenobarbital	I	Tablet, Elixir
Phenytoin	Dilantin-125	I	Suspension
Phenytoin	Dilantin Infatabs, Dilantin-125	II	Chewable Tablet, Suspension
Phenytoin Sodium	Dilantin	I	Injection
Phenytoin Sodium Extended	Dilantin	I	Capsule

GENERIC	BRAND	TIER	NOTES
Seizure Control Drugs (continued)			
Phenytoin Sodium Extended	Dilantin, Phenytek	II	Capsule
Phenytoin Sodium Prompt	Phenytoin Sodium Prompt	I	Capsule
Primidone	Mysoline	I	Tablet
Tiagabine HCl	Gabitril	III	Tablet
Topiramate	Topamax	III	Sprinkle Capsule, Tablet
Valproate Sodium	Depakene	I	Syrup
Valproate Sodium	Depacon	I	Injection
Valproic Acid	Depakene	I	Capsule
Zonisamide	Zonegran	III	Capsule
Sleep Aids			
Chloral Hydrate	Chloral Hydrate	I	Syrup
Zaleplon	Sonata	III	Capsule
Zolpidem Tartrate	Ambien	II	Tablet
Smoking Cessation Drugs			
Bupropion HCl	Zyban	I	SR Tablet
Nicotine Transdermal	Nicotine Transdermal	I	Transdermal Patch
Stimulants			
Amphetamine-Dextroamphetamine	Adderall	I	Tablet
Amphetamine-Dextroamphetamine	Adderall XR	II	SR Capsule
Atomoxetine HCl	Strattera	III	Capsule. Step therapy
Caffeine & Sodium Benzoate	Caffeine & Sodium Benzoate	I	Injection
Dexmethylphenidate HCl	Focalin	III	Tablet
Dextroamphetamine Sulfate	Dexedrine, Dextrostat	I	Tablet, SR Capsule
Doxapram HCl	Dopram	I	Injection
Methylphenidate HCl	Methylin, Ritalin	I	CR Tablet, Tablet
Methylphenidate HCl	Concerta	II	Tablet
Methylphenidate HCl CR	Metadate CD	III	CR Capsule, CR Tablet
Modafinil	Provigil	II	Tablet. Prior authorization required.
Nutritional Supplements (Drugs to treat vitamin, mineral and body fluid deficiencies)			
GENERIC	BRAND	TIER	NOTES
Amino Acid Deficiency Drugs			
Levocarnitine	Carnitor	I	Injection, Oral Solution, Tablet

GENERIC	BRAND	TIER	NOTES
Nutritional Supplements, Other			
Amino Acid Electrolyte Infusion	Aminosyn II M, Travasol	II	Injection
Amino Acid Electrolyte Infusion	Aminosyn M, Aminosyn II, Travasol, Freamine III	II	IV Solution
Amino Acid Electrolyte w/Calcium Infusion	Aminosyn, Clinimix E	II	Injection
Amino Acid Infusion	Aminosyn II, Clinimix, Travasol	II	Injection
Amino Acid Infusion	Aminosyn, Aminosyn II, Aminosyn-PF, Clinimix, Freamine III, Premasol, Travasol, Trophamine, Clinisol SF, Novamine	II	IV Solution
Ammonium Molybdate	Ammonium Molybdate	I	Injection
Ammonium Molybdate	Molypen	I	Injection
Calcium Chloride	Calcium Chloride	I	Injection
Calcium Gluconate	Calcium Gluconate	I	Injection
Chromium Chloride	Chromium Chloride	I	Injection
Cupric Chloride	Cupric Chloride	I	Injection
Dextrose 10%	Dextrose 10%	I	Injection
Dextrose 20%	Dextrose 20%	I	Injection
Dextrose 30%	Dextrose 30%	I	Injection
Dextrose 40%	Dextrose 40%	I	Injection
Dextrose 50%	Dextrose 50%	I	Injection
Dextrose 70%	Dextrose 70%	I	Injection
Dihydrotachysterol	DHT	II	Tablet
Fat Emulsion Solution	Intralipid	I	IV Solution
Folic Acid	Folic Acid	I	Tablet
Magnesium Sulfate	Magnesium Sulfate	I	Injection
Manganese Chloride	Manganese Chloride	I	Injection
Manganese Sulfate	Manganese Sulfate	I	Injection
Parenteral Electrolyte Concentrate	Nutrilite, Nutrilite II, Hyperlyte, Hyperlyte R, Hyperlyte-CR, TPN Electrol, TPN Electrolytes II	I	Injection
Potassium Acetate	Potassium Acetate	I	Injection
Potassium Bicarbonate	Potassium Bicarbonate	I	Effervescent Tablet
Potassium Bicarbonate & Chloride	Potassium Bicarbonate & Chloride	I	Effervescent Tablet

GENERIC	BRAND	TIER	NOTES
Nutritional Supplements, Other (continued)			
Potassium Chloride	Various	I	CR Capsule, Injection, Liquid, Powder
Potassium Chloride	ED K-10	I	CR Tablet
Potassium Chloride	K + Potassium	I	Powder
Potassium Chloride	KCL-20, KCl-40	I	Liquid
Potassium Chloride	Kaochlor	I	Liquid
Potassium Chloride	Klor-Con 8	I	Powder, CR Tablet
Potassium Chloride	Klor-Con M10, Klor-Con M20, Klotrix	I	CR Tablet
Potassium Chloride	K-Dur	II	CR Tablet
Potassium Chloride	Micro-K	II	CR Capsule
Potassium Phosphate	Potassium Phosphate	I	Injection
Selenious Acid	Selenious Acid	I	Injection
Selenious Acid	Selepen	I	Injection
Sodium Acetate	Sodium Acetate	I	Injection
Sodium Chloride	Sodium Chloride	I	Injection
Sodium Fluoride	Luride, Various	I	Solution, Tablet, Chewable Tablet
Sodium Fluoride	Lozi-Flur	I	Lozenge
Sodium Phosphate	Sodium Phosphate	I	Injection
Trace Minerals	M.T.E.-4	I	Injection
Trace Minerals	Multitrace-4, Multitrace-5, P.T.E.-4, M.T.E.-6, M.T.E.-7, P.T.E.-5, Pedtrace 4, Trace Elements 4, Trace Metals, Trace Metals Additive FTV, M.T.E.-5, Multitrace-5	I	Injection
Zinc Chloride	Zinc Chloride	I	Injection
Zinc Sulfate	Zinc Sulfate	I	Injection
Prenatal Vitamins			
Prenatal Vitamin	Various Brands	II	Capsule, Chewable Tablet, Tablet
Renal Disease Drugs			
Calcium Acetate	Phoslo	II	Capsule, Tablet
Doxercalciferol	Hectorol	II	Capsule, Injection
Ophthalmic Agents (Drugs to treat eye conditions)			
GENERIC	BRAND	TIER	NOTES
Allergy, Infection and Inflammation Drugs			
Azelastine HCl	Optivar	II	Solution
Bacitracin-Polymyxin B	AK-Poly-Bac	I	Ointment

GENERIC	BRAND	TIER	NOTES
Allergy, Infection and Inflammation Drugs (continued)			
Bacitracin-Polymyxin-Neomycin	Cortisporin	I	Ointment
Cromolyn Sodium	Crolom	I	Solution
Dexamethasone Sodium Phosphate	AK-Dex, Dexasol	I	Solution
Diclofenac Sodium	Voltaren	II	Solution
Epinastine HCl	Elestat	III	Solution
Fluorometholone	Fluor-Op, FML Liquifilm	I	Suspension
Fluorometholone	FML Forte, Fluor-Op, FML S.O.P.	II	Ointment, Suspension
Fluorometholone Acetate	Flarex	III	Suspension
Flurbiprofen Sodium	Ocufen	I	Solution
Gatifloxacin (Ophth)	Zymar	III	Solution
Gentamicin-Prednisolone Acetate	Pred-G, Pred-G S.O.P.	II	Suspension, Ointment
Ketorolac Tromethamine	Acular LS	II	Solution
Ketotifen Fumarate	Zaditor	II	Solution
Loteprednol	Alrex, Lotemax	III	Suspension
Loteprednol Etabonate-Tobramycin	Zylet	III	Suspension
Naphazoline HCl	Albalon, AK-Con, Naphazole	I	Solution
Neomycin-Polymyxin-HC	Cortisporin	I	Suspension
Neomycin-Bac Zn-Polymyx	Triple Antibiotic Ophthalmic Ointment	I	Ointment
Neomycin-Polymy-Gramicid	Ocutricin	I	Solution
Neomycin-Polymyxin-Dexamethasone	Various	I	Ointment, Suspension
Olopatadine HCl	Patanol	II	Solution
Phenylephrine HCl (Ophth)	AK-Dilate, Neo-Synephrine	I	Solution
Prednisolone Acetate	Econopred Plus, Pred Forte	I	Suspension
Prednisolone Acetate	Pred Mild	II	Suspension
Prednisolone Sodium Phosphate	AK-Pred, Inflammase	I	Solution
Prednisolone Sodium Phosphate	Inflammase Mild	II	Solution
Sulfacetamide Sodium	Sulf-10	I	Solution
Sulfacetamide Sodium-Prednisolone	Vasocidin	I	Solution
Sulfacetamide Sodium-Prednisolone	Blephamide S.O.P.	II	Ointment
Sulfacetamide Sod-Pred	Blephamide	II	Suspension
Tobramycin-Dexamethasone	Tobradex	II	Suspension, Ointment
Antibiotics			
Bacitracin	Bacitracin	I	Ointment
Bacitracin-Polymyxin B	Various	I	Ointment
Ciprofloxacin HCl (Ophth)	Ciloxan	I	Solution
Ciprofloxacin HCl (Ophth)	Ciloxan	II	Ointment

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Erythromycin (Ophth)	Romycin	I	Ointment
Gentamicin Sulfate (Ophth)	Gentak, Various	I	Ointment, Solution
Gentamicin Sulfate (Ophth)	Gentafair, Gentak, Genoptic	I	Solution, Ointment
Levofloxacin (Ophth)	Quixin	II	Solution
Moxifloxacin (Ophth)	Vigamox	II	Solution
Neomycin-Bac Zn-Polymyx	Neocin, Triple Antibiotic Ophthalmic Ointment	I	Ointment
Neomycin-Polymy-Gramicid	Various	I	Solution
Ofloxacin	Ocuflox	I	Solution
Oxytetracycline-Polymyxin B	Terak	I	Ointment
Polymyxin B-Trimethoprim	Polytrim	I	Solution
Sulfacetamide Sodium	Sulfacetamide Sodium, Various	I	Ointment, Solution
Tobramycin Sulfate (Ophth)	AK-Tob	I	Solution
Tobramycin Sulfate	Tobrex, AK-Tob	I	Solution
Tobramycin Sulfate	Tobrex	II	Ointment
Antifungals			
Natamycin	Natacyn	II	Suspension
Drugs for Dry Eyes			
Artificial Tear Insert	Lacrisert	II	Insert
Cyclosporine	Restasis	II	Emulsion
Glaucoma Drugs			
Acetazolamide	Diamox	I	Tablet
Bimatoprost	Lumigan	II	Solution
Brimonidine Tartrate	Alphagan	I	Solution
Brimonidine Tartrate	Alphagan P	II	Solution
Brinzolamide	Azopt	II	Suspension
Carteolol HCl (Ophth)	Ocupress	I	Solution
Dipivefrin HCl	Propine, Propine-C	I	Solution
Dorzolamide HC	Trusopt	III	Solution
Dorzolamide-Timolol	Cosopt	III	Solution
Latanoprost	Xalatan	III	Solution
Levobunolol HCl	Betagan	I	Solution
Mannitol	Osmitrol	I	IV Solution
Methazolamide	Neptazane	I	Tablet
Metipranolol	Optipranolol	I	Solution
Pilocarpine HCl	Piloptic-1, Isopto Carpine	I	Solution

GENERIC	BRAND	TIER	NOTES
Glaucoma Drugs (continued)			
Pilocarpine HCl	Piloptic-1, Piloptic-2, Piloptic-3, Piloptic-4, Piloptic-6, Pilotpic-1/2	I	Solution
Pilocarpine HCl	Pilopine HS	III	Gel
Timolol (Ophth)	Betimol	II	Solution
Timolol Maleate	Istalol, Timoptic	I	Solution
Timolol Maleate	Timoptic-XE	I	Gel
Travoprost	Travatan	II	Solution
Ophthalmic Drugs, Other			
Atropine Sulfate	Isopto Atropine, Atropine-Care	I	Solution, Ointment
Atropine Sulfate	Atropine-Care	I	Solution
Carbachol	Isopto Carbachol	I	Solution
Carbachol	Carbastat	I	Injection
Cyclopentolate	Various	I	Solution
Fluorescein Sodium	AK-Fluor	I	Injection
Fluorescein Sodium	Fluorets	I	Strips
Fluorescein w/ Benoxinate	Various	I	Solution
Fluorescein w/ Proparacaine	Flucaine	I	Solution
Homatropaire HBR	Homatropaire	I	Solution
Ophthalmic Irrigation	Balanced Salt, Akorn Balanced Salt Solution, Amo Endosol	I	Solution
Proparacaine (Ophth)	Alacine, Parcaine	I	Solution
Proparacaine (Ophth)	Parcaine	I	Solution
Scopolamine HBR	Mydral	I	Solution
Sodium Hyaluronate	Bilon	I	Injection
Tetracaine (Ophth)	Opticaine, Altacaine	I	Solution
Trifluridine	Viroptic	I	Solution
Tropicamide	Mydral	I	Solution
Otic Agents (Drugs to treat ear conditions)			
GENERIC	BRAND	TIER	NOTES
Antibiotics			
Neomycin-Polymyxin-HC (Otic)	Antibiotic Ear, Oticin HC	I	Solution, Suspension
Ofloxacin	Floxin Otic	II	Solution. Step therapy
Ear Drugs, Other			
Acetic Acid	Acetic Acid, Domeboro, Borofair	I	Solution

GENERIC	BRAND	TIER	NOTES
Ear Drugs, Other (continued)			
Benzocaine	Otocaine, Omedia Otic	I	Solution
Benzocaine-Antipyrine	Allergen, Otogesic	I	Solution
Benzocaine-PE-Antipyrine	Ear-Gesic	I	Solution
Hydrocortisone w/ Acetic Acid	Acetasol HC	I	Solution
Pramoxine-Chlorxylenol	Cortic, Zotane HC	I	Solution
Pramoxine-Chlorxylenol	Uni-Otic, Zoto-HC	I	Liquid, Solution
Respiratory Agents (Drugs to treat allergies, cough, cold and lung conditions)			
GENERIC	BRAND	TIER	NOTES
Allergy Drugs			
Azelastine HCl	Astelin	II	Nasal Spray
Brompheniramine Maleate	ND-Stat, Lohist-12	I	Injection, SR Tablet
Budesonide	Rhinocort Aqua	II	Nasal Suspension
Carbinoxamine Maleate	Histuss, Histuss PD, Carbinoxamine PD, Carboxine	I	Liquid
Carbinoxamine Maleate	Mintec CT	I	SR Tablet
Cetirizine	Zyrtec	III	Tablet, Chewable Tablet, Syrup
Chlorpheniramine Maleate	Chlorpheniramine Maleate	I	CR Capsule
Clemastine	Tavist	I	Syrup, Tablet
Cyproheptadine HCl	Periactin	I	Syrup, Tablet
Desloratadine	Clarinx	II	Syrup, Tablet
Desloratadine	Clarinx Reditabs	II	Orally Disintegrating Tablet
Dexchlorpheniramine Maleate	Polaramine, Dexchlor	I	CR Tablet
Diphenhydramine	Benadryl, Bena-D-50	I	Injection
Diphenhydramine	Benadryl, Hydramine	I	Elixir
Diphenhydramine	Various	I	Capsule, Tablet
Diphenhydramine	Dytuss	I	Syrup
Fexofenadine HCl	Allegra	I	Tablet
Fexofenadine HCl	Allegra	III	Tablet
Fexofenadine-Pseudoephedrine	Allegra-D	II	SR Tablet
Flunisolide	Nasalide	I	Nasal Solution
Fluticasone Propionate	Flonase	II	Nasal Suspension
Ipratropium Bromide	Atrovent	I	Nasal Solution
Mometasone Furoate	Nasonex	II	Nasal Suspension
Pheniramine-Phenyltoloxamine- Pyrilamine	Tri-Histine	I	Elixir

GENERIC	BRAND	TIER	NOTES
Allergy Drugs (continued)			
Triamcinolone Acetonide (Nasal)	Nasacort AQ	III	Nasal Inhaler
Asthma/Lung Drugs			
Acetylcysteine	Mucomyst	I	Inhalation Solution. Prior authorization required.
Albuterol	Proventil	I	Inhalation Aerosol
Albuterol Sulfate	Proventil, Ventolin	I	Inhalation Aerosol
Albuterol Sulfate	Accuneb, Proventil, Airt, Ventolin	I	Nebulization Solution. Prior authorization required.
Albuterol Sulfate	Proventil	I	Syrup, Tablet
Albuterol Sulfate	Proventil HFA	II	Inhalation Aerosol
Albuterol-Ipratropium	Combivent	II	Aerosol
Aminophylline	Aminophylline	I	Injection, Tablet, Oral Solution
Beclomethasone Dipropionate	Qvar	II	Inhalation Aerosol
Cromolyn Sodium	Intal	I	Solution. Prior authorization required.
Cromolyn Sodium	Intal Inhaler	II	Inhalation Aerosol
Dyphylline	Dilor	I	Tablet
Dyphylline-Guaifenesin	Various	I	Elixir, Tablet, Liquid, Syrup
Epinephrine HCl	Adrenalin	I	Injection
Fluticasone Propionate	Flovent	II	Inhalation Aerosol
Fluticasone Propionate (Inhalation)	Flovent Rotadisk	III	Aerosol Powder
Fluticasone-Salmeterol	Advair Diskus	II	Powder Disks
Formoterol Fumarate	Foradil Aerolizer	II	Capsule
Ipratropium Bromide	Atrovent	I	Inhalation Solution. Prior authorization required.
Ipratropium Bromide	Atrovent, Atrovent HFA	II	Inhalation Aerosol
Isoetharine	Isoetharine	I	Nebulization Solution. Prior authorization required.
Isoproterenol	Isuprel	I	Injection
Metaproterenol Sulfate	Alupent	I	Nebulization Solution. Prior authorization required.
Metaproterenol Sulfate	Alupent	I	Syrup
Montelukast Sodium	Singulair	II	Tablet, Chewable Tablet, Granules. Step therapy
Nedocromil Sodium	Tilade	II	Inhalation Aerosol

GENERIC	BRAND	TIER	NOTES
Asthma/Lung Drugs (continued)			
Terbutaline Sulfate	Brethine	I	Injection, Tablet
Theophylline	Theophylline	I	Injection
Theophylline	Slo-Phyllin	I	Solution
Theophylline	Slo-Bid Gyro, TheoCap	I	SR Capsule
Theophylline	Quibron-T/SR, Theochron	I	SR Tablet
Theophylline	TheoCap	I	SR Capsule
Theophylline	Theochron	I	SR Tablet
Tiotropium Bromide Monohydrate	Spiriva Handihaler	III	Capsule
Triamcinolone Acetonide (Inhalation)	Azmacort	III	Inhalation Aerosol
Zafirlukast	Accolate	II	Tablet. Step therapy.
Decongestant Drugs			
Phenylephrine HCl	Gilchew IR	I	Chewable Tablet
Respiratory Agents, Other			
Benzonatate	Tessalon	I	Capsule
Guaifenesin	Various	I	Tablet
Promethazine / Dextromethorphan	Phenergan DM	I	Syrup
Promethazine HCl	Phenergan / Codeine	I	Syrup
Substance Abuse Agents (Drugs to treat alcohol and drug abuse)			
GENERIC	BRAND	TIER	NOTES
Alcohol Abuse Drugs			
Acamprosate Calcium	Campral	III	Delayed Release Tablet
Disulfiram	Antabuse	II	Tablet
Naloxone HCl	Narcan	I	Injection
Naltrexone HCl	Depade, Revia	I	Tablet

Part 2 - Additional Covered Formulary Drugs

These Formulary drugs are not covered under your Medicare Part D drug benefit and do **not** apply toward your Out-of-Pocket Costs.

Note: The presence of a drug on the Formulary does not guarantee that you will be prescribed that drug by your doctor or other medical provider for a particular medical condition.

For specific Copayment amounts, please see the Retiree Benefits Summary Insert or the Schedule of Benefits or call Customer Service.

Please see page 1 for a listing of Formulary drugs that are covered under your Medicare Part D drug benefit.

Anesthetics (Drugs for numbing)			
GENERIC	BRAND	TIER	NOTES
Injectable Drugs			
Bupivacaine	Marcaine Spinal	III	Injection
Bupivacaine & Lidocaine w/ Epinephrine	Bupivacaine & Lidocaine w/ Epinephrine	III	Injection Kit
Bupivacaine & Lidocaine w/ Epinephrine & Saline	Bupivacaine & Lidocaine w/ Epinephrine & Saline	III	Injection Kit
Bupivacaine & Procaine / Ephed-Epi-Dextrose	Bupivacaine & Procaine / Ephed-Epi-Dextrose	III	Injection Kit
Bupivacaine HCl	Marcaine	III	Injection
Bupivacaine HCl	Marcaine w/o Epi	III	Injection
Bupivacaine HCl-Sodium Chloride	Bupivacaine HCl/NS	III	Injection
Bupivacaine in Dext & Lido w/ EPI & Povidone Iod	Bupivacaine in Dext & Lido w/ EPI & Povidone Iod	III	Injection Kit
Bupivacaine in Dextrose & Procaine w/ Ephed & EPI	Bupivacaine in Dextrose & Procaine w/ Ephed & EPI	III	Injection Kit
Bupivacaine w/ Epinephrine	Marcaine w/ Epinephrine	III	Injection
Chloroprocaine HCl	Nesacaine	III	Injection
Chloroprocaine HCl	Nesacaine-MPF	III	Injection
Desflurane	Suprane	III	Inhalation Solution
Enflurane	Ethrane	III	Inhalation Solution
Etomidate	Amidate	III	IV Solution
Fentanyl & Droperidol	Fentanyl & Droperidol	I	Injection
Halothane	Halothane	I	Inhalation Solution
Isoflurane	Forane	III	Inhalation Solution
Ketamine HCl	Ketalar	III	Injection

GENERIC	BRAND	TIER	NOTES
Injectable Drugs (continued)			
Levopubivacaine HCl	Chirocaine	III	Injection
Lidocaine & Tetracaine w/ EPI	Lidocaine & Tetracaine w/ EPI	III	Injection Kit
Lidocaine HCl	Xylocaine	II	Injection
Lidocaine HCl	Xylocaine in Dextrose	II	Injection
Lidocaine HCl-Bupivacaine	Duocaine	III	Injection
Lidocaine in Dex & Lido w/ Epineph & Povidone Iod	Lidocaine in Dex & Lido w/ Epineph & Povidone Iod	III	Injection Kit
Lidocaine in Dextrose	Lidocaine in Dextrose	I	IV Solution
Lidocaine in Dextrose & Lidocaine w/ Povidone Iodi	Lidocaine in Dextrose & Lidocaine w/ Povidone Iodi	III	Injection Kit
Lidocaine in Dextrose & Procaine w/ Ephed & EPI	Lidocaine in Dextrose & Procaine w/ Ephed & EPI	III	Injection Kit
Lidocaine in Saline	Lidocaine in Saline	III	Injection Kit
Lidocaine w/ Ephedrine	Lidocaine w/ Ephedrine	III	Injection Kit
Lidocaine w/ Epinephrine	Xylocaine w/ Epinephrine	II	Injection
Lidocaine w/ Epinephrine	Lidocaine w/ Epinephrine	III	Injection Kit
Lidocaine w/ Epinephrine	Xylocaine-MPF w/ Epinephrine	III	Injection
Lidocaine w/ Epinephrine & Saline	Lidocaine w/ Epinephrine & Saline	III	Injection Kit
Mepivacaine	Carbocaine	III	Injection
Methohexital Sodium	Brevital	III	Injection
Procaine & Tetracaine with Ephedrine	Procaine & Tetracaine with Ephedrine	III	Injection Kit
Procaine HCl	Novocain	III	Injection
Propofol	Diprivan	III	Emulsion
Ropivacaine HCl	Naropin	III	Injection
Sevoflurane	Ultane	III	Inhalation Solution
Tetracaine HCl	Pontocaine	III	Injection
Thiopental Sodium	Pentothal	III	Injection
Topical Drugs			
Benzocaine	Americaine	III	Gel
Benzocaine	Anacaine	III	Ointment
Butamben-Tretracaine-Benzocaine	Cetacaine	III	Gel, Liquid, Ointment, Spray

GENERIC	BRAND	TIER	NOTES
Topical Drugs (continued)			
Butamben-Tretracaine-Benzocaine	Cetacaine Medical Kit E	III	Kit
Cocaine HCl	Cocaine HCl	I	Solution
Ethyl Chloride	Ethyl Chloride	I	Spray
Hydrocortisone Ace-Pramoxine-Aloe Polysaccharide	Novacort	III	Gel
Lidocaine HCl	Xylocaine	II	Gel, Solution
Lidocaine HCl	Lidamantle	III	Cream, Lotion
Lidocaine-Hydrocortisone Acetate	Lidamantle HC	III	Cream, Lotion
Lidocaine-Prilocaine	Emla	III	Cream
Lidocaine-Prilocaine	Emla/Tegaderm	III	Kit
Pentafluoropropane-Tetrafluoroethane	Gebauers Spray and Stretch	III	Spray
Pramoxine-HC	Epifoam	III	Foam
Pramoxine-HC	Pramosone	III	Cream, Lotion
Tetracaine HCl	Pontocaine	III	Solution
Anti-blood Clotting Agents (Drugs to treat life-threatening infections)			
GENERIC	BRAND	TIER	NOTES
Miscellaneous			
Drotrecogin Alfa	Xigris	III	IV Solution
Anti-infective Agents (Drugs to treat infections)			
GENERIC	BRAND	TIER	NOTES
Antibiotics			
Amikacin Sulfate	Amikin	III	Injection
Amoxicillin	Amoxil	III	Chewable Tablet, Tablet, Suspension
Amoxicillin	Dispermox	III	Oral Suspension
Amoxicillin/Potassium Clavulanate	Augmentin	II	Chewable Tablet, Tablet, Suspension
Ampicillin & Sulbactam Sodium	Unasyn	III	Injection, IV Solution
Ampicillin Sodium	Totacillin-N	III	Injection
Ampicillin Sodium	Totacillin-N	III	IV Solution
Azithromycin	Zithromax	III	IV Solution
Aztreonam	Azactam	III	Injection
Bacitracin	Baci-IM	III	Solution
Carbenicillin Indanyl Sodium	Geocillin	III	Tablet
Cefaclor	Ceclor	II	Suspension, Capsule
Cefaclor	Raniclor	III	Chewable Tablet

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Cefadroxil	Duricef	III	Tablet, Suspension, Capsule
Cefazolin	Ancef, Kefzol	I	Injection
Cefazolin Sodium	Kefzol	III	Injection
Cefazolin Sodium	Cefazolin Sodium-Dextrose	III	IV Solution
Cefazolin Sodium	Kefzol	III	IV Solution
Cefepime HCl	Maxipime	III	Injection, IV Solution
Cefmandole Nafate	Mandol	III	Injection
Cefotaxime Sodium	Claforan	I	Injection, IV Solution
Cefotetan Disodium	Cefotan	III	IV Solution
Cefpodoxime Proxetil	Vantin	III	Tablet, Suspension
Ceftazidime	Ceftazidime	I	Injection
Ceftazidime	Claforan, Fortaz, Tazicef	III	IV Solution, IV Injection
Ceftibuten	Cedax	III	Capsule, Suspension
Ceftizoxime	Cefizox	III	Injection, IV Solution
Ceftriaxone Sodium	Rocephin	III	Injection, IV Solution
Cefuroxime Axetil	Ceftin	III	Suspension, Tablet
Cephalexin	Keflex	III	Capsule
Cephalexin	Panixine	III	Tablet
Chloramphenicol Sodium	Chloromycetin	II	Injection
Ciprofloxacin	Cipro	III	Oral Suspension, Tablet
Ciprofloxacin HCl	Cipro I.V.	III	Injection
Ciprofloxacin HCl-Ciprofloxacin Betaine	Cipro XR	III	SR Tablet
Clarithromycin	Biaxin	III	Suspension, Tablet
Clindamycin HCl	Cleocin	III	Capsule
Clindamycin Palmitate HCl	Cleocin Pediatric Granules	III	Solution
Clindamycin Phosphate	Cleocin	III	Injection, IV Solution
Clindamycin Phosphate Vaginal	Cleocin Vaginal Cream	III	Vaginal Cream, Suppository
Clindamycin Phosphate Vaginal	Clindesse	III	Vaginal Cream
Colistimethate Sodium	Coly-Mycin-M	III	Injection
Daptomycin	Cubicin	III	IV Solution
Demeclocycline HCl	Declomycin	III	Tablet. Prior authorization required.
Dirithromycin	Dynabac D5-Pak	III	Delayed Release Tablet
Doxycycline	Vibramycin	III	Suspension, Syrup
Doxycycline Hyclate	Vibramycin	I	Injection
Doxycycline Hyclate	Vibramycin	III	Capsule

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Doxycycline Hyclate	Doryx	III	Capsule
Doxycycline Hyclate	Periostat	III	Tablet
Doxycycline Hyclate	Adoxa, Vibratab	III	Tablet
Doxycycline Monohydrate	Monodox	III	Capsule
Ertapenem Sodium	Invanz	III	Injection
Erythromycin	Erythromycin Base	I	Tablet
Erythromycin	ERYC	III	Capsule
Erythromycin	PCE	III	Tablet
Erythromycin & Sulfisoxazole	Pediazole	III	Suspension
Erythromycin Estolate	Erythromycin Estolate	I	Suspension
Erythromycin Ethylsuccinate	EryPed	III	Suspension
Erythromycin Lactobionate	Erythromycin Lactobionate, Erythrocin	I	Injection
Fosfomycin	Monurol	III	Powder
Furazolidone	Furoxone	II	Tablet, Liquid
Gatifloxacin	Tequin	III	Injection, IV Solution
Gemifloxacin Mesylate	Factive	III	Tablet
Gentamicin	Garamycin	I	Injection
Gentamicin Sulfate	Garamycin	II	Injection
Imipenem-Cilastatin	Primaxin	III	Solution, IV Solution
Kanamycin Sulfate	Kantrex	III	Injection
Levofloxacin	Levaquin	III	Solution
Lincomycin HCl	Lincocin	III	Injection
Linezolid	Zyvox	III	IV Solution
Lomefloxacin	Maxaquin	III	Tablet
Meropenem	Merrem	III	IV Solution
Methenamine Hippurate	Hiprex	III	Tablet
Methenamine Mandelate	Mandelamine	III	Tablet
Methenamine Mandelate-Sodium Biphosphate	Uroqid #2	III	Tablet
Methenamine-Bella Alk-Meth Blue-Phenyl Sal	Trac, Urised	III	Tablet
Methenamine-Hyosc-Meth Blue-Sod Biphos-Phenyl Sal	Uretron D/S, Urisym	III	Tablet
Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Ca	Uta	III	Capsule
Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Ta	Urelle	III	Tablet
Methen-Meth Blue-Benz Acd-Phenyl Sal-Atrop-Hyosc T	Prosed EC, Prosed/DS	III	CR Tablet, Tablet
Methylene Blue	Urolene Blue	III	Tablet

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Metronidazole	Flagyl	III	Tablet, Capsule, SR Tablet
Metronidazole in NaCl	Metro IV	III	IV Solution
Metronidazole Vaginal	Metrogel Vaginal	III	Vaginal Gel
Minocycline HCl	Dynacin, Minocin	III	Tablet, Capsule
Moxifloxacin HCl	Avelox	III	Injection
Nafcillin Sodium	Nafcillin Sodium	I	Injection
Nafcillin Sodium	Nallpen	III	Injection
Nalidixic Acid	NegGram	III	Tablet
Neomycin Sulfate	Neo-Fradin	III	Solution
Nitrofurantoin	Furadantin	II	Suspension
Nitrofurantoin Macrocrystal	Macrodantin	III	Capsule
Nitrofurantoin Monohyd Macro	MacroBid	III	Capsule
Norfloxacin	Noroxin	III	Tablet
Ofloxacin	Floxin	III	Tablet
Oxacillin Sodium	Bactocill	III	Injection
Oxacillin Sodium	Prostaphlin	III	Solution
Paromomycin Sulfate	Humarin	III	Capsule
Penicillin G Benzathine	Bicillin L-A	III	Suspension
Penicillin G Potassium	Penicillin G Potassium	I	Injection
Penicillin G Potassium	Pfizerpen	III	Injection
Penicillin G Procaine	None	III	Suspension
Penicillin G Procaine/Benzathine	Bicillin C-R	III	Suspension
Penicillin G Sodium	Penicillin G Sodium	I	Injection
Pentamidine Isethionate	Pentam 300	III	Solution
Piperacillin Sodium	Pipracil	III	IV Solution
Polymyxin B Sulfate	Polymyxin B Sulfate	I	Injection
Quinupristin-Dalfopristin	Synercid	III	Injection
Rifaximin	Xifaxin	III	Tablet
Spectinomycin HCl	Trobicin	III	Injection
Streptomycin Sulfate	None	I	Injection
Sulfanilamide Vaginal	AVC	III	Vaginal Cream
Sulfapyridine	Sulfapyridine	I	Tablet
Tetracycline HCl	Sumycin	III	Syrup, Tablet
Ticarcillin & Potassium Clavulanate	Timentin	III	Injection
Tobramycin	TOBI	III	Solution
Tobramycin Sulfate	Nebcin	III	Injection
Trimethoprim	Primsol	III	Oral Solution
Trimethoprim	Proloprim	III	Tablet
Trimethoprim/Sulfamethoxazole	Sepra	III	Suspension, Tablet

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Vancomycin HCl	Vancocin	III	Injection
Antifungals			
Amphotericin B Cholesteryl Sulfate	Amphotec	III	Injection
Amphotericin B Lipid	Abelcet	III	Injection
Amphotericin B Liposome	Ambisome	III	Suspension
Butoconazole Nitrate	Gynazole-1	III	Vaginal Cream
Caspofungin Acetate	Cancidas	III	IV Solution
Clotrimazole	Mycelex	III	Troche
Fluconazole	Diflucan	III	Suspension, Tablet
Fluconazole in Dextrose	Diflucan	III	Injection
Flucytosine	Ancobon	III	Capsule
Itraconazole	Sporanox	III	IV Solution
Ketoconazole	Nizoral	III	Tablet
Miconazole Nitrate Vaginal	Monistat 3, Monistat 7	III	Vaginal Suppository
Nystatin	Bio-Statin	I	Powder
Nystatin	Bio-Statin	III	Capsule
Terconazole Vaginal	Terazol 3, Terazol 7, Zazole, Vagistat-1	III	Vaginal Suppository, Cream, Ointment
Voriconazole	Vfend	III	Injection
Hepatitis Drugs			
Interferon Alfa-2A	Roferon-A	III	Injection
Interferon Alfa-2B	Intron-A	III	Injection
Interferon Alfacon-1	Infergen	III	Injection
Interferon Alfa-N3	Alferon N	III	Injection
Peginterferon Alfa-2A	Pegasys	III	Injection
Ribavirin	Copegus, Rebetol	III	Tablet, Capsule, Solution
Ribavirin & Interferon Alfa-2B	Rebetron	III	Capsule
HIV Drugs			
Didanosine	Videx EC	II	Delayed Release Capsule
Zidovudine	Retrovir	II	IV Solution
Malaria Drugs			
Chloroquine HCl	Aralen	III	Injection
Chloroquine Phosphate	Aralen	III	Tablet
Halofantrine HCl	Halfan	III	Tablet
Mefloquine HCl	Lariam	II	Tablet
Sulfadoxine & Pyrimethamine	Fansidar	II	Tablet
Parasitic Infection Drugs			
Atovaquone	Mepron	III	Suspension

GENERIC	BRAND	TIER	NOTES
Parasitic Infection Drugs (continued)			
Lindane	None	I	Lotion
Malathion	Ovide	III	Lotion
Mebendazole	Vermox	III	Chewable Tablet
Permethrin	Elimite	II	Cream
Sulfurated Lime	Sulfurated Lime	I	Solution
Trimetrexate Glucuronate	Neutrexin	III	Injection
Tuberculosis Drugs			
Capreomycin Sulfate	Capastat	III	Injection
Cycloserine	Seromycin	III	Capsule
Ethambutol HCl	Myambutol	III	Tablet
Isoniazid	Nydrazid	III	Injection
Rifampin	Rifadin	III	Injection, Capsule
Viral Infection Drugs			
Acyclovir	Zovirax	III	Capsule, Suspension, Tablet
Cidofovir	Vistide	III	Injection
Foscarnet Sodium	Foscavir	III	Injection
Ganciclovir	Cytovene	III	Injection, Capsule
Palivizumab	Synagis	III	Injection
Ribavirin	Virazole	III	Inhalation Solution
Rimantadine Hydrochloride	Flumadine	III	Tablet, Syrup
Zanamivir Aero Powder	Relenza	III	Powder
Cardiovascular Agents (Drugs to treat heart and circulation conditions)			
GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs			
Acebutolol HCl	Sectral	III	Capsule
Amiloride & HCTZ	Moduretic	III	Tablet
Amiloride HCl	Midamor	III	Tablet
Atenolol	Tenormin	III	Tablet, Injection
Benazepril & HCTZ	Lotensin-HCT	III	Tablet
Benazepril HCl	Lotensin	III	Tablet
Bendroflumethiazide	Naturetin	III	Tablet
Bendroflumethiazide & Rauwolfia	Bendroflumethiazide & Rauwolfia	I	Tablet
Betaxolol HCl	Kerlone	III	Tablet
Bisoprolol & Hydrochlorothiazide	Ziac	III	Tablet
Bisoprolol Fumarate	Zebeta	III	Tablet
Bumetanide	Bumex	III	Tablet, Injection
Candesartan Cilexetil-HCTZ	Atacand HCT	III	Tablet

GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs (continued)			
Captopril	Capoten	III	Tablet
Captopril & HCTZ	Capozide	III	Tablet
Carteolol	Cartrol	III	Tablet
Chlorothiazide	Diuril IV	III	Injection
Chlorothiazide	Diuril	III	Tablet, Suspension
Chlorthalidone	Thalitone	III	Tablet
Clonidine & Chlorthalidone	Clorpress	III	Tablet
Clonidine HCl	Catapres	III	Tablet
Deserpidine & Methyclothiazide	Enduronyl Forte	III	Tablet
Diazoxide	Hyperstat	III	Injection
Diltiazem HCl	Cardizem	III	IV Solution
Diltiazem HCl	Cardizem	III	Tablet
Diltiazem HCl	Cardizem CD	III	SR Capsule
Diltiazem HCl	Dilacor	III	SR Capsule
Diltiazem HCl	Tiazac	III	SR Capsule
Dobutamine	Dobutamine	I	Injection
Dobutamine	Dobutrex	III	Injection
Dopamine	Dopamine	I	Injection
Doxazosin Mesylate	Cardura	III	Tablet
Enalapril & HCTZ	Vaseretic	III	Tablet
Enalapril Maleate	Vasotec	III	Tablet
Enalapril-Felodipine	Lexxel	III	CR Tablet
Eplerenone	Inspra	III	Tablet
Eprosartan-Hydrochlorothiazide	Teveten HCT	III	Tablet
Eprosartan Mesylate	Teveten	III	Tablet
Ethacrynate Sodium	Sodium Edecrin	III	Injection
Ethacrynic Acid	Edecrin	III	Tablet
Felodipine	Plendil	III	SR Tablet
Fenoldopam Mesylate	Corlopam	III	Injection
Fosinopril & HCTZ	Monopril HCT	III	Tablet
Fosinopril Sodium	Monopril	III	Tablet
Furosemide	Lasix	III	Tablet
Guanabenz	Wytensin	I	Tablet
Guanabenz	Guanabenz	I	Tablet
Guanfacine	Tenex	III	Tablet
Hydralazine & Hydrochlorothiazide	Hydralazine & Hydrochlorothiazide	I	Capsule
Hydralazine-Reserpine-Hydrochlorothiazide	Uni-Serp	III	Tablet
Hydrochlorothiazide	Microzide	III	Capsule
Indapamide	Lozol	III	Tablet

GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs (continued)			
Isradipine	Dynacirc	III	Capsule
Isradipine SR	Dynacirc-CR	III	SR Tablet
Labetalol HCl	Normodyne	II	IV Solution
Labetalol HCl	Trandate	III	Tablet
Lisinopril	Zestril	III	Tablet
Lisinopril	Prinivil	III	Tablet
Lisinopril & HCTZ	Prinzide	III	Tablet
Mecamylamine	Inversine	III	Tablet
Metaraminol	Aramine	III	Injection
Methyldopa & Chlorothiazide	Aldoclor	III	Tablet
Methyldopa & Hydrochlorothiazide	Aldoril-15, Aldoril-25	III	Tablet
Methyldopa & Hydrochlorothiazide	Aldoril C30, Aldoril D50	III	Tablet
Metolazone	Zaroxolyn	III	Tablet
Metoprolol & HCTZ	Lopressor HCT	III	Tablet
Metoprolol Tartrate	Lopressor	III	Tablet
Metyrosine	Demser	III	Capsule
Midodrine HCl	Proamatine	III	Tablet
Nadolol	Corgard	III	Tablet
Nadolol & Bendroflumethiazide	Corzide	III	Tablet
Nicardipine HCl	Cardene	III	Capsule
Nicardipine HCl	Cardene I.V.	III	IV Solution
Nifedipine	Adalat CC	III	SR Tablet
Nifedipine	Procardia	III	Capsule
Nifedipine	Procardia XL	III	SR Tablet
Nitroprusside	Nitropress	III	IV Solution
Norepinephrine	Levophed	III	Injection
Penbutolol	Levatol	II	Tablet
Perindopril	Aceon	III	Tablet
Phenoxybenzamine HCl	Dibenzyline	II	Capsule
Phenylephrine	Neo-Synephrine	II	Injection
Prazosin	Minipress	III	Capsule
Prazosin & Polythiazide	Minizide	III	Capsule
Propranolol & HCTZ	Inderide	III	Tablet
Propranolol HCl	Inderal	III	Tablet, Injection
Quinapril	Accupril	III	Tablet
Quinapril-Hydrochlorothiazide	Accuretic	III	Tablet
Reserpine	Serpasil	I	Tablet
Spirolactone	Aldactone	III	Tablet
Spirolactone & HCTZ	Aldactazide	III	Tablet

GENERIC	BRAND	TIER	NOTES
Blood Pressure Drugs (continued)			
Telmisartan- HCTZ	Micardis-HCT	III	Tablet
Terazosin HCl	Hytrin	III	Capsule
Timolol & HCTZ	Timolide	III	Tablet
Timolol Maleate	Blocadren	III	Tablet
Torsemide	Demadex	III	Tablet, IV Solution
Triamterene	Dyrenium	III	Capsule
Triamterene & HCTZ	Dyazide	III	Capsule
Triamterene & HCTZ	Maxzide-25	III	Tablet
Verapamil HCl	Calan	III	Tablet
Verapamil HCl	Calan SR	III	CR Tablet
Verapamil HCl	Covera-HS	III	SR Tablet
Verapamil HCl	Verelan	III	SR Capsule
Verapamil HCl	Verelan PM	III	SR Capsule
Cardiovascular Drugs, Other			
Epoprostenol Sodium	Flolan	III	Injection
Isoxuprine	Vasodilan	III	Tablet
Nesiritide	Natrecor	III	Injection
Nimodipine	Nimotop	III	Capsule
Treprostinil Sodium	Remodulin	III	Injection
Chest Pain Drugs			
Isosorbide Dinitrate	Dilatrate SR	III	CR Capsule
Isosorbide Dinitrate	Isordil	III	Tablet
Isosorbide Dinitrate 10mg SL Tablet	Isordil SL Tablet	III	Tablet
Isosorbide Mononitrate	Imdur	III	SR Tablet
Isosorbide Mononitrate	Monoket	III	Tablet
Isosorbide Mononitrate	Ismo	III	Tablet
Nitroglycerin	Nitrostat	III	Tablet
Nitroglycerin	Nitro-Dur	III	Transdermal Patch
Nitroglycerin	Nitrogard	III	CR Tablet
Nitroglycerin	Nitrobid	III	Ointment
Nitroglycerin	Nitrolingual Spray	III	Solution
Cholesterol Control Drugs			
Aspirin Buff	Pravigard PAC	III	Tablet
Cholestyramine	Questran	III	Powder
Cholestyramine Light Powder	Questran Light	III	Powder
Colesevelam	Welchol	III	Tablet
Fenofibrate, Micronized	Antara	III	Micronized Capsule
Gemfibrozil	Lopid	III	Tablet
Lovastatin	Mevacor	III	Tablet

GENERIC	BRAND	TIER	NOTES
Cholesterol Control Drugs (continued)			
Lovastatin	Altroprev	III	SR Tablet
Policosanol	Lipex	III	Tablet
Pravastatin	Pravachol	II	Tablet
Heart Regulation Drugs			
Adenosine	Adenocard	III	IV Solution
Amiodarone HCl	Cordarone I.V.	II	Injection
Amiodarone HCl	Cordarone, Pacerone	III	Tablet
Digoxin	Lanoxin	III	Injection
Digoxin	Lanoxicaps	III	Capsule
Disopyramide Phosphate	Norpace	III	Capsule
Disopyramide Phosphate	Norpace CR	II	SR Capsule
Esmolol	Brevibloc	III	Injection, IV Solution
Flecainide Acetate	Tambocor	III	Tablet
Ibutilide	Corvert	III	Injection
Inamrinone	None	I	IV Solution
Lidocaine HCl (Cardiac)	Xylocaine	II	Injection
Milrinone	Primacor	III	IV Solution
Moricizine	Ethmozine	II	Tablet
Procainamide HCl	Pronestyl	III	Capsule, Tablet
Procainamide HCl	Pronestyl SR	III	CR Tablet
Propafenone HCl	Rythmol	III	Tablet
Propafenone HCl	Rythmol SR	III	SR Capsule
Sotalol HCl	Betapace	II	Tablet
Sotalol HCl (AFIB/AFL)	Betapace AF	III	Tablet
Miscellaneous			
Alprostadil	Prostin VR	III	Injection
Edetate Disodium	Endrate	III	Injection
Ethanolamine Oleate	Ethamolin	III	Injection
Chemotherapy Agents (Drugs to treat cancer and cancer treatment side effects)			
GENERIC	BRAND	TIER	NOTES
Abarelix	Plenaxis	III	Suspension
Alemtuzumab	Campath	III	Injection
BCG Vaccine Intravesical	Theracys	III	Suspension
Bleomycin Sulfate	Blenoxane	III	Injection
Carboplatin	Paraplatin	III	IV Solution, Injection
Carmustine	Gliadel	III	Implant Wafer
Cetuximab	Erbitux	III	IV Solution
Cisplatin	Platinol AQ	III	Injection
Cladribine	Leustatin	III	Injection

GENERIC	BRAND	TIER	NOTES
Chemotherapy Agents (continued)			
Clofarabine	Clolar	III	IV Solution
Cyclophosphamide	Cytoxan	III	Tablet
Cyclophosphamide	Cytoxan	II	Injection
Cyclophosphamide	Neosar	III	Injection
Cytarabine Liposome	Depocyt	III	Injection
Dacarbazine	DTIC-Dome	III	Injection
Dactinomycin	Cosmegen	III	Injection
Daunorubicin Citrate Liposome	Daunoxome	III	Injection
Daunorubicin HCl	Cerubidine	I	Injection
Daunorubicin HCl	Cerubidine	III	Injection
Dexrazoxane	Zinecard	III	Injection
Doxorubicin HCl	Adriamycin	III	Injection
Doxorubicin HCl	Doxil	III	Injection
Epirubicin HCl	Ellence	III	Injection
Etoposide	VePesid	III	Injection
Etoposide	VePesid	III	Capsule. Prior authorization required.
Etoposide Phosphate	Etopophos	III	Injection
Floxuridine	FUDR	III	Injection
Fludarabine Phosphate	Fludara	III	Injection
Flutamide	Eulexin	III	Capsule
Gefitinib	Iressa	III	Tablet
Gemtuzumab	Mylotarg	III	IV Solution
Histrelin Acetate	Vantas	III	Implant
Hydroxyurea	Hydrea	III	Capsule
Ibritumomab	Zevalin IN-111	III	Kit
Idarubicin HCl	Idamycin	III	Injection
Ifosfamide	Ifex	III	Injection
Ifosfamide & Mesna	Ifex/Mesna	III	Injection
Iodine	Bexxar 131 Iodine	III	Injection
Leuprolide Acetate	Lupron	III	Injection
Leuprolide Acetate	Viadur	III	Implant
Leuprolide Acetate	Eligard	III	Injection
Mercaptopurine	Purienthol	III	Tablet
Mesna	Mesnex	III	Injection
Methotrexate Sodium	Trexall	III	Tablet
Methoxsalen	Uvadex	III	Solution
Mitomycin	Mutamycin	III	Injection
Paclitaxel	Abraxane	III	IV Suspension
Paclitaxel	Taxol, Onxol	III	IV Concentrate

GENERIC	BRAND	TIER	NOTES
Chemotherapy Agents (continued)			
Palifermin	Kepivance	III	Injection
Samarium	Quadramet	III	Injection
Streptozocin	Zanosar	III	Injection
Tamoxifen Citrate	Nolvadex	III	Tablet
Tositumomab	Bexxar	III	Injection
Trastuzumab	Herceptin	III	IV Solution
Triptorelin Pamoate	Trelstar Depot	III	Suspension
Triptorelin Pamoate	Trelstar LA	III	Suspension
Vinblastine Sulfate	Vinblastine Sulfate	I	Injection
Vinorelbine Tartrate	Navelbine	III	Injection
Dental and Oral Agents (Drugs to treat mouth and throat conditions)			
GENERIC	BRAND	TIER	NOTES
Amlexanox	Amlexanox	III	Oral Paste
Antiseptic Products Misc	Bucalsep	III	Liquid, Solution
Benzocaine-Cetylpyrid CL-Zinc	Bucalcide	III	Solution
Benzocaine-Menthol-Cetylpyridinium CL-Tannic Acid	Orasep	III	Solution
Cevimeline	Evoxac	III	Capsule
Diphenhyd-Lidocaine-Alum Hydroxide-Mg Hydroxide	First Mouthwash BLM	III	Suspension
Doxycycline Hyclate	Atridox	III	Kit
Lidocaine HCl	Xylocaine	III	Solution
Minocycline HCl	Arestin	III	Powder Cartridge
Pilocarpine HCl (Oral)	Salagen	III	Tablet
Povidone-Sodium Hyalonurate-Glycyrrhetic Acid	Gelclair Concentrated Oral	III	Gel
Sodium Fluoride	Sodium Fluoride	I	Gel
Sodium Fluoride	Prevident Fluoride, Prevident 5000 Plus	III	Gel, Cream
Stannous Fluoride	Gel-Kam Oral Care Rinse, Omni Med Dental	III	Concentrate, Gel
Sulfuric Acid-Sulfonated Phenolics	Debacterol	III	Solution
Triamcinolone Acetonide (Mouth)	Kenalog in Orabase	III	Orabase
Dermatological Agents (Drugs to treat skin conditions)			
GENERIC	BRAND	TIER	NOTES
Acne Drugs			
Azelaic Acid	Azelex	III	Cream
Benzoyl Peroxide	Desquam-X	III	Bar

GENERIC	BRAND	TIER	NOTES
Acne Drugs (continued)			
Benzoyl Peroxide	Benzashave 5	III	Cream
Benzoyl Peroxide	Benzac W, Benzagel-10, Benzagel-5, Brevoxyl, Clinac BPO, Triaz	III	Gel
Benzoyl Peroxide	Benzac AC, Brevoxyl-4, Brevoxyl-8, Desquam-X	III	Liquid
Benzoyl Peroxide	Brevoxyl, Triaz, Zaclir	III	Lotion
Benzoyl Peroxide	Triaz	III	Pad
Benzoyl Peroxide-Erythromycin	Benzamycin Pak	III	Gel
Benzoyl Peroxide-HC	Vanoxide-HC	III	Lotion
Benzoyl Peroxide-Sulfur	Sulfoxyl Regular, Sulfoxyl Strong	III	Lotion
Benzoyl Peroxide-Urea	Zoderm	III	Cleanser, Cream, Gel
Clindamycin Phosphate (Topical)	Evoclin	III	Foam
Clindamycin Phosphate (Topical)	Cleocin-T	VII	Gel, Swab, Solution
Clindamycin Phosphate (Topical)	Cleocin-T	III	Lotion
Clindamycin Phosphate (Topical)	Clindagel	III	Gel
Clindamycin Phosphate-Benzoyl Peroxide	Duac, Z-Clinz 10, Z-Clinz 5	III	Gel, Solution
Erythromycin (Acne Aid)	Akne-Mycin, Emcin Clear, Erygel	III	Ointment, Pad, Gel
Isotretinoin	Sotret	III	Capsule
Sulfacetamide Sodium	Klaron	III	Lotion
Sulfacetamide Sodium w/Sulfur	Sulfacet-R	III	Lotion
Sulfacetamide Sodium w/Sulfur	Avar, Plexion, Plexion Cleansing Cloth, Plexion SCT, Plexion TS, Rosanil	III	Gel, Emulsion, Cloth, Cream, Suspension
Sulfacetamide Sodium w/Sulfur in Urea	Rosula	III	Gel
Tretinoin	Retin-A	III	Gel, Cream , Liquid
Antibiotics			
Bacitracin-Polymyxin-Neomycin	Cortisporin	II	Ointment
Mafenide Acetate	Sulfamylon	III	Solution, Cream
Metronidazole (Topical)	Metrocream, Metro lotion, Rozex	II	Cream, Lotion, Emulsion
Metronidazole (Topical)	Noritrate	III	Cream
Mupirocin	Bactroban	II	Ointment
Mupirocin (Nasal)	Bactroban	II	Nasal Ointment
Neomycin-Polymyxin-HC	Cortisporin	II	Cream
Nitrofurazone	Furacin	III	Ointment

GENERIC	BRAND	TIER	NOTES
Antibiotics (continued)			
Silver Nitrate	Silver Nitrate	I	Solution, Ointment
Silver Nitrate-Potassium Nitrate	Arzol	III	Applicator
Silver Nitrate-Potassium Nitrate	Arzol	I	Applicator
Silver Sulfadiazine	Silvadene	III	Cream
Antifungals			
Butenafine HCl	Mentax	III	Cream
Chloroxine	Capitol	III	Shampoo
Ciclopirox	Loprox	II	Gel
Clioquinol-HC	Ala-Quin	III	Cream
Clotrimazole w/ Betamethasone	Lotrisone	III	Cream, Lotion
Econazole Nitrate	Spectazole	III	Cream
Iodoquinol-HC	Vytone	III	Cream
Iodoquinol-Hydrocortisone-Aloe Polysaccharide	Alcortin	III	Gel
Ketoconazole (Topical)	Nizoral	III	Shampoo
Miconazole Nitrate	Monistat-Derm	III	Cream
Nystatin (Topical)	Mycostatin	III	Powder, Cream
Selenium Sulfide	Selsun	III	Lotion
Selenium Sulfide-Pyrithione Zinc in Urea	Selseb	III	Shampoo
Sulconazole Nitrate	Exelderm	III	Cream, Solution
Sulfacetamide Sodium	Sebizon	II	Lotion
Sulfacetamide Sodium	Ovace	III	Cream, Foam, Gel, Liquid
Sulfacetamide Sodium-Urea	Carmol Scalp Treatment	III	Lotion
Sulfacetamide Sodium-Urea	Rosula NA	III	Pad
Terbinafine	Lamisil	III	Solution
Triacetin	Triacetin	I	Solution
Antiperspirant Drugs			
Aluminum Chloride	Drysol, Xerac AC	III	Solution
Formaldehyde	Lazerformaldehyde, Formadon, Forma-Ray	I	Solution
Formaldehyde	Formaldehyde-10	III	Solution
Antiseptics			
Benzalkonium Chloride	Benzalkonium Chloride	I	Solution
Cadexomer Iodine	Iodoflex	III	Gel
Hexachlorophene	PhisoHex	III	Liquid
Hydrogen Peroxide	Hydrogen Peroxide	I	Solution
Potassium Permanganate	Potassium Permanganate	I	Granules

GENERIC	BRAND	TIER	NOTES
Emollient Drugs			
Lactic Acid (Ammonium Lactate)	Lac-Hydrin, Lactinol	III	Cream, Lotion
Lactic Acid w/ Vitamin E	Lactinol-E	III	Cream
Urea	Carmol 40	III	Gel, Lotion
Urea	Gordons Urea	III	Ointment
Urea	Keralac	III	Lotion, Cream, Gel
Urea	Umecta	III	Emulsion, Suspension
Emollient/Steroid Drugs			
Urea-HC Acetate	Carmol-HC	III	Cream
Psoriasis Drugs			
Alefacept	Amevive	III	Injection
Anthralin	Psoriatec	III	Cream
Anthralin	Drithro-Scalp	III	Cream
Efalizumab	Raptiva	III	Injection
Methoxsalen	8-Mop	III	Capsule
Skin Protectant Drugs			
Benzoin Tincture	Benzoin Tincture	I	Tincture
Silicone-Lanolin-Zinc Oxide	Selan + Zinc Oxide	III	Cream, Lotion
Skin Treatment Drugs, Other			
Coal Tar Liquid	Doak Tar Distillate	III	Liquid
Dermatological Products Misc	Derma-CAS	III	Gel
Dichloroacetic Acid	Bichloroacetic Acid Kahlenberg Plastic Treatment	III	Kit
Dichloroacetic Acid	Bichloroacetic Acid Kahlenberg Restocking Unit w/ AP	III	Liquid
Pimecrolimus	Elidel	II	Cream
Sulfur Shampoo	Sulfoam	III	Shampoo
Tacrolimus	Protopic	III	Ointment
Trichloroacetic Acid	Tri-Chlor	III	Liquid
Steroids			
Alclometasone Dipropionate	Aclovate	III	Cream, Ointment
Amcinonide	Cyclocort	III	Cream, Lotion, Ointment
Aug Betamethasone Dipropionate	Diprolene	II	Lotion
Aug Betamethasone Dipropionate	Diprolene	II	Gel, Ointment
Aug Betamethasone Dipropionate	Diprolene AF	III	Cream
Betamethasone Dipropionate	Diprosone	III	Cream, Aerosol
Betamethasone Valerate	Luxiq	III	Aerosol Foam
Clobetasol Propionate	Temovate	III	Cream, Gel, Ointment, Solution

GENERIC	BRAND	TIER	NOTES
Steroids (continued)			
Clobetasol Propionate	Clobex	III	Lotion, Shampoo
Clobetasol Propionate	Olux	III	Foam
Clobetasol Propionate Emollient	Temovate E	III	Cream
Clocortolone Pivalate	Cloderm	III	Cream
Desonide	Tridesilon, DesOwen	III	Ointment
Desonide	Tridesilon, DesOwen	II	Cream
Desonide	DesOwen	III	Lotion
Desoximetasone	Topicort	III	Gel, Cream, Ointment
Desoximetasone	Topicort LP	III	Cream
Diflorasone Diacetate	Maxiflor	III	Cream, Ointment
Fluocinolone Acetonide	Synalar	III	Solution, Cream, Ointment
Fluocinolone Acetonide	Capex	III	Shampoo
Fluocinolone Acetonide	Derma-Smoothe/FS	III	Oil
Fluocinonide	Lidex	III	Cream, Gel, Ointment, Solution
Fluocinonide	Vanos	III	Cream
Fluocinonide Emulsified Base	Lidex-E	III	Cream
Flurandrenolide	Cordran	III	Lotion, Ointment
Flurandrenolide	Cordran SP	III	Cream
Flurandrenolide	Cordran Tape	III	Tape
Fluticasone Propionate	Cutivate	III	Ointment, Cream
Halobetasol Propionate	Ultravate	III	Cream, Ointment
Hydrocortisone (Topical)	Hytone	III	Cream, Ointment, Lotion
Hydrocortisone (Topical)	Ala-Scalp, First-Hydrocortisone, Proctocort, Texacort	III	Lotion, Gel, Cream, Solution
Hydrocortisone Buteprate	Pandel	III	Cream
Hydrocortisone Butyrate	Locoid	III	Cream, Ointment, Solution
Hydrocortisone Butyrate	Locoid Lipocream	III	Cream
Hydrocortisone Valerate	Westcort	III	Cream, Ointment
Mometasone Furoate	Elocon	III	Cream, Lotion, Ointment
Triamcinolone Acetonide (Topical)	Triamcinolone Acetonide (Topical)	I	Ointment
Triamcinolone Acetonide (Topical)	Aristocort A	III	Cream
Triamcinolone Acetonide (Topical)	Kenalog	III	Lotion, Ointment, Cream, Aerosol
Triamcinolone Acetonide (Topical)	Kenalog 0.10%	III	Cream

GENERIC	BRAND	TIER	NOTES
Wart Removal Drugs			
Podofilox	Condylox	III	Gel, Solution
Pyrogallol-Chlorbutanol	Pyrogallol-Chlorbutanol	I	Ointment
Salicylic & Lactic Acids	Gordofilm	III	Solution
Salicylic Acid & Benzoic Acid	Bensal HP	III	Ointment
Wound Care Drugs			
Papain & Urea	Panafil-White	III	Ointment
Papain-Urea	Accuzyme	III	Ointment, Spray
Papain-Urea	Ethezyme	III	Ointment
Papain-Urea-Chlorophyllin	Panafil	III	Liquid, Ointment
Scarlet Red Dressing	Scarlet Red Dressing	I	Dressing
Trypsin w/ Castor Oil & Balsam	Xenaderm	III	Ointment
Wound Cleanser	Allclenz	III	Liquid
Diagnostic Agents (Drugs to diagnose medical conditions)			
GENERIC	BRAND	TIER	NOTES
Diagnostic Drugs			
Adenosine	Adenoscan	III	IV Solution
Aminohippurate Sodium	Aminohippurate Sodium	I	Injection
Arginine HCl	R-Gene 10	III	Injection
Aspergillus Fumigatis	Aspergillus Fumigatis	I	Injection
Benzylpenicilloyl Polylysine	Pre-Pen	III	Injection
Candida Albicans	Candin	III	Injection
Cellulose Sodium Phosphate	Calcibind	III	Kit
Coccidioidin	Spherulin	III	Injection
Corticorellin Ovine Triflutate	Acthrel	III	Injection
Cosyntropin	Cortrosyn	III	Injection
Dermatitis Antigens Test	T.R.U.E. Test	III	
Dipyridamole	Persantine I.V.	II	IV Solution
Gadodiamide	Omniscan	III	Injection, IV Solution
Gadodiamide	Omniscan Safepak	III	Kit
Gadopenetate Dimeglumine	Magnevist	III	Injection
Gadoteridol	Prohance	III	IV Solution
Gadoversetamide	Optimark	III	Injection
Glucagon	Glucagon	I	Kit
Gonadorelin HCl	Factrel	III	Injection
Histamine Phosphate	Histamine Phosphate	I	Injection
Histoplasmin	Hystolyn-CYL	III	Injection
Hymenoptra Tests	Hymenoptra Tests	I	Injection
Indium-111 Pentetreotide	Octreoscan	III	Kit

GENERIC	BRAND	TIER	NOTES
Diagnostic Drugs (continued)			
Indocyanine Green	IC Green	III	Injection
Inulin in Saline	Inulin in Saline	I	Injection
Isosulfan Blue	Lymphazurin	III	Solution
Mangafodipir	Teslascan	III	IV Solution
Methacholine Chloride	Provocholine	III	Solution
Metyrapone	Metopirone	III	Capsule
Perflutren Lipid Microsphere	Definity	III	IV Suspension
Protirelin	Thyrel TRH	III	Injection
Secretin Acetate	Secreflo	III	Injection
Sermorelin Acetate	Geref	III	Injection
Simethicone Coated Cellulose Susp	Sonorx	III	Suspension
Sincalide	Kinevac	III	Injection
Sodium Bicarb-Tartaric Acid Effer Granules	Baros Granules	III	Granules
Thyrotropin Alfa	Thyrogen	III	Injection
Trichophyton	Trichophyton, Constant Trichophyton	III	Injection
Tuberculin PPD	Aplisol	III	Injection
Gastrointestinal Agents (Drugs to treat bowel, intestine and stomach conditions)			
GENERIC	BRAND	TIER	NOTES
Amino Acid Deficiency Drugs			
Betaine	Cystadane	III	Powder
Bowel Treatment Drugs			
Atropine Sulfate	Atropine Sulfate	I	Injection
Atropine Sulfate	Sal-Tropine	III	Tablet
Atropine-Hyoscyamine-Scopol-Simeth	Colytrol	III	Suspension
Atropine-Hyoscyamine-Scopol-Simeth	Simetyl	III	Elixir, Tablet
Belladonna Alkaloids	Belladonna Alkaloids	I	Tincture
Belladonna Alkaloids & Opium	B & O 15-A Supprette, B & O 16-A Supprette	III	Suppository
Chlordiazepoxide HCl-Methscopolamine	Librax	III	Capsule
Dicyclomine HCl	Bentyl	III	Capsule, Tablet, Syrup, Injection
Difenoxin-Atropine	Motofen	III	Tablet
Diphenoxylate-Atropine	Lomotil	III	Tablet, Liquid
Homatropine Methylbromide	Homapin-10	III	Tablet
Hyoscyamine Sulfate	Colytrol Pediatric	III	Solution
Hyoscyamine Sulfate	Levsin	III	Tablet, Elixir, Solution, Injection
Hyoscyamine Sulfate	Levsinex	III	SR Capsule

GENERIC	BRAND	TIER	NOTES
Bowel Treatment Drugs (continued)			
Hyoscyamine Sulfate	IB-Stat	III	Aerosol Solution
Hyoscyamine Sulfate	Levbid	III	SR Tablet
Hyoscyamine Sulfate	Nulev	III	Orally Disintegrating Tablet
Hyoscyamine Sulfate	Levsin/SL	III	Tablet
Lactulose	Kristalose	III	Crystals
Mesalamine	Rowasa	III	Enema
Opium Tincture	Opium Tincture	I	Tincture
Pancrelipase	Cotazym	II	Capsule
PEG-3350/Electrolytes	Colyte	III	Solution
Phenobarbital & Belladonna Alk	Donnatal Extentabs	III	Tablet
Polyethylene Glycol	Miralax	III	Powder
Scopolamine	Scopolamine	I	Injection
Sulfasalazine, Delayed Release Tablet	Azulfidine, Azulfidine EN	III	Tablet
Digestive Drugs			
Amylase-Lipase-Protease	Amylase-Lipase-Protease, Enzymax, Paltrase V8, Panokase-16, Viokase 8	III	Tablet
Amylase-Lipase-Protease	Amylase-Lipase-Protease	I	Capsule, Tablet
Amylase-Lipase-Protease	Lipram-CR5	I	Capsule
Amylase-Lipase-Protease	Pancrease, Pancrease MT 10, Pancrease MT 16, Pancrease MT 20, Pancrease MT 4	II	Capsule
Amylase-Lipase-Protease	Viokase	II	Powder
Amylase-Lipase-Protease	Creon-5, Dygase, Enzycap, Kutrase, Ku-Zyme, Ku-Zyme HP, Lipram, Palipase, Palpeon, Pancrecarb, Ultrase	III	Capsule
Digestive Enzymes w/ Anticholinergics	Gastrinex	III	Capsule
Pancreatin	Pancreatin	I	Powder
Pancrelipase w/ Delayed Release Particles	Intestinex	III	Delayed Release Capsule
Enzyme Deficiency Drugs			
Laronidase	Aldurazyme	III	IV Infusion
Nitisinone	Orfadin	III	Capsule
Sodium Phenylbutyrate	Buphenyl	III	Tablet, Powder

GENERIC	BRAND	TIER	NOTES
Gallstone Drugs			
Ursodiol	Actigall	III	Capsule
Ursodiol	Urso 250, Urso Forte	III	Tablet
Gastrointestinal Drugs, Other			
Cromolyn Sodium	Gastrocrom	III	Oral Concentrate
Hemorrhoid Drugs			
Hydrocortisone (Rectal)	Anusol-HC	II	Cream, Suppository
Hydrocortisone Acetate (Rectal)	Proctocort	III	Suppository
Hydrocortisone Acetate w/ Pramoxine Rectal	Analpram-HC	II	Rectal Cream
Lidocaine-Hydrocortisone Acetate (Rectal)	Anamantle HC	III	Cream
Nausea and Vomit Prevention Drugs			
Aprepitant	Emend	III	Capsule. Prior authorization required.
Dimenhydrinate	Dramamine	I	Injection.
Droperidol	Inapsine	III	Injection
Granisetron	Kytril	III	Oral Solution. Prior authorization required.
Meclizine	Antivert	III	Tablet
Meclizine	Meni-D	III	Capsule
Metoclopramide HCl	Reglan	III	Tablet, Injection
Palonosetron	Aloxi	III	IV Solution. Prior authorization required.
Prochlorperazine Edisylate	Compazine	III	Syrup, Injection
Promethazine HCl	Phenergan	III	Tablet, Suppository, Injection
Promethazine HCl	Phenergan 12.5mg, 25mg	III	Suppository
Scopolamine	Scopace	III	Tablet
Trimethobenzamide HCl	Tigan	III	Capsule, Injection
Trimethobenzamide-Benzocaine	Tigan	III	Suppository
Ulcer and Stomach Acid Drugs			
Cimetidine	Tagamet	III	Tablet
Clidinium Bromide	Quarzan	III	Capsule
Famotidine	Pepcid	III	Tablet, Orally Disintegrating Tablets, Suspension, IV Solution, Injection
Glycopyrrolate	Robinul	III	Tablet, Injection
Glycopyrrolate	Robinul Forte	III	Tablet
Lansoprazole & Naproxen	Prevacid NapraPac	III	Delayed Release Capsule
Mepenzolate	Cantil	III	Tablet

GENERIC	BRAND	TIER	NOTES
Ulcer and Stomach Acid Drugs (continued)			
Methscopolamine	Pamine, Pamine Forte	III	Tablet
Metronidazole-Tetracycline-Bismuth Subsalicylate	Helidac	II	Chewable Tablet
Misoprostol	Cytotec	III	Tablet
Nizatidine	Axid	III	Capsule, Oral Solution
Omeprazole	Prilosec	III	Delayed Release Capsule
Omeprazole	Zegerid	III	Powder
Propantheline	Pro-Banthine 15mg	I	Tablet
Propantheline	Pro-Banthine 7.5mg	II	Tablet
Ranitidine HCl	Zantac	III	Injection
Ranitidine HCl	Taladine	III	Capsule
Ranitidine HCl	Zantac	III	Tablet, Syrup, Effervescent Tablet, Granules, IV Solution
Sucralfate	Carafate	III	Tablet
Genitourinary Agents (Drugs to treat bladder, genital and kidney conditions)			
GENERIC	BRAND	TIER	NOTES
Anti-infective Drugs, Other			
Acetohydroxamic Acid	Lithostat	III	Tablet
Bladder Control Drugs			
Darifenacin Hydrobromide	Enablex	III	SR Tablet
Dimethyl Sulfoxide	Rimso-50	III	Solution
Flavoxate	Urispas	III	Tablet
Hyoscyamine	Cystospaz	III	Tablet
Oxybutynin Chloride	Ditropan	III	Tablet, Syrup
Pentosan Polysulfate	Emiron	III	Capsule
Bladder Irrigants			
Neomycin-Polymyxin B GU Irrigation	Neosporin GU Irrigant	III	Solution
Impotence Drugs			
Alprostadil	Edex	III	Injection
Alprostadil	Muse	III	Urethral Pellet
Yohimbine	Yocon	III	Tablet
Kidney Stone Drugs			
Citric Acid & D-Gluconic Acid	Renacidin	III	Solution
Tiopronin	Thiola	III	Tablet

GENERIC	BRAND	TIER	NOTES
Renal Disease Drugs			
Cellulose Sodium Phosphate	Calcibind	III	Powder
Cysteamine Bitartrate	Cystagon	III	Capsule
Potassium & Sodium Acid Phosphates	K-Phos No 2	III	Tablet
Potassium & Sodium Citrates	Citrolith	III	Tablet
Potassium & Sodium Citrates w/ Citric Acid	Polycitra	III	Syrup
Potassium Citrate-Citric Acid	Polycitra-K	III	Solution, Powder
Sodium Citrate & Citric Acid	Bicitra	III	Solution
Sodium Polystyrene Sulfonate	Kayexalate	III	Powder
Surgical Irrigants			
Mannitol Irrigation	Resectisol	III	Solution
Mannitol-Sorbitol Irrigation	Mannitol-Sorbitol Irrigation	III	Solution
Sorbitol Irrigation	Sorbitol Irrigation	I	Solution
Urinary Pain Relievers			
Phenazopyridine	Pyridium	III	Tablet
Phenazopyridine-Butabarbital-Hyoscyamine	Pyridium Plus	III	Tablet
Vaginal Drugs, Other			
Acetic Acid-Oxyquinoline	Fem PH	III	Vaginal Gel
Amino Acid-Urea	Amino-Cerv	III	Cervical Cream
Hematological Agents (Drugs to treat blood disorders)			
GENERIC	BRAND	TIER	NOTES
Blood Clotting Drugs			
Absorbable Collagen Hemostat	Actifoam	III	Sponge
Aminocaproic Acid	Amicar	III	Tablet, Syrup, Injection
Ferric Sub sulfate	Asringyn	III	Solution
Fibrin Sealant	Tisseel VH	III	Kit
Gelatin Absorbable	Gelfilm	III	Film
Gelatin Absorbable	Gelfoam	III	Powder
Gelatin Absorbable	Gelfoam	III	Sponge
Microfibrillar Collagen Hemostat	Surgicell	III	Pad
Microfibrillar Collagen Hemostat	Instat MCH	III	Powder
Microfibrillar Collagen Hemostat	Ultrafoam	III	Sponge
Oxidized Cellulose Pads	Surgicell	III	Pad
Protamine Sulfate	Protamine Sulfate	I	Injection
Blood Formation Drugs			
Epoetin Alfa	Epogen	III	Injection. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Blood Formation Drugs (continued)			
Oprelvekin	Neumega	III	Injection. Prior authorization required.
Pegfilgrastim	Neulasta	III	Injection
Sargramostim	Leukine	III	Injection, IV Solution
Blood Modifiers			
Anagrelide HCl	Agrylin	III	Capsule
Blood Thinners			
Abciximab	Reopro	III	IV Solution
Alteplase	Cathflo Activase	III	Injection
Alteplase	Activase	III	Injection
Anistreplase	Eminase	III	Injection
Anticoagulant Citrate Phosphate Dextrose	ACD-A	III	Solution
Argatroban	Argatroban	III	Injection
Bivalirudin	Angiomax	III	IV Solution
Cilostazol	Pletal	III	Tablet
Dipyridamole	Persantine	III	Tablet
Eptifibatide	Integrelin	III	Solution
Heparin Sodium (Porcine)	Heparin Sodium (Porcine)	I	Injection
Lepirudin	Refludan	III	IV Solution
Pentoxifylline	Trental	III	CR Tablet
Reteplase	Retavase	III	IV Solution
Sodium Citrate Dihydrate	Tricitrasol	III	Concentrate
Streptokinase	Streptase	III	Injection
Tenecteplase	TNKase	III	IV Solution
Ticlopidine	Ticlid	III	Tablet
Tinzaparin Sodium	Innohep	III	Injection. Prior authorization required.
Tirofiban	Aggrastat	III	IV Concentrate, IV Solution
Urokinase	Abbokinase	III	Injection
Warfarin Sodium	Coumadin	II	Tablet
Warfarin Sodium	Coumadin	III	Injection
Hematological Agents, Other			
Adenine-Inosine	Rejuvesol	III	In Vitro Solution
Albumin, Human	Plasbumin-20	III	Injection
Aprotinin	Trasylol	III	Injection
Dextrose 0.2% w/ Sodium Chloride 0.9%	Dextrose 0.2% w/ Sodium Chloride 0.9%	III	In Vitro Solution
Dextran 1	Promit	III	Injection
Dextran 70	Macrodex	I	IV Solution

GENERIC	BRAND	TIER	NOTES
Hematological Agents, Other (continued)			
Dextran 75	Dextran 75 6% in D5W, Gentran	I	Injection, IV Solution
Dextran 75	LMD 10% Dextrose 5%, Gentran 75- Travert	III	Injection, IV Solution
Dextran HM	Dextran HM	III	Injection
Glyc-Sod Lact-Sod Phos-Pot Cl	Glycerolizing	III	In Vitro Solution
Hetastarch	Hespan, Hestend	III	Injection
Pentastarch	Pentaspán	III	IV Solution
Plasma Human	Plas/SD Group B	III	Injection
Plasma Protein Fraction	Plasmanate	III	Injection
Trannexamic Acid	Cyklokapron	III	Injection

**Immunological Agents
(Drugs that stimulate or suppress the immune system)**

GENERIC	BRAND	TIER	NOTES
Allergenic Extracts			
Antivenin Crotalidae Polyvalent	Antivenin Crotalidae Polyvalent	I	Injection
Antivenin Latrodectus Mactans	Antivenin Latrodectus Mactans	I	Injection
Antivenin Micrurus Fulvius	Antivenin Micrurus Fulvius	I	Injection
Cat Hair Extract	Cat Hair Extract	III	
Crotalidae Polyvalent Immune Fab	Crofab	III	IV Infusion
Honey Bee Venom	Honey Bee Venom 100mcg, 1000mcg	I	Injection
Honey Bee Venom	Honey Bee Venom 550mcg, 1300mcg	III	Injection
Honey Bee Venom	Venomil	III	Kit
Mixed Vespidae Venom	Mixed Vespidae Venom, 1000-1000-1000 mcg, 100-100-100 mcg	I	Injection
Mixed Vespidae Venom	Mixed Vespidae Venom, 1300-1300-1300 mcg, 550-550-550 mcg	III	Injection
Staphage Lysates	Staphage Lysates	I	
Wasp Venom	Wasp Venom 100mcg, 1000mcg	I	Injection
Wasp Venom	Wasp Venom	III	Kit
Wasp Venom	Wasp Venom 550mcg, 1300mcg	III	Injection

GENERIC	BRAND	TIER	NOTES
Allergenic Extracts (continued)			
White Faced Hornet Venom	White Faced Hornet Venom, 100mcg, 1000mcg	I	Injection
White Faced Hornet Venom	White Faced Hornet Venom	III	Kit
White Faced Hornet Venom	White Faced Hornet Venom, 550mcg, 1300mcg	III	Injection
Yellow Hornet Venom	Yellow Hornet Venom, 100mcg, 1000mcg	I	Injection
Yellow Hornet Venom	Venomil	III	Kit
Yellow Hornet Venom	Yellow Hornet Venom	III	Kit
Yellow Hornet Venom	Yellow Hornet Venom	III	Injection
Yellow Jacket Venom	Yellow Jacket Venom 100mcg, 1000mcg	I	Injection
Yellow Jacket Venom	Yellow Jacket Venom	III	Kit
Yellow Jacket Venom	Yellow Jacket Venom 550mcg, 1300mcg	III	Injection
Enzyme Deficiency Drugs			
Pegademase Bovine	Adagen	III	Injection
Immune System Drugs, Other			
Cytomegalovirus Immune Globulin	Cytogam	III	Injection
Hepatitis B Immune Globulin	Bayhep B	III	Injection
Immune Globulin (Human) IV	Flebogamma, Panglobulin	III	IV Solution
Interferon Gamma-1B	Actimmune	III	Injection
Respiratory Syncytial Virus Immune Globulin	Respigam	III	Injection
RHO D Immune Globulin	Rhophylac, WinRho SDF, Rhogam	III	Injection
Tetanus Immune Globulin	Baytet	III	Injection
Varicella-Zoster Immune Globulin	Varicella-Zoster Immune Globulin	I	Injection
Organ Transplant Drugs			
Anti-Thymocyte Globulin	Thymoglobulin	III	IV Solution
Azathioprine	Imuran, Azasan	III	Tablet
Basiliximab	Simulect	III	IV Solution
Cyclosporine	Sandimmune	III	Capsule, Solution, IV Solution
Cyclosporine	Neoral	III	Capsule
Cyclosporine Modified	Neoral	III	Capsule, Oral Solution
Lymphocyte Immune Globulin Anti-Thymocyte	Atgam	III	Injection
Orthoclone OKT 3	Orthoclone OKT 3	III	Injection

GENERIC	BRAND	TIER	NOTES
Organ Transplant Drugs (continued)			
Zenapax	Zenapax	III	Injection
Vaccines			
Diphtheria-Tetanus Toxoid	Diphtheria-Tetanus Toxoid Pediatric	I	Injection
Haemophilus B Polysac Conjugate Vaccine	Pedvax HIB	III	Injection
Japanese Encephalitis Virus Vaccine	JE-Vax	III	Injection
Measles & Rubella Vaccine	M-R-Vax II	III	Injection
Measles Virus Vaccine	Attenuvax	III	Injection
Mumps Virus Vaccine	Mumpsvax	III	Injection
Rabies Virus Vaccine	Imovax, Rabavert	III	Injection
Rubella Virus Vaccine	Meruvax II	III	Injection
Tetanus Toxoid	Tetanus Toxoid	I	Injection
Tetanus Toxoid	Tetanus Toxoid Absorbed, TE Anatoxal Berna	III	Injection
Tetanus-Diphtheria Toxoid	Diphtheria-Tetanus Toxoid Adult	I	Injection
Typhoid Vaccine	Vivotif Berna, Typhim VI	III	Delayed Release Capsule, Injection
Yellow Fever Vaccine	YF-Vax	III	Injection
Metabolic and Endocrine Agents (Drugs to regulate hormones and treat diabetes and bone conditions)			
GENERIC	BRAND	TIER	NOTES
Anemia Drugs			
Nandrolone Decanoate	Nandrolone Decanoate	I	Injection
Nandrolone Decanoate	Hybolin Improved	III	Injection
Oxandrolone	Anadrol-50	III	Tablet
Antidotes/Protectants			
Acetylcysteine	Acetadote	III	Injection
Cyanide Antidote Kit	Cyanide Antidote Kit	I	Kit
Deferoxamine Mesylate	Desferal	III	Injection
Digoxin Fab	Digibind, Digifab	III	Injection
Dimercaprol	BAL in Oil	III	Injection
Edetate Calcium Disodium	Calcium Disodium Versenate	III	Injection
Flumazenil	Romazicon	III	IV Solution
Fomepizole	Antizol	III	Injection
Pentetate Calcium Trisodium	Pentetate Calcium Trisodium	I	Solution
Pentetate Zinc Trisodium	Pentetate Zinc Trisodium	I	Solution
Pralidoxime	Protopam	III	IV Solution

GENERIC	BRAND	TIER	NOTES
Antidotes/Protectants (continued)			
Sodium Nitrite	Sodium Nitrite	I	Injection
Succimer	Chemet	III	Capsule
Birth Control Drugs			
Levonorgestrel Releasing IUD	Mirena	III	IUD
Levonorgestrel	Plan B	II	Tablet
Levonorgestrel & Eth Estradiol	Levlen Contract Pack	III	Tablet
Levonorgestrel & Eth Estradiol	Seasonale	III	Tablet
Medroxyprogesterone Acetate	Depo-Provera	III	IM Suspension, Injection
Norethindrone	Ortho Micronor	III	Tablet
Norethindrone Ace & Ethinyl Estradiol-Fe	Loestrin FE 1/20	III	Tablet
Norethindrone & Eth Estradiol	Ovcon 35, Ovcon-50	III	Tablet
Norethindrone (Contraceptive)	Nor-QD	III	Tablet
Norethindrone Ace & Eth Estradiol	Loestrin 1.5/30-21, Loestrin 1/20-21	III	Tablet
Norethindrone Ace & Ethinyl Estradiol-Fe	Loestrin FE	III	Tablet
Norethindrone-Ethinyl Estrad	Tri-Norinyl 28	III	Tablet
Norgestrel & Ethinyl Estradiol	Ogestrel	III	Tablet
Norgestrell	Ovrette 28	III	Tablet
Diabetic Drugs, Oral			
Chlorpropamide	Diabinese	III	Tablet
Glipizide	Glucotrol	III	Tablet
Glipizide	Glucotrol XL	III	SR Tablet
Glipizide-Metformin	Metaglip	III	Tablet
Glucagon	Glucagen	III	Injection
Glyburide	Glynase, Glycron	III	Micronized Tablet
Glyburide	Micronase	III	Tablet
Glyburide-Metformin	Glucovance	III	Tablet
Metformin HCl	Glucophage	III	Tablet
Metformin HCl	Glucophage XR	III	SR Tablet
Metformin HCl	Fortamet	III	SR Tablet
Metformin HCl	Riomet	III	Oral Solution
Nateglinide	Starlix	III	Tablet
Tolazamide	Tolinase 250mg	III	Tablet
Tolbutamide	Tolinase 500mg	I	Tablet
Diabetic Supplies			
Insulin Pen Needle	Insulin Pen Needle Luer 30G	III	
Insulin Pen Needle	Novofine 30	III	
Insulin Pen Needle	Novofine 31	III	

GENERIC	BRAND	TIER	NOTES
Diabetic Supplies (continued)			
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/0.5ml/ 28G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/1ml/ 28G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/ U-100/0.5ml/29G x 1/2
Insulin Syringe/Needle U-100	B-D Syringes	I	Insulin Syringe/ U-100/1ml/29G x 1/2
Insulin Syringe/Needle U-100	Various	III	
Enzyme Deficiency Drugs			
Algucerase	Ceredase	III	IV Solution. Prior authorization required.
Miglustat	Zavesca	III	Capsule
Gout Drugs			
Allopurinol	Zyloprim	III	Tablet
Allopurinol Sodium	Aloprim	III	Injection
Colchicine	Colchicine	I	Injection
Sulfinpyrazone	Sulfinpyrazone	I	Tablet
Growth Deficiency Drugs			
Somatropin	Humatrope, Saizen, Genotropin, Genotropin Intra- Mix, Gentotropin Miniquick, Nutropin, Nutropin AQ, Nutropin Depot, Serostim, Tev-Tropin, Zorbtive	III	Injection. Prior authorization required.
Hormone Drugs, Other			
Cabergoline	Dostinex	III	Tablet
Clomiphene Citrate	Clomid	I	Tablet
Clomiphene Citrate	Serophene	I	Tablet
Corticotropin	Acthar HP	III	Gel
Desmopressin Acetate	DDAVP	III	Tablet, Nasal Spray, Nasal Solution, Injection
Leuprolide Acetate	Lupron Depot-Ped	III	Injection
Megestrol Acetate	Megace	III	Suspension
Naferelin Acetate	Synarel	II	Nasal Solution
Octreotide Acetate	Sandostatin	III	Injection. Prior authorization required.
Oxandrolone	Oxandrin	III	Tablet
Pegvisomant	Somavert	III	Injection
Progesterone Vaginal	Crinone	III	Vaginal Gel

GENERIC	BRAND	TIER	NOTES
Hormone Drugs, Other (continued)			
Sermorelin Acetate	Geref	III	Injection
Stanozolol	Winstrol	III	Tablet
Vasopressin	Pitressin	III	Injection
Hormone Replacement Drugs			
Estradiol	Estrace, Gynodiol	III	Tablet
Estradiol	Estrasorb	III	Transdermal Emulsion
Estradiol	Estrogel	III	Gel
Estradiol Acetate Vaginal Ring	Femring	III	Vaginal Ring
Estradiol Cypionate	Depo-Estradiol	III	Injection
Estradiol Vaginal	Estring	III	Vaginal Ring
Estradiol Valerate	Delestrogen	III	Injection
Estradiol Valerate & Testosterone Enanthate	Valertest	III	Injection
Estradiol-Levonorgestrel	ClimaraPro	III	Transdermal Patch
Estrogens, Conjugated	Premarin	II	Injection
Estrogens, Conjugated Synthetic	Cenestin	III	Tablet
Estropipate	Ogen	III	Tablet
Medroxyprogesterone Acetate	Provera	III	Tablet
Norethindrone Acetate	Aygestin	III	Tablet
Progesterone Vaginal	First-Progesterone	III	Vaginal Suppository
Progesterone, Micronized	First-Progesterone	III	Transdermal Cream
Infertility Drugs			
Cetrorelix Acetate	Cetrotide	III	Injection
Ganirelix Acetate	Ganirelix Acetate	I	Injection
Gonadorelin Acetate	Lutrepulse	III	Injection
Insulins			
Human Regular Insulin Buffered	Velosulin BR	II	Injection
Insulin Isophane (Human) & Regular (Human)	Humulin 50/50, Humulin 70/30	III	Injection
Insulin Lispro (Human) & Lispro Prot (Human)	Humalog Mix	II	Injection
Insulin Zinc (Human)	Humulin L	III	Injection
Insulin Zinc Extended (Human)	Humulin U	III	Injection
Insulin, Lente (Pork)	Lente Iletin II	III	Injection
Insulin, NPH (Pork)	NPH Iletin II	III	Injection
Insulin, Regular (Pork)	Regular Iletin II	III	Injection
Miscellaneous			
Trientine HCl	Syprine	III	Capsule
Osteoporosis (Bone Loss) Drugs			
Etidronate	Didronel	III	Tablet, Injection
Gallium Nitrate	Ganite	III	IV Solution
Pamidronate	Aredia	I	IV Solution

GENERIC	BRAND	TIER	NOTES
Osteoporosis (Bone Loss) Drugs (continued)			
Pamidronate	Aredia	III	Injection
Teriparatide	Forteo	III	Injection
Tilludronate Disodium	Skelid	III	Tablet
Steroids			
Betamethasone	Celestone	III	Syrup
Betamethasone Acetate & Sodium Phosphate	Celestone Soluspan	III	Injection
Dexamethasone	Decadron, Dexpak	III	Tablet, Concentrate
Fludrocortisone Acetate	Florinef	III	Tablet
Hydrocortisone	Cortef	III	Tablet
Hydrocortisone Acetate (Rectal)	Cortifoam	III	Foam
Methylprednisolone	Medrol	II	Tablet
Methylprednisolone	Medrol Dosepak	III	Tablet
Prednisolone	Prelone	III	Syrup
Prednisolone Acetate	Key-Pred	III	Injection
Prednisolone Sodium Phosphate	Orapred	III	Oral Solution
Prednisolone Sodium Phosphate	Pediapred	III	Liquid
Prednisone	Prednisone	III	Concentrate
Prednisone	Serapred DS, Sterapred	III	Tablet
Triamcinolone Acetonide	Kenalog-10, Kenalog-40	III	Suspension
Triamcinolone Hexacetonide	Aristospan	III	Suspension
Testosterone Drugs			
Fluoxymesterone	Androxy	III	Tablet
Methyltestosterone	Methitest, Testred	II	Tablet, Capsule
Testosterone	Testosterone	I	IM Suspension
Testosterone	Testopel	III	Implant Pellets
Testosterone Cypionate	Depo-Testosterone	III	Injection
Testosterone Enanthate	Delatestryl	III	Injection
Testosterone Propionate	Testosterone Propionate	I	Injection
Testosterone Propionate	First-Testosterone	III	Cream, Ointment
Thyroid Drugs			
Liothyronine Sodium	Triostat	III	IV Solution
Methimazole	Tapazole	III	Tablet
Thyroid, Dessicated	Armour Thyroid	III	Tablet
Thyroid, Pork	Bio-Throid	I	Capsule
Thyroid, Pork	Bio-Throid 8mg, 150mg	III	Capsule
Uterine Active Drugs			
Carboprost	Hemabate	III	IM Solution

GENERIC	BRAND	TIER	NOTES
Uterine Active Drugs (continued)			
Dinoprostone	Cervidil	III	Insert
Dinoprostone	Prepidil	III	Gel
Dinoprostone	Prostin E2	III	Suppository
Mifepristone	Mifeprex	III	Tablet
Oxytocin	Pitocin	III	Injection
Ritodrine	Yutopar	I	Injection
Ergonvine	Ergotrate	I	Injection
Methylergonovine	Methergine	III	Tablet, Injection

Miscellaneous

GENERIC	BRAND	TIER	NOTES
European Mistletoe (Viscum Album)	Iscar Mali, Iscar Mali Series I, Iscar Mali Series II, Iscar Mali Series O, Iscar Mali Special	III	Injection
Glycine Diluent	Sterile Diluent for Flolan	III	Injection
Human Serum Albumin Diluent	HSA Sterile Diluent	I	Injection
Hydrochloric Acid	Hydrochloric Acid	I	Injection
Pinene-Camphene-Borneol-Fenchone-Anesthole-Eucalyp	Stonex	III	Capsule
Placebo	Cebo #1 Blue	III	Capsule
Polysorbate 80	Polysorbate 80	I	Liquid
Potassium Hydroxide	Potassium Hydroxide	I	Solution
Saline/Phenol	Saline/Phenol	I	Injection
Saline Injection w/ Benzyl Alcohol	Saline Injection w/ Benzyl Alcohol	I	Injection
Sodium Hydroxide	Sodium Hydroxide	I	Solution
Transdermal Base	PCCA Solid Transdermal Penetration Base	III	
Water for Injection, Bacteriostatic Parabens	Water for Injection, Bacteriostatic Parabens	I	Injection

Musculoskeletal Agents (Drugs to treat pain, inflammation and muscle and joint conditions)

GENERIC	BRAND	TIER	NOTES
Arthritis Drugs			
Anakinra	Kineret	III	Injection
Gold Sodium Thiomalate	Myochrysine	III	Injection
Hydroxychloroquine Sulfate	Plaquenil	III	Tablet
Methotrexate Sodium	Rheumatrex	III	Tablet
Penicillamine	Depen Titratabs	III	Tablet

GENERIC	BRAND	TIER	NOTES
Muscle Relaxants			
Baclofen	Lioresal Intrathecal	III	Injection.
Botulinum Toxin Type A	Botox, Botox Cosmetic	III	Injection. Prior authorization required.
Botulinum Toxin Type B	Myobloc	III	Injection. Prior authorization required.
Carisoprodol	Soma	III	Tablet
Carisoprodol w/ ASA	Soma Compound	III	Tablet
Carisoprodol w/ ASA & Codeine	Soma Compound/ Codeine	III	Tablet
Chlorzoxazone	Parafon Forte DCS	III	Tablet
Cisatracurium Besylate	Nimbex	III	IV Solution
Cyclobenzaprine HCl	Flexeril	III	Tablet
Dantrolene Sodium	Dantrium	III	Capsule, IV Solution
Metaxolone	Skelaxin	III	Tablet
Methocarbamol	Robaxin	III	Tablet, Injection
Mivacurium Chloride	Mivacron	III	IV Solution
Orphenadrine Citrate	Norflex	II	Injection
Orphenadrine w/ ASA & Caffeine	Norgesic, Norgesic Forte	III	Tablet
Rocuronium Bromide	Zemuron	III	IV Solution
Succinylcholine Chloride	Quelicin	III	Injection
Tizanidine HCl	Zanaflex	III	Tablet
Pain Relievers			
Acetaminophen w/ Codeine	Tylenol with Codeine, Vopac	III	Tablet
Acetaminophen w/ Hydrocodone	Lorcet	III	Tablet
Acetaminophen w/ Hydrocodone	Lortab	III	Tablet, Solution
Acetaminophen w/ Hydrocodone	Vicodin ES	III	Tablet
Acetaminophen w/ Hydrocodone	Bancap-HC	III	Capsule
Acetaminophen w/ Hydrocodone	Hycet	III	Solution
Acetaminophen w/ Hydrocodone	Anexsia, Maxidone, Norco, Stagesic-10, Xodol, Zydone	III	Tablet
Acetaminophen-Caffeine-Dihydrocodeine	Panlor DC, Panlor SS	III	Capsule, Tablet
Alfentanil	Alfenta	III	Injection
Aspirin-APAP-Salicylamide-Caffeine w/ Codeine	Rid-A-Pain	III	Tablet
Buprenorphine HCl	Buprenex	III	Injection
Buprenorphine HCl	Subutex	III	Tablet
Buprenorphine HCl-Naloxone HCl	Suboxone	III	Tablet
Butorphanol Tartrate	Stadol	III	Injection

GENERIC	BRAND	TIER	NOTES
Pain Relievers (continued)			
Codeine Phosphate	Codeine Phosphate	I	Injection, Soluble Tablet, Solution
Dihydrocodeine Compound	Synalgos-DC	III	Capsule
Fentanyl Citrate	Actiq, Nebulization Solution	III	Lollipop
Fentanyl Citrate	Fentanyl Citrate/NS	III	Injection
Fentanyl Citrate	Sublimaze	III	Injection
Fentanyl Citrate-Bupivacaine HCl	Fentanyl Citrate-Bupivacaine HCl	III	Injection
Fentanyl Citrate-Ropivacaine	Fentanyl Citrate-Ropivacaine	III	Injection
Hydrocodone-Ibuprofen	Reprexain	III	Tablet
Hydromorphone HCl	Dilaudid	III	Tablet, Suppository, Injection
Hydromorphone HCl	Dilaudid-HP	III	Injection
Hydromorphone HCl	Dilaudid-5	III	Liquid
Hydromorphone HCl	Palladone	III	SR Capsule
Hydromorphone HCl Sodium Chloride	Hydromorphone HCl /NS	III	Injection
Hydromorphone HCl-Bupivacaine	Hydromorphone HCl-Bupivacaine/NS	III	Injection
Ibuprofen-Hydrocodone	Vicoprofen	III	Tablet
Levorphanol Tartrate	Levo Dromoran	III	Injection
Meperidine HCl	Demerol	III	Tablet, Syrup, Injection
Meperidine HCl Sodium Chloride	Meperidine HCl/NS	III	Injection, IV Solution
Methadone HCl	Dolophine	III	Injection, Tablet
Methadone HCl	Methadose	III	Concentrate
Morphine Sulfate	Avinza	II	SR Capsule
Morphine Sulfate	MS Contin, 100mg	III	Quantity limit.
Morphine Sulfate	MS Contin, 15mg	III	Quantity limit.
Morphine Sulfate	MS Contin, 30mg	III	Quantity limit.
Morphine Sulfate	MS Contin, 60mg	III	Quantity limit.
Morphine Sulfate	Depodur	III	Injection
Morphine Sulfate	Morphine Sulfate	III	Injection, Solution
Morphine Sulfate	Roxanol	III	Oral Solution
Morphine Sulfate	RMS	III	Suppository
Nalbuphine HCl	Nubain	III	Injection
Oxycodone HCl	Roxicodone	III	Tablet, Solution
Oxycodone HCl	Roxicodone Intensol	III	Concentrate
Oxycodone HCl	Oxy IR	III	Capsule
Oxycodone HCl	OxyContin	III	SR Tablet

GENERIC	BRAND	TIER	NOTES
Pain Relievers (continued)			
Oxycodone HCl	OxyContin	III	SR Tablet
Oxycodone HCl	OxyContin	III	SR Tablet
Oxycodone HCl	OxyContin, 80mg	III	Limit 120 tablets of Oxycodone SR 80mg every 30 days.
Oxycodone-Ibuprofen	Combunox	III	Tablet
Oxycodone w/ Acetaminophen	Percocet	III	Tablet
Oxycodone w/ Acetaminophen	Tylox, Roxicet	III	Capsule, Tablet
Oxycodone w/ Aspirin	Percodan	III	Tablet
Oxycodone w/ Acetaminophen	Roxicet	III	Solution
Oxymorphone HCl	Numorphan	III	Injection, Suppository
Pentazocine & Naloxone	Talwin NX	III	Tablet
Pentazocine Lactate	Talwin	III	Injection
Pentazocine w/ APAP	Talacen	III	Tablet
Propoxyphene Compound	Darvon Compound-65	II	Capsule
Propoxyphene-N w/ APAP	Darvocet-N 100, Darvocet-N 50	III	Tablet
Propoxyphene-N w/ APAP	Darvocet A500	III	Tablet
Propoxyphene HCl	Darvon	III	Capsule
Propoxyphene HCl	Darvon-N	III	Tablet
Remifentanil HCl	Ultiva	III	IV Solution
Sufentanil Citrate	Sufenta	III	Injection
Tramadol HCl	Ultram	III	Tablet
Tramadol-Acetaminophen	Ultracet	I	Tablet
Pain/Swelling Management Drugs			
Acetaminophen-Salicylamide	Frenadol	III	Tablet
Acetaminophen-Salicylamide-Phenyltoloxamine	Duraxin	III	Capsule
Acetaminophen-Salicylamide-Phenyltoloxamine	Lobac	III	Capsule
APAP-Salicylamide-Phenyltolox-Caffeine	Durabac	III	Capsule
Aspirin	Easprin, Zorprin	III	Delayed Release Tablet, CR Tablet
Diclofenac Potassium	Cataflam	III	Tablet
Diclofenac Sodium	Voltaren	III	Delayed Release Tablet
Diclofenac Sodium	Voltaren XR	III	SR Tablet
Diflunisal	Dolobid	III	Tablet
Etodolac	Lodine	III	Capsule
Etodolac	Lodine XL	III	SR Tablet
Fenoprofen Calcium	Nalfon	III	Capsule
Flurbiprofen	Ansaid	III	Tablet
Ibuprofen	Motrin	III	Tablet, Suspension

GENERIC	BRAND	TIER	NOTES
Pain/Swelling Management Drugs (continued)			
Indomethacin	Indocin	III	Capsule
Indomethacin	Indocin	II	Suspension, Suppository
Indomethacin	Indocin IV	III	IV Solution
Indomethacin	Indocin SR	III	CR Capsule
Ketoprofen	Oruvail	III	SR Capsule
Ketorolac Tromethamine	Toradol	III	Injection, IV Solution, Tablet
Magnesium Salicylate	Magan, Novasal, MST 600	III	Tablet
Meclofenamate Sodium	Meclomen	I	Capsule
Mefenamic Acid	Ponstel	III	Capsule
Meloxicam	Mobic	III	Tablet
Nabumetone	Relafen	II	Tablet
Naproxen	Naprosyn	III	Tablet, Suspension
Naproxen	EC-Naprosyn	III	Enteric Coated Tablet
Naproxen Sodium	Anaprox	III	Tablet
Naproxen Sodium	Anaprox DS, Napreelan	III	Tablet, SR Tablet
Oxaprozin	Daypro	III	Tablet
Piroxicam	Feldene	III	Capsule
Sulindac	Clinoril	III	Tablet
Tolmetin Sodium	Tolectin	III	Tablet
Nervous System Agents (Drugs to treat nerve conditions)			
GENERIC	BRAND	TIER	NOTES
Alzheimer's Disease and Dementia Drugs			
Ergoloid Mesylates	Various	I	Tablet
Ergoloid Mesylates	Hydergine	III	Tablet
Tacrine HCl	Cognex	III	Capsule
Antidepressants			
Amitriptyline HCl	Elavil	III	Tablet
Bupropion HCl	Wellbutrin	III	Tablet
Bupropion HCl	Wellbutrin SR	III	SR Tablet
Citalopram Hydrobromide	Celexa	III	Tablet, Oral Solution
Clomipramine HCl	Anafranil	III	Capsule
Desipramine HCl	Norpramin	III	Tablet
Doxepin HCl	Sinequan	III	Capsule
Fluoxetine HCl	Prozac	III	Capsule, Tablet, Solution
Fluoxetine HCl	Prozac Weekly	III	Delayed Release Capsule

GENERIC	BRAND	TIER	NOTES
Antidepressants (continued)			
Fluoxetine HCl	Rapiflux	III	Tablet
Fluoxetine HCl	Sarafem	III	Capsule
Imipramine HCl	Tofranil	III	Tablet
Mirtazapine	Remeron, Remeron SolTab	III	Tablet, Orally Disintegrating Tablet
Nortriptyline HCl	Aventyl	III	Capsule
Nortriptyline HCl	Pamelor	III	Capsule, Solution
Paroxetine HCl	Paxil	III	Tablet, Oral Suspension
Trazodone HCl	Desyrel	III	Tablet
Antidotes/Protectants			
Ambenonium	Mytelase	III	Tablet
Edrophonium Chloride	Tensilon	III	Injection
Edrophonium Chloride w/ Atropine	Enlon-Plus	III	Injection
Epinephrine	Epipen-JR	III	Injection
Guanidine HCl	Guanidine HCl	I	Tablet
Neostigmine Bromide	Prostigmin	III	Tablet
Neostigmine Methylsulfate	Prostigmin	III	Injection
Pyridostigmine Bromide	Mestinon Timespan	II	CR Tablet
Pyridostigmine Bromide	Mestinon	III	Tablet, Syrup, Injection
Antipsychotics			
Chlorpromazine HCl	Thorazine	II	Suppository
Chlorpromazine HCl	Thorazine	III	Tablet
Clozapine	Clozaril, Fazaclo	III	Tablet, Orally Disintegrating Tablet. Prior authorization required.
Fluphenazine HCl	Prolixin	III	Tablet, Elixir, Oral Concentrate
Haloperidol Decanoate	Haldol Decanoate	III	IM Solution
Haloperidol Lactate	Haldol	II	Injection
Loxapine Succinate	Loxitane	III	Capsule
Olanzapine-Fluoxetine	Symbyax	III	Capsule
Thiethylperazine	Torecan	II	Tablet
Thiothixene	Navane	III	Capsule
Triflupromazine HCl	Vesprin	III	Injection
Anxiety Drugs			
Buspirone HCl	Buspar	III	Tablet
Buspirone HCl	Vanspar	III	Tablet
Chlordiazepoxide-Amitriptyline	Limbitrol	III	Tablet
Chlordiazepoxide-Amitriptyline	Limbitrol DS	III	Tablet
Hydroxyzine HCl	Atarax	III	Syrup

GENERIC	BRAND	TIER	NOTES
Anxiety Drugs (continued)			
Hydroxyzine Pamoate	Vistaril	III	Capsule
Hydroxyzine Pamoate	Vistaril	II	Suspension
Meprobamate	Miltown	I	Tablet
Meprobamate	Miltown	III	Tablet
Perphenazine-Amitriptyline	Triavil	I	Tablet
Migraine and Headache Drugs			
Acetaminophen-Phenyltoloxamine-Caffeine	Flextra	III	Capsule
APAP-Isometheptene-Dichloral	Midrin	III	Capsule
APAP-Isometheptene-Dichloral	Migralam	III	Capsule
Butalbital-Aspirin-Caffeine	Fiorinal	II	Capsule
Dihydroergotamine Mesylate	D.H.E. 45	III	Injection
Ergotamine / Caffeine	Cafergot	III	Tablet, Suppository
Frovatriptan Succinate	Frova	III	Tablet
Isometheptene Mucate	Migral	III	Tablet
Meprobamate-Aspirin	Equagesic	III	Tablet
Naratriptan HCl	Amerge	III	Tablet
Phenyltoloxamine & Mag Salicylate	Magsal	III	Tablet
Phenyltoloxamine-APAP	Dologesic, Flextra DS, Flextra-650, Relagesic, Staflex	III	Capsule, Liquid, Tablet
Phenyltoloxamine-APAP	Acuflex	III	Tablet
Miscellaneous			
Adenosine Phosphate	Adenosine Phosphate	I	Injection
Hyaluronidase	Amphadase	III	Injection
Hyaluronidase Lyophilized	Vitrax	III	Injection
Hyaluronidase Ovine	Vitrax	III	Injection
Sodium Oxybate	Xyrem	III	Oral Solution
Mood Stabilizers			
Lithium Carbonate	Lithobid	II	CR Tablet
Lithium Carbonate	Eskalith	III	Capsule, CR Tablet
Pain/Swelling Management Drugs			
Clonidine HCl	Duraclon	III	Injection
Ziconotide Acetate	Prialt	III	Injection
Parkinson's Disease Drugs			
Amantadine HCl	Symmetrel	III	Tablet, Syrup
Biperiden HCl	Akineton	III	Tablet
Bromocriptine Mesylate	Parlodel	III	Tablet, Capsule
Carbidopa-Levodopa	Sinemet	III	Tablet
Carbidopa-Levodopa	Sinemet CR	III	CR Tablet

GENERIC	BRAND	TIER	NOTES
Parkinson's Disease Drugs (continued)			
Carbidopa-Levodopa	Parcopa	III	Orally Disintegrating Tablet
Pergolide Mesylate	Permax	III	Tablet
Procyclidine HCl	Kemadrin	III	Tablet
Selegiline HCl	Eldepryl	III	Capsule
Tolcapone	Tasmar	III	Tablet
Sedative Drugs, Other			
Dexmedetomidine HCl	Precedex	III	Injection
Seizure Control Drugs			
Clonazepam	Klonopin	II	Tablet, Orally Disintegrating Tablet
Diazepam	Diastat	III	Rectal Gel
Ethosuximide	Zarontin	III	Capsule, Solution
Fosphenytoin	Cerebyx	III	Injection
Gabapentin	Neurontin	III	Capsule, Tablet
Gabapentin	Gabarone	III	Tablet
Lamotrigine	Lamictal	III	Tablet
Lamotrigine	Lamictal	III	Dispersible Tablet
Primidone	Mysoline	III	Tablet
Valproate Sodium	Depakene	III	Syrup
Valproate Sodium	Depacon	III	Injection
Valproic Acid	Depakene	III	Capsule
Sleep Aids			
Chloral Hydrate	Chloral Hydrate	I	Suppository
Chloral Hydrate	Somnote	II	Capsule
Chloral Hydrate	Aquachloral	III	Suppository
Ethchlorvynol	Placidyl	III	Capsule
Smoking Cessation Drugs			
Bupropion HCl	Zyban	III	SR Tablet
Nicotine Inhaler	Nicotrol Inhaler	III	Inhalation System
Nicotine Nasal Spray	Nicotrol NS	III	Nasal Spray
Stimulants			
Amphetamine-Dextroamphetamine	Adderall	III	Tablet
Caffeine Citrate	Cafcit	III	Injection, Oral Solution
Dextroamphetamine Sulfate	Dexedrine	III	SR Capsule, Tablet
Dextroamphetamine Sulfate	Dextrostat	III	Tablet
Doxapram HCl	Dopram	III	Injection
Methamphetamine HCl	Desoxyn	III	Tablet
Methylphenidate HCl	Ritalin SR	III	CR Tablet

GENERIC	BRAND	TIER	NOTES
Stimulants (continued)			
Methylphenidate HCl	Methylin	III	Chewable Tablet, Solution
Methylphenidate HCl	Ritalin LA	III	SR Capsule
Methylphenidate HCl	Methylin, Ritalin	III	Tablet
Methylphenidate HCl CR	Metadate ER	III	CR Capsule, CR Tablet
Nutritional Supplements (Drugs to treat vitamin, mineral and body fluid deficiencies)			
GENERIC	BRAND	TIER	NOTES
Amino Acid Deficiency Drugs			
Levocarnitine	Carnitor	III	Injection, Oral Solution, Tablet
Enzyme Deficiency Drugs			
Sacrosidase	Sucraid	III	Solution
Nutritional Supplements, Other			
Bromelains	Anana, Anana Forte	III	Tablet
Flavocoxid	Limbrel	III	Capsule
Policosanol-DHA-EPA-Vit B6-Cobalamin-Folic Acid	Vanachol	III	Capsule
Potassium Chloride	Micro-K	III	CR Capsule
Potassium Chloride	Klor-Con M15, K-tabs	III	CR Tablet
Potassium Chloride	Kaon-Cl, Rum-K	III	Liquid
Potassium Chloride	K-Lor, Klor-Con	III	Powder
Sodium Fluoride	Luride	III	Chewable Tablet, Solution
Sodium Fluoride	Fluorabon	III	Solution
Prenatal Vitamins			
Prenatal Vitamin	Duet DHA, Icar Prenatal Combo Pack	III	Capsule
Prenatal Vitamin	Embrex 600	III	Chewable Tablet
Prenatal Vitamin	Lactocal-F, Marnatal-F Plus Duo Pack, Vitafofol-PN	III	Tablet
Renal Disease Drugs			
Paricalcitol	Zemlar	III	IV Solution
Ophthalmic Agents (Drugs to treat eye conditions)			
GENERIC	BRAND	TIER	NOTES
Allergy, Infection and Inflammation Drugs			
Bacitracin-Polymyxin B	Polysporin	III	Ointment
Bacitracin-Polymyxin-Neomycin	Cortisporin	III	Ointment

GENERIC	BRAND	TIER	NOTES
Allergy, Infection and Inflammation Drugs (continued)			
Chloramphenicol (Ophth)	Chloroptic	II	Solution
Ciprofloxacin HCl (Ophth)	Ciloxan	III	Solution
Cromolyn Sodium (Ophth)	Crolom	III	Solution
Dexamethasone (Ophth)	Maxidex	III	Suspension
Emedastine Difumarate	Emadine	III	Solution
Fluorometholone	FML Liquifilm	III	Suspension
Flurbiprofen Sodium	Ocufen	III	Solution
Fomivirsen Sodium Intravitreal	Vitravene	III	Injection
Ganciclovir Intravitreal	Vitrasert	III	Implant
Ketorolac Tromethamine	Acular	III	Solution
Lodoxamide Tromethamine	Alomide	III	Solution
Medrysone	HMS Liquifilm	III	Suspension
Naphazoline HCl	Albalon	III	Solution
Nedocromil Sodium	Alocril	III	Solution
Neomycin-Bac Zn-Polymyx	Neosporin	III	Ointment
Neomycin-Polymy-Gramicid	Neosporin	II	Solution
Neomycin-Polymyxin-Dexamethasone	Maxitrol	III	Suspension, Ointment
Neomycin-Polymyxin-HC	Cortisporin	III	Suspension
Neomycin-Polymyxin-Prednisolone Ace	Poly-Pred	III	Suspension
Ofloxacin (Ophth)	Ocuflox	III	Solution
Oxytetracycline-Polymyxin B	Terramycin w/ Polymyxin B Sulfate	III	Ointment
Pemirolast	Alamast	III	Solution
Phenylephrine HCl (Ophth)	None	I	Solution
Phenylephrine HCl (Ophth)	Mydfrin	III	Solution
Polymyxin B-Trimethoprim	Polytrim	III	Solution
Povidone-Iodine (Ophth)	Betadine	III	Solution
Prednisolone Acetate (Ophth)	Econopred Plus	III	Suspension
Prednisolone Sodium Phosphate (Ophth)	Inflamase Forte	III	Solution
Rimexolone	Vexol	III	Suspension
Sulfacetamide Sodium (Ophth)	Bleph-10	III	Solution
Sulfacetamide Sodium-Fluorometholone	FML-S Liquifilm	III	Suspension
Tobramycin Sulfate (Ophth)	Tobrex	III	Solution
Glaucoma Drugs			
Acetylcholine Chloride	Isopto Carpine	III	Solution
Acetazolamide	Diamox Sequel	III	SR Capsule
Acetazolamide Sodium	Diamox	I	Injection
Apraclonidine HCl	Iopidine	III	Solution
Betaxolol HCl	Betoptic	I	Solution
Betaxolol HCl	Betopic-S	III	Suspension

GENERIC	BRAND	TIER	NOTES
Glaucoma Drugs (continued)			
Dipivefrin HCl	Propine	III	Solution
Echothiophate Iodide	Phospholine Iodide	III	Solution
Glycerin	Introl, Osmoglyn	III	Solution
Isosorbide	Ismotic	III	Solution
Levobunolol HCl	Betagan	III	Solution
Metipranolol	Optipranolol	III	Solution
Pilocarpine HCl	Isopto Carpine	III	Solution
Timolol Maleate (Ophth)	Istalol, Timoptic Ocudose, Timoptic-XE	III	Solution, Gel
Ophthalmic Drugs, Other			
Atropine Sulfate	Isopto Atropine	III	Solution
Carbachol	Isopto Carbachol	II	Solution
Carbachol	Miochol-E, Miostat	III	Kit, Injection
Cyclopentolate	Cyclogyl	II	Solution
Cyclopentolate w/ Phenylephrine	Cyclomydril	III	Solution
Fluorescein Sodium	None	I	Solution
Fluorescein Sodium	Fluorescite, Ful-Glo	III	Injection, Strips
Fluorescein w/ Benoxinate	Fluress	III	Solution
Fluorescein w/ Proparacaine	Fluorocaine	III	Solution
Gelatin Absorbable Ophth	Gelfilm Op	III	Film
Homatropine HBR	Isopto Homatropine	II	Solution
Homatropine HBR	Isopto Hyoscine	III	Solution
Hydroxyamphetamine-Tropicamide	Paremyd	III	Solution
Hydroxypropyl Methylcellulose	Goniosol	III	Solution
Ophthalmic Irrigation	Amo Endosol Extra, BSS Plus	III	Solution
Pegaptanib Sodium Intravitreal	Macugen	III	Injection
Pilocarpine HCl	Rev-Eyes	III	Solution
Proparacaine (Ophth)	Alacine	III	Solution
Scopolamine w/ Phenylephrine	Murocoll-2	III	Solution
Sodium Hyaluronate	Amvisc, Amvisc Plus, Healon 5, Healon GV, Provisc, Vitrax	III	Injection
Trifluridine	Viroptic	III	Solution
Tropicamide	Mydrilacil	III	Solution
Verteporfin	Visudyne	III	Solution

Otic Agents (Drugs to treat ear conditions)			
GENERIC	BRAND	TIER	NOTES
Antibiotics			
Ciprofloxacin-Dexamethasone	Ciprodex	III	Suspension
Ciprofloxacin-Hydrocortisone	Cipro HC	III	Suspension
Neomycin Colistin-HC	Coly-Mycin-S	III	Suspension
Neomycin-Colistin-HC-Thonzonium	Cortisporin-TC	II	Suspension
Neomycin-Polymyxin-HC (Otic)	Cortisporin	III	Solution, Suspension
Ear Drugs, Other			
Acetic Acid	Domeboro	III	Solution
Benzocaine-PE-Antipyrine	Tympagesic	III	Solution
Cresyl Acetate	Cresylate	III	Solution
Pramoxine-Chlorxylenol	Cortane B Otic, Cortane-B Aqueous, Pramotic	III	Solution, Liquid
Pramoxine-Chlorxylenol-HC	Cortane-B	III	Lotion
Pramoxine-Chlorxylenol-Benzalk CL	Alba-3	III	Liquid
Pramoxine-Acetic Acid	Otix Drops	III	Solution
Urea-Antipyrine-Benzocaine in Glycerin	Otilam	III	Liquid
Respiratory Agents (Drugs to treat allergies, cough, cold and lung conditions)			
GENERIC	BRAND	TIER	NOTES
Allergy Drugs			
Beclomethasone Dipropionate	Beconase AQ	II	Nasal Inhaler
Brompheniramine Maleate	Vazol	III	Liquid
Brompheniramine Maleate	Lodrane 24	III	SR Capsule
Brompheniramine Maleate	Lodrane 12 Hour	III	SR Tablet
Brompheniramine Maleate	Brovex, Brovex CT, Lodrane XR	III	Chewable Tablet, Suspension
Carbinoxamine Maleate	Histex PD, Jay-RX PD, Pediatex	III	Liquid
Carbinoxamine Maleate	Histex IE	III	SR Capsule
Carbinoxamine Maleate	Histex CT	III	SR Tablet
Carbinoxamine Maleate	Histex PD 12	III	Suspension
Carbinoxamine Maleate	Palgic	III	Tablet
Carbinoxamine Tannate	Pediatex 12	III	Suspension
Chlorpheniramine Maleate	Ed-Chlor-Tan, Ricobid-H	III	Tablet, Suspension
Chlorpheniramine-Methscopolamine	Aerohist	III	SR Tablet
Dexchlorpheniramine Maleate	Dexchlorpheniramine Maleate	I	Syrup
Diphenhydramine	Benadryl	III	Injection

GENERIC	BRAND	TIER	NOTES
Allergy Drugs (continued)			
Diphenhydramine	Dytan	III	Chewable Tablet, Suspension
Flunisolide	Nasarel	II	Nasal Solution
Ipratropium Bromide (Nasal)	Atrovent	III	Nasal Solution
Pheniramine-Phenyltoloxamine-Pyrilamine	Poly-Histine	III	Elixir
Pseudoephedrine / Azatadine	Trinalin	II	Tablet
Tripelenamine HCl	PBZ SR	II	Tablet
Triprolidine HCl	Zymine	III	Syrup
Asthma/Lung Drugs			
Acetylcysteine	Mucomyst	II	Inhalation Solution. Prior authorization required.
Albuterol	Proventil	III	Inhalation Aerosol
Albuterol Sulfate	Proventil	III	Nebulization Solution. Prior authorization required.
Albuterol Sulfate	Vospire ER	II	SR Tablet
Albuterol Sulfate	Accuneb	III	Nebulization Solution. Prior authorization required.
Albuterol-Ipratropium	Duoneb	III	Nebulization Solution. Prior authorization required.
Budesonide	Pulmicort	III	Suspension, Inhalation Aerosol
Cromolyn Sodium	Intal	III	Solution. Prior authorization required.
Dyphylline	Dilor, Dylux, Lufyllin	III	Injection, Elixir, Tablet
Dyphylline-Guaifenesin	Panfil-G	III	Capsule
Dyphylline-Guaifenesin	Lufyllin-GG	III	Elixir
Dyphylline-Guaifenesin	Brondil	III	Liquid
Dyphylline-Guaifenesin	Dilex-G 200, Panfil-G	III	Syrup
Dyphylline-Guaifenesin	Difil-G, Dilex-G 400, Lufyllin-GG	III	Tablet
Ephedrine-KI	KIE	III	Syrup
Epinephrine HCl	Adrenalin	III	Injection
Flunisolide	Aerobid-M	III	Inhalation Aerosol
Isoetharine	Isoetharine	III	Nebulization Solution. Prior authorization required.
Isoproterenol	Isuprel	III	Injection

GENERIC	BRAND	TIER	NOTES
Asthma/Lung Drugs (continued)			
Levalbuterol HCl	Xopenex	III	Nebulization Solution. Prior authorization required.
Metaproterenol Sulfate	Alupent	I	Tablet
Metaproterenol Sulfate	Alupent	III	Inhalation Aerosol
Omaliumab	Xolair	III	Injection. Prior authorization required.
Pirbuterol Acetate	Maxair	III	Inhalation Aerosol
Potassium Iodide	SSKI	I	Solution
Salmeterol Xinafoate	Serevent	III	Aerosol Powder
Terbutaline Sulfate	Brethine	III	Tablet, Injection
Theophylline	Theophylline	I	Injection
Theophylline	Quibron-T	II	Tablet
Theophylline	Theo-24	II	SR Capsule
Theophylline	Elixophyllin	II	Elixir
Theophylline	Quibron-T/SR	II	SR Tablet
Theophylline	Uniphyl	II	SR Tablet
Theophylline-Guaifenesin	Bronchodur	III	Solution
Theophylline-Guaifenesin	Quibron, Quibron 300	III	Capsule
Theophylline-Guaifenesin	Theomar GG	III	Liquid
Theophylline-Guaifenesin	Elixophyllin-GG	II	Solution
Theophylline-Guaifenesin	Broncap	III	Tablet
Theophylline-KI	Elixophyllin-KI	II	Elixir
Theophylline-PSE-GG	Bronchomar-1	III	Elixir
Theophylline-Sod Glycinate	ED-Bron G	III	Syrup
Decongestant Drugs			
Epinephrine HCl	Adrenalin	III	Nasal Solution
Phenylephrine HCl	AH-Chew D	III	Chewable Tablet
Phenylephrine HCl	Lusonal	III	Liquid
Phenylephrine HCl	Nasop	III	Orally Dissolving Tablet
Phenylephrine HCl	Ricobid-D	III	Suspension
Phenylephrine Tannate	Nasop, Ricobid-D	III	Suspension
Tetrahydrozoline HCl	Tyzine Pediatric Nasal Drops	III	Nasal Solution
Respiratory Agents, Other			
Beractant in NaCl	Survanta Intratracheal	III	Suspension
Calfactant in NaCl	Infasurf	III	Suspension
Dornase Alfa	Pulmozyme	III	Inhalation Solution. Prior authorization required.

GENERIC	BRAND	TIER	NOTES
Respiratory Agents, Other (continued)			
Poractant Alfa	Curosurf	III	Suspension
Proteinase Inhibitor	Prolastin	III	Injection
Proteinase Inhibitor	Zemaira	III	IV Solution
Talc Intrapleural	Sclerosol, Talc Intrapleural	III	Powder
Substance Abuse Agents (Drugs to treat alcohol and drug abuse)			
GENERIC	BRAND	TIER	NOTES
Alcohol Abuse Drugs			
Naltrexone HCl	Revia	III	Tablet
Narcotics Abuse Drugs			
Nalmefene HCl	Revex	III	Injection
Naloxone HCl	Narcan	III	Injection

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