



Network Platinum*Plus* Pharmacy (PPO)
Network Platinum*Premier* Pharmacy (PPO)

2012 Formulary
(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Network Health Insurance Corporation is a Medicare Advantage Organization with a Medicare Contract.

This document is available in alternate formats. Please call Customer Service at 1-800-378-5234, Monday through Friday, 8:00am to 8:00pm. From October 15, 2011 through February 14, 2012 we are available from 8:00am to 8:00pm 7 days a week.

NETWORK HEALTH INSURANCE CORPORATION
1570 Midway Place
PO Box 120
Menasha, WI 54952
Customer Service
1-800-316-3107
24 hours a day/7 days a week
TTY/TDD 1-800-899-2114

What is the Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy Formulary?

A formulary is a list of covered drugs selected by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 1, 2012. To get updated information about the drugs covered by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy, please visit our Web site at <http://www.nppdrugplans.com/> or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114. In limited instances, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy may make changes to the formulary during the year which would reduce or discontinue coverage of a drug. Examples of this include removing dosage forms from the formulary, changing a preferred drug to a non-preferred drug, and adding prior authorization. If this occurs, a corrected formulary page will be mailed to you listing the updated formulary status of the affected drug.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Medications. If you know what your drug is

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used for, look for the category name in the list that begins on page number 118. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 118. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Network Platinum*Plus* Pharmacy or Network Platinum*Premier* Pharmacy before you fill your prescriptions. If you do not get approval, Network Platinum*Plus* Pharmacy or Network Platinum*Premier* Pharmacy may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy limits the amount of the drug that Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy will cover. For example, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy provides nine tablets per prescription for IMITREX. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at <http://www.nppdrugplans.com/>.

You can ask Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy’s formulary?” on page 5 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy pays for certain OTC drugs. OTC drugs covered by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy include Omeprazole OTC and Prilosec OTC. Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy will provide these OTC drugs at no cost to you. The cost to Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy.
- You can ask Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy Formulary?

You can ask Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we

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grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty product drug tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber's or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can obtain an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

For more detailed information about your Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy, please call Customer Service at 1-800-378-5234, Monday through Friday, 8:00am to 8:00pm. From October 15, 2011 through February 14, 2012 we are available from 8:00am to 8:00pm 7 days a week. TTY/TDD users should call 1-800-947-3529. Or visit <http://www.nppdrugplans.com/>.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit <http://www.medicare.gov/>.

Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy's Formulary

The formulary below provides coverage information about some of the drugs covered by Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

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

The information in the Requirements/Limits column tells you if Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy has any special requirements for coverage of your drug.

Legend	
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy
M.O.	Available by Mail
#	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-316-3107, 24 hours a day/7 days a week. TTY/TDD users should call 1-800-899-2114.
*	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. (Applies to Network Platinum <i>Plus</i> Pharmacy and Network Platinum <i>Premier</i> Pharmacy members only.)

Network Platinum*Plus* Pharmacy and Network Platinum*Premier* Pharmacy

This table defines the standard copay structure.
Depending on your income level your actual cost-share may be less:

	Initial Coverage Phase			
	PREFERRED PHARMACY		NON-PREFERRED PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1 Generics	\$7	\$19	\$12	\$24
Tier 2 Preferred Brands and Non-Preferred Generics	\$35	\$92	\$40	\$97
Tier 3 Non-Preferred Brands	\$65	\$184	\$70	\$189
Tier 4 Specialty Products	33%	N/A	33%	N/A

Drug	Generic	Tier	Requirements/Limits
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ANESTHETICS*LOCAL ANESTHETICS*

<i>bupivacaine hcl injection</i>		1*	M.O.
<i>bupivacaine-dextrose</i>		1*	M.O.
<i>bupivacaine-epi 0.25%-0.0005</i>		1*	M.O.
<i>bupivacaine-epi 0.5%-0.0005</i>		1*	M.O.
CARBOCAINE	<i>mepivacaine</i>	3	M.O.
<i>chloroprocaine hcl</i>		1*	M.O.
<i>droperidol injection</i>		1*	M.O.
<i>lidocaine 5% ointment</i>		1*	M.O.
<i>lidocaine hcl dental/mucous membrn products, -gel, -injection, -5% ointment</i>		1*	M.O.
<i>lidocaine hcl in 5% dextrose injection</i>		1*	M.O.
<i>lidocaine hcl in 5% dextrose intravenous solution</i>		1*	M.O.
<i>lidocaine hcl in 7.5% dextrose</i>		1*	M.O.
<i>lidocaine hcl-epinephrine</i>		1*	M.O.
MARCAINE	<i>bupivacaine</i>	3	M.O.
MARCAINE SPINAL	<i>bupivacaine hcl/dextrose-h2o</i>	3	M.O.
MARCAINE WITH EPINEPHRINE	<i>bupivacaine hydrochloride/epi</i>	3	M.O.
MARCAINE-EPINEPHRINE	<i>bupivacaine hydrochloride/epi</i>	3	M.O.
NAROPIN	<i>ropivacaine</i>	3	M.O.
NESACAINE	<i>chloroprocaine</i>	3	M.O.
NESACAINE-MPF	<i>chloroprocaine</i>	3	M.O.
POLOCAINE	<i>mepivacaine</i>	3	M.O.
SENSORCAINE	<i>bupivacaine</i>	3	M.O.
SENSORCAINE WITH DEXTROSE	<i>bupivacaine hcl/dextrose-h2o</i>	3	M.O.
SENSORCAINE-EPI 0.25%-0.0005, --EPI 0.5%-0.0005	<i>bupivacaine hydrochloride/epi</i>	3	M.O.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Please refer to the table on page 8 to find the cost-share associated with each drug tier.

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Drug	Generic	Tier	Requirements/Limits
SENSORCAINE-EPI 0.25%-0.0005, -SENSORCAIN-MPF EPI 0.5%-0.0005, -SENSORCAINE-EPI 0.75%-0.0005	<i>bupivacaine hydrochloride/epi</i>	3	M.O.
SENSORCAINE-MPF	<i>bupivacaine</i>	3	M.O.
XYLOCAINE INJECTION	<i>lidocaine</i>	3	M.O.
XYLOCAINE IV	<i>lidocaine</i>	3	M.O.
XYLOCAINE WITH EPINEPHRINE	<i>lidocaine hydrochloride/epi</i>	3	M.O.
XYLOCAINE-MPF	<i>lidocaine</i>	3	M.O.
XYLOCAINE-MPF WITH EPINEPHRINE	<i>lidocaine hydrochloride/epi</i>	3	M.O.

TOPICAL ANESTHETICS

EMLA	<i>lidocaine/prilocaine</i>	3	M.O.
LIDAMANTLE	<i>lidocaine</i>	3	M.O.
<i>lidocaine hcl cream, -lotion</i>		1*	M.O.
<i>lidocaine hcl viscous</i>		1*	M.O.
<i>lidocaine-prilocaine</i>		1*	M.O.
LIDODERM	<i>lidocaine</i>	2	M.O.
<i>pre-attached lta kit</i>		1*	M.O.
SYNERA	<i>lidocaine/tetracaine</i>	3	M.O.
XYLOCAINE DENTAL/MUCOUS MEMBRN PRODUCTS, -GEL	<i>lidocaine</i>	3	M.O.

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1*	M.O.
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AMINOGLYCOSIDES

<i>amikacin (pf) 100 mg/2 ml, -100 mg/2 ml, -1,000 mg/4 ml vial, -1,000 mg/4 ml, -500 mg/2 ml</i>		1*	M.O.
<i>amikacin 500 mg/2 ml</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb</i>		1*	M.O.
<i>gentamicin sulfate injection</i>		1*	M.O.
<i>iso gentamicin 100 mg/100 ml, -isoton gentamicin 80 mg/50 ml</i>		1*	M.O.
ISOTON GENTAMICIN 100 MG/50 ML	<i>gentamicin/sodium chloride</i>	2	M.O.
ISOTON GENTAMICIN 60 MG/100 ML, -80 MG/NS 100 ML PB, -ISOTON GENTAMICIN 80 MG/100 ML, -ISO GENTAMICIN 120 MG/100 ML	<i>gentamicin/sodium chloride</i>	3	M.O.
<i>kanamycin sulfate injection</i>		1*	M.O.
NEO-FRADIN	<i>neomycin</i>	3	M.O.
<i>neomycin sulfate tablet</i>		1*	M.O.
TOBI	<i>tobramycin/sodium chloride</i>	4	
<i>tobramycin 10 mg/ml vial, -40 mg/ml vial, -40 mg/ml vial, -1.2 gm vial</i>		1*	M.O.
<i>tobramycin 80 mg/2 ml vial</i>		1*	M.O.
<i>tobramycin sulfate in ns</i>		1*	M.O.

ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	M.O.
BILTRICIDE	<i>praziquantel</i>	3	M.O.
<i>mebendazole chew tab</i>		1*	M.O.
STROMEKTOL	<i>ivermectin</i>	2	M.O.

ANTIINFECTIVES SPECIALIZED INDICATIONS

DAPSONE TABLET	<i>dapsone</i>	2	M.O.
FLAGYL	<i>metronidazole</i>	3	M.O.
FLAGYL ER	<i>metronidazole</i>	3	M.O.
<i>metro iv</i>		1*	M.O.
<i>metronidazole capsule, -injection, -tablet</i>		1*	M.O.

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ANTIRETROVIRALS AND PROTEASE INH			
APTIVUS	<i>tipranavir</i>	4	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	4	
COMBIVIR	<i>lamivudine/zidovudine</i>	4	
COMPLERA	<i>emtricitab/rilpivirine/tenofovir</i>	4	
CRIXIVAN	<i>indinavir</i>	2	M.O.
<i>didanosine</i>		1*	M.O.
EDURANT	<i>rilpivirine hydrochloride</i>	4	
EMTRIVA	<i>emtricitabine</i>	2	M.O.
EPIVIR	<i>lamivudine</i>	2	M.O.
EPZICOM	<i>abacavir sulfate/lamivudine</i>	4	
FUZEON CONVENIENCE KIT	<i>enfuvirtide</i>	4	
INCIVEK	<i>telaprevir</i>	4	PA
INTELENCE	<i>etravirine</i>	4	
INVIRASE CAPSULE	<i>saquinavir mesylate</i>	3	M.O.
INVIRASE TABLET	<i>saquinavir mesylate</i>	4	
ISENTRESS	<i>raltegravir potassium</i>	4	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	3	M.O.
KALETRA SOLUTION, -200-50 MG TABLET	<i>ritonavir/lopinavir</i>	4	
<i>lamivudine</i>		1*	M.O.
<i>lamivudine-zidovudine</i>		1*	M.O.
LEXIVA ORAL SUSP	<i>fosamprenavir calcium</i>	2	M.O.
LEXIVA TABLET	<i>fosamprenavir calcium</i>	4	
NORVIR	<i>ritonavir</i>	3	M.O.
PREZISTA 400 MG TABLET, -600 MG TABLET	<i>darunavir ethanolate</i>	4	
PREZISTA 75 MG TABLET, -150 MG TABLET	<i>darunavir ethanolate</i>	3	M.O.
RESCRIPTOR	<i>delavirdine mesylate</i>	2	M.O.
RETROVIR CAPSULE, -SYRUP, -TABLET	<i>zidovudine</i>	3	M.O.
RETROVIR INJECTION	<i>zidovudine</i>	2	M.O.
REYATAZ 100 MG CAPSULE	<i>atazanavir sulfate</i>	3	M.O.
REYATAZ 150 MG CAPSULE, -200 MG CAPSULE, -300 MG CAPSULE	<i>atazanavir sulfate</i>	4	
SELZENTRY	<i>maraviroc</i>	4	
<i>stavudine</i>		1*	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

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SUSTIVA	<i>efavirenz</i>	2	M.O.
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	4	
TRUVADA	<i>emtricitabine/tenofovir</i>	4	
VICTRELIS	<i>boceprevir</i>	4	PA
VIDEX 2 GM PEDIATRIC SOLN	<i>didanosine</i>	3	M.O.
VIDEX 4 GM PEDIATRIC SOLN	<i>didanosine</i>	2	M.O.
VIDEX EC	<i>didanosine</i>	3	M.O.
VIRACEPT	<i>nelfinavir mesylate</i>	2	M.O.
VIRAMUNE	<i>nevirapine</i>	2	M.O.
VIRAMUNE XR	<i>nevirapine</i>	3	M.O.
VIREAD POWDER	<i>tenofovir disproxil fumarate</i>	4	
VIREAD TABLET	<i>tenofovir disproxil fumarate</i>	4	
ZERIT	<i>stavudine</i>	3	M.O.
ZIAGEN	<i>abacavir sulfata</i>	2	M.O.
<i>zidovudine</i>		1*	M.O.

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE	<i>capreomycin</i>	3	M.O.
CYCLOSERINE	<i>cycloserine</i>	3	M.O.
<i>ethambutol hcl</i>		1*	M.O.
<i>isonarif</i>		1*	M.O.
<i>isoniazid injection, -syrup, -tablet</i>		1*	M.O.
MYAMBUTOL	<i>ethambutol</i>	3	M.O.
MYCOBUTIN	<i>rifabutin</i>	2	M.O.
PASER	<i>aminosalicylic acid</i>	3	M.O.
PRIFTIN	<i>rifapentine</i>	2	M.O.
<i>pyrazinamide</i>		1*	M.O.
RIFADIN	<i>rifampin</i>	3	M.O.
RIFAMATE	<i>rifampin/isoniazid</i>	3	M.O.
<i>rifampin capsule, -injection</i>		1*	M.O.
RIFATER	<i>rifampin/inh/pyrazinamide</i>	3	M.O.
SEROMYCIN	<i>cycloserine</i>	3	M.O.
STREPTOMYCIN SULFATE	<i>streptomycin</i>	3	M.O.
TRECTOR	<i>ethionamide</i>	3	M.O.

CEPHALOSPORINS

CEDAX	<i>ceftibuten</i>	3	M.O.
<i>cefactor</i>		1*	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

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<i>cefaclor er</i>		1*	M.O.
<i>cefadroxil</i>		1*	M.O.
<i>cefazolin</i>		1*	M.O.
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial</i>		1*	M.O.
<i>cefazolin sod 100 gm bulk bag, -sod 300 gm bulk bag</i>		1*	M.O.
<i>cefdinir</i>		1*	M.O.
CEFDITOREN PIVOXIL	<i>cefditoren pivoxil</i>	3	M.O.
<i>cefepime</i>		1*	M.O.
<i>cefepime hcl</i>		1*	M.O.
<i>cefotaxime sodium</i>		1*	M.O.
<i>cefotetan</i>		1*	M.O.
<i>cefoxitin</i>		1*	M.O.
<i>cefoxitin sodium</i>		1*	M.O.
<i>cefpodoxime proxetil</i>		1*	M.O.
<i>cefprozil</i>		1*	M.O.
CEFTAZIDIME 1 GM PIGGYBACK, -2 GM PIGGYBACK	<i>ceftazidime</i>	3	M.O.
<i>ceftazidime 500 mg vial, -1 gm vial, -2 gm vial, -6 gm vial</i>		1*	M.O.
CEFTIN	<i>cefuroxime axetil</i>	3	M.O.
<i>ceftriaxone</i>		1*	M.O.
<i>cefuroxime</i>		1*	M.O.
<i>cefuroxime axetil</i>		1*	M.O.
CEFUROXIME SOD 75 GM BULK BAG	<i>cefuroxime</i>	3	M.O.
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>		1*	M.O.
<i>cephalexin</i>		1*	M.O.
CLAFORAN	<i>cefotaxime</i>	3	M.O.
FORTAZ	<i>ceftazidime</i>	3	M.O.
FORTAZ IN ISO-OSMOTIC DEXTROSE	<i>ceftazidime</i>	3	M.O.
KEFLEX	<i>cephalexin</i>	3	M.O.

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MEFOXIN	<i>cefoxitin</i>	3	M.O.
ROCEPHIN	<i>ceftriaxone</i>	3	M.O.
SPECTRACEF	<i>cefditoren pivoxil</i>	3	M.O.
SUPRAX	<i>cefixime</i>	3	M.O.
TAZICEF	<i>ceftazidime</i>	3	M.O.
TEFLARO	<i>ceftaroline fosamil acetate</i>	3	M.O.
ZINACEF	<i>cefuroxime</i>	3	M.O.
ZINACEF IN ISO-OSMOTIC WATER	<i>cefuroxime</i>	3	M.O.
ZINACEF ISO-OSMOTIC DEXTROSE	<i>cefuroxime</i>	3	M.O.

CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i>		1*	M.O.
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CLINDAMYCINS

CLEOCIN HCL	<i>clindamycin hcl</i>	3	M.O.
CLEOCIN PALMITATE	<i>clindamycin palmitate</i>	3	M.O.
CLEOCIN PHOSPHATE	<i>clindamycin phosphate</i>	3	M.O.
CLEOCIN PHOSPHATE IN D5W	<i>clindamycin phosphate</i>	3	M.O.
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>		1*	M.O.
<i>clindamycin hcl 75 mg capsule</i>		1*	M.O.
<i>clindamycin palmitate hcl</i>		1*	M.O.
<i>clindamycin phosphate injection</i>		1*	M.O.

ERYTHROMYCINS

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	3	M.O.
E.E.S. 400	<i>erythromycin ethylsuccinate</i>	3	M.O.
ERYPED 200	<i>erythromycin ethylsuccinate</i>	3	M.O.
ERYPED 400	<i>erythromycin ethylsuccinate</i>	3	M.O.
ERY-TAB	<i>erythromycin base</i>	2	M.O.
ERYTHROCIN LACTOBIONATE	<i>erythromycin lactobionate</i>	3	M.O.
<i>erythrocin stearate</i>		1*	M.O.
<i>erythromycin e.c. cap, - tablet</i>		1*	M.O.

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<i>erythromycin ethylsuccinate tablet</i>		1*	M.O.
PCE	<i>erythromycin base</i>	3	M.O.

KETOLIDES

KETEK	<i>telithromycin</i>	3	M.O.
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ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	4	
<i>clotrimazole lozenge</i>		1*	M.O.
DIFLUCAN	<i>fluconazole</i>	3	M.O.
<i>fluconazole suspension, - tablet</i>		1*	M.O.
<i>flucytosine capsule</i>		4	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	M.O.
<i>griseofulvin oral susp</i>		1*	M.O.
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	M.O.
<i>itraconazole capsule</i>		1*	M.O. PA
<i>ketoconazole tablet</i>		1*	M.O.
LAMISIL PACKET, -TABLET	<i>terbinafine</i>	3	M.O.
NOXAFIL	<i>posaconazole</i>	4	
<i>nystatin 150,000,000 units pwd</i>		3	M.O.
<i>nystatin oral susp, - 50,000,000 units pwd, - 500,000,000 units pwd, - tablet</i>		1*	M.O.
ORAVIG	<i>miconazole</i>	3	M.O.
SPORANOX	<i>itraconazole</i>	3	M.O. PA
<i>terbinafine hcl tablet</i>		1*	M.O.
TERBINEX	<i>terbinafine/hydroxy chitosan</i>	3	M.O.
VFEND	<i>voriconazole</i>	4	
<i>voriconazole tablet</i>		1*	M.O.

OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	M.O.
AZACTAM	<i>aztreonam</i>	3	M.O.
AZACTAM-ISO-OSMOT 1 GM/50 ML	<i>aztreonam/dextrose water</i>	3	M.O.
AZACTAM-ISO-OSMOT 2 GM/50 ML	<i>aztreonam/dextrose water</i>	4	
<i>aztreonam 1 gm vial</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>aztreonam 2 gm vial</i>		4	
<i>baciim</i>		1*	M.O.
<i>bacitracin injection</i>		1*	M.O.
CAYSTON	<i>aztreonam lysine</i>	4	
<i>colistimethate 150 mg vial</i>		1*	M.O.
COLY-MYCIN M PARENTERAL	<i>colistimethate, sodium</i>	3	M.O.
CUBICIN	<i>daptomycin</i>	4	PA
DIFICID	<i>fidaxomicin</i>	4	PA QL (20/1)
DORIBAX	<i>doripenem</i>	3	M.O.
<i>imipenem-cilastatin sodium</i>		1*	M.O.
INVANZ	<i>ertapenem sodium</i>	2	M.O.
LINCOCIN	<i>lincomycin</i>	2	M.O.
MEPRON	<i>atovaquone</i>	4	
<i>meropenem</i>		1*	M.O.
MERREM	<i>meropenem</i>	3	M.O.
NEBUPENT	<i>pentamidine</i>	3	M.O.
PENTAM 300	<i>pentamidine</i>	3	M.O.
POLYMYXIN B 100 MILLION UNIT	<i>polymyxin b</i>	3	M.O.
<i>polymyxin b sulfate injection</i>		1*	M.O.
PRIMAXIN	<i>imipenem/cilastatin sodium</i>	3	M.O.
PRIMAXIN I.M.	<i>imipenem/cilastatin sodium</i>	3	M.O.
SYNERCID	<i>quinupristin/dalfopristin</i>	4	
TYGACIL	<i>tigecycline</i>	3	M.O.
VANCOGIN PULVULE HCL	<i>vancomycin oral</i>	4	
VANCOMYCIN	<i>vancomycin</i>	3	M.O. PA
<i>vancomycin 500 mg a/v vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1g/200 ml bag, -5 gm vial, -10 gm vial</i>		1*	M.O. PA
<i>vancomycin hcl 750 mg vial</i>		1*	M.O. PA
<i>vancomycin hcl capsule</i>		4	
VANCOMYCIN-D5W	<i>vancomycin</i>	2	M.O. PA
VIBATIV	<i>telavancin</i>	3	M.O.
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	M.O. QL (9/1)
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	4	
ZYVOX	<i>linezolid</i>	4	

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Drug	Generic	Tier	Requirements/Limits
OTHER ANTIVIRAL DRUGS			
<i>acyclovir capsule, -oral susp, -tablet</i>		1*	M.O.
<i>acyclovir sodium</i>		1*	M.O.
<i>amantadine</i>		1*	M.O.
BARACLUDE SOLUTION	<i>entecavir</i>	3	M.O.
BARACLUDE TABLET	<i>entecavir</i>	4	
COPEGUS	<i>ribavirin</i>	4	
CYTOVENE	<i>ganciclovir</i>	3	M.O.
EPIVIR HBV	<i>lamivudine</i>	2	M.O.
<i>famciclovir 125 mg tablet, -500 mg tablet</i>		1*	M.O. QL (21/1)
<i>famciclovir 250 mg tablet</i>		1*	M.O. QL (68/1)
FAMVIR 125 MG TABLET, -500 MG TABLET	<i>famciclovir</i>	3	M.O. QL (21/1)
FAMVIR 250 MG TABLET	<i>famciclovir</i>	3	M.O. QL (68/1)
FLUMADINE	<i>rimantadine</i>	3	M.O.
<i>foscarnet sodium</i>		1*	M.O.
<i>ganciclovir 250 mg capsule</i>		1*	M.O.
<i>ganciclovir 500 mg capsule</i>		4	
<i>ganciclovir sodium</i>		1*	M.O.
HEPSERA	<i>adefovir dipivoxil</i>	4	
REBETOL CAPSULE	<i>ribavirin</i>	4	
REBETOL SOLUTION	<i>ribavirin</i>	3	M.O.
RELENZA	<i>zanamivir</i>	3	M.O.
<i>ribapak</i>		4	
<i>ribasphere</i>		2	M.O.
RIBATAB	<i>ribavirin</i>	4	
<i>ribavirin capsule, -tablet</i>		2	M.O.
<i>rimantadine hcl</i>		1*	M.O.
TAMIFLU	<i>oseltamivir phosphate</i>	2	M.O.
TYZEKA	<i>telbivudine</i>	4	
<i>valacyclovir</i>		1*	M.O. QL (34/1)
VALCYTE	<i>valganciclovir</i>	4	
VALTREX	<i>valacyclovir</i>	3	M.O. QL (34/1)
VIRAZOLE	<i>ribavirin</i>	4	
VISTIDE	<i>cidofovir</i>	4	
XERESE	<i>acyclovir/hydrocortisone</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
ZOVIRAX CAPSULE, -ORAL SUSP, -TABLET	<i>acyclovir</i>	3	M.O.

OTHER MACROLIDES

<i>azithromycin injection, - packet, -suspension, -tablet</i>		1*	M.O.
BIAXIN	<i>clarithromycin</i>	3	M.O.
BIAXIN XL	<i>clarithromycin</i>	3	M.O.
<i>clarithromycin er</i>		1*	M.O.
<i>clarithromycin suspension, - tablet</i>		1*	M.O.
ZITHROMAX	<i>azithromycin</i>	3	M.O.
ZITHROMAX TRI-PAK	<i>azithromycin</i>	3	M.O.
ZMAX	<i>azithromycin</i>	3	M.O.

OTHER TOPICAL ANTIFUNGALS

CICLODAN COMBO PACKS	<i>ciclopirox</i>	3	M.O.
<i>ciclopirox cream, -lotion, - soln, top</i>		1*	M.O.
<i>ciclopirox gel, -kit, - oil, shampoo, cleanser</i>		1*	M.O.
<i>clotrimazole cream, -soln, top</i>		1*	M.O.
CNL 8	<i>ciclopirox/nail lacquer remov</i>	3	M.O.
<i>econazole nitrate cream</i>		1*	M.O.
ERTACZO	<i>sertaconazole nitrate</i>	3	M.O.
EXELDERM	<i>sulconazole nitrate</i>	3	M.O.
EXTINA	<i>ketoconazole</i>	3	M.O.
KETOCON	<i>ketoconazole/hydrocortisone</i>	3	M.O.
<i>ketoconazole cream, - oil, shampoo, cleanser</i>		1*	M.O.
<i>ketoconazole foam (non- contraceptive)</i>		1*	M.O.
LAMISIL SOLUTION	<i>terbinafine</i>	3	M.O.
LOPROX	<i>ciclopirox</i>	3	M.O.
MENTAX	<i>butenafine</i>	3	M.O.
NAFTIN	<i>naftifine</i>	3	M.O.
NIZORAL	<i>ketoconazole</i>	3	M.O.
<i>nyamyc</i>		1*	M.O.
<i>nystatin cream, -oint, - 100,000 unit/gm powd</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>nystop</i>		1*	M.O.
OXISTAT	<i>oxiconazole</i>	3	M.O.
PEDIADERM AF	<i>nystatin/emollient combo no.54</i>	3	M.O.
<i>pedi-dri</i>		1*	M.O.
PEDIPIROX-4	<i>ciclopirox</i>	3	M.O.
PENLAC	<i>ciclopirox</i>	3	M.O.
VUSION	<i>miconazole nitrate/zinc oxide</i>	3	M.O.
XOLEGEL	<i>ketoconazole</i>	3	M.O.

PARENTERAL ANTIFUNGALS

ABELCET	<i>amphotericin b lipid complex</i>	4	
AMBISOME	<i>amphotericin b liposome</i>	4	
AMPHOTEC	<i>ampho b c-s</i>	3	M.O.
<i>amphotericin b injection</i>		1*	M.O.
CANCIDAS	<i>casprofungin acetate</i>	4	
DIFLUCAN IN SALINE	<i>fluconazole/sodium chloride</i>	3	M.O.
ERAXIS (WATER DILUENT)	<i>anidulafungin</i>	2	M.O.
<i>fluconazole in dextrose</i>		1*	M.O.
<i>fluconazole in saline</i>		1*	M.O.
<i>fluconazole-nacl</i>		1*	M.O.
MYCAMINE	<i>micafungin sodium</i>	4	
VFEND IV	<i>voriconazole</i>	3	M.O.

PENICILLINS

<i>amox tr-k clv 250-62.5/5 susp</i>		1*	M.O.
<i>amox tr-potassium clavulanate chew tab, -tr-k clv 200-28.5/5 susp, -tr-k clv 400-57/5 susp, -tr-k clv 600-42.9/5 susp, -tablet</i>		1*	M.O.
<i>amoxicillin</i>		1*	M.O.
<i>amoxicillin-clavulanate er</i>		1*	M.O.
<i>ampicillin sodium</i>		1*	M.O.
<i>ampicillin trihydrate</i>		1*	M.O.
<i>ampicillin-sulbactam</i>		1*	M.O.
AUGMENTIN	<i>amoxicillin clavulanate</i>	3	M.O.
AUGMENTIN XR	<i>amoxicillin clavulanate</i>	3	M.O.
BICILLIN C-R	<i>pen g procaine/pen g benz</i>	3	M.O.
BICILLIN L-A	<i>penicillin g benzathine</i>	3	M.O.
<i>dicloxacillin sodium</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
MOXATAG	<i>amoxicillin</i>	3	M.O.
<i>nafcillin 1 gm add-van vial, -2 gm add-vant vial, -2 gm vial, -10 gm bulk vial, -10 gm vial</i>		4	
<i>nafcillin 1 gm vial</i>		1*	M.O.
<i>nafcillin 1 gm/ 50 ml inj</i>		1*	M.O.
<i>nafcillin 2 gm/ 100 ml inj</i>		4	
NALLPEN-ISO-OSMOTIC DEXTROSE	<i>nafcillin</i>	4	
<i>oxacillin 1 gm add-vantage vl, -2 gm add-vantage vl, -2 gm vial, -10 gm vial</i>		4	
<i>oxacillin 1 gm vial</i>		1*	M.O.
<i>oxacillin 1 gm/ 50 ml inj</i>		1*	M.O.
<i>oxacillin 2 gm/ 50 ml inj</i>		4	
<i>penicillin g potassium</i>		1*	M.O.
<i>penicillin g procaine</i>		1*	M.O.
<i>penicillin g sodium</i>		1*	M.O.
PENICILLIN GK-ISO-OSM DEXTROSE	<i>pen g pot/dextrose-water</i>	2	M.O.
<i>penicillin v potassium</i>		1*	M.O.
PFIZERPEN	<i>penicillin g potassium</i>	3	M.O.
<i>piperacillin</i>		1*	M.O.
<i>piperacillin-tazobactam</i>		1*	M.O.
TIMENTIN	<i>ticarcillin/k clavulanate</i>	3	M.O.
UNASYN	<i>ampicillin sodium/sulbactam na</i>	3	M.O.
ZOSYN 2.25 GM GALAXY BAG, -2.25 GM PRE-MIX BAG, -3.375 GM GALAXY BAG, -3.375 GM PRE MIX-BAG, -3.375 GRAM VIAL	<i>piperacillin/tazobactam sodium</i>	3	M.O.
ZOSYN 2.25 GRAM VIAL, -4.5 GM GALAXY BAG, -4.5 GM PRE-MIX BAG, -4.5 GRAM VIAL, -40.5 GRAM BULK VIAL	<i>piperacillin/tazobactam na/d5w</i>	2	M.O.

PLASMODICIDES

ARALEN PHOSPHATE	<i>chloroquine phosphate</i>	3	M.O.
<i>atovaquone-proguanil hcl</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>chloroquine phosphate tablet</i>		1*	M.O.
COARTEM	<i>artemether/lumefantrine</i>	2	M.O.
DARAPRIM	<i>pyrimethamine</i>	2	M.O.
<i>hydroxychloroquine sulfate tablet</i>		1*	M.O.
MALARONE	<i>atovaquone/proguanil hcl</i>	3	M.O.
<i>mefloquine hcl</i>		1*	M.O.
PLAQUENIL	<i>hydroxychloroquine</i>	3	M.O.
PRIMAQUINE	<i>primaquine</i>	3	M.O.
QUALAQUIN	<i>quinine sulfate</i>	3	M.O.

QUINOLONES

AVELOX	<i>moxifloxacin</i>	3	M.O.
AVELOX ABC PACK	<i>moxifloxacin</i>	3	M.O.
AVELOX IV	<i>moxifloxacin</i>	3	M.O.
CIPRO I.V.	<i>ciprofloxacin</i>	3	M.O.
CIPRO SUSPENSION	<i>ciprofloxacin</i>	2	M.O.
CIPRO TABLET	<i>ciprofloxacin</i>	3	M.O.
<i>ciprofloxacin</i>		1*	M.O.
<i>ciprofloxacin er</i>		1*	M.O.
<i>ciprofloxacin hcl tablet</i>		1*	M.O.
<i>ciprofloxacin-d5w</i>		1*	M.O.
FACTIVE	<i>gemifloxacin</i>	3	M.O.
LEVAQUIN	<i>levofloxacin</i>	3	M.O.
<i>levofloxacin injection, - solution, -tablet</i>		1*	M.O.
<i>levofloxacin-d5w</i>		1*	M.O.
NOROXIN	<i>norfloxacin</i>	3	M.O.
<i>ofloxacin tablet</i>		1*	M.O.
PROQUIN XR	<i>ciprofloxacin</i>	3	M.O.

SULFONAMIDES

BACTRIM	<i>sulfamethoxazole/trimethoprim</i>	3	M.O.
BACTRIM DS	<i>sulfamethoxazole/trimethoprim</i>	3	M.O.
<i>erythromycin-sulfisoxazole</i>		1*	M.O.
SEPTRA	<i>sulfamethoxazole/trimethoprim</i>	2	M.O.
SEPTRA DS	<i>sulfamethoxazole/trimethoprim</i>	2	M.O.
<i>sulfadiazine tablet</i>		1*	M.O.
<i>sulfamethoxazole-trimethoprim</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
TETRACYCLINES			
ADOXA	<i>doxycycline monohydrate</i>	3	M.O.
ADOXA PAK	<i>doxycycline monohydrate</i>	3	M.O.
AVIDOXY	<i>doxycycline monohydrate</i>	3	M.O.
<i>demeclocycline hcl tablet</i>		1*	M.O.
DORYX	<i>doxycycline hyclate</i>	3	M.O.
<i>doxycycline hyclate capsule, -e.c. cap, -injection, -tablet</i>		1*	M.O.
<i>doxycycline hyclate e.c. tab</i>		1*	M.O.
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>		1*	M.O.
<i>doxycycline mono 75 mg capsule, -mono 150 mg cap</i>		1*	M.O.
DYNACIN	<i>minocycline</i>	3	M.O.
MINOCIN	<i>minocycline</i>	3	M.O.
<i>minocycline hcl capsule, -tablet</i>		1*	M.O.
<i>minocycline hcl tablet sustained action</i>		1*	M.O.
MONODOX	<i>doxycycline monohydrate</i>	3	M.O.
MORGIDOX	<i>doxycycline hyclate</i>	3	M.O.
ORACEA	<i>doxycycline monohydrate</i>	3	M.O.
SOLODYN	<i>minocycline</i>	4	
<i>tetracycline hcl capsule</i>		1*	M.O.
VIBRAMYCIN	<i>doxycycline calcium</i>	3	M.O.
TOPICAL ANTIBACTERIAL DRUGS			
ALTABAX	<i>retapamulin</i>	3	M.O.
BACTROBAN	<i>mupirocin</i>	3	M.O.
BACTROBAN NASAL	<i>mupirocin calcium</i>	3	M.O.
CENTANY	<i>mupirocin</i>	3	M.O.
CENTANY AT	<i>mupirocin</i>	3	M.O.
CORTISPORIN CREAM, - OINT	<i>neomycin sulfate/polymyxin/hc</i>	3	M.O.
<i>gentamicin sulfate cream, - 0.1% ointment</i>		1*	M.O.
<i>mupirocin oint</i>		1*	M.O.
PHISOHEX	<i>hexachlorophene</i>	3	M.O.
SILVADENE	<i>silver sulfadiazine</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>silver sulfadiazine cream</i>		1*	M.O.
<i>ssd</i>		1*	M.O.
<i>ssd af</i>		1*	M.O.
SULFAMYLON	<i>mafenide acetate</i>	2	M.O.
<i>thermazene</i>		1*	M.O.

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		1*	M.O.
LOTRISONE	<i>clotrimazole/betamethasone</i>	3	M.O.
<i>nystatin-triamcinolone</i>		1*	M.O.

TOPICAL ANTIVIRAL DRUGS

DENAVIR	<i>penciclovir</i>	3	M.O.
ZOVIRAX CREAM, -OINT	<i>acyclovir</i>	2	M.O.

URINARY ANTIINFECTIVES

FURADANTIN	<i>nitrofurantoin</i>	2	M.O.
HIPREX	<i>methenamine hippurate</i>	3	M.O.
MACROBID	<i>nitrofurantoin/nitrofurantoin mac</i>	3	M.O.
MACRODANTIN	<i>nitrofurantoin macrocrystal</i>	3	M.O.
<i>methenamine hippurate</i>		1*	M.O.
<i>methenamine mandelate e.c. tab, -tablet</i>		1*	M.O.
MONUROL	<i>fosfomycin tromethamine</i>	3	M.O.
<i>nitrofurantoin macrocrystal capsule</i>		1*	M.O.
<i>nitrofurantoin mono-macro</i>		1*	M.O.
<i>nitrofurantoin oral susp</i>		1*	M.O.
PRIMSOL	<i>trimethoprim</i>	2	M.O.
<i>trimethoprim tablet</i>		1*	M.O.
UROQID-ACID NO.2	<i>methenamine mandelate</i>	3	M.O.

VAGINAL ANTIFUNGALS

GYNAZOLE-1	<i>butoconazole</i>	3	M.O.
<i>miconazole 3 200 mg vag supp</i>		1*	M.O.
<i>nystatin vaginal products</i>		1*	M.O.
TERAZOL 3	<i>terconazole</i>	3	M.O.
TERAZOL 7	<i>terconazole</i>	3	M.O.
<i>terconazole</i>		1*	M.O.
ZAZOLE	<i>terconazole</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
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ANTINEOPLASTICS AND IMMUNOSUPPRESSANT DRUGS*ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS*

ABRAXANE	<i>paclitaxel</i>	2	M.O.
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i>		1*	M.O.
<i>adriamycin 2 mg/ml vial</i>		1*	M.O.
AFINITOR 2.5 MG TABLET, - 5 MG TABLET, 7.5 MG, -10 MG TABLET	<i>everolimus</i>	4	
AGRYLIN	<i>anagrelide</i>	3	M.O.
ALIMTA	<i>pemetrexed disodium</i>	4	
ALKERAN	<i>melphalan</i>	3	M.O.
AMEVIVE	<i>alefacept</i>	4	# PA
<i>amifostine</i>		4	
<i>anagrelide hcl</i>		1*	M.O.
<i>anastrozole tablet</i>		1*	M.O.
ARAVA	<i>leflunomide</i>	3	M.O.
ARIMIDEX	<i>anastrozole</i>	3	M.O.
AROMASIN	<i>exemestane</i>	3	M.O.
ARRANON	<i>nelarabine</i>	2	M.O.
ARZERRA	<i>ofatumumab</i>	4	
AVASTIN	<i>bevacizumab</i>	2	M.O.
AZASAN	<i>azathioprine</i>	2	M.O. PA
<i>azathioprine sodium</i>		1*	M.O. PA
<i>azathioprine tablet</i>		1*	M.O. PA
BENLYSTA	<i>belimumab</i>	4	
<i>bicalutamide</i>		1*	M.O.
BICNU	<i>carmustine</i>	2	M.O.
<i>bleomycin sulfate 15 unit vial</i>		1*	M.O.
<i>bleomycin sulfate 30 unit vial</i>		1*	M.O.
BUSULFEX	<i>busulfan</i>	2	M.O.
CAMPATH	<i>alemtuzumab</i>	4	
CAMPTOSAR 100 MG/5 ML VIAL	<i>irinotecan</i>	3	M.O.
CAMPTOSAR 300 MG/15 ML VIAL	<i>irinotecan</i>	4	
CAPRELSA	<i>vandetanib</i>	4	#
<i>carboplatin 150 mg/15 ml vial</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>carboplatin 450 mg/45 ml vial, -50 mg/5 ml vial</i>		1*	M.O.
CASODEX	<i>bicalutamide</i>	3	M.O.
CEENU	<i>lomustine</i>	2	M.O.
CELLCEPT	<i>mycophenolate mofetil</i>	3	M.O. PA
<i>cerubidine</i>		1*	M.O.
CIMZIA 200 MG VIAL KIT, - 200 MG/ML SYRINGE KIT	<i>certolizumab pegol</i>	4	PA
CIMZIA 200 MG/ML STARTER KIT	<i>certolizumab pegol</i>	4	PA
<i>cisplatin injection</i>		1*	M.O.
<i>cladribine</i>		1*	M.O.
CLOLAR	<i>clofarabine</i>	3	M.O.
COSMEGEN	<i>dactinomycin</i>	2	M.O.
<i>cyclophosphamide tablet</i>		1*	M.O. PA
<i>cyclosporine capsule, - injection, -solution</i>		1*	M.O. PA
<i>cyclosporine modified</i>		1*	M.O. PA
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i>		1*	M.O.
<i>cytarabine 20 mg/ml vial, - 100 mg/ml vial, -500 mg vial</i>		1*	M.O.
<i>dacarbazine 100 mg vial</i>		1*	M.O.
<i>dacarbazine 200 mg vial</i>		1*	M.O.
DACOGEN	<i>decitabine</i>	4	
<i>daunorubicin 20 mg vial</i>		1*	M.O.
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>		1*	M.O.
DAUNOXOME 2 MG/ML VIAL	<i>daunorubicin liposome</i>	3	M.O.
DAUNOXOME 50 MG (2 MG/ML) VIAL	<i>daunorubicin liposome</i>	3	M.O.
DEPO-PROVERA 400 MG/ML VIAL	<i>medroxyprogesterone</i>	3	M.O.
<i>dexrazoxane 250 mg vial</i>		1*	M.O.
<i>dexrazoxane 500 mg vial</i>		1*	M.O.
DOCEFREZ	<i>docetaxel</i>	4	
<i>docetaxel 20 mg/0.5 ml vial, -80 mg/2 ml vial</i>		4	
<i>docetaxel 80 mg/4 ml vial</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
DOCETAXEL 80 MG/8 ML VIAL	<i>docetaxel</i>	4	
DOXIL	<i>doxorubicin hcl liposome</i>	3	M.O.
<i>doxorubicin 150 mg/75 ml vial, -200 mg/100 ml vial</i>		1*	M.O.
DROXIA	<i>hydroxyurea</i>	2	M.O.
ELIGARD	<i>leuprolide</i>	2	M.O.
ELITEK 1.5 MG VIAL	<i>rasburicase</i>	4	
ELITEK 7.5 MG VIAL	<i>rasburicase</i>	2	M.O.
ELLEENCE	<i>epirubicin hcl</i>	4	
ELOXATIN 100 MG/20 ML VIAL	<i>oxaliplatin</i>	4	
ELOXATIN 50 MG/10 ML VIAL	<i>oxaliplatin</i>	2	M.O.
ELSPAR	<i>asparaginase</i>	3	M.O.
EMCYT	<i>estramustine phosphate sodium</i>	2	M.O.
ENBREL	<i>etanercept</i>	4	PA
<i>epirubicin 200 mg/100 ml vial</i>		4	
<i>epirubicin 50 mg/25 ml vial</i>		1*	M.O.
ERBITUX	<i>cetuximab</i>	2	M.O.
ERIVEDGE	<i>vismodegib</i>	4	
ETHYOL	<i>amifostine</i>	4	
ETOPOPHOS	<i>etoposide phosphate</i>	2	M.O.
<i>etoposide injection</i>		1*	M.O.
<i>exemestane</i>		1*	M.O.
FARESTON	<i>toremifene</i>	2	M.O.
FASLODEX	<i>fulvestrant</i>	4	
FEMARA	<i>letrozole</i>	3	M.O.
FIRMAGON	<i>degarelix acetate</i>	3	M.O.
FLUDARA	<i>fludarabine phosphate</i>	2	M.O.
FLUDARABINE 50 MG VIAL	<i>fludarabine phosphate</i>	2	M.O.
<i>fluorouracil injection</i>		1*	M.O.
<i>flutamide</i>		1*	M.O.
FOLOTYN	<i>pralatrexate</i>	4	.
FUSILEV	<i>levoleucovorin calcium</i>	3	M.O.
<i>gemcitabine 1 gram/26.3 ml vl</i>		1*	M.O.
<i>gemcitabine 200 mg/5.26 ml vl, -2 gram/52.6 ml vl</i>		4	PA

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>gemcitabine hcl 1 gram vial</i>		1*	M.O.
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>		4	
GEMZAR 1 GRAM VIAL	<i>gemcitabine</i>	4	
GEMZAR 200 MG VIAL	<i>gemcitabine</i>	4	
<i>gengraf</i>		1*	M.O. PA
GLEEVEC	<i>imatinib mesylate</i>	4	
HALAVEN	<i>eribulin mesylate</i>	4	
<i>hecoria</i>		1*	M.O.
HERCEPTIN	<i>trastuzumab</i>	4	
HEXALEN	<i>altretamine</i>	4	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML SYRINGE	<i>adalimumab</i>	4	PA QL (2 syringes/1)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK	<i>adalimumab</i>	4	PA QL (6 syringes/1)
HYCAMTIN INJECTION	<i>topotecan</i>	4	
HYDREA	<i>hydroxyurea</i>	3	M.O.
<i>hydroxyurea capsule</i>		1*	M.O.
IDAMYCIN PFS	<i>idarubicin</i>	4	
<i>idarubicin hcl 10 mg/10 ml vl</i>		1*	M.O.
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i>		4	
IFEX	<i>ifosfamide</i>	3	M.O.
<i>ifosfamide 1 gm vial</i>		1*	M.O.
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial</i>		1*	M.O.
<i>ifosfamide-mesna</i>		1*	M.O.
IMURAN	<i>azathioprine</i>	3	M.O. PA
INLYTA	<i>axitinib</i>	4	
IRESSA	<i>gefitinib</i>	4	#
<i>irinotecan hcl 100 mg/5 ml vl</i>		1*	M.O.
<i>irinotecan hcl 40 mg/2 ml vial</i>		4	
ISTODAX	<i>romidepsin</i>	4	
IXEMPRA 15 MG KIT	<i>ixabepilone</i>	2	M.O.
IXEMPRA 45 MG KIT	<i>ixabepilone</i>	4	
JAKAFI	<i>ruxolitinib phosphate</i>	4	
JEVTANA	<i>cabazitaxel</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>leflunomide</i>		1*	M.O.
<i>letrozole</i>		1*	M.O.
<i>leucovorin calcium injection, -tablet</i>		1*	M.O.
LEUKERAN	<i>chlorambucil</i>	2	M.O.
LEUSTATIN	<i>cladribine</i>	2	M.O.
LUPRON DEPOT 45 MG 6MO KIT	<i>leuprolide</i>	4	
LYSODREN	<i>mitotane</i>	2	M.O.
MATULANE	<i>procarbazine</i>	4	
MEGACE	<i>megestrol</i>	3	M.O.
MEGACE ES	<i>megestrol</i>	3	M.O.
<i>megestrol acetate oral susp, -tablet</i>		1*	M.O.
<i>melphalan hcl</i>		1*	M.O.
<i>mercaptopurine tablet</i>		1*	M.O.
<i>mesna 1 gram/10 ml vial</i>		1*	M.O.
<i>mesna 100 mg/ml vial</i>		1*	M.O.
MESNEX	<i>mesna</i>	2	M.O.
<i>methotrexate injection, -tablet</i>		1*	M.O. PA
<i>mitomycin 20 mg vial</i>		1*	M.O.
<i>mitomycin 5 mg vial, -40 mg vial</i>		1*	M.O.
<i>mitoxantrone hcl</i>		1*	M.O. PA
MUSTARGEN	<i>mechlorethamine</i>	2	M.O.
<i>mycophenolate mofetil</i>		1*	M.O. PA
MYFORTIC	<i>mycophenolate sodium</i>	2	M.O. PA
NEORAL	<i>cyclosporine</i>	3	M.O. PA
NEXAVAR	<i>sorafenib tosylate</i>	4	#
NILANDRON	<i>nilutamide</i>	2	M.O.
NIPENT	<i>pentostatin</i>	4	
NOVANTRONE	<i>mitoxantrone</i>	4	PA
NULOJIX	<i>belatacept</i>	4	PA
<i>octreotide acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml syr, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i>		4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial, -acet 100 mcg/ml amp, -acet 200 mcg/ml vl</i>		1*	M.O.
ONTAK	<i>denileukin diftitox</i>	4	
ORENCIA 125 MG/ML SYRINGE	<i>abatacept/maltose</i>	4	PA
ORENCIA 250 MG VIAL	<i>abatacept/maltose</i>	4	
ORTHOCLONE OKT-3	<i>muronab-cd3</i>	2	M.O. PA
<i>oxaliplatin 100 mg/20 ml vial</i>		1*	M.O.
<i>oxaliplatin 50 mg/10 ml vial</i>		1*	M.O.
<i>paclitaxel 300 mg/50 ml vial</i>		1*	M.O.
<i>pentostatin</i>		4	
PROGRAF	<i>tacrolimus</i>	3	M.O. PA
PURINETHOL	<i>mercaptopurine</i>	3	M.O.
RAPAMUNE	<i>sirolimus</i>	2	M.O. PA
REMICADE	<i>infliximab</i>	4	
REVLIMID 5 MG CAPSULE, -10 MG CAPSULE, -15 MG CAPSULE, -25 MG CAPSULE	<i>lenalidomide</i>	4	#
RHEUMATREX	<i>methotrexate</i>	3	M.O. PA
RITUXAN	<i>rituximab</i>	4	
SANDIMMUNE	<i>cyclosporine</i>	3	M.O. PA
SANDOSTATIN 0.05 MG/ML AMPUL	<i>octreotide</i>	3	M.O.
SANDOSTATIN 0.1 MG/ML AMPUL, -0.2 MG/ML VIAL, -0.5 MG/ML AMPUL, -1 MG/ML VIAL	<i>octreotide</i>	4	
SANDOSTATIN LAR	<i>octreotide</i>	4	
SIMPONI 50 MG/0.5 ML PEN INJEC	<i>golimumab</i>	4	PA QL (1.000/2)
SIMPONI 50 MG/0.5 ML SYRINGE	<i>golimumab</i>	4	PA QL (1/28)
SIMULECT	<i>basiliximab</i>	2	M.O. PA
SOMATULINE 60 MG/0.2 ML SYRING	<i>lanreotide acetate</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
SOMATULINE 90 MG/0.3 ML SYRINGE, -120 MG/0.5 ML SYRGE	<i>lanreotide acetate</i>	4	
SPRYCEL	<i>dasatinib</i>	4	
STELARA	<i>ustekinumab</i>	4	PA
SUTENT	<i>sunitinib malate</i>	4	
TABLOID	<i>thioguanine</i>	2	M.O.
<i>tacrolimus capsule</i>		1*	M.O. PA
<i>tamoxifen citrate tablet</i>		1*	M.O.
TARCEVA	<i>erlotinib hcl</i>	4	
TARGRETIN	<i>bexarotene</i>	4	
TASIGNA	<i>nilotinib hydrochloride</i>	4	
TAXOTERE 20 MG/0.5 ML VIAL	<i>docetaxel</i>	4	
TAXOTERE 80 MG/2 ML VIAL	<i>docetaxel</i>	4	
TAXOTERE 80 MG/4 ML VIAL	<i>docetaxel</i>	4	
THERACYS	<i>bcg vaccine</i>	2	M.O.
<i>thiotepa injection</i>		1*	M.O.
<i>toposar</i>		1*	M.O.
<i>topotecan hcl 4 mg vial</i>		4	
<i>topotecan hcl 4 mg/4 ml vial</i>		1*	M.O.
TORISEL	<i>temsirolimus</i>	4	
TREANDA 100 MG VIAL	<i>bendamustine hcl</i>	4	
TRELSTAR 22.5 MG SYRINGE	<i>triptorelin pamoate</i>	2	M.O.
TRELSTAR 3.75 MG SYRINGE, -11.25 MG SYRINGE, -22.5 MG VIAL	<i>triptorelin pamoate</i>	4	
TRELSTAR DEPOT	<i>triptorelin pamoate</i>	2	M.O.
TRELSTAR LA	<i>triptorelin pamoate</i>	2	M.O.
<i>tretinoin capsule</i>		4	
TREXALL	<i>methotrexate sodium</i>	2	M.O. PA
TRISENOX	<i>arsenic trioxide</i>	4	
TYKERB	<i>lapatinib ditosylate</i>	4	#
TYSABRI	<i>natalizumab</i>	4	#
UVADEX	<i>methoxsalen</i>	2	M.O.
VANDETANIB	<i>vandetanib</i>	4	
VANTAS	<i>histrelin ac</i>	2	M.O.
VECTIBIX	<i>panitumumab</i>	4	
VELCADE	<i>bortezomib</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
VIDAZA	<i>azacitidine</i>	4	
<i>vinblastine 1 mg/ml vial</i>		1*	M.O.
<i>vinblastine sulf 10 mg vial</i>		1*	M.O.
<i>vincristine 1 mg/ml vial</i>		1*	M.O.
<i>vinorelbine 10 mg/ml vial</i>		1*	M.O.
<i>vinorelbine 50 mg/5 ml vial</i>		1*	M.O.
VOTRIENT	<i>pazopanib</i>	4	
XALKORI	<i>crizotinib</i>	4	PA
YERVOY	<i>ipilimumab</i>	4	
ZANOSAR	<i>streptozocin</i>	2	M.O.
ZELBORAF	<i>vemurafenib</i>	4	PA
ZINECARD 250 MG VIAL	<i>dexrazoxane</i>	3	M.O.
ZINECARD 500 MG VIAL	<i>dexrazoxane</i>	2	M.O.
ZOLADEX	<i>goserelin acetate</i>	4	
ZOLINZA	<i>vorinostat</i>	4	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	3	M.O. PA QL (31/1)
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	<i>everolimus</i>	4	PA
ZYTIGA	<i>abiraterone acetate</i>	4	

AUTONOMIC AND CNS MEDICATIONS

ALCOHOL ANTAGONIST

ANTABUSE	<i>disulfiram</i>	2	M.O.
<i>disulfiram tablet</i>		1*	M.O.
<i>naltrexone hcl tablet</i>		1*	M.O.

ANALGESICS

BUPRENEX	<i>buprenorphine</i>	3	M.O.
<i>buprenorphine hcl injection</i>		1*	M.O.
<i>butorphanol tartrate injection</i>		1*	M.O.
<i>nalbuphine hcl injection</i>		1*	M.O.
<i>pentazocine-acetaminophen</i>		1*	M.O.
<i>pentazocine-naloxone hcl</i>		1*	M.O.
PRIALT	<i>ziconotide acetate</i>	2	M.O.
RYBIX ODT	<i>tramadol</i>	3	M.O.
RYZOLT	<i>tramadol</i>	3	M.O.
STADOL	<i>butorphanol</i>	3	M.O.
<i>sufenta</i>		1*	M.O.
<i>sufentanil citrate injection</i>		1*	M.O.
TALWIN	<i>pentazocine</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>tramadol er 100 mg tablet, -er 100 mg tablet, -er 200 mg tablet, -er 200 mg tablet, -er 300 mg tablet, -er 300 mg tablet</i>		1*	M.O.
<i>tramadol hcl er 100 mg tablet, -200 mg tablet, -300 mg tablet</i>		1*	M.O.
<i>tramadol hcl tablet</i>		1*	M.O.
<i>tramadol hcl-acetaminophen</i>		1*	M.O.
ULTIVA	<i>remifentanil</i>	3	M.O.
ULTRACET	<i>tramadol/apap</i>	3	M.O.
ULTRAM	<i>tramadol</i>	3	M.O.
ULTRAM ER	<i>tramadol</i>	3	M.O.

ANTIDEMENTIA DRUGS

ARICEPT	<i>donepezil</i>	3	M.O. ST
ARICEPT ODT	<i>donepezil</i>	3	M.O. ST
<i>donepezil hcl</i>		1*	M.O.
EXELON ADH. PATCH, -SOLUTION	<i>rivastigmine tartrate</i>	2	M.O. ST
EXELON CAPSULE	<i>rivastigmine tartrate</i>	3	M.O. ST
<i>galantamine hbr capsule sustained action</i>		1*	M.O.
<i>galantamine hbr tablet</i>		1*	M.O.
<i>galantamine hydrobromide</i>		1*	M.O.
NAMENDA	<i>memantine hcl</i>	2	M.O.
RAZADYNE	<i>galantamine</i>	3	M.O. ST
RAZADYNE ER	<i>galantamine</i>	3	M.O. ST
<i>rivastigmine</i>		1*	M.O.

ANTIMANIA DRUGS

DEPACON	<i>valproate sodium</i>	3	M.O.
DEPAKENE	<i>valproic acid</i>	3	M.O. ST
DEPAKOTE	<i>divalproex</i>	3	M.O. ST
DEPAKOTE ER	<i>divalproex</i>	3	M.O. ST
DEPAKOTE SPRINKLE	<i>divalproex</i>	3	M.O. ST
<i>divalproex sodium</i>		1*	M.O.
<i>divalproex sodium er</i>		1*	M.O.
<i>lithium</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1*	M.O.
LITHOBID	<i>lithium carbonate</i>	3	M.O.
STAVZOR	<i>valproic acid</i>	3	M.O. ST
<i>valproate sodium injection</i>		1*	M.O.
<i>valproic acid capsule, -syrup</i>		1*	M.O.

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate injection</i>		1*	M.O.
<i>benztropine mesylate tablet</i>		1*	M.O.
COGENTIN	<i>benztropine</i>	3	M.O.
<i>trihexyphenidyl hcl</i>		1*	M.O.

ANTIPSYCHOTIC DRUGS

ABILIFY	<i>aripiprazole</i>	3	M.O.
ABILIFY DISCMELT	<i>aripiprazole</i>	3	M.O.
<i>chlorpromazine hcl injection, -tablet</i>		1*	M.O.
<i>clozapine</i>		1*	M.O.
CLOZARIL	<i>clozapine</i>	3	M.O. ST
FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG TABLET	<i>iloperidone</i>	3	M.O. QL (45/30) ST
FANAPT 6 MG TABLET	<i>iloperidone</i>	3	M.O. QL (62/31) ST
FANAPT TITRATION PACK, -8 MG TABLET, -10 MG TABLET, -12 MG TABLET	<i>iloperidone</i>	3	M.O. ST
FAZACLO	<i>clozapine</i>	3	M.O. ST
<i>fluphenazine decanoate injection</i>		1*	M.O.
<i>fluphenazine hcl</i>		1*	M.O.
GEODON	<i>ziprasidone</i>	2	M.O.
HALDOL	<i>haloperidol</i>	3	M.O. ST
HALDOL DECANOATE 100	<i>haloperidol decanoate</i>	3	M.O. ST
HALDOL DECANOATE 50	<i>haloperidol decanoate</i>	3	M.O. ST
<i>haloperidol dec 50 mg/ml vial, -dec 100 mg/ml vial</i>		1*	M.O.
<i>haloperidol decan 50 mg/ml amp</i>		1*	M.O.
<i>haloperidol decanoate 100</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>haloperidol injection</i>		1*	M.O.
<i>haloperidol lac 5 mg/ml vial, -solution</i>		1*	M.O.
<i>haloperidol lac 50 mg/10 ml v/</i>		1*	M.O.
<i>haloperidol tablet</i>		1*	M.O.
INVEGA	<i>paliperidone</i>	3	M.O. ST
INVEGA SUSTENNA 117 MG PREF SY, -156 MG PREF SY, -234 MG PREF SY	<i>paliperidone</i>	4	ST
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF SYR	<i>paliperidone</i>	3	M.O. ST
LATUDA 20 MG TABLET, -80 MG TABLET	<i>lurasidone hcl</i>	3	M.O. ST
LATUDA 40 MG TABLET	<i>lurasidone hcl</i>	3	M.O. QL (31/1) ST
<i>loxapine</i>		1*	M.O.
LOXITANE	<i>loxapine succinate</i>	3	M.O. ST
NAVANE	<i>thiothixene</i>	3	M.O. ST
<i>olanzapine</i>		1*	M.O. ST
<i>olanzapine odt</i>		1*	M.O. ST
ORAP	<i>pimozide</i>	3	M.O.
<i>perphenazine</i>		1*	M.O.
<i>quetiapine fumarate</i>		1*	M.O.
RISPERDAL	<i>risperidone</i>	3	M.O. ST
RISPERDAL CONSTA	<i>risperidone</i>	2	M.O.
RISPERDAL M-TAB	<i>risperidone</i>	3	M.O. ST
<i>risperidone</i>		1*	M.O.
<i>risperidone m-tab</i>		1*	M.O.
<i>risperidone odt</i>		1*	M.O.
SAPHRIS	<i>asenapine</i>	3	M.O. ST
SEROQUEL	<i>quetiapine fumarate</i>	3	M.O.
SEROQUEL XR	<i>quetiapine fumarate</i>	3	M.O.
SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	3	M.O. ST
<i>thioridazine hcl</i>		1*	M.O.
<i>thiothixene</i>		1*	M.O.
<i>trifluoperazine hcl</i>		1*	M.O.
<i>ziprasidone hcl</i>		1*	M.O.
ZYPREXA	<i>olanzapine</i>	3	M.O. ST
ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	4	ST
ZYPREXA ZYDIS	<i>olanzapine</i>	3	M.O. ST

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Drug	Generic	Tier	Requirements/Limits
ANTIVERTIGO AND ANTIEMETIC DRUGS			
ALOXI	<i>palonosetron hcl</i>	2	M.O.
ANTIVERT	<i>meclizine hcl</i>	3	M.O.
ANZEMET INJECTION	<i>dolasetron mesylate</i>	3	M.O. QL (5/1)
ANZEMET TABLET	<i>dolasetron mesylate</i>	3	M.O. PA QL (1/1)
CESAMET	<i>nabilone</i>	4	PA
<i>compro</i>		1*	M.O.
<i>dimenhydrinate</i>		1*	M.O.
<i>dronabinol</i>		1*	M.O. PA
EMEND 40 MG CAPSULE, - 125 MG CAPSULE	<i>aprepitant</i>	2	M.O. PA QL (1/1)
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	M.O. PA QL (2/1)
EMEND INJECTION	<i>aprepitant</i>	3	M.O.
EMEND TRIFOLD PACK	<i>aprepitant</i>	2	M.O. PA QL (3/1)
<i>granisetron hcl injection</i>		1*	M.O.
<i>granisetron hcl tablet</i>		1*	M.O. PA QL (2/1)
<i>granisol</i>		1*	M.O. PA QL (30 ml/1)
MARINOL	<i>dronabinol</i>	3	M.O. PA
<i>meclizine hcl tablet</i>		1*	M.O.
<i>ondansetron hcl 24 mg tablet</i>		1*	M.O. PA QL (1/1)
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1*	M.O. PA QL (12/1)
<i>ondansetron hcl in dextrose</i>		1*	M.O.
<i>ondansetron hcl injection</i>		1*	M.O.
<i>ondansetron hcl solution</i>		1*	M.O. PA QL (150 ml/1)
<i>ondansetron in sodium chloride</i>		1*	M.O.
<i>ondansetron odt</i>		1*	M.O. PA QL (12/1)
<i>phenadoz</i>		1*	M.O.
<i>prochlorperazine edisylate injection</i>		1*	M.O.
<i>prochlorperazine maleate rectal, -tablet</i>		1*	M.O.
<i>promethazine hcl rectal</i>		1*	M.O.
<i>promethegan</i>		1*	M.O.
SANCUSO	<i>granisetron</i>	4	QL (1/1)
TIGAN	<i>trimethobenzamide</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
TRANSDERM-SCOP	<i>scopolamine</i>	3	M.O.
<i>trimethobenzamide hcl capsule, -injection</i>		1*	M.O.
ZOFRAN INJECTION	<i>ondansetron</i>	3	M.O.
ZOFRAN ODT	<i>ondansetron</i>	3	M.O. PA QL (12/1)
ZOFRAN SOLUTION	<i>ondansetron</i>	3	M.O. PA QL (150 ml/1)
ZOFRAN TABLET	<i>ondansetron</i>	3	M.O. PA QL (12/1)
ZUPLENZ	<i>ondansetron</i>	3	M.O. PA QL (12/1)

ANXIOLYTICS

<i>bupirone hcl tablet</i>		1*	M.O.
<i>meprobamate</i>		1*	M.O.

CARBAMAZEPINES

<i>carbamazepine capsule sustained action</i>		1*	M.O.
<i>carbamazepine chew tab, -oral susp, -tablet</i>		1*	M.O.
<i>carbamazepine er</i>		1*	M.O.
<i>carbamazepine xr</i>		1*	M.O.
CARBATROL	<i>carbamazepine</i>	3	M.O. ST
<i>epitol</i>		1*	M.O.
EQUETRO	<i>carbamazepine</i>	3	M.O. ST
<i>oxcarbazepine suspension</i>		1*	M.O.
<i>oxcarbazepine tablet</i>		1*	M.O.
TEGRETOL	<i>carbamazepine</i>	3	M.O. ST
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	M.O. ST
TEGRETOL XR 200 MG TABLET, -400 MG TABLET	<i>carbamazepine</i>	3	M.O. ST
TRILEPTAL	<i>oxcarbazepine</i>	3	M.O. ST

CLASS II NARCOTICS

ABSTRAL	<i>fentanyl citrate</i>	4	
ACTIQ	<i>fentanyl citrate</i>	4	
ALFENTA	<i>alfentanil</i>	2	M.O.
<i>alfentanil hydrochloride</i>		1*	M.O.
ASTRAMORPH-PF	<i>morphine</i>	3	M.O.
AVINZA	<i>morphine</i>	3	M.O.
<i>codeine phosphate injection</i>		1*	M.O.
<i>codeine sulfate</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
DEMEROL	<i>meperidine</i>	3	M.O.
DEPODUR	<i>morphine sulfate liposomal</i>	3	M.O.
DILAUDID	<i>hydromorphone</i>	3	M.O.
DILAUDID-5	<i>hydromorphone</i>	3	M.O.
DILAUDID-HP	<i>hydromorphone</i>	3	M.O.
<i>diskets</i>		1*	M.O.
DOLOPHINE HCL	<i>methadone</i>	3	M.O.
DURAGESIC	<i>fentanyl</i>	3	M.O.
DURAMORPH	<i>morphine</i>	3	M.O.
EMBEDA	<i>morphine sulfate/naltrexone</i>	3	M.O. QL (60/30)
<i>endocet</i>		1*	M.O.
<i>endodan</i>		1*	M.O.
EXALGO	<i>hydromorphone</i>	3	M.O.
<i>fentanyl</i>		1*	M.O.
<i>fentanyl citrate injection, -otfc 200 mcg</i>		1*	M.O.
<i>fentanyl citrate otfc 400 mcg, -otfc 600 mcg, -otfc 800 mcg, -cit otfc 1,200 mcg, -cit otfc 1,600 mcg</i>		4	
FENTORA	<i>fentanyl citrate</i>	4	
<i>hydromorphone hcl 1 mg/ml amp, -1 mg/ml syringe, -2 mg/ml syringe, -2 mg/ml vial, -2 mg/ml amp, -2 mg/ml vl, -4 mg/ml syrin, -10 mg/ml vial, -50 mg/5 ml vial, -500 mg/50 ml via, -10 mg/ml amp, -rectal, -tablet</i>		1*	M.O.
<i>hydromorphone hcl 4 mg/ml amp</i>		1*	M.O.
INFUMORPH	<i>morphine</i>	3	M.O.
KADIAN	<i>morphine</i>	3	M.O.
<i>levorphanol tartrate tablet</i>		1*	M.O.
MAGNACET	<i>oxycodone/acetaminophen</i>	3	M.O.
<i>meperidine hcl injection, -solution, -tablet</i>		1*	M.O.
<i>meperitab</i>		1*	M.O.
<i>methadone hcl injection, -solution, -tablet</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>methadone intensol</i>		1*	M.O.
<i>methadose</i>		1*	M.O.
<i>morphine sulfate er capsule sustained action</i>		1*	M.O.
<i>morphine sulfate er tablet sustained action</i>		1*	M.O.
<i>morphine sulfate in dextrose</i>		1*	M.O.
<i>morphine sulfate injection, -rectal, -solution, -tablet</i>		1*	M.O.
MS CONTIN	<i>morphine</i>	3	M.O.
NUCYNTA	<i>tapentadol hcl</i>	3	M.O.
NUCYNTA ER	<i>tapentadol hcl</i>	3	M.O.
ONSOLIS	<i>fentanyl citrate</i>	4	
OPANA	<i>oxymorphone</i>	3	M.O.
OPANA ER	<i>oxymorphone</i>	3	M.O.
OPIUM	<i>opium</i>	3	M.O.
ORAMORPH SR	<i>morphine</i>	3	M.O.
OXECTA	<i>oxycodone</i>	3	M.O.
<i>oxycodon-acetaminophen 2.5-325</i>		1*	M.O.
<i>oxycodone concentrate</i>		1*	M.O.
<i>oxycodone hcl 10 mg tablet, -20 mg tablet</i>		1*	M.O.
<i>oxycodone hcl capsule, -solution, -5 mg tablet, -15 mg tablet, -30 mg tablet</i>		1*	M.O.
<i>oxycodone hcl-acetaminophen</i>		1*	M.O.
<i>oxycodone hcl-aspirin</i>		1*	M.O.
<i>oxycodone hcl-ibuprofen</i>		1*	M.O.
<i>oxycodone-acetaminophen capsule, -5-325, -oxycodon-acetaminophen 7.5-325</i>		1*	M.O.
<i>oxycodone-aspirin</i>		1*	M.O.
OXYCONTIN	<i>oxycodone</i>	2	M.O.
<i>oxymorphone hcl</i>		1*	M.O.
PERCOCET	<i>oxycodone/acetaminophen</i>	3	M.O.
PERCODAN	<i>oxycodone/aspirin</i>	3	M.O.
PRIMLEV	<i>oxycodone/acetaminophen</i>	3	M.O.
ROXICET SOLUTION	<i>oxycodone/acetaminophen</i>	2	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>roxicet tablet</i>		1*	M.O.
ROXICODONE	<i>oxycodone</i>	3	M.O.
<i>sublimaze</i>		1*	M.O.
TYLOX	<i>oxycodone/acetaminophen</i>	3	M.O.
XOLOX	<i>oxycodone/acetaminophen</i>	3	M.O.

CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1*	M.O.
<i>acetaminophen-codeine</i>		1*	M.O.
<i>buprenorphine hcl tab, sl</i>		1*	M.O.
BUTRANS	<i>buprenorphine</i>	3	M.O.
CAPITAL W-CODEINE	<i>codeine phosphate/apap</i>	3	M.O.
CO CET	<i>codeine phosphate/apap</i>	3	M.O.
CO CET PLUS	<i>codeine phosphate/apap</i>	3	M.O.
<i>co-gesic</i>		1*	M.O.
HYCET	<i>hydrocodone bitartrate/apap</i>	3	M.O.
<i>hydrocodone bit-ibuprofen</i>		1*	M.O.
<i>hydrocodone-acetaminophen soln, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminophen 5-500, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminophn 10-325, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660, -hydrocodon-acetaminophn 10-750</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln, -hydrocodon-acetaminophen 5-300, -hydrocodon-acetaminoph 7.5-300, -hydrocodon-acetaminophn 10-300</i>		1*	M.O.
<i>hydrogesic</i>		1*	M.O.
IBUDONE	<i>hydrocodone bitartrate/ibuprof</i>	3	M.O.
LORCET 10-650	<i>hydrocodone bitartrate/apap</i>	3	M.O.
LORCET PLUS	<i>hydrocodone bitartrate/apap</i>	3	M.O.
LORTAB	<i>hydrocodone bitartrate/apap</i>	3	M.O.
<i>margesic h</i>		1*	M.O.
MAXIDONE	<i>hydrocodone bitartrate/apap</i>	3	M.O.
NORCO	<i>hydrocodone bitartrate/apap</i>	3	M.O.
POLYGESIC	<i>hydrocodone bitartrate/apap</i>	3	M.O.
<i>reprexain</i>		1*	M.O.
<i>stagesic</i>		1*	M.O.
SUBOXONE ORALLY DISSOLVING STRIPS	<i>buprenorphine/naloxone</i>	3	M.O.
SUBOXONE TAB, SL	<i>buprenorphine/naloxone</i>	2	M.O.
SUBUTEX	<i>buprenorphine</i>	3	M.O.
SYNALGOS-DC	<i>dihydrocodeine/asa/caffeine</i>	3	M.O.
<i>trezix</i>		1*	M.O.
TYLENOL-CODEINE NO.3	<i>codeine phosphate/apap</i>	3	M.O.
TYLENOL-CODEINE NO.4	<i>codeine phosphate/apap</i>	3	M.O.
VICODIN	<i>hydrocodone bitartrate/apap</i>	3	M.O.
VICODIN ES	<i>hydrocodone bitartrate/apap</i>	3	M.O.
VICODIN HP	<i>hydrocodone bitartrate/apap</i>	3	M.O.
VICOPROFEN	<i>hydrocodone bitartrate/ibuprof</i>	3	M.O.
XODOL 10-300	<i>hydrocodone bitartrate/apap</i>	3	M.O.
XODOL 5-300	<i>hydrocodone bitartrate/apap</i>	3	M.O.
XODOL 7.5-300	<i>hydrocodone bitartrate/apap</i>	3	M.O.
<i>zamicet</i>		1*	M.O.
ZERLOR	<i>dihydrocodeine/apap/caffeine</i>	3	M.O.
ZOLVIT	<i>hydrocodone bitartrate/apap</i>	3	M.O.
ZYDONE	<i>hydrocodone bitartrate/apap</i>	3	M.O.

CNS STIMULANT DRUGS

ADDERALL	<i>amphetamine/dextroamphetamine</i>	3	M.O.
ADDERALL XR	<i>amphetamine/dextroamphetamine</i>	3	M.O.
<i>amphetamine salt combo</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
CAFCIT INJECTION	<i>caffeine citrated</i>	2	M.O.
<i>caffeine citrate injection</i>		1*	M.O.
CONCERTA	<i>methylphenidate</i>	3	M.O. QL (34/1)
DAYTRANA	<i>methylphenidate</i>	3	M.O.
DESOXYN	<i>methamphetamine</i>	3	M.O.
DEXEDRINE	<i>d-amphetamine</i>	3	M.O.
<i>dexmethylphenidate hcl</i>		1*	M.O.
<i>dextroamphetamine sulfate capsule sustained action, - tablet</i>		1*	M.O.
<i>dextroamphetamine-amphetamine</i>		1*	M.O.
FOCALIN	<i>dexmethylphenidate</i>	3	M.O.
FOCALIN XR	<i>dexmethylphenidate</i>	3	M.O.
METADATE CD	<i>methylphenidate</i>	3	M.O.
<i>metadate er</i>		1*	M.O.
<i>methamphetamine hcl</i>		1*	M.O.
METHYLIN 2.5 MG CHEWABLE TAB, -5 MG CHEWABLE TABLET, -10 MG CHEWABLE TABLET	<i>methylphenidate</i>	2	M.O.
<i>methylin 5 mg tablet, -10 mg tablet, -20 mg tablet</i>		1*	M.O.
<i>methylin er</i>		1*	M.O.
METHYLIN SOLUTION	<i>methylphenidate</i>	3	M.O.
<i>methylphenidate er 10 mg tab, -20 mg tab</i>		1*	M.O.
METHYLPHENIDATE ER 18 MG TAB, -27 MG TAB, -36 MG TAB, -54 MG TAB	<i>methylphenidate</i>	2	M.O.
<i>methylphenidate er capsule sustained action</i>		1*	M.O.
<i>methylphenidate hcl solution, -tablet</i>		1*	M.O.
<i>methylphenidate sr</i>		1*	M.O.
<i>modafinil</i>		1*	M.O.
NUVIGIL	<i>armodafinil</i>	2	M.O. ST
PROCENTRA	<i>d-amphetamine</i>	3	M.O.
PROVIGIL	<i>modafinil</i>	2	M.O. ST
RITALIN	<i>methylphenidate</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
RITALIN LA	<i>methylphenidate</i>	3	M.O.
RITALIN-SR	<i>methylphenidate</i>	3	M.O.
VYVANSE	<i>lisdexamfetamine dimesylate</i>	2	M.O.

DRUGS TO PREVENT AND TREAT HEADACHES

AMERGE	<i>naratriptan</i>	3	M.O. QL (9/1) ST
<i>ascomp with codeine</i>		1*	M.O.
AXERT	<i>almotriptan</i>	3	M.O. QL (9/1) ST
<i>butalb-caff-acetaminoph-codein</i>		1*	M.O.
<i>butalbital compound-codeine</i>		1*	M.O.
<i>butorphanol tartrate aerosol</i>		1*	M.O.
CAFERGOT	<i>ergotamine tartrate/caffeine</i>	3	M.O.
D.H.E.45	<i>dihydroergotamine</i>	4	
<i>dihydroergotamine 1 mg/ml am</i>		1*	M.O.
<i>dihydroergotamine 1 mg/ml vl</i>		4	
ERGOMAR	<i>ergotamine</i>	3	M.O.
<i>ergotamine-caffeine</i>		1*	M.O.
FIORICET WITH CODEINE	<i>codeine/apap/caffeine/butalb</i>	3	M.O.
FIORINAL WITH CODEINE #3	<i>codeine/asa/caffeine/butalb</i>	3	M.O.
FROVA	<i>frovatriptan</i>	3	M.O. QL (9/1) ST
IMITREX 4 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML VIAL	<i>sumatriptan</i>	3	M.O. QL (8 vials/1) ST
IMITREX 4 MG/0.5 ML PEN INJECT, -6 MG/0.5 ML PEN INJECT	<i>sumatriptan</i>	2	M.O. ST
IMITREX NASAL DROPS/SPRAYS	<i>sumatriptan</i>	3	M.O. QL (6 nasal sprayers/1) ST
IMITREX TABLET	<i>sumatriptan</i>	3	M.O. QL (9/1) ST
MAXALT	<i>rizatriptan benzoate</i>	3	M.O. QL (9/1) ST
MAXALT MLT	<i>rizatriptan benzoate</i>	3	M.O. QL (9/1) ST
<i>migergot</i>		1*	M.O.
MIGRANAL	<i>dihydroergotamine</i>	2	M.O. QL (8 devices/1)
<i>naratriptan hcl</i>		1*	M.O. QL (9/1)
RELPAK	<i>eletriptan</i>	3	M.O. QL (9/1) ST

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Drug	Generic	Tier	Requirements/Limits
SUMATRIPTAN	<i>sumatriptan</i>	2	M.O. ST
<i>sumatriptan 4 mg/0.5 ml cart, -4 mg/0.5 ml inject</i>		1*	M.O.
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml inject, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i>		1*	M.O.
<i>sumatriptan 4 mg/0.5 ml vial</i>		1*	M.O. QL (8/1)
<i>sumatriptan 6 mg/0.5 ml vial</i>		1*	M.O. QL (8 vials/1)
<i>sumatriptan succinate tablet</i>		1*	M.O. QL (9/1)
SUMAVEL DOSEPRO	<i>sumatriptan</i>	3	M.O. ST
TREXIMET	<i>sumatriptan suc/naproxen sod</i>	3	M.O. QL (9/1) ST
ZOMIG NASAL DROPS/SPRAYS	<i>zolmitriptan</i>	3	M.O. QL (6 nasal sprayers/1) ST
ZOMIG TABLET	<i>zolmitriptan</i>	3	M.O. QL (9/1) ST
ZOMIG ZMT	<i>zolmitriptan</i>	3	M.O. QL (9/1) ST

HYDANTOINS

DILANTIN	<i>phenytoin</i>	2	M.O. ST
DILANTIN-125	<i>phenytoin sodium</i>	2	M.O. ST
<i>fosphenytoin sodium</i>		1*	M.O.
PEGANONE	<i>ethotoin</i>	2	M.O.
PHENYTEK	<i>phenytoin sodium</i>	3	M.O. ST
<i>phenytoin 100 mg/2 ml vial</i>		1*	M.O.
<i>phenytoin 250 mg/5 ml vial, -50 mg/ml ampul, -50 mg/ml syringe, -50 mg/ml vial</i>		1*	M.O.
<i>phenytoin oral susp</i>		1*	M.O.
<i>phenytoin sod ext 100 mg cap</i>		1*	M.O.
<i>phenytoin sod ext 200 mg cap, -sod ext 300 mg cap</i>		1*	M.O.

MAO INHIBITORS

EMSAM	<i>selegiline</i>	3	M.O.
MARPLAN	<i>isocarboxazid</i>	2	M.O.
NARDIL	<i>phenelzine</i>	3	M.O.
PARNATE	<i>tranylcypromine</i>	3	M.O.
<i>phenelzine sulfate tablet</i>		1*	M.O.
<i>tranylcypromine sulfate</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
OTHER ANTICONVULSANTS			
BANZEL 400 MG TABLET	<i>rufinamide</i>	4	
BANZEL ORAL SUSP, -200 MG TABLET	<i>rufinamide</i>	3	M.O.
<i>felbamate</i>		1*	M.O.
FELBATOL	<i>felbamate</i>	2	M.O. ST
<i>gabapentin capsule, -tablet</i>		1*	M.O.
<i>gabapentin solution</i>		1*	M.O.
GABITRIL	<i>tiagabine</i>	3	M.O. ST
GRALISE	<i>gabapentin</i>	3	M.O. ST
HORIZANT	<i>gabapentin enacarbil</i>	3	M.O. ST
KEPPRA	<i>levetiracetam</i>	3	M.O. ST
KEPPRA XR	<i>levetiracetam</i>	3	M.O. ST
LAMICTAL	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL (BLUE)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL (GREEN)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL (ORANGE)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL ODT	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL ODT (BLUE)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL ODT (GREEN)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL ODT (ORANGE)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL XR	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL XR (BLUE)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL XR (GREEN)	<i>lamotrigine</i>	3	M.O. ST
LAMICTAL XR (ORANGE)	<i>lamotrigine</i>	3	M.O. ST
<i>lamotrigine</i>		1*	M.O.
<i>levetiracetam injection, -tablet sustained action</i>		1*	M.O.
<i>levetiracetam solution, -tablet</i>		1*	M.O.
LYRICA	<i>pregabalin</i>	3	M.O. ST
MYSOLINE	<i>primidone</i>	3	M.O.
NEURONTIN	<i>gabapentin</i>	3	M.O. ST
<i>primidone tablet</i>		1*	M.O.
SABRIL	<i>vigabatrin</i>	4	#
TOPAMAX	<i>topiramate</i>	3	M.O. ST
<i>topiragen</i>		1*	M.O.
<i>topiramate sprinkle, -tablet</i>		1*	M.O.
VIMPAT	<i>lacosamide</i>	2	M.O. ST

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Drug	Generic	Tier	Requirements/Limits
ZONEGRAN	<i>zonisamide</i>	3	M.O. ST
<i>zonisamide</i>		1*	M.O.

OTHER ANTIDEPRESSANTS

APLENZIN	<i>bupropion hbr</i>	3	M.O.
<i>budeprion sr</i>		1*	M.O.
<i>budeprion xl</i>		1*	M.O.
<i>bupropion hcl sr</i>		1*	M.O.
<i>bupropion hcl tablet</i>		1*	M.O.
<i>bupropion hcl xl 150 mg tablet</i>		1*	M.O.
<i>bupropion hcl xl 300 mg tablet</i>		1*	M.O.
<i>chlordiazepoxide-amitriptyline</i>		1*	M.O.
CYMBALTA 20 MG CAPSULE	<i>duloxetine</i>	2	M.O. QL (60/30)
CYMBALTA 30 MG CAPSULE	<i>duloxetine</i>	2	M.O. QL (30/30)
CYMBALTA 60 MG CAPSULE	<i>duloxetine</i>	2	M.O.
EFFEXOR XR	<i>venlafaxine</i>	3	M.O.
<i>maprotiline hcl</i>		1*	M.O.
<i>mirtazapine</i>		1*	M.O.
<i>nefazodone hcl</i>		1*	M.O.
OLEPTRO ER	<i>trazodone</i>	3	M.O.
<i>perphenazine-amitriptyline</i>		1*	M.O.
PRISTIQ ER	<i>desvenlafaxine succinate</i>	3	M.O.
REMERON	<i>mirtazapine</i>	3	M.O.
SAVELLA	<i>milnacipran hcl</i>	2	M.O.
<i>trazodone hcl tablet</i>		1*	M.O.
<i>venlafaxine hcl</i>		1*	M.O.
<i>venlafaxine hcl er capsule sustained action</i>		1*	M.O.
VENLAFAXINE HCL ER TABLET SUSTAINED ACTION	<i>venlafaxine</i>	3	M.O.
WELLBUTRIN	<i>bupropion</i>	3	M.O.
WELLBUTRIN SR	<i>bupropion</i>	3	M.O.
WELLBUTRIN XL	<i>bupropion</i>	3	M.O.

OTHER ANTIPARKINSON DRUGS

APOKYN	<i>apomorphine hcl</i>	4	#
AZILECT	<i>rasagiline mesylate</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>bromocriptine mesylate capsule, -tablet</i>		1*	M.O.
<i>carbidopa-levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt</i>		1*	M.O.
<i>carbidopa-levodopa 10-100 tab, -25-100 tab, -25-250 tab, -tablet sustained action</i>		1*	M.O.
<i>carbidopa-levodopa-entacapone</i>		1*	M.O.
COMTAN	<i>entacapone</i>	2	M.O.
ELDEPRYL	<i>selegiline</i>	3	M.O.
LODOSYN	<i>carbidopa</i>	2	M.O.
MIRAPEX	<i>pramipexole</i>	3	M.O.
MIRAPEX ER	<i>pramipexole</i>	3	M.O.
PARCOPA	<i>carbidopa/levodopa</i>	3	M.O.
PARLODEL	<i>bromocriptine mesylate</i>	3	M.O.
<i>pramipexole dihydrochloride</i>		1*	M.O.
REQUIP	<i>ropinirole</i>	3	M.O.
REQUIP XL	<i>ropinirole</i>	3	M.O.
<i>ropinirole hcl</i>		1*	M.O.
<i>selegiline hcl capsule, -tablet</i>		1*	M.O.
SINEMET 10-100	<i>carbidopa/levodopa</i>	3	M.O.
SINEMET 25-100	<i>carbidopa/levodopa</i>	3	M.O.
SINEMET 25-250	<i>carbidopa/levodopa</i>	3	M.O.
SINEMET CR	<i>carbidopa/levodopa</i>	3	M.O.
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	M.O.
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	M.O.
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	M.O.
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	M.O.
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	M.O.
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	M.O.
TASMAR	<i>tolcapone</i>	2	M.O.
ZELAPAR	<i>selegiline</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
OTHER CNS/AUTONOMIC DRUGS			
<i>atropine 0.1 mg/ml abboject, -0.1 mg/ml syringe, -0.4 mg/0.5 ml ampul, -0.4 mg/ml vial, -0.05 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>		1*	M.O.
<i>atropine 8 mg/20 ml vial</i>		1*	M.O.
CAMPRAL	<i>acamprosate calcium</i>	2	M.O.
<i>depade</i>		1*	M.O.
ENLON	<i>edrophonium</i>	2	M.O.
ENLON-PLUS	<i>edrophonium/atropine sulfite</i>	3	M.O.
<i>flumazenil</i>		1*	M.O.
<i>guanidine hcl</i>		1*	M.O.
INTUNIV	<i>guanfacine</i>	2	M.O.
KAPVAY	<i>clonidine</i>	3	M.O.
MESTINON	<i>pyridostigmine</i>	3	M.O.
MYTELASE	<i>ambenonium chloride</i>	3	M.O.
<i>naloxone 0.4 mg/ml ampul, -0.4 mg/ml syringe, -0.4 mg/ml vial, -1 mg/ml syringe</i>		1*	M.O.
<i>naloxone 2 mg/2 ml syringe</i>		1*	M.O.
<i>neostigmine methylsulfate</i>		1*	M.O.
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	M.O.
<i>physostigmine salicylate injection</i>		1*	M.O.
PROSTIGMIN	<i>neostigmine bromide</i>	2	M.O.
<i>pyridostigmine bromide tablet</i>		1*	M.O.
REGONOL	<i>pyridostigmine</i>	3	M.O.
REVIA	<i>naltrexone</i>	3	M.O.
ROMAZICON	<i>flumazenil</i>	3	M.O.
STRATTERA	<i>atomoxetine</i>	3	M.O.
VIVITROL	<i>naltrexone microspheres</i>	4	
XENAZINE	<i>tetrabenazine</i>	4	# PA
XYREM	<i>sodium oxybate</i>	4	#
SECONDARY AMINES			
<i>amoxapine</i>		1*	M.O.
<i>desipramine hcl tablet</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
NORPRAMIN	<i>desipramine</i>	3	M.O.
<i>nortriptyline hcl capsule, - solution</i>		1*	M.O.
PAMELOR	<i>nortriptyline</i>	3	M.O.
<i>protriptyline hcl</i>		1*	M.O.
VIVACTIL	<i>protriptyline</i>	3	M.O.

SEDATIVE/HYPNOTIC DRUGS

AMBIEN	<i>zolpidem</i>	3	M.O.
AMBIEN CR	<i>zolpidem</i>	3	M.O.
EDLUAR	<i>zolpidem</i>	3	M.O.
LUNESTA	<i>eszopiclone</i>	3	M.O.
ROZEREM	<i>ramelteon</i>	3	M.O.
SILENOR	<i>doxepin</i>	3	M.O.
SONATA	<i>zaleplon</i>	3	M.O.
<i>zaleplon</i>		1*	M.O.
<i>zolpidem tartrate</i>		1*	M.O.
<i>zolpidem tartrate er</i>		1*	M.O.
ZOLPIMIST	<i>zolpidem</i>	3	M.O.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

CELEXA	<i>citalopram</i>	3	M.O. ST
<i>citalopram</i>		1*	M.O.
<i>citalopram hbr</i>		1*	M.O.
<i>escitalopram oxalate</i>		1*	M.O.
<i>fluoxetine dr</i>		1*	M.O.
<i>fluoxetine hcl capsule, - solution, -tablet</i>		1*	M.O.
<i>fluvoxamine maleate</i>		1*	M.O.
LEXAPRO	<i>escitalopram oxalate</i>	3	M.O. ST
LUVOX CR	<i>fluvoxamine</i>	3	M.O.
<i>paroxetine cr 37.5 mg tablet, -er 37.5 mg tablet</i>		1*	M.O.
<i>paroxetine hcl oral susp, - tablet, -cr 12.5 mg tablet, -cr 25 mg tablet</i>		1*	M.O.
PAXIL	<i>paroxetine</i>	3	M.O.
PAXIL CR	<i>paroxetine</i>	3	M.O.
PEXEVA	<i>paroxetine mesylate</i>	3	M.O.
PROZAC	<i>fluoxetine</i>	3	M.O.
PROZAC WEEKLY	<i>fluoxetine</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>rapiflux</i>		1*	M.O.
SARAFEM	<i>fluoxetine</i>	3	M.O.
<i>selfemra</i>		1*	M.O.
<i>sertraline hcl solution, -tablet</i>		1*	M.O.
VIIBRYD	<i>vilazodone hydrochloride</i>	2	M.O. QL (31/1) ST
ZOLOFT	<i>sertraline</i>	3	M.O.

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1*	M.O.
CHANTIX	<i>varenicline tartrate</i>	3	M.O.
NICOTROL	<i>nicotine inhaler</i>	2	M.O.
NICOTROL NS	<i>nicotine ns</i>	2	M.O.
ZYBAN	<i>bupropion</i>	3	M.O.

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	M.O.
<i>ethosuximide capsule, -syrup</i>		1*	M.O.
ZARONTIN	<i>ethosuximide</i>	3	M.O.

TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1*	M.O.
ANAFRANIL	<i>clomipramine</i>	3	M.O.
<i>clomipramine hcl capsule</i>		1*	M.O.
<i>doxepin hcl capsule, -solution</i>		1*	M.O.
<i>imipramine hcl tablet</i>		1*	M.O.
<i>imipramine pamoate</i>		1*	M.O.
SURMONTIL	<i>trimipramine</i>	3	M.O.
TOFRANIL	<i>imipramine hcl</i>	3	M.O.
TOFRANIL-PM	<i>imipramine pamoate</i>	3	M.O.
<i>trimipramine maleate</i>		1*	M.O.

CARDIOVASCULAR MEDICATIONS**AMIODARONES**

<i>amiodarone hcl injection, -tablet</i>		1*	M.O.
CORDARONE	<i>amiodarone</i>	3	M.O.
<i>pacerone 100 mg tablet, -400 mg tablet</i>		1*	M.O.
<i>pacerone 200 mg tablet</i>		1*	M.O.

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

ACCUPRIL	<i>quinapril</i>	3	M.O. ST
ACEON	<i>perindopril erbumine</i>	3	M.O. ST

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Drug	Generic	Tier	Requirements/Limits
ALTACE	<i>ramipril</i>	3	M.O. ST
<i>benazepril hcl tablet</i>		1*	M.O.
<i>captopril tablet</i>		1*	M.O.
<i>enalapril maleate tablet</i>		1*	M.O.
<i>enalaprilat</i>		1*	M.O.
<i>fosinopril sodium</i>		1*	M.O.
<i>lisinopril tablet</i>		1*	M.O.
LOTENSIN	<i>benazepril</i>	3	M.O. ST
MAVIK	<i>trandolapril</i>	3	M.O. ST
<i>moexipril hcl</i>		1*	M.O.
<i>perindopril erbumine</i>		1*	M.O.
PRINIVIL	<i>lisinopril</i>	3	M.O. ST
<i>quinapril hcl</i>		1*	M.O.
<i>ramipril</i>		1*	M.O.
<i>trandolapril</i>		1*	M.O.
UNIVASC	<i>moexipril</i>	3	M.O. ST
VASOTEC	<i>enalapril</i>	3	M.O. ST
ZESTRIL	<i>lisinopril</i>	3	M.O. ST

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND	<i>candesartan cilexetil</i>	3	M.O. ST
AVAPRO	<i>irbesartan</i>	3	M.O. ST
BENICAR	<i>olmesartan medoxomil</i>	3	M.O. ST
COZAAR	<i>losartan</i>	3	M.O. ST
DIOVAN	<i>valsartan</i>	2	M.O. ST
EDARBI	<i>azilsartan medoxomil</i>	3	M.O. ST
<i>eprosartan mesylate</i>		1*	M.O.
<i>losartan potassium</i>		1*	M.O.
MICARDIS	<i>telmisartan</i>	3	M.O. ST
TEVETEN	<i>eprosartan mesylate</i>	3	M.O. ST

ANTIDYSRHYTHMIC DRUGS

<i>disopyramide phosphate</i>		1*	M.O.
<i>flecainide acetate</i>		1*	M.O.
<i>mexiletine hcl capsule</i>		1*	M.O.
NORPACE	<i>disopyramide</i>	3	M.O.
NORPACE CR	<i>disopyramide</i>	3	M.O.
<i>procainamide hcl injection</i>		1*	M.O.
<i>propafenone hcl capsule sustained action</i>		1*	M.O.
<i>propafenone hcl tablet</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>quinidine gluconate</i>		1*	M.O.
<i>quinidine sulfate tablet, - tablet sustained action</i>		1*	M.O.
RYTHMOL	<i>propafenone</i>	3	M.O.
RYTHMOL SR	<i>propafenone</i>	3	M.O.
TAMBOCOR	<i>flecainide</i>	3	M.O.

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1*	M.O.
ARCAPTA NEOHALER	<i>indacaterol maleate</i>	3	M.O. QL (60/1)
<i>atenolol tablet</i>		1*	M.O.
<i>betaxolol hcl tablet</i>		1*	M.O.
<i>bisoprolol fumarate</i>		1*	M.O.
BYSTOLIC	<i>nebivolol hcl</i>	3	M.O.
<i>carvedilol</i>		1*	M.O.
COREG	<i>carvedilol</i>	3	M.O.
COREG CR	<i>carvedilol</i>	3	M.O.
CORGARD	<i>nadolol</i>	3	M.O.
INDERAL LA	<i>propranolol</i>	3	M.O.
INNOPRAN XL	<i>propranolol</i>	2	M.O.
KERLONE	<i>betaxolol</i>	3	M.O.
<i>labetalol hcl injection, -tablet</i>		1*	M.O.
LEVATOL	<i>penbutolol</i>	3	M.O.
LOPRESSOR	<i>metoprolol tartrate</i>	3	M.O.
<i>metoprolol succinate</i>		1*	M.O.
<i>metoprolol tartrate injection, -tablet</i>		1*	M.O.
<i>nadolol tablet</i>		1*	M.O.
<i>pindolol</i>		1*	M.O.
<i>propranolol hcl capsule sustained action, -injection, - solution, -tablet</i>		1*	M.O.
SECTRAL	<i>acebutolol</i>	3	M.O.
TENORMIN	<i>atenolol</i>	3	M.O.
<i>timolol maleate tablet</i>		1*	M.O.
TOPROL XL	<i>metoprolol succinate</i>	3	M.O.
TRANDATE	<i>labetalol</i>	3	M.O.
ZEBETA	<i>bisoprolol</i>	3	M.O.

CALCIUM ANTAGONISTS

ADALAT CC	<i>nifedipine</i>	3	M.O.
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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>afeditab cr</i>		1*	M.O.
<i>amlodipine besylate tablet</i>		1*	M.O.
CALAN	<i>verapamil</i>	3	M.O.
CALAN SR	<i>verapamil</i>	3	M.O.
CARDENE I.V.	<i>nicardipine</i>	3	M.O.
CARDENE SR	<i>nicardipine</i>	3	M.O.
CARDIZEM	<i>diltiazem</i>	3	M.O.
CARDIZEM CD	<i>diltiazem</i>	3	M.O.
CARDIZEM LA	<i>diltiazem</i>	3	M.O.
<i>cartia xt</i>		1*	M.O.
COVERA-HS	<i>verapamil</i>	3	M.O.
DILACOR XR	<i>diltiazem</i>	3	M.O.
<i>dilt-cd</i>		1*	M.O.
<i>diltiazem 24hr cd</i>		1*	M.O.
<i>diltiazem 24hr er 120 mg cap, -180 mg cap, -240 mg cap, -300 mg cap</i>		1*	M.O.
<i>diltiazem 24hr er 360 mg cap, -tablet sustained action</i>		1*	M.O.
<i>diltiazem er</i>		1*	M.O.
<i>diltiazem hcl injection, -tablet</i>		1*	M.O.
<i>dilt-xr</i>		1*	M.O.
<i>diltzac er</i>		1*	M.O.
DYNACIRC CR	<i>isradipine</i>	3	M.O.
<i>felodipine er</i>		1*	M.O.
ISOPTIN SR	<i>verapamil</i>	3	M.O.
<i>isradipine</i>		1*	M.O.
<i>matzim la</i>		1*	M.O.
<i>nicardipine hcl capsule</i>		1*	M.O.
<i>nicardipine hcl injection</i>		1*	M.O.
<i>nifediac cc</i>		1*	M.O.
<i>nifedical xl</i>		1*	M.O.
<i>nifedipine capsule</i>		1*	M.O.
<i>nifedipine er</i>		1*	M.O.
<i>nimodipine</i>		1*	M.O.
<i>nisoldipine er 20 mg tablet, -er 30 mg tablet, -er 40 mg tablet</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>nisoldipine er 8.5 mg tablet, -er 17 mg tablet, -er 25.5 mg tablet, -er 34 mg tablet</i>		1*	M.O.
NORVASC	<i>amlodipine</i>	3	M.O.
PROCARDIA	<i>nifedipine</i>	3	M.O.
PROCARDIA XL	<i>nifedipine</i>	3	M.O.
SULAR	<i>nisoldipine</i>	3	M.O.
<i>taztia xt</i>		1*	M.O.
TIAZAC	<i>diltiazem</i>	3	M.O.
<i>verapamil er 120 mg tablet, -180 mg tablet, -240 mg tablet</i>		1*	M.O.
<i>verapamil er pm</i>		1*	M.O.
<i>verapamil hcl capsule sustained action, -injection, -tablet, -er 120 mg tablet, -er 240 mg tablet</i>		1*	M.O.
VERELAN	<i>verapamil</i>	3	M.O.
VERELAN PM	<i>verapamil</i>	3	M.O.

CARDIAC GLYCOSIDES

<i>digoxin injection, -solution, -tablet</i>		1*	M.O.
LANOXIN	<i>digoxin</i>	2	M.O.
LANOXIN PEDIATRIC	<i>digoxin</i>	2	M.O.
<i>milrinone in 5% dextrose</i>		1*	M.O.
<i>milrinone lactate</i>		1*	M.O.

CENTRALLY ACTING ANTIHYPERTENSIVES

CATAPRES	<i>clonidine</i>	3	M.O.
CATAPRES-TTS 1	<i>clonidine</i>	3	M.O.
CATAPRES-TTS 2	<i>clonidine</i>	3	M.O.
CATAPRES-TTS 3	<i>clonidine</i>	3	M.O.
<i>clonidine</i>		1*	M.O.
<i>clonidine hcl injection</i>		1*	M.O.
<i>clonidine hcl tablet</i>		1*	M.O.
DURACLON	<i>clonidine</i>	3	M.O.
<i>guanabenz acetate tablet</i>		1*	M.O.
<i>guanfacine hcl</i>		1*	M.O.
<i>methyldopa</i>		1*	M.O.
<i>methyldopate hcl</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
NEXICLON XR	<i>clonidine</i>	3	M.O.
TENEX	<i>guanfacine</i>	3	M.O.

DRUGS FOR PHEOCHROMOCYTOMA

DEMSEER	<i>metyrosine</i>	2	M.O.
DIBENZYLIN	<i>phenoxybenzamine</i>	2	M.O.
PHENTOLAMINE MESYLATE	<i>phentolamine</i>	3	M.O.

ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS	<i>ambrisentan</i>	4	#
TRACLEER	<i>bosentan</i>	4	#

HMG-COA REDUCTASE INHIBITORS

ADVICOR	<i>lovastatin/niacin</i>	3	M.O. ST
ALTOPREV	<i>lovastatin</i>	3	M.O. ST
<i>amlodipine-atorvastatin</i>		1*	M.O.
<i>atorvastatin calcium</i>		1*	M.O.
CADUET	<i>amlodipine/atorvast cal</i>	3	M.O. ST
CRESTOR	<i>rosuvastatin calcium</i>	2	M.O. ST
LESCOL	<i>fluvastatin</i>	3	M.O. ST
LESCOL XL	<i>fluvastatin</i>	3	M.O. ST
LIPITOR	<i>atorvastatin calcium</i>	3	M.O. ST
LIVALO	<i>pitavastatin calcium</i>	3	M.O. ST
<i>lovastatin</i>		1*	M.O.
MEVACOR	<i>lovastatin</i>	3	M.O. ST
PRAVACHOL	<i>pravastatin</i>	3	M.O. ST
<i>pravastatin sodium</i>		1*	M.O.
SIMCOR	<i>niacin/simvastatin</i>	3	M.O. ST
<i>simvastatin</i>		1*	M.O.
VYTORIN	<i>ezetimibe/simvastatin</i>	3	M.O. ST
ZOCOR	<i>simvastatin</i>	3	M.O. ST

HYPOLIPOPROTEINEMICS

ANTARA	<i>fenofibrate</i>	3	M.O. ST
<i>cholestyramine</i>		1*	M.O.
<i>cholestyramine light</i>		1*	M.O.
COLESTID	<i>colestipol</i>	3	M.O.
<i>colestipol hcl packet</i>		1*	M.O.
<i>colestipol hcl powder, -tablet</i>		1*	M.O.
<i>fenofibrate</i>		1*	M.O.
FENOFIBRIC ACID	<i>fenofibric acid</i>	3	M.O. ST
FENOGLIDE	<i>fenofibrate</i>	3	M.O. ST
FIBRICOR	<i>fenofibric acid</i>	3	M.O. ST

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>gemfibrozil tablet</i>		1*	M.O.
LIPOFEN	<i>fenofibrate</i>	3	M.O. ST
LOFIBRA	<i>fenofibrate</i>	3	M.O. ST
LOPID	<i>gemfibrozil</i>	3	M.O. ST
LOVAZA	<i>omega-3 acid ethyl esters</i>	3	M.O.
NIACOR	<i>niacin</i>	3	M.O.
NIASPAN	<i>niacin</i>	2	M.O.
<i>prevalite</i>		1*	M.O.
QUESTRAN	<i>cholestyramine/sucrose</i>	3	M.O.
QUESTRAN LIGHT	<i>cholestyramine/aspartame</i>	3	M.O.
TRICOR	<i>fenofibrate</i>	3	M.O. ST
TRIGLIDE	<i>fenofibrate</i>	3	M.O. ST
TRILIPIX	<i>fenofibric acid</i>	3	M.O. ST
WELCHOL	<i>colesevelam</i>	3	M.O.
ZETIA	<i>ezetimibe</i>	2	M.O.

LOOP DIURETICS

<i>bumetanide 0.25 mg/ml vial, -tablet</i>		1*	M.O.
<i>bumetanide 1 mg/4 ml vial, -2.5 mg/10 ml vial</i>		1*	M.O.
DEMADEX	<i>toremide</i>	3	M.O.
EDECIN	<i>ethacrynic acid</i>	2	M.O.
<i>furosemide injection, -solution, -tablet</i>		1*	M.O.
LASIX	<i>furosemide</i>	2	M.O.
SODIUM EDECIN	<i>ethacrynate sodium</i>	3	M.O.
<i>toremide injection</i>		1*	M.O.
<i>toremide tablet</i>		1*	M.O.

NITRATES

DILATRATE-SR	<i>isosorbide dinitrate</i>	3	M.O.
IMDUR	<i>isosorbide mononitrate</i>	3	M.O.
ISOCHRON	<i>isosorbide dinitrate</i>	3	M.O.
<i>isoditrate</i>		1*	M.O.
ISORDIL	<i>isosorbide dinitrate</i>	3	M.O.
ISORDIL TITRADOSE	<i>isosorbide dinitrate</i>	3	M.O.
<i>isosorbide dinitrate</i>		1*	M.O.
<i>isosorbide mononitrate</i>		1*	M.O.
<i>isosorbide mononitrate er</i>		1*	M.O.
MINITRAN	<i>nitroglycerin</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
MONOKET	<i>isosorbide mononitrate</i>	3	M.O.
<i>nitro-bid</i>		1*	M.O.
NITRO-DUR	<i>nitroglycerin</i>	3	M.O.
NITROGLYCERIN AEROSOL	<i>nitroglycerin</i>	3	M.O.
<i>nitroglycerin in d5w</i>		1*	M.O.
<i>nitroglycerin injection</i>		1*	M.O.
<i>nitroglycerin patch</i>		1*	M.O.
NITROLINGUAL	<i>nitroglycerin</i>	3	M.O.
NITROMIST	<i>nitroglycerin</i>	3	M.O.
NITROSTAT	<i>nitroglycerin</i>	3	M.O.

OTHER ANTIARRHYTHMICS

BETAPACE	<i>sotalol</i>	3	M.O.
BETAPACE AF	<i>sotalol</i>	3	M.O.
CORVERT	<i>ibutilide fumarate</i>	2	M.O.
<i>ibutilide fumarate</i>		1*	M.O.
MULTAQ	<i>dronedarone</i>	2	M.O.
<i>sorine</i>		1*	M.O.
<i>sotalol</i>		1*	M.O.
<i>sotalol af</i>		1*	M.O.
SOTALOL HCL	<i>sotalol</i>	3	M.O.
TIKOSYN	<i>dofetilide</i>	2	M.O.

OTHER ANTIHYPERTENSIVES

ACCURETIC	<i>quinapril/hctz</i>	3	M.O. ST
<i>amlodipine-benazepril 2.5-10, --benazepril 10-20 mg, --benazepril 5-10 mg, --benazepril 5-20 mg</i>		1*	M.O.
<i>amlodipine-benazepril 5-40 mg, --benazepril 10-40 mg</i>		1*	M.O.
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	3	M.O. ST
ATACAND HCT	<i>candesartan cilexetil/hctz</i>	3	M.O. ST
<i>atenolol-chlorthalidone</i>		1*	M.O.
AVALIDE	<i>irbesartan/hctz</i>	3	M.O. ST
AZOR	<i>amlodipine bes/olmesartan med</i>	3	M.O. ST
<i>benazepril-hydrochlorothiazide</i>		1*	M.O.
BENICAR HCT	<i>olmesartan medoxomil/hctz</i>	3	M.O. ST
<i>bisoprolol-hydrochlorothiazide</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide</i>		1*	M.O.
CLORPRES	<i>clonidine hcl/chlorthalidone</i>	3	M.O.
CORLOPAM	<i>fenoldopam mesylate</i>	3	M.O.
CORZIDE	<i>bendroflumethiazide/nadolol</i>	3	M.O.
DIOVAN HCT	<i>hctz/valsartan</i>	2	M.O. ST
DUTOPROL	<i>hctz/metoprolol</i>	3	M.O.
EDARBYCLOR	<i>azilsartan med/chlorthalidone</i>	3	M.O. ST
<i>enalapril-hydrochlorothiazide</i>		1*	M.O.
EXFORGE	<i>amlodipine/valsartan</i>	3	M.O. ST
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	3	M.O. ST
<i>fosinopril-hydrochlorothiazide</i>		1*	M.O.
HYZAAR	<i>losartan /hctz</i>	3	M.O. ST
<i>lisinopril-hydrochlorothiazide</i>		1*	M.O.
LOPRESSOR HCT	<i>hctz/metoprolol</i>	3	M.O.
<i>losartan-hydrochlorothiazide</i>		1*	M.O.
LOTENSIN HCT	<i>benazepril/hctz</i>	3	M.O. ST
LOTREL	<i>benazepril/amlodipine besylate</i>	3	M.O. ST
<i>methyldopa-hydrochlorothiazide</i>		1*	M.O.
<i>metoprolol-hydrochlorothiazide</i>		1*	M.O.
MICARDIS HCT	<i>telmisartan/hctz</i>	3	M.O. ST
<i>moexipril-hydrochlorothiazide</i>		1*	M.O.
<i>nadolol-bendroflumethiazide</i>		1*	M.O.
PRINZIDE	<i>lisinopril/hctz</i>	3	M.O. ST
<i>propranolol-hydrochlorothiazid</i>		1*	M.O.
<i>quinapril-hydrochlorothiazide</i>		1*	M.O.
<i>reserpine tablet</i>		1*	M.O.
TARKA	<i>trandolapril/verapamil</i>	3	M.O.
TEKAMLO	<i>aliskiren/amlodipine</i>	3	M.O. ST
TEKURNA	<i>aliskiren hemifumarate</i>	3	M.O. ST
TEKURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	3	M.O. ST
TENORETIC 100	<i>chlorthalidone/atenolol</i>	3	M.O.
TENORETIC 50	<i>chlorthalidone/atenolol</i>	3	M.O.
TEVETEN HCT	<i>eprosartan mesylate/hctz</i>	3	M.O. ST
<i>trandolapril-verapamil</i>		1*	M.O.
TRIBENZOR	<i>olmesartan med/amlodipine/hct</i>	3	M.O. ST

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
TWYNSTA	<i>telmisartan/amlodipine</i>	3	M.O. ST
UNIRETIC	<i>moexipril/hctz</i>	3	M.O. ST
VALTURNA	<i>aliskiren/valsartan</i>	3	M.O. ST
VASERETIC	<i>enalapril maleate/hctz</i>	3	M.O. ST
ZESTORETIC	<i>lisinopril/hctz</i>	3	M.O. ST
ZIAC	<i>hctz/bisoprolol fumarate</i>	3	M.O.

OTHER CARDIOVASCULAR DRUGS

<i>alprostadil injection</i>		1*	M.O.
<i>dobutamine hcl</i>		1*	M.O.
<i>dobutamine hcl in dextrose</i>		1*	M.O.
<i>dopamine hcl in 5% dextrose</i>		1*	M.O.
<i>dopamine hcl injection</i>		1*	M.O.
ISUPREL	<i>isoproterenol hcl</i>	2	M.O.
<i>midodrine hcl</i>		1*	M.O.
<i>norepinephrine bitartrate</i>		1*	M.O.
<i>pentopak</i>		1*	M.O.
<i>pentoxifylline tablet sustained action</i>		1*	M.O.
PROSTIN VR PEDIATRIC	<i>alprostadil</i>	3	M.O.
RANEXA	<i>ranolazine</i>	3	M.O.
TRENTAL	<i>pentoxifylline</i>	3	M.O.

OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	4	PA
BIDIL	<i>isosorb dinit/hydralazine hcl</i>	2	M.O.
<i>epoprostenol sodium</i>		4	
FLOLAN	<i>epoprostenol na</i>	4	
NATRECOR	<i>nesiritide</i>	2	M.O.
REMODULIN	<i>treprostinil sodium</i>	4	#
REVATIO INJECTION	<i>revatio (sildenafil citrate)</i>	4	PA
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	4	PA
<i>veletri</i>		4	
VENTAVIS 10 MCG/1 ML SOLUTION	<i>iloprost</i>	2	#

POTASSIUM SPARING DIURETICS

ALDACTAZIDE	<i>spironolactone/hctz</i>	3	M.O. ST
ALDACTONE	<i>spironolactone</i>	3	M.O. ST
<i>amiloride hcl tablet</i>		1*	M.O.

* We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide</i>		1*	M.O.
DYAZIDE	<i>hctz/triamterene</i>	2	M.O.
DYRENIUM	<i>triamterene</i>	3	M.O.
<i>eplerenone</i>		1*	M.O. ST
INSPRA	<i>eplerenone</i>	3	M.O. ST
MAXZIDE	<i>hctz/triamterene</i>	2	M.O.
MAXZIDE-25 MG	<i>hctz/triamterene</i>	2	M.O.
MIDAMOR	<i>amiloride hydrochloride</i>	3	M.O.
<i>spironolactone tablet</i>		1*	M.O.
<i>spironolactone-hctz</i>		1*	M.O.
<i>triamterene-hctz</i>		1*	M.O.
<i>triamterene-hydrochlorothiazid</i>		1*	M.O.

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1*	M.O.
<i>chlorothiazide sodium</i>		4	
<i>chlorthalidone</i>		1*	M.O.
DIURIL	<i>chlorothiazide</i>	3	M.O.
DIURIL SODIUM	<i>chlorothiazide sodium</i>	4	
<i>hydrochlorothiazide capsule, -tablet</i>		1*	M.O.
<i>indapamide</i>		1*	M.O.
<i>methyclothiazide</i>		1*	M.O.
<i>metolazone</i>		1*	M.O.
MICROZIDE	<i>hydrochlorothiazide</i>	3	M.O.
THALITONE	<i>chlorthalidone</i>	3	M.O.
ZAROXOLYN	<i>metolazone</i>	3	M.O.

VASODILATOR ANTIHYPERTENSIVES

CARDURA	<i>doxazosin</i>	3	M.O. ST
CARDURA XL	<i>doxazosin</i>	3	M.O. ST
<i>doxazosin mesylate</i>		1*	M.O.
<i>hydralazine hcl injection, -tablet</i>		1*	M.O.
MINIPRESS	<i>prazosin</i>	3	M.O.
<i>minoxidil tablet</i>		1*	M.O.
<i>prazosin hcl</i>		1*	M.O.
<i>terazosin hcl</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
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DERMATOLOGICAL MEDICATIONS*ANTIACNE DRUGS*

ACANYA	<i>clindamycin phos/benz per</i>	3	M.O.
ACZONE	<i>dapsone</i>	3	M.O.
<i>adapalene</i>		1*	M.O.
AKNE-MYCIN	<i>erythromycin base</i>	3	M.O.
ATRALIN	<i>tretinoin</i>	3	M.O. PA
AVAR LS	<i>sulfacetamide/sulfur</i>	3	M.O.
AVAR-E	<i>sulfacetamide/sulfur</i>	3	M.O.
AVAR-E LS	<i>sulfacetamide/sulfur</i>	3	M.O.
AVITA	<i>tretinoin</i>	3	M.O. PA
AZELEX	<i>azelaic acid</i>	3	M.O.
BENZACLIN	<i>clindamycin phos/benz per</i>	3	M.O.
BENZAMYCIN	<i>erythromycin base/benz per</i>	3	M.O.
BENZAMYCINPAK	<i>erythromycin base/benz per</i>	3	M.O.
<i>bp 10-1</i>		1*	M.O.
CLARIFOAM EF	<i>sulfacetamide/sulfur</i>	3	M.O.
CLENIA CREAM	<i>sulfacetamide/sulfur</i>	3	M.O.
<i>clenia emulsion</i>		1*	M.O.
CLEOCIN T	<i>clindamycin phosphate</i>	3	M.O.
<i>clindacin p</i>		1*	M.O.
CLINDACIN PAC	<i>clindamycin phos/skin clnsr 19</i>	3	M.O.
CLINDAGEL	<i>clindamycin phosphate</i>	3	M.O.
CLINDAMAX	<i>clindamycin phosphate</i>	2	M.O.
<i>clindamycin phosphate foam (non-contraceptive)</i>		1*	M.O.
<i>clindamycin phosphate gel, -lotion, -soln, top, -swabs, applicators</i>		1*	M.O.
<i>clindamycin-benzoyl peroxide</i>		1*	M.O.
CLINDAREACH	<i>clindamycin phosphate</i>	3	M.O.
DIFFERIN	<i>adapalene</i>	3	M.O.
DUAC	<i>clindamycin phos/benz per</i>	3	M.O.
EPIDUO	<i>adapalene/benzoyl peroxide</i>	3	M.O.
<i>ery</i>		1*	M.O.
<i>erythromycin gel, -soln, top, -swabs, applicators</i>		1*	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>erythromycin-benzoyl peroxide</i>		1*	M.O.
EVOCLIN	<i>clindamycin phosphate</i>	3	M.O.
FINACEA	<i>azelaic acid</i>	2	M.O.
METROCREAM	<i>metronidazole</i>	3	M.O.
METROGEL	<i>metronidazole</i>	3	M.O.
METROLOTION	<i>metronidazole</i>	3	M.O.
<i>metronidazole cream, -gel, -lotion</i>		1*	M.O.
NORITATE	<i>metronidazole</i>	3	M.O.
PLEXION	<i>sulfacetamide/sulfur</i>	3	M.O.
<i>prascion</i>		1*	M.O.
<i>prascion fc</i>		1*	M.O.
RETIN-A	<i>tretinoin</i>	3	M.O. PA
RETIN-A MICRO	<i>tretinoin</i>	3	M.O. PA
RETIN-A MICRO PUMP	<i>tretinoin</i>	3	M.O. PA
ROSDAN COMBO PACKS	<i>metronidazole/skin cleanser</i>	3	M.O.
<i>rosadan cream</i>		1*	M.O.
ROSANIL	<i>sulfacetamide/sulfur</i>	3	M.O.
<i>sodium sulfacetamide pad, medicated pad</i>		1*	M.O.
<i>sodium sulfacetamide-sulfur, -cleanser, -sulf-sulfur wash, -lotion</i>		1*	M.O.
<i>sodium sulfacetamide-sulfur foam (non-contraceptive), -sulfacet-sulfur wash, -pad, medicated pad</i>		1*	M.O.
<i>sulfacetamide sodium-sulfur</i>		1*	M.O.
SUMADAN	<i>sulfacetamide/sulfur</i>	3	M.O.
SUMAXIN	<i>sulfacetamide/sulfur</i>	3	M.O.
SUMAXIN TS	<i>sulfacetamide/sulfur</i>	3	M.O.
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1*	M.O. PA
TRETIN-X	<i>tretinoin</i>	3	M.O. PA
VELTIN	<i>clindamycin/tretinoin</i>	3	M.O. PA
<i>vitazol</i>		1*	M.O.
ZENCIA	<i>sulfacetamide/sulfur</i>	3	M.O.
ZIANA	<i>clindamycin/tretinoin</i>	3	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Drug	Generic	Tier	Requirements/Limits
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ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene oint</i>		1*	M.O.
<i>calcipotriene solution</i>		1*	M.O.
CALCITRENE	<i>calcipotriene</i>	3	M.O.
CLOBETA	<i>clobetasol propiona/coal tar</i>	3	M.O.
DOVONEX	<i>calcipotriene</i>	3	M.O.
DRITHOCREME HP	<i>anthralin</i>	2	M.O.
DRITHO-SCALP	<i>anthralin</i>	3	M.O.
KLARON	<i>sulfacetamide sodium</i>	3	M.O.
<i>selenium sulfide 2.25% shampoo</i>		1*	M.O.
<i>selenium sulfide 2.5% lotion</i>		1*	M.O.
SORIATANE	<i>acitretin</i>	4	
SORIATANE CK 10 MG KIT	<i>acitretin/emollient comb</i>	4	
SORIATANE CK 25 MG KIT	<i>acitretin/emollient comb</i>	4	
<i>sulfacetamide sodium lotion</i>		1*	M.O.
TACLONEX	<i>betamet diprop/calcipotriene</i>	3	M.O.
TACLONEX SCALP	<i>betamet diprop/calcipotriene</i>	3	M.O.
TAZORAC	<i>tazarotene</i>	3	M.O. PA
TERSI FOAM	<i>selenium sulfide</i>	3	M.O.
VECTICAL	<i>calcitriol</i>	3	M.O.
ZITHRANOL-RR	<i>anthralin</i>	3	M.O.

KERATOLYTIC DRUGS

CONDYLOX SOLN, TOP	<i>podofilox</i>	3	M.O.
<i>salicylic acid</i>		1*	M.O.

ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	4	
<i>amnestem</i>		1*	M.O.
<i>claravis</i>		1*	M.O.
OXSORALEN-ULTRA	<i>methoxsalen</i>	4	
<i>sotret</i>		1*	M.O.

SCABICIDES

<i>acticin</i>		1*	M.O.
EURAX	<i>crotamiton</i>	2	M.O.
LINDANE	<i>benzene hexachloride gamma</i>	2	M.O.
<i>malathion</i>		1*	M.O.
OVIDE	<i>malathion</i>	3	M.O.
<i>permethrin cream</i>		1*	M.O.
ULESFIA	<i>benzyl alcohol</i>	2	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Drug	Generic	Tier	Requirements/Limits
TOPICAL CORTICOSTEROID DRUGS			
ACLOVATE	<i>alclometasone</i>	3	M.O.
ALA-CORT	<i>hydrocortisone</i>	2	M.O.
ALA-SCALP HP	<i>hydrocortisone</i>	3	M.O.
<i>alclometasone dipropionate</i>		1*	M.O.
<i>amcinonide</i>		1*	M.O.
ANAMANTLE HC	<i>hc acetate/lidocaine hcl</i>	3	M.O.
APEXICON	<i>diflorasone</i>	3	M.O.
APEXICON E	<i>diflorasone</i>	3	M.O.
<i>betamethasone dipropionate cream, -gel, -lotion, -oint</i>		1*	M.O.
<i>betamethasone valerate cream, -lotion, -oint</i>		1*	M.O.
CAPEX SHAMPOO	<i>fluocinolone acetonide</i>	3	M.O.
CARMOL HC	<i>hydrocortisone acetate/urea</i>	3	M.O.
<i>clobetasol emollient</i>		1*	M.O.
<i>clobetasol propionate cream, -foam (non-contraceptive), -gel, -oint, -soln, top</i>		1*	M.O.
<i>clobetasol propionate lotion, -oil, shampoo, cleanser</i>		1*	M.O.
CLOBEX	<i>clobetasol propionate</i>	3	M.O.
CLODERM	<i>clocortolone pivalate</i>	3	M.O.
CORDRAN	<i>flurandrenolide</i>	3	M.O.
CORDRAN SP	<i>flurandrenolide</i>	3	M.O.
<i>cormax</i>		1*	M.O.
CUTIVATE	<i>fluticasone propionate</i>	3	M.O.
DERMA-SMOOTH-FS	<i>fluocinolone acetonide</i>	3	M.O.
DERMATOP	<i>prednicarbate</i>	3	M.O.
DESONATE	<i>desonide</i>	3	M.O.
<i>desonide cream, -lotion, -oint</i>		1*	M.O.
DESONIL	<i>desonide/emollient combo no.3</i>	3	M.O.
DESONIL + PLUS	<i>desonide/emollient combo no.3</i>	3	M.O.
DESOWEN	<i>desonide</i>	3	M.O.
<i>desoximetasone cream, -gel, -oint</i>		1*	M.O.
<i>diflorasone diacetate</i>		1*	M.O.
DIPROLENE	<i>betameth/propylene glycol</i>	3	M.O.
DIPROLENE AF	<i>betameth/propylene glycol</i>	3	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
ELOCON	<i>mometasone</i>	3	M.O.
FIRST-HYDROCORTISONE	<i>hydrocortisone</i>	3	M.O.
<i>fluocinolone acetonide cream, -oint, -soln, top</i>		1*	M.O.
<i>fluocinolone acetonide oil, shampoo, cleanser</i>		1*	M.O.
<i>fluocinonide cream, -gel, -oint, -soln, top</i>		1*	M.O.
<i>fluocinonide emollient</i>		1*	M.O.
<i>fluocinonide-e</i>		1*	M.O.
<i>fluticasone propionate cream, -oint</i>		1*	M.O.
<i>halobetasol propionate</i>		1*	M.O.
HALOG	<i>halcinonide</i>	3	M.O.
HALONATE	<i>halobetasol prop/amonium lac</i>	3	M.O.
<i>halonate pac</i>		1*	M.O.
<i>hydrocortisone 1% cream</i>		1*	M.O.
<i>hydrocortisone 1% cream, -plus 1% cream, -2.5% cream, -1% absorbase, -1% ointment, -2.5% ointment</i>		1*	M.O.
<i>hydrocortisone 2.5% lotion, -1% oint</i>		1*	M.O.
<i>hydrocortisone butyrate cream, -oint</i>		1*	M.O.
<i>hydrocortisone butyrate soln, top</i>		1*	M.O.
<i>hydrocortisone valerate</i>		1*	M.O.
KENALOG	<i>triamcinolone acetonide</i>	3	M.O.
LIDAMANTLE HC	<i>hc acetate/lidocaine hcl</i>	3	M.O.
<i>lidocaine-hc 3-0.5% cream</i>		1*	M.O.
<i>lidocaine-hc 3-0.5% cream kit</i>		1*	M.O.
LOCOID	<i>hydrocortisone butyrate</i>	3	M.O.
LOCOID LIPOCREAM	<i>hydrocortisone butyrate</i>	3	M.O.
LOKARA	<i>desonide</i>	3	M.O.
LUXIQ	<i>betamethasone valerate</i>	3	M.O.
<i>mometasone furoate cream, -lotion, -oint</i>		1*	M.O.
MOMEXIN	<i>mometasone furoat/ammonium l</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
OLUX	<i>clobetasol propionate</i>	3	M.O.
OLUX-E	<i>clobetasol propionate</i>	3	M.O.
PANDEL	<i>hydrocortisone buteprate</i>	3	M.O.
PEDIADERM HC	<i>hydrocortisone/emol no.45</i>	3	M.O.
PEDIADERM TA	<i>triamcinolone/emoll cmb #45</i>	3	M.O.
<i>prednicarbate</i>		1*	M.O.
SCALACORT	<i>hydrocortisone</i>	3	M.O.
TEMOVATE	<i>clobetasol propionate</i>	3	M.O.
TEMOVATE EMOLLIENT	<i>clobetasol propionate</i>	3	M.O.
TEXACORT	<i>hydrocortisone</i>	3	M.O.
TOPICORT	<i>desoximetasone</i>	3	M.O.
TOPICORT LP	<i>desoximetasone</i>	3	M.O.
<i>triamcinolone acetonide cream, -lotion, -oint</i>		1*	M.O.
<i>trianex</i>		1*	M.O.
<i>triderm</i>		1*	M.O.
U-CORT	<i>hydrocortisone acetate/urea</i>	3	M.O.
ULTRAVATE	<i>halobetasol propionate</i>	3	M.O.
ULTRAVATE PAC	<i>halobetasol prop/amonium lac</i>	3	M.O.
VANOS	<i>fluocinonide</i>	3	M.O.
VERDESO	<i>desonide</i>	3	M.O.
WESTCORT	<i>hydrocortisone valerate</i>	3	M.O.

TOPICAL DERMATOLOGICAL DRUGS

ALDARA	<i>imiquimod</i>	3	M.O.
<i>ammonium lactate cream, -lotion</i>		1*	M.O.
CARAC	<i>fluorouracil</i>	3	M.O.
CONDYLOX GEL	<i>podofilox</i>	3	M.O.
DRYSOL	<i>aluminum chloride hexahydrate</i>	3	M.O.
EFUDEX	<i>fluorouracil</i>	3	M.O.
ELIDEL	<i>pimecrolimus</i>	2	M.O.
FLUOROPLEX	<i>fluorouracil</i>	2	M.O.
<i>fluorouracil cream, -soln, top</i>		1*	M.O.
GORDO-UREA	<i>urea</i>	3	M.O.
HYDRO 35	<i>urea</i>	3	M.O.
HYDRO 40	<i>urea</i>	3	M.O.
<i>hypercare</i>		1*	M.O.
<i>imiquimod cream</i>		1*	M.O.
KERAFOAM	<i>urea</i>	3	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
LAC-HYDRIN	<i>lactate, ammonium</i>	3	M.O.
LACLOTION	<i>lactate, ammonium</i>	3	M.O.
LEVULAN	<i>aminolevulinic acid hcl</i>	3	M.O.
METVIXIA	<i>methyl aminolevulinate hcl</i>	3	M.O.
OXSORALEN	<i>methoxsalen</i>	3	M.O.
PANRETIN	<i>alitretinoin</i>	4	PA
PICATO	<i>ingenol mebutate</i>	3	M.O.
<i>podofilox</i>		1*	M.O.
PROTOPIC	<i>tacrolimus</i>	3	M.O.
PRUDOXIN	<i>doxepin</i>	2	M.O.
QUTENZA	<i>capsaicin/skin cleanser</i>	3	M.O.
REGRANEX	<i>becaplermin</i>	2	M.O.
<i>remeven</i>		1*	M.O.
SANTYL	<i>collagenase</i>	2	M.O.
SOLARAZE	<i>diclofenac sodium</i>	2	M.O.
<i>u-ker a urea emollient</i>		1*	M.O.
UMECTA	<i>urea</i>	3	M.O.
UMECTA PD	<i>urea</i>	3	M.O.
URAMAXIN	<i>urea</i>	3	M.O.
URAMAXIN GT	<i>urea</i>	3	M.O.
<i>urea 40% cream, -50% cream, -40% gel, -35% lotion, -40% lotion, -soln, top</i>		1*	M.O.
<i>urea 45% cream, -foam (non-contraceptive), -45% nail gel, -suspensions, (not oral)</i>		1*	M.O.
<i>urea oint</i>		1*	M.O.
VEREGEN	<i>sinecatechins</i>	3	M.O.
XERAC AC	<i>aluminum chloride hexahydrate</i>	3	M.O.
<i>x-viate</i>		1*	M.O.
ZONALON	<i>doxepin</i>	2	M.O.
ZYCLARA	<i>imiquimod</i>	3	M.O.

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	M.O.
EXJADE 125 MG TABLET	<i>deferasirox</i>	3	#

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Drug	Generic	Tier	Requirements/Limits
EXJADE 250 MG TABLET, - 500 MG TABLET	<i>deferasirox</i>	4	#
FERRIPROX	<i>deferiprone</i>	4	

MISCELLANEOUS DRUGS

ADAGEN	<i>pegademase bovine</i>	4	#
AMICAR 1,000 MG TABLET	<i>aminocaproic acid</i>	3	M.O.
AMICAR SYRUP, -500 MG TABLET	<i>aminocaproic acid</i>	2	M.O.
<i>aminocaproic acid injection, -syrup, -tablet</i>		1*	M.O.
AMMONUL	<i>sodium benzoate/na ph-acetate</i>	3	M.O.
ANTIZOL	<i>fomepizole</i>	3	M.O.
BUPHENYL	<i>sodium phenylbutyrate</i>	4	
CARBAGLU	<i>carglumic acid</i>	4	
CORIFACT	<i>factor xiii</i>	4	PA
CYKLOKAPRON	<i>tranexamic acid</i>	2	M.O.
<i>ergoloid mesylates tablet</i>		1*	M.O.
<i>fomepizole</i>		1*	M.O.
HESPAN	<i>hetastarch/na chlor 0.9%</i>	3	M.O.
<i>hetastarch in ns</i>		1*	M.O.
HEXTEND LACTATED ELECTROLYTE	<i>hetastarch/e-lytes,lactate</i>	3	M.O.
LYSTEDA	<i>tranexamic acid</i>	3	M.O.
ORFADIN	<i>nitisinone</i>	4	#
PANHEMATIN	<i>hemin</i>	2	M.O.
PROTOPAM CHLORIDE	<i>pralidoxime chloride</i>	2	M.O.
SOTRADECOL	<i>sodium tetradecyl sulfat</i>	3	M.O.
THALOMID	<i>thalidomide</i>	4	
<i>tranexamic acid injection</i>		1*	M.O.
VOLUVEN	<i>hetastarch/na chlor 0.9%</i>	3	M.O.
XIAFLEX	<i>collagenase clostridium hist.</i>	3	M.O.

EAR-NOSE-THROAT MEDICATIONS**DRUGS AFFECTING THE EAR**

<i>acetazol hc</i>		1*	M.O.
<i>acetic acid otic drops</i>		1*	M.O.
<i>acetic acid-aluminum</i>		1*	M.O.
<i>antipyrine-benzocaine</i>		1*	M.O.
<i>aurodex</i>		1*	M.O.
<i>auroguard</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
CETRAXAL	<i>ciprofloxacin</i>	3	M.O.
CIPRO HC	<i>ciprofloxacin/hc</i>	2	M.O.
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	M.O.
COLY-MYCIN S	<i>neomycin sulfate/colist sul/hc</i>	3	M.O.
CORTISPORIN OTIC DROPS	<i>neomycin sulfate/polymyxin/hc</i>	3	M.O.
CORTISPORIN-TC	<i>neomycin/colist sul/hc/thonz</i>	3	M.O.
<i>cortomycin</i>		1*	M.O.
DERMOTIC	<i>fluocinolone acetonide</i>	2	M.O.
<i>fluocinolone acetonide oil</i>		1*	M.O.
<i>hydrocortisone-acetic acid</i>		1*	M.O.
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>		1*	M.O.
<i>neomycin-polymyxin-hydrocort</i>		1*	M.O.
<i>ofloxacin otic drops</i>		1*	M.O.
PRAMOTIC	<i>pramoxine hcl/chloroxylonol</i>	3	M.O.
<i>treagan otic</i>		1*	M.O.
VOSOL	<i>acetic acid</i>	3	M.O.
VOSOL HC	<i>acetic acid/hydrocortisone</i>	3	M.O.

DRUGS AFFECTING THE NOSE

ASTELIN	<i>azelastine hcl</i>	3	M.O. QL (60 ml/1)
ASTEPRO	<i>azelastine hcl</i>	3	M.O. QL (60 ml/1)
ATROVENT 0.03% SPRAY	<i>ipratropium</i>	3	M.O. QL (60 ml/1)
ATROVENT 0.06% SPRAY	<i>ipratropium</i>	3	M.O. QL (45 ml/1)
<i>azelastine hcl nasal drops/sprays</i>		1*	M.O. QL (60 ml/1)
BECONASE AQ	<i>beclomethasone</i>	3	M.O. QL (50/1) ST
FLONASE	<i>fluticasone propionate</i>	3	M.O. QL (32 gm/1) ST
<i>flunisolide 0.025% spray</i>		1*	M.O. QL (50 ml/1)
<i>flunisolide 29 mcg-0.025% spr</i>		1*	M.O.
<i>fluticasone propionate nasal inhaled steroids</i>		1*	M.O. QL (32 gm/1)
<i>ipratropium 0.03% spray</i>		1*	M.O. QL (60 ml/1)
<i>ipratropium 0.06% spray</i>		1*	M.O. QL (45 ml/1)
NASACORT AQ	<i>triamcinolone acetonide</i>	3	M.O. QL (33/1) ST
NASONEX	<i>mometasone</i>	3	M.O. QL (34 gm/1) ST

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
OMNARIS	<i>ciclesonide</i>	3	M.O. QL (25 gm/1) ST
PATANASE	<i>olopatadine hcl</i>	3	M.O. QL (61/1)
RHINOCORT AQUA	<i>budesonide</i>	3	M.O. QL (17.2 gm/1) ST
<i>triamcinolone acetonide nasal inhaled steroids</i>		1*	M.O. QL (33/1) ST
TYZINE	<i>tetrahydrozoline</i>	2	M.O.
VERAMYST	<i>fluticasone furoate</i>	3	M.O. QL (20 gm/1) ST

DRUGS AFFECTING THE THROAT AND MOUTH

ARESTIN	<i>minocycline</i>	3	M.O.
<i>chlorhexidine gluconate dental/mucous membrn products</i>		1*	M.O.
DEBACTEROL SOLUTION	<i>sulfuric acid/sulf phenol</i>	3	M.O.
DEBACTEROL SWABS, APPLICATORS	<i>sulfuric acid/sulf phenol</i>	2	M.O.
EVOXAC	<i>cevimeline</i>	3	M.O.
FIRST-MOUTHWASH BLM	<i>mag hydrox/alh/smc/dpha/lido</i>	2	M.O.
KEPIVANCE	<i>palifermin</i>	4	#
ORALONE	<i>triamcinolone acetonide</i>	3	M.O.
ORASEP SOLUTION	<i>b-caine/tan ac/menth/cpyrd</i>	3	M.O.
ORASEP SPRAY	<i>b-caine/tan ac/menth/cpyrd</i>	2	M.O.
<i>periogard</i>		1*	M.O.
PERIOSTAT	<i>doxycycline hyclate</i>	3	M.O.
<i>pilocarpine hcl tablet</i>		1*	M.O.
SALAGEN	<i>pilocarpine hcl</i>	2	M.O.
<i>triamcinolone acetonide paste</i>		1*	M.O.

ENDOCRINE MEDICATIONS

ANTITHYROID DRUGS

<i>methimazole tablet</i>		1*	M.O.
<i>propylthiouracil tablet</i>		1*	M.O.
TAPAZOLE	<i>methimazole</i>	3	M.O.

GLUCOCORTICOID DRUGS

A-HYDROCORT	<i>hydrocortisone sod succinate</i>	3	M.O.
<i>a-methapred 40 mg univial, - 125 mg vial</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>a-methapred 40 mg vial</i>		1*	M.O.
ARISTOSPAN	<i>triamcinolone hexacetonide</i>	2	M.O.
ASMALPRED PLUS	<i>prednisolone sod phosphate</i>	3	M.O.
<i>baycadron</i>		1*	M.O.
<i>betamethasone acetate-sod phos</i>		1*	M.O.
CELESTONE	<i>betamethasone</i>	3	M.O.
CORTEF	<i>hydrocortisone</i>	2	M.O.
<i>cortisone acetate tablet</i>		1*	M.O.
DEPO-MEDROL	<i>methylprednisolone acetate</i>	3	M.O.
<i>dexamethasone elix, -tablet</i>		1*	M.O.
<i>dexamethasone intensol</i>		1*	M.O.
<i>dexamethasone sodium phosphate injection</i>		1*	M.O.
DEXPAK	<i>dexamethasone</i>	3	M.O.
FLO-PRED	<i>prednisolone acetate</i>	3	M.O.
<i>hydrocortisone tablet</i>		1*	M.O.
KENALOG-10	<i>triamcinolone acetate</i>	3	M.O.
KENALOG-40	<i>triamcinolone acetate</i>	3	M.O.
MEDROL	<i>methylprednisolone</i>	3	M.O.
<i>methylprednisolone acetate injection</i>		1*	M.O.
<i>methylprednisolone sod succ</i>		1*	M.O.
<i>methylprednisolone tab(in convenience package), -tablet</i>		1*	M.O.
MILLIPRED	<i>prednisolone</i>	3	M.O.
MILLIPRED DP	<i>prednisolone</i>	3	M.O.
ORAPRED	<i>prednisolone sod phosphate</i>	3	M.O.
ORAPRED ODT	<i>prednisolone sod phosphate</i>	3	M.O.
PEDIAPRED	<i>prednisolone sod phosphate</i>	3	M.O.
<i>prednisolone 15 mg/5 ml soln</i>		1*	M.O.
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>		1*	M.O.
<i>prednisone intensol</i>		1*	M.O.
<i>prednisone solution, -tab(in convenience package), -tablet</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
PRELONE	<i>prednisolone</i>	3	M.O.
SOLU-CORTEF	<i>hydrocortisone sod succinate</i>	3	M.O.
SOLU-CORTEF (PF)	<i>hydrocortisone sod succinate</i>	3	M.O.
SOLU-MEDROL	<i>methylprednisolone sod succ</i>	3	M.O.
SOLU-MEDROL (PF)	<i>methylprednisolone sod succ</i>	3	M.O.
<i>veripred 20</i>		1*	M.O.
<i>zema-pak</i>		1*	M.O.

GLUCOSE ELEVATING DRUGS

GLUCAGEN	<i>glucagon, human recombinant</i>	2	M.O.
GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i>	2	M.O.
PROGLYCEM	<i>diazoxide</i>	2	M.O.

HYPOGLYCEMIC DRUGS

BYDUREON	<i>exenatide</i>	3	M.O. ST
BYETTA	<i>exenatide</i>	2	M.O. ST
SYMLIN	<i>pramlintide acetate</i>	2	M.O.
SYMLINPEN 120	<i>pramlintide acetate</i>	2	M.O.
SYMLINPEN 60	<i>pramlintide acetate</i>	2	M.O.
VICTOZA 2-PAK	<i>liraglutide</i>	2	M.O. ST
VICTOZA 3-PAK	<i>liraglutide</i>	2	M.O. ST

INSULIN

APIDRA		3	M.O.
APIDRA SOLOSTAR		3	M.O.
HUMALOG		2	M.O.
HUMALOG MIX 50-50		2	M.O.
HUMALOG MIX 75-25		2	M.O.
HUMULIN 70-30		2	M.O.
HUMULIN N		2	M.O.
HUMULIN R		2	M.O.
LANTUS		2	M.O.
LANTUS SOLOSTAR		2	M.O.
LEVEMIR		2	M.O.
NOVOLIN 70-30		2	M.O.
NOVOLIN N		2	M.O.
NOVOLIN R		2	M.O.
NOVOLOG		2	M.O.
NOVOLOG MIX 70-30		2	M.O.

MINERALOCORTICOID DRUGS

<i>fludrocortisone acetate tablet</i>		1*	M.O.
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Drug	Generic	Tier	Requirements/Limits
ORAL HYPOGLYCEMICS AND COMBOS			
<i>acarbose</i>		1*	M.O. ST
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	M.O. ST
ACTOPLUS MET XR	<i>pioglitazone hcl/metformin hc</i>	3	M.O. ST
ACTOS	<i>pioglitazone hcl</i>	2	M.O. ST
AMARYL	<i>glimepiride</i>	3	M.O.
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	M.O. ST
AVANDARYL	<i>rosiglitazone maleate/glimepir</i>	3	M.O. ST
AVANDIA	<i>rosiglitazone maleate</i>	2	M.O. ST
<i>chlorpropamide</i>		1*	M.O.
CYCLOSET	<i>bromocriptine mesylate</i>	3	M.O.
DIABETA	<i>glyburide</i>	3	M.O.
DUETACT	<i>pioglitazone/glimepiride</i>	3	M.O. ST
FORTAMET	<i>metformin</i>	3	M.O. ST
<i>glimepiride</i>		1*	M.O.
<i>glipizide er</i>		1*	M.O.
<i>glipizide tablet</i>		1*	M.O.
<i>glipizide xl</i>		1*	M.O.
<i>glipizide-metformin</i>		1*	M.O.
GLUCOPHAGE	<i>metformin</i>	3	M.O. ST
GLUCOPHAGE XR	<i>metformin</i>	3	M.O. ST
GLUCOTROL	<i>glipizide</i>	3	M.O.
GLUCOTROL XL	<i>glipizide</i>	3	M.O.
GLUCOVANCE	<i>glyburide/metformin hcl</i>	3	M.O. ST
GLUMETZA	<i>metformin</i>	3	M.O. ST
<i>glyburide micronized</i>		1*	M.O.
<i>glyburide tablet</i>		1*	M.O.
<i>glyburide-metformin hcl</i>		1*	M.O.
<i>glycron</i>		1*	M.O.
GLYNASE	<i>glyburide</i>	3	M.O.
GLYSET	<i>miglitol</i>	3	M.O.
JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	M.O. ST
JANUMET XR	<i>sitagliptin phos/metformin hcl</i>	3	M.O. ST
JANUVIA	<i>sitagliptin phosphate</i>	2	M.O. ST
JENTADUETO	<i>linagliptin/metformin</i>	3	M.O. ST
JUVISYNC	<i>sitagliptin/simvastatin</i>	3	M.O. ST
KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	3	M.O. ST
METAGLIP	<i>glipizide/metformin hcl</i>	3	M.O. ST
<i>metformin hcl</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>metformin hcl er 500 mg tab, -750 mg tablet</i>		1*	M.O.
<i>metformin hcl er 500 mg tablet, -1,000 mg tab</i>		1*	M.O.
<i>nateglinide</i>		1*	M.O.
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	M.O. ST
PRANDIMET	<i>repaglinide/metformin hcl</i>	3	M.O. ST
PRANDIN	<i>repaglinide</i>	2	M.O. ST
PRECOSE	<i>acarbose</i>	3	M.O. ST
RIOMET	<i>metformin</i>	3	M.O. ST
STARLIX	<i>nateglinide</i>	3	M.O.
<i>tolazamide</i>		1*	M.O.
<i>tolbutamide</i>		1*	M.O.
TRADJENTA	<i>linagliptin</i>	3	M.O. ST

OTHER ENDOCRINE DRUGS

ACTHAR H.P.	<i>corticotropin</i>	3	M.O.
ACTHREL	<i>corticotropin ovine triflutate</i>	3	M.O.
ACTONEL 150 MG TABLET	<i>risedronate</i>	2	M.O. QL (1/1) ST
ACTONEL 35 MG TABLET	<i>risedronate</i>	2	M.O. QL (5/1) ST
ACTONEL 5 MG TABLET, -30 MG TABLET	<i>risedronate</i>	2	M.O. QL (34/1) ST
ALDURAZYME	<i>laronidase</i>	4	#
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1*	M.O. QL (5/1)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1*	M.O. QL (34/1)
ARELIA 30 MG VIAL	<i>pamidronate disodium</i>	3	M.O. PA
ARELIA 90 MG VIAL	<i>pamidronate disodium</i>	4	PA
ADELVIA	<i>risedronate</i>	3	M.O. QL (5/1) ST
BONIVA INJECTION	<i>ibandronate</i>	2	M.O. PA ST
BONIVA TABLET	<i>ibandronate</i>	2	M.O. QL (1/1) ST
<i>cabergoline</i>		1*	M.O.
<i>calcitonin-salmon</i>		1*	M.O.
CEREDASE	<i>alglucerase</i>	4	#
CEREZYME 200 UNITS VIAL	<i>imiglucerase</i>	4	#
CEREZYME 400 UNITS VIAL	<i>imiglucerase</i>	2	M.O.
DDAVP INJECTION	<i>desmopressin acetate</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
DDAVP NASAL DROPS/SPRAYS, - SOLUTION, -TABLET	<i>desmopressin acetate</i>	3	M.O.
<i>desmopressin ac 4 mcg/ml amp</i>		4	
<i>desmopressin ac 4 mcg/ml vial, -nasal drops/sprays, -solution, -tablet</i>		1*	M.O.
DIDRONEL	<i>etidronate</i>	3	M.O.
ELAPRASE	<i>idursulfase</i>	4	#
<i>etidronate disodium</i>		1*	M.O.
FABRAZYME 35 MG VIAL	<i>agalsidase</i>	4	#
FABRAZYME 5 MG VIAL	<i>agalsidase</i>	4	
FORTEO	<i>teriparatide</i>	4	
<i>fortical</i>		1*	M.O.
FOSAMAX 35 MG TABLET, - 70 MG TABLET	<i>alendronate</i>	3	M.O. QL (5/1) ST
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	<i>alendronate</i>	3	M.O. QL (34/1) ST
FOSAMAX PLUS D	<i>alendronate/vitamin d3</i>	3	M.O. QL (5/1) ST
FOSAMAX SOLUTION	<i>alendronate</i>	3	M.O. QL (375/1) ST
<i>ibandronate sodium</i>		1*	M.O.
KUVAN	<i>sapropterin dihydrochloride</i>	4	# PA
LUMIZYME	<i>alglucosidase alfa</i>	4	#
MIACALCIN INJECTION	<i>calcitonin</i>	3	M.O. PA
MIACALCIN NASAL DROPS/SPRAYS	<i>calcitonin</i>	3	M.O.
MYOZYME	<i>alglucosidase alfa</i>	4	#
NAGLAZYME	<i>galsulfase</i>	4	#
<i>pamidronate 30 mg/10 ml vial, -60 mg/10 ml vial, -disod 30 mg vial, -90 mg/10 ml vial</i>		1*	M.O. PA
<i>pamidronate disod 90 mg vial</i>		4	PA
PROLIA	<i>denosumab</i>	3	M.O. ST
RECLAST	<i>zoledronic acid</i>	3	M.O.
SAMSCA	<i>tolvaptan</i>	4	PA
SENSIPAR 30 MG TABLET	<i>cinacalcet hcl</i>	2	M.O. QL (60/30)

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
SENSIPAR 60 MG TABLET, - 90 MG TABLET	<i>cinacalcet hcl</i>	4	
SKELID	<i>tiludronate</i>	3	M.O.
SOMAVERT	<i>pegvisomant</i>	4	#
STIMATE	<i>desmopressin acetate</i>	2	M.O.
VPRIV	<i>velaglucerase alfa</i>	4	
XGEVA	<i>denosumab</i>	4	
ZAVESCA	<i>miglustat</i>	4	#
ZOMETA	<i>zoledronic acid</i>	4	

THYROID SUPPLEMENTS

ARMOUR THYROID	<i>thyroid</i>	2	M.O.
CYTOMEL	<i>liothyronine</i>	3	M.O.
<i>levothyroid</i>		1*	M.O.
LEVOTHYROXINE 100 MCG VIAL	<i>levothyroxine</i>	3	M.O.
<i>levothyroxine 200 mcg vial, - 500 mcg vial, -tablet</i>		1*	M.O.
<i>levoxyl</i>		1*	M.O.
<i>liothyronine sodium injection</i>		1*	M.O.
<i>liothyronine sodium tablet</i>		1*	M.O.
<i>nature-throid 81.25 mg tablet, -146.25 mg tablet</i>		1*	M.O.
SYNTHROID	<i>levothyroxine</i>	2	M.O.
THYROLAR-1	<i>liotrix</i>	2	M.O.
THYROLAR-1/2	<i>liotrix</i>	2	M.O.
THYROLAR-1/4	<i>liotrix</i>	2	M.O.
THYROLAR-2	<i>liotrix</i>	2	M.O.
THYROLAR-3	<i>liotrix</i>	2	M.O.
TIROSINT	<i>levothyroxine</i>	3	M.O.
TRIOSTAT	<i>liothyronine</i>	3	M.O.
<i>unithroid</i>		1*	M.O.
<i>westhroid 48.75 mg tablet, - 81.25 mg tablet, -146.25 mg tablet</i>		1*	M.O.

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1*	M.O.
LOMOTIL	<i>diphenoxylate/atropine sulfate</i>	3	M.O.
<i>loperamide capsule</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
MOTOFEN	<i>difenoxin/atropine sulfate</i>	3	M.O.
<i>paregoric</i>		1*	M.O.

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

BENTYL	<i>dicyclomine</i>	3	M.O.
CANTIL	<i>mepenzolate</i>	3	M.O.
CUVPOSA	<i>glycopyrrolate</i>	3	M.O.
<i>dicyclomine hcl capsule, - injection, -syrup, -tablet</i>		1*	M.O.
<i>glycopyrrolate injection, - tablet</i>		1*	M.O.
<i>methscopolamine bromide tablet</i>		1*	M.O.
<i>metoclopramide hcl injection, -syrup, -tablet</i>		1*	M.O.
METOZOLV ODT	<i>metoclopramide</i>	3	M.O.
PAMINE	<i>methscopolamine</i>	3	M.O.
PAMINE FORTE	<i>methscopolamine</i>	3	M.O.
<i>propantheline bromide tablet</i>		1*	M.O.
REGLAN	<i>metoclopramide</i>	3	M.O.
ROBINUL	<i>glycopyrrolate</i>	3	M.O.
ROBINUL FORTE	<i>glycopyrrolate</i>	3	M.O.
SAL-TROPINE	<i>atropine sulfate</i>	3	M.O.
SCOPACE	<i>scopolamine</i>	3	M.O.
SCOPOLAMINE HYDROBROMIDE	<i>scopolamine</i>	3	M.O.

ANTIULCER DRUGS

AXID	<i>nizatidine</i>	3	M.O.
<i>cimetidine injection, - solution, -tablet</i>		1*	M.O.
<i>famotidine injection, -20 mg tablet, -40 mg tablet</i>		1*	M.O.
<i>famotidine oral susp</i>		1*	M.O.
<i>nizatidine capsule</i>		1*	M.O.
<i>nizatidine solution</i>		1*	M.O.
PEPCID	<i>famotidine</i>	3	M.O.
<i>ranitidine hcl capsule, - injection, -syrup, -150 mg tablet, -300 mg tablet</i>		1*	M.O.
ZANTAC	<i>ranitidine</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
ZANTAC 25	<i>ranitidine</i>	3	M.O.

IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	3	M.O.
LOTRONEX	<i>alosetron</i>	4	

OTHER ANTIULCER DRUGS

CARAFATE ORAL SUSP	<i>sucralfate</i>	2	M.O.
CARAFATE TABLET	<i>sucralfate</i>	3	M.O.
CYTOTEC	<i>misoprostol</i>	3	M.O.
<i>misoprostol</i>		1*	M.O.
<i>sucralfate oral susp, -tablet</i>		1*	M.O.

OTHER GI DRUGS

ACTIGALL	<i>ursodiol</i>	3	M.O.
ANUSOL-HC	<i>hydrocortisone</i>	3	M.O.
APRISO	<i>mesalamine</i>	2	M.O.
ASACOL	<i>mesalamine</i>	2	M.O.
ASACOL HD	<i>mesalamine</i>	2	M.O.
AZULFIDINE	<i>sulfasalazine</i>	3	M.O.
<i>balsalazide disodium</i>		1*	M.O.
<i>budesonide ec</i>		1*	M.O.
CANASA	<i>mesalamine</i>	2	M.O.
CHENODAL	<i>chenodiol</i>	4	
COLAZAL	<i>balsalazide disodium</i>	3	M.O.
COLOCORT	<i>hydrocortisone</i>	3	M.O.
COLYTE WITH FLAVOR PACKETS	<i>electrolyte solution/peg's</i>	3	M.O.
COLYTE WITH FLAVOR PACKS	<i>electrolyte solution/peg's</i>	3	M.O.
CORTENEMA	<i>hydrocortisone</i>	3	M.O.
CORTIFOAM	<i>hydrocortisone acetate</i>	2	M.O.
CREON	<i>amylase/lipase/protease</i>	2	M.O.
DIPENTUM	<i>olsalazine</i>	3	M.O.
ENTOCORT EC	<i>budesonide</i>	4	
<i>gavilyte-c</i>		1*	M.O.
<i>gavilyte-g</i>		1*	M.O.
<i>gavilyte-n</i>		1*	M.O.
GOLYTELY	<i>electrolyte solution/peg's</i>	3	M.O.
HALFLYTELY-BISACODYL	<i>electrolyte solution/peg's</i>	3	M.O.
HELIDAC	<i>tetracyc hcl/bis ss/metronid</i>	2	M.O.
<i>hydrocortisone rectal</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>lactulose</i>		1*	M.O.
LIALDA	<i>mesalamine</i>	2	M.O.
<i>lidocaine-hydrocortisone rectal</i>		1*	M.O.
<i>mesalamine kit</i>		1*	M.O.
<i>mesalamine rectal</i>		1*	M.O.
MOVIPREP	<i>electrolyte solution/peg's</i>	3	M.O.
NULYTELY WITH FLAVOR PACKS	<i>electrolyte solution/peg's</i>	3	M.O.
OSMOPREP	<i>sodium phosphate/na biphos</i>	3	M.O.
PANCREAZE	<i>amylase/lipase/protease</i>	3	M.O.
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	3	M.O.
<i>peg 3350-electrolyte</i>		1*	M.O.
<i>peg-3350 and electrolytes</i>		1*	M.O.
<i>peg-3350 with flavor packs</i>		1*	M.O.
PENTASA	<i>mesalamine</i>	2	M.O.
<i>polyethylene glycol 3350</i>		1*	M.O.
<i>polyethylene glycol 3350 packet</i>		1*	M.O.
PREVPAC	<i>lansoprazole/amox tr/clarith</i>	2	M.O.
PROCTOCORT	<i>hydrocortisone</i>	3	M.O.
PROCTOCREAM-HC	<i>hydrocortisone</i>	3	M.O.
<i>procto-pak</i>		1*	M.O.
<i>proctosol-hc</i>		1*	M.O.
<i>proctozone-hc</i>		1*	M.O.
PYLERA	<i>bismuth/metronid/tetracyclin</i>	3	M.O.
RECTIV	<i>nitroglycerin</i>	3	M.O.
RELISTOR	<i>methylnaltrexone bromide</i>	3	M.O.
ROWASA	<i>mesalamine</i>	3	M.O.
SFROWASA	<i>mesalamine</i>	3	M.O.
SUCRAID	<i>sacrosidase</i>	4	
<i>sulfasalazine dr</i>		1*	M.O.
<i>sulfasalazine tablet</i>		1*	M.O.
<i>sulfazine</i>		1*	M.O.
<i>sulfazine ec</i>		1*	M.O.
SUPREP	<i>sodium,potassium,&mag sulfate</i>	3	M.O.
<i>trilyte with flavor packets</i>		1*	M.O.
URSO	<i>ursodiol</i>	3	M.O.
URSO FORTE	<i>ursodiol</i>	3	M.O.
<i>ursodiol capsule, -tablet</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
VISICOL	<i>sodium phosphate/na biphos</i>	2	M.O.
ZENPEP	<i>amylase/lipase/protease</i>	3	M.O.

PROTON PUMP INHIBITORS

ACIPHEX	<i>rabeprazole sodium</i>	3	M.O. ST
DEXILANT	<i>dexlansoprazole</i>	3	M.O. ST
<i>lansoprazole capsule sustained action</i>		2	M.O.
<i>lansoprazole tablet</i>		2	M.O.
NEXIUM	<i>esomeprazole mag trihyd</i>	3	M.O. ST
NEXIUM I.V.	<i>esomeprazole mag trihyd</i>	3	M.O.
<i>omeprazole dr 10 mg capsule, -dr 20 mg capsule</i>		2	M.O.
<i>omeprazole dr 40 mg capsule</i>		2	M.O.
<i>omeprazole-sodium bicarbonate</i>		2	M.O.
<i>pantoprazole sodium</i>		2	M.O. ST
PREVACID	<i>lansoprazole</i>	3	M.O. ST
PRILOSEC CAPSULE SUSTAINED ACTION	<i>omeprazole</i>	3	M.O. ST
PRILOSEC PACKET	<i>omeprazole magnesium-legend</i>	3	M.O.
PROTONIX	<i>pantoprazole</i>	3	M.O. ST
PROTONIX IV	<i>pantoprazole</i>	3	M.O.
ZEGERID	<i>omeprazole/sodium bicarbonat</i>	3	M.O. ST

IMMUNOLOGICALS AND VACCINES**DRUGS TO TREAT MULTIPLE SCLEROSIS**

AMPYRA	<i>dalfampridine</i>	4	PA
AVONEX	<i>interferon beta-1a</i>	4	
AVONEX ADMINISTRATION PACK	<i>interferon beta-1a</i>	4	
BETASERON	<i>interferon beta-1b</i>	4	
COPAXONE	<i>glatiramer acetate</i>	4	
GILENYA	<i> fingolimod hydrochloride</i>	4	
REBIF TITRATION PACK, -44 MCG/0.5 ML SYRINGE	<i>interferon beta-1a/albumin</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
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ERYTHROID STIMULANTS

ARANESP 200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE	<i>darbepoetin alfa</i>	4	PA
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL	<i>darbepoetin alfa</i>	2	M.O. PA QL (4/28)
ARANESP 60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL	<i>darbepoetin alfa</i>	2	M.O. PA
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL	<i>epoetin alfa</i>	2	M.O. PA QL (12/28)
EPOGEN 20,000 UNITS/2 ML VIAL, -20,000 UNITS/ML VIAL	<i>epoetin alfa</i>	2	M.O. PA
PROCRIT 10,000 UNITS/ML VIAL	<i>epoetin alfa</i>	3	M.O. PA QL (12/28)
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL	<i>epoetin alfa</i>	2	M.O. PA QL (12/28)
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL	<i>epoetin alfa</i>	4	PA

GROWTH HORMONES AND RELATED DRUGS

EGRIFTA	<i>tesamorelin acetate</i>	4	PA
GENOTROPIN MINIQUICK 0.2 MG	<i>somatropin</i>	2	M.O. PA QL (30/30)

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE	<i>somatropin</i>	4	PA
HUMATROPE 5 MG VIAL, -12 MG CARTRIDGE, -24 MG CARTRIDGE	<i>somatropin</i>	4	PA
HUMATROPE 6 MG CARTRIDGE	<i>somatropin</i>	3	M.O. PA
NORDITROPIN	<i>somatropin</i>	4	PA
NORDITROPIN FLEXPRO	<i>somatropin</i>	4	PA
NORDITROPIN NORDIFLEX	<i>somatropin</i>	4	PA
NUTROPIN	<i>somatropin</i>	4	PA
NUTROPIN AQ	<i>somatropin</i>	4	PA
NUTROPIN AQ NUSPIN	<i>somatropin</i>	4	PA
OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG	<i>somatropin</i>	3	M.O. PA
OMNITROPE 5.8 MG VIAL	<i>somatropin</i>	4	PA
SAIZEN	<i>somatropin</i>	4	PA
SEROSTIM	<i>somatropin</i>	4	# PA
TEV-TROPIN	<i>somatropin</i>	2	M.O. PA
ZORBTIVE	<i>somatropin</i>	4	# PA

IMMUNOLOGICALS AND VACCINES

ACTHIB	<i>haemophilus b-tet toxoid</i>	2	M.O.
ADACEL	<i>diphther,pertuss,tetanus vac</i>	2	M.O.
ARANESP 150 MCG/0.75 ML VIAL	<i>darbepoetin alfa</i>	4	PA
ATGAM	<i>lymphocyte immune globulin</i>	4	PA
BCG VACCINE (TICE STRAIN)	<i>bcg vaccine</i>	2	M.O.
BERINERT	<i>c1 esterase inhibitor</i>	3	M.O.
BOOSTRIX	<i>diphther,pertuss,tetanus vac</i>	2	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
CARIMUNE NF NANOFILTERED	<i>immune globulin - iv</i>	4	PA
CERVARIX	<i>human papillomav vacc bival/pf</i>	3	M.O.
CINRYZE	<i>c1 esterase inhibitor</i>	4	PA
COMVAX	<i>hepatitis b/haemophilus b vacc</i>	2	M.O.
CYTOGAM	<i>cytomegalovirus immune glob</i>	4	
DAPTACEL	<i>diphther,pertuss,tetanus vac</i>	2	M.O.
DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	M.O.
DIPHThERIA-TETANUS TOXOID	<i>tetanus,diphtheria toxoid</i>	2	M.O.
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL	<i>hepatitis b virus vaccine</i>	2	M.O.
ENGERIX-B 10 MCG/0.5 ML PEDI	<i>hepatitis b virus vaccine</i>	2	M.O.
EPOGEN 10,000 UNITS/ML VIAL	<i>epoetin alfa</i>	4	PA
FIRAZYR	<i>icatibant acetate</i>	4	
FLEBOGAMMA	<i>immune globulin - iv</i>	4	PA
FLEBOGAMMA DIF 10% VIAL	<i>immune globulin - iv</i>	4	PA
FLEBOGAMMA DIF 5% VIAL	<i>immune globulin - iv</i>	4	PA
GAMASTAN S-D	<i>immune globulin - im</i>	2	M.O.
GAMMAGARD LIQUID	<i>immune globulin - iv</i>	4	PA
GAMMAGARD S-D 2.5 GM VL W/ST, -5 GM VL W/SET, -10 GM VL W/ST	<i>immune globulin - iv</i>	4	PA
GAMMAGARD S-D 5 G (IGA<1) SOLN, -10 G (IGA<1) SOL	<i>immune globulin - iv</i>	4	PA
GAMMAKED	<i>immune globulin - iv/sq</i>	3	M.O. PA
GAMMAPLEX	<i>immune globulin - iv</i>	4	PA
GAMUNEX	<i>immune globulin - iv</i>	4	PA
GAMUNEX-C	<i>immune globulin - iv/sq</i>	2	M.O. PA
GARDASIL	<i>human papillomavirus vacc</i>	2	M.O.
HAVRIX	<i>hepatatis a virus vaccine</i>	2	M.O.
HEPAGAM B	<i>hep.b immune glob/maltose</i>	3	M.O.
HIBERIX	<i>haemophilus b-tet toxoid</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
HIZENTRA 1 GRAM/5 ML VIAL	<i>immune globulin- sq</i>	3	M.O.
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL	<i>immune globulin- sq</i>	4	
HYPERHEP B S-D	<i>hepatitis b immune globulin</i>	3	M.O.
HYPERRAB S-D	<i>rabies immune globulin</i>	3	M.O.
HYPERRHO S-D	<i>rho(d) immune globulin</i>	3	M.O.
HYPERTET S-D	<i>tetanus immune globulin</i>	3	M.O.
IMOGAM RABIES-HT	<i>rabies immune globulin</i>	3	M.O.
IMOVAX RABIES VACCINE	<i>rabies vaccine, human diploid</i>	2	M.O.
INFANRIX	<i>diphther, pertuss, tetanus vac</i>	2	M.O.
INFANRIX PF	<i>diphther, pertuss, tetanus vac</i>	2	M.O.
IPOL	<i>poliomyelitis vac, killed</i>	2	M.O.
IXIARO	<i>japanese encephalitis vaccine</i>	3	M.O.
JE-VAX	<i>japanese encephalitis vaccine</i>	2	M.O.
KINRIX	<i>diph, pertus(accel), tet, polio</i>	3	M.O.
MENACTRA	<i>meningococcal vac a,c,y,w-135</i>	2	M.O.
MENOMUNE-A-C-Y-W-135	<i>meningococcal vac a,c,y,w-135</i>	2	M.O.
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	3	M.O.
MICRHOGAM PLUS	<i>rho(d) immune globulin</i>	3	M.O.
M-M-R II VACCINE	<i>measles, mumps & rubella vaccine</i>	2	M.O.
MOZOBIL	<i>plerixafor</i>	4	
NABI-HB	<i>hepatitis b immune globulin</i>	3	M.O.
OCTAGAM	<i>immune globulin - iv</i>	4	PA
PEDIARIX	<i>hep b vaccine/dp (a) t-polio</i>	2	M.O.
PEDVAXHIB	<i>haemophilus b vaccine</i>	2	M.O.
PENTACEL	<i>dp (a) t-polio/hib conj-tet/pf</i>	3	M.O.
PRIVIGEN	<i>immune globulin - iv</i>	4	PA
PROQUAD	<i>measles, mumps, rub, varicella</i>	2	M.O.
RBAVERT	<i>rabies vac, pf chick-emb cell</i>	2	M.O.
RECOMBIVAX HB	<i>hepatitis b virus vaccine</i>	2	M.O.
RHOGAM PLUS	<i>rho(d) immune globulin</i>	3	M.O.
RHOPHYLAC	<i>rho(d) immune globulin</i>	3	M.O.
ROTARIX	<i>rotavirus vac, live att, 89-12</i>	3	M.O.
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	M.O.
SYNAGIS	<i>palivizumab</i>	4	
TENIVAC	<i>tetanus, diphtheria toxoid</i>	3	M.O.
TETANUS DIPHTHERIA TOXOIDS	<i>tetanus, diphtheria toxoid</i>	2	M.O.
<i>tetanus toxoid adsorbed</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
TETANUS-DIPHTERIA-DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	M.O.
THYMOGLOBULIN	<i>lymphocyte immune globulin</i>	4	PA
TRIHIBIT	<i>dp (a) ped/hib conj-tet</i>	2	M.O.
TRIPEDIA	<i>diphther,pertuss,tetanus vac</i>	2	M.O.
TWINRIX	<i>hep b vir recomb/hep a vir</i>	2	M.O.
TYPHIM VI	<i>typhoid vaccine</i>	2	M.O.
VAQTA	<i>hepatatis a virus vaccine</i>	2	M.O.
VARIVAX VACCINE	<i>varicella virus vaccine live</i>	2	M.O.
VIVAGLOBIN	<i>immune globulin- sq</i>	4	
WINRHO SDF	<i>rho(d) immune globulin</i>	3	M.O.
YF-VAX	<i>yellow fever vaccine</i>	2	M.O.
ZOSTAVAX	<i>varicella vacc/pf</i>	2	M.O.

INSULIN LIKE GROWTH FACTORS-1

INCRELEX	<i>mecasermin</i>	4	#
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INTERFERONS

ACTIMMUNE	<i>interferon gamma-1b,recomb.</i>	4	#
EXTAVIA	<i>interferon beta-1b</i>	4	
INFERGEN	<i>interferon alfacon-1</i>	4	
INTRON A 3 MILLION UNIT/ML PEN	<i>interferon alfa-2b , recomb.</i>	4	QL (2/28)
INTRON A 5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -10 MILLION UNITS VIAL, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL	<i>interferon alfa-2b , recomb.</i>	4	
INTRON A 6 MILLION UNIT/ML VL	<i>interferon alfa-2b , recomb.</i>	2	M.O.
PEGASYS	<i>peginterferon alfa-2a</i>	4	
PEGASYS PROCLICK	<i>peginterferon alfa-2a</i>	4	
PEGINTRON	<i>peginterferon alfa-2b</i>	4	
PEGINTRON REDIPEN	<i>peginterferon alfa-2b</i>	4	
REBIF 22 MCG/0.5 ML SYRINGE	<i>interferon beta-1a/albumin</i>	4	
SYLATRON	<i>peginterferon alfa-2b</i>	4	
SYLATRON 4-PACK	<i>peginterferon alfa-2b</i>	4	

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
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INTERLEUKIN RECPTOR ANTAGONIST

ACTEMRA	<i>tocilizumab</i>	4	PA
ARCALYST	<i>rilonacept</i>	4	# PA
ILARIS	<i>canakinumab</i>	4	# PA
KINERET	<i>anakinra</i>	4	PA

INTERLEUKINS

NEUMEGA	<i>oprelvekin</i>	4	
PROLEUKIN	<i>aldesleukin</i>	4	PA

MYELOID STIMULANTS

LEUKINE	<i>sargramostim</i>	4	
NEULASTA	<i>pegfilgrastim</i>	4	
NEUPOGEN	<i>filgrastim</i>	4	

THROMBOPOIETIC AGENTS

PROMACTA	<i>eltrombopag olamine</i>	4	# PA
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ALCOHOL SWABS		2	M.O.
CURAD GAUZE PADS		2	M.O.
INSULIN SYRINGE		2	M.O.
PEN NEEDLE		2	M.O.
UNIFINE PENTIPS		2	M.O.

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

AMRIX	<i>cyclobenzaprine</i>	3	M.O. PA
<i>carisoprodol 250 mg tablet</i>		1*	M.O. PA
<i>carisoprodol 350 mg tablet</i>		1*	M.O. PA
<i>carisoprodol compound</i>		1*	M.O. PA
<i>carisoprodol compound-codeine</i>		1*	M.O. PA
<i>carisoprodol-aspirin</i>		1*	M.O. PA
<i>chlorzoxazone</i>		1*	M.O. PA
<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>		1*	M.O. PA
<i>cyclobenzaprine hcl capsule sustained action, -7.5 mg tablet</i>		1*	M.O. PA
FEXMID	<i>cyclobenzaprine</i>	3	M.O. PA
FLEXERIL	<i>cyclobenzaprine</i>	3	M.O. PA

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
LORZONE	<i>chlorzoxazone</i>	3	M.O. PA
<i>metaxalone</i>		1*	M.O. PA
<i>methocarbamol tablet</i>		1*	M.O. PA
<i>orphenadrine citrate injection</i>		1*	M.O.
<i>orphenadrine citrate tablet sustained action</i>		1*	M.O. PA
<i>orphenadrine compound</i>		1*	M.O. PA
<i>orphenadrine compound forte</i>		1*	M.O. PA
PARAFON FORTE DSC	<i>chlorzoxazone</i>	3	M.O. PA
RILUTEK	<i>riluzole</i>	4	PA
ROBAXIN INJECTION	<i>methocarbamol</i>	3	M.O.
ROBAXIN TABLET	<i>methocarbamol</i>	3	M.O. PA
ROBAXIN-750	<i>methocarbamol</i>	3	M.O. PA
SKELAXIN	<i>metaxalone</i>	3	M.O. PA
SOMA	<i>carisoprodol</i>	3	M.O. PA

DIRECT MUSCLE RELAXANTS

ANECTINE	<i>succinylcholine</i>	3	M.O.
<i>baclofen tablet</i>		1*	M.O.
DANTRIUM CAPSULE	<i>dantrolene</i>	3	M.O.
DANTRIUM INJECTION	<i>dantrolene</i>	2	M.O.
<i>dantrolene sodium capsule</i>		1*	M.O.
DYSPORT	<i>abobotulinumtoxina</i>	3	M.O.
GABLOFEN	<i>baclofen</i>	3	M.O.
LIORESAL INTRATHECAL	<i>baclofen</i>	3	M.O.
<i>revonto</i>		1*	M.O.
<i>tizanidine hcl capsule</i>		1*	M.O.
<i>tizanidine hcl tablet</i>		1*	M.O.
XEOMIN	<i>incobotulinumtoxina</i>	3	M.O. PA
ZANAFLEX	<i>tizanidine</i>	3	M.O.

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium</i>		1*	M.O.
<i>allopurinol tablet</i>		1*	M.O.
ALOPRIM	<i>allopurinol</i>	3	M.O.
COLCRYS	<i>colchicine</i>	2	M.O.
KRYSTEXXA	<i>pegloticase</i>	4	
<i>probenecid</i>		1*	M.O.
<i>probenecid-colchicine</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
ULORIC	<i>febuxostat</i>	2	M.O. ST
ZYLOPRIM	<i>allopurinol</i>	3	M.O. ST

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

ANAPROX	<i>naproxen sodium</i>	3	M.O. ST
ANAPROX DS	<i>naproxen sodium</i>	3	M.O. ST
ARTHROTEC 50	<i>diclofenac sodium/misoprostol</i>	3	M.O. ST
ARTHROTEC 75	<i>diclofenac sodium/misoprostol</i>	3	M.O. ST
CAMBIA	<i>diclofenac potassium</i>	3	M.O. QL (9 packets/1)
CATAFLAM	<i>diclofenac potassium</i>	3	M.O. ST
CELEBREX	<i>celecoxib</i>	2	M.O. ST
CLINORIL	<i>sulindac</i>	3	M.O. ST
DAYPRO	<i>oxaprozin</i>	3	M.O. ST
<i>diclofenac potassium</i>		1*	M.O.
<i>diclofenac sodium e.c. tab</i>		1*	M.O.
<i>diclofenac sodium tablet sustained action</i>		1*	M.O. ST
<i>diflunisal tablet</i>		1*	M.O.
DUEXIS	<i>ibuprofen/famotidine</i>	3	M.O. ST
EC-NAPROSYN	<i>naproxen</i>	3	M.O. ST
<i>etodolac capsule, -tablet</i>		1*	M.O.
<i>etodolac tablet sustained action</i>		1*	M.O. ST
FELDENE	<i>piroxicam</i>	3	M.O. ST
<i>fenoprofen calcium tablet</i>		1*	M.O.
<i>flurbiprofen tablet</i>		1*	M.O.
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1*	M.O.
INDOCIN I.V.	<i>indomethacin sodium trihydrate</i>	3	M.O.
INDOCIN ORAL SUSP	<i>indomethacin</i>	3	M.O. ST
INDOCIN RECTAL	<i>indomethacin</i>	3	M.O.
<i>indomethacin capsule, -capsule sustained action</i>		1*	M.O.
<i>indomethacin injection</i>		1*	M.O.
<i>ketoprofen capsule</i>		1*	M.O.
<i>ketoprofen capsule sustained action</i>		1*	M.O. ST
<i>ketorolac tromethamine injection, -tablet</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>meclofenamate sodium capsule</i>		1*	M.O.
<i>mefenamic acid</i>		1*	M.O. ST
<i>meloxicam oral susp, -tablet</i>		1*	M.O.
MOBIC	<i>meloxicam</i>	3	M.O. ST
<i>nabumetone</i>		1*	M.O. ST
NALFON	<i>fenoprofen</i>	3	M.O.
NAPRELAN	<i>naproxen</i>	3	M.O. ST
NAPRELAN CR DOSE CARD	<i>naproxen</i>	3	M.O. ST
NAPROSYN	<i>naproxen</i>	3	M.O. ST
<i>naproxen e.c. tab, -oral susp, -tablet</i>		1*	M.O.
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1*	M.O.
NEOPROFEN	<i>ibuprofen lysine</i>	3	M.O.
<i>oxaprozin</i>		1*	M.O. ST
<i>piroxicam capsule</i>		1*	M.O.
PONSTEL	<i>mefenamic acid</i>	3	M.O. ST
SPRIX	<i>ketorolac</i>	3	M.O. QL (5/5)
<i>sulindac tablet</i>		1*	M.O.
<i>tolmetin sodium</i>		1*	M.O.
VIMOVO	<i>naproxen/esomeprazole mag</i>	3	M.O. ST
VOLTAREN-XR	<i>diclofenac sodium</i>	3	M.O. ST
ZIPSOR	<i>diclofenac potassium</i>	3	M.O. ST

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	M.O.
DEPEN	<i>penicillamine</i>	3	M.O.
<i>myochrysine</i>		1*	M.O.
RIDAURA	<i>auranofin</i>	2	M.O.
SYPRINE	<i>trientine</i>	4	

SALICYLATES AND RELATED DRUGS

<i>choline mag trisalicylate</i>		1*	M.O.
<i>salsalate tablet</i>		1*	M.O.

TOPICAL ANTI-INFLAMMATORY DRUGS

FLECTOR	<i>diclofenac epolamine</i>	3	M.O.
PENNSAID	<i>diclofenac sodium</i>	3	M.O.
VOLTAREN GEL	<i>diclofenac sodium</i>	2	M.O.

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Drug	Generic	Tier	Requirements/Limits
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NUTRITION BLOOD MODIFIERS ELECTROLYTES**ANTIPLATELET DRUGS**

AGGRASTAT	<i>tirofib hc m-hyd/na chlor</i>	2	M.O.
AGGRENEX	<i>aspirin/dipyridamole</i>	3	M.O.
BRILINTA	<i>ticagrelor</i>	3	M.O.
<i>cilostazol</i>		1*	M.O.
<i>dipyridamole tablet</i>		1*	M.O.
EFFIENT	<i>prasugrel</i>	2	M.O.
INTEGRILIN	<i>eptifibatide</i>	3	M.O.
PERSANTINE	<i>dipyridamole</i>	3	M.O.
PLAVIX	<i>clopidogrel</i>	2	M.O.
PLETAL	<i>cilostazol</i>	3	M.O.
REOPRO	<i>abciximab</i>	3	M.O.
<i>ticlopidine hcl</i>		1*	M.O.

BLOOD DETOXICANTS

<i>constulose</i>		1*	M.O.
<i>enulose</i>		1*	M.O.
FOSRENOL	<i>lanthanum carbonate</i>	3	M.O.
<i>generlac</i>		1*	M.O.
KRISTALOSE	<i>lactulose</i>	3	M.O.
RENAGEL	<i>sevelamer</i>	3	M.O.
RENVELA	<i>sevelamer carbonate</i>	3	M.O.

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC

ALBUKED-25	<i>albumin human</i>	3	M.O.
ALBUKED-5	<i>albumin human</i>	3	M.O.
<i>albumin (human)</i>		1*	M.O.
ALBUMINAR-25	<i>albumin human</i>	3	M.O.
ALBUMINAR-5	<i>albumin human</i>	3	M.O.
<i>alburx (human) 25% vial</i>		1*	M.O.
ALBURX (HUMAN) 5% VIAL	<i>albumin human</i>	3	M.O.
<i>albutein</i>		1*	M.O.
AMINOSYN	<i>amino acids</i>	2	M.O.
AMINOSYN II	<i>amino acids</i>	2	M.O.
AMINOSYN II 3.5% M- DEXTROSE 5%	<i>amino acids</i>	2	M.O.
AMINOSYN II 3.5%- DEXTROSE 25%	<i>amino acids</i>	2	M.O.
AMINOSYN II 3.5%- DEXTROSE 5%	<i>amino acids</i>	2	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
AMINOSYN II 4.25%- DEXTROSE 25%	<i>amino acids</i>	2	M.O.
AMINOSYN II 5% IN 25% DEXTROSE	<i>amino acids</i>	2	M.O.
AMINOSYN II IN DEXTROSE	<i>amino acids</i>	2	M.O.
AMINOSYN II WITH LYTES- CA-DW	<i>amino acids</i>	2	M.O.
AMINOSYN M	<i>amino acids</i>	2	M.O.
AMINOSYN WITH ELECTROLYTES	<i>amino acids</i>	2	M.O.
AMINOSYN-HBC	<i>amino acids</i>	2	M.O.
AMINOSYN-HF	<i>amino acids</i>	2	M.O.
AMINOSYN-PF	<i>amino acids</i>	2	M.O.
AMINOSYN-RF	<i>amino acids</i>	2	M.O.
AMMONIUM CHLORIDE	<i>ammonium chloride</i>	3	M.O.
BUMINATE	<i>albumin human</i>	3	M.O.
<i>calcium chloride 10% abbjct, -10% syrng</i>		1*	M.O.
<i>calcium chloride 10% vial</i>		1*	M.O.
CLINIMIX	<i>amino acids</i>	2	M.O.
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION	<i>amino acids</i>	2	M.O.
CLINIMIX E 4.25%-10% SOLUTION	<i>amino acids</i>	3	M.O.
CLINISOL	<i>amino acids</i>	2	M.O.
CYTAGON	<i>cysteamine</i>	2	#
<i>d5%-1/4ns-kcl 10 meq/l iv sol, -kcl 10 meq in d5w-1/4 ns, -d5%-1/4ns-kcl 40 meq/l iv sol, -kcl 20 meq in d5w- 1/4 ns, -kcl 5 meq in d5w- 1/4 ns</i>		1*	M.O.
<i>d5%-1/4ns-kcl 30 meq/l iv sol</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>d5w/kcl 10 meq/l iv solution, -d5w-kcl 30 meq/l iv solution</i>		1*	M.O.
<i>dextrose 10%-1/4ns</i>		1*	M.O.
<i>dextrose 10%-1/4ns-kcl</i>		1*	M.O.
<i>dextrose 10%-ns iv solution</i>		1*	M.O.
<i>dextrose 2.5%-water iv soln, -50%-water abboject, -50%-water iv soln, -50%-water syringe, -50%-water vial, -70%-water iv soln</i>		1*	M.O.
<i>dextrose 25%-water syringe, -30%-water iv soln, -40%-water iv soln</i>		1*	M.O.
<i>dextrose 5%-1/2ns-kcl</i>		1*	M.O.
<i>dextrose 5%-1/3ns-kcl</i>		1*	M.O.
<i>dextrose 5%-1/4ns iv solution, -5%-sod chloride 0.2%, -5%-1/3ns iv solution, -d10%-1/2ns soln/excel cont, -5%-1/2ns iv solution, -2.5%-1/2ns iv soln, -5%-ns iv solution</i>		1*	M.O.
<i>dextrose 5%-electrolyte #48</i>		1*	M.O.
<i>dextrose 5%-ns-kcl</i>		1*	M.O.
<i>dextrose 5%-water iv soln, -10%-water iv solution</i>		1*	M.O.
<i>dextrose in lactated ringers</i>		1*	M.O.
<i>dextrose in ringers injection</i>		1*	M.O.
FLEXBUMIN	<i>albumin human</i>	3	M.O.
FREAMINE HBC	<i>amino acids</i>	2	M.O.
FREAMINE III 10% IV SOLN.	<i>amino acids</i>	3	M.O.
FREAMINE III 8.5% IV SOLN.	<i>amino acids</i>	2	M.O.
FREAMINE III WITH ELECTROLYTES	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	M.O.
HEPATAMINE	<i>amino acids</i>	2	M.O.
HEPATASOL	<i>amino acids</i>	2	M.O.
HYPERLYTE CR	<i>electrolyte solutions</i>	2	M.O.
INTRALIPID	<i>fat emulsions</i>	2	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
IONOSOL B WITH DEXTROSE 5%	<i>electrolyte solutions</i>	2	M.O.
IONOSOL MB-DEXTROSE 5%	<i>electrolyte solutions</i>	2	M.O.
IONOSOL T-DEXTROSE 5%	<i>electrolyte solutions</i>	2	M.O.
ISOLYTE H WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	M.O.
ISOLYTE M WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	M.O.
ISOLYTE P WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	M.O.
ISOLYTE S IV SOLN PH7.4	<i>electrolyte solutions</i>	2	M.O.
ISOLYTE S IV SOLUTION-EXCEL	<i>electrolyte solutions</i>	2	M.O.
ISOLYTE S WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	M.O.
<i>kcl 40 meq in d5w-lact ringer</i>		1*	M.O.
<i>lactated ringers</i>		1*	M.O.
LIPOSYN II	<i>fat emulsions</i>	2	M.O.
<i>liposyn iii</i>		1*	M.O.
<i>magnesium sulf 4% iv soln, - sulf 8% iv soln, -50% syringe</i>		1*	M.O.
<i>magnesium sulfate 50% vial</i>		1*	M.O.
MAGNESIUM SULFATE-D5W	<i>magnesium sulfate/d5w</i>	2	M.O.
<i>mannitol injection</i>		1*	M.O.
NEPHRAMINE	<i>amino acids</i>	2	M.O.
NEUT	<i>sodium bicarbonate</i>	2	M.O.
NORMOSOL-M AND DEXTROSE	<i>dextrose/electrolytes</i>	2	M.O.
NORMOSOL-R	<i>electrolyte solutions</i>	2	M.O.
NORMOSOL-R AND DEXTROSE	<i>electrolyte solutions</i>	2	M.O.
NORMOSOL-R PH 7.4	<i>electrolyte solutions</i>	2	M.O.
<i>nutrilyte</i>		1*	M.O.
<i>nutrilyte ii</i>		1*	M.O.
OSMITROL	<i>mannitol</i>	2	M.O.
PHYSIOLYTE	<i>physiological irrigation soln</i>	2	M.O.
PHYSIOSOL	<i>physiological irrigation soln</i>	2	M.O.
PLASBUMIN-25	<i>albumin human</i>	2	M.O.
PLASMA-LYTE 148	<i>electrolyte solutions</i>	2	M.O.
PLASMA-LYTE 148 IN DEXTROSE	<i>electrolyte solutions</i>	2	M.O.

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Drug	Generic	Tier	Requirements/Limits
PLASMA-LYTE 56	<i>electrolyte solutions</i>	2	M.O.
PLASMA-LYTE 56 IN DEXTROSE	<i>d5w/electrolyte-56 solution</i>	2	M.O.
PLASMA-LYTE A PH 7.4	<i>electrolyte solutions</i>	2	M.O.
PLASMA-LYTE R	<i>electrolyte solutions</i>	2	M.O.
<i>potassium chl-normal saline</i>		1*	M.O.
<i>potassium chloride-nacl</i>		1*	M.O.
PREMASOL	<i>amino acids</i>	2	M.O.
PROCALAMINE	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	M.O.
PROSOL	<i>amino acids</i>	3	M.O.
RESECTISOL	<i>mannitol</i>	3	M.O.
R-GENE 10	<i>arginine</i>	3	M.O.
<i>ringers injection</i>		1*	M.O.
<i>ringers irrigation</i>		1*	M.O.
<i>saline 0.45% soln-excel con, -saline 0.9% soln-excel cont</i>		1*	M.O.
<i>sodium acetate injection</i>		1*	M.O.
<i>sodium bicarb 4.2% abbjct, -bicarb 4.2% syringe, -bicarb 4.2% vial, -bicarb 7.5% vial, -bicarb 8.4% vial</i>		1*	M.O.
<i>sodium bicarb 7.5% abboject, -7.5% syring, -bicarb 8.4% abboject, -bicarb 8.4% syringe, -8.4% syring</i>		1*	M.O.
<i>sodium chloride 0.45% soln, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i>		1*	M.O.
<i>sodium chloride 0.9% soln, -0.9% soln., -4 meq/ml vl</i>		1*	M.O.
<i>sodium lactate injection</i>		1*	M.O.
<i>sodium phosphate injection</i>		1*	M.O.
<i>sterile water for irrigation</i>		1*	M.O.
<i>tis-u-sol</i>		1*	M.O.
TPN ELECTROLYTES	<i>electrolyte solutions</i>	2	M.O.
TPN ELECTROLYTES II	<i>electrolyte solutions</i>	2	M.O.
TRAVASOL	<i>amino acids</i>	2	M.O.
TROPHAMINE	<i>amino acids</i>	2	M.O.

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Drug	Generic	Tier	Requirements/Limits
FLUORIDE PRODUCTS			
CAVIRINSE	<i>sodium fluoride</i>	3	M.O.
CONTROL RX	<i>sodium fluoride</i>	3	M.O.
<i>denta 5000 plus</i>		1*	M.O.
<i>dentagel</i>		1*	M.O.
<i>epiflur</i>		1*	M.O.
FLUORABON	<i>sodium fluoride</i>	3	M.O.
<i>fluor-a-day chew tab</i>		1*	M.O.
FLUOR-A-DAY ORAL DROPS	<i>sodium fluoride</i>	3	M.O.
<i>fluoridex daily defense</i>		1*	M.O.
FLUORIDEX SENSITIVITY RELIEF	<i>sodium fluoride/pot nitrate</i>	3	M.O.
<i>fluoritab chew tab</i>		1*	M.O.
FLUORITAB ORAL DROPS	<i>sodium fluoride</i>	3	M.O.
FLURA-DROPS	<i>sodium fluoride</i>	3	M.O.
GEL-KAM	<i>stannous fluoride</i>	3	M.O.
<i>lozi-flur</i>		1*	M.O.
<i>ludent fluoride</i>		1*	M.O.
<i>neutragard advanced</i>		1*	M.O.
<i>perio med</i>		1*	M.O.
PHOS-FLUR	<i>sodium fluoride</i>	3	M.O.
PREVIDENT	<i>sodium fluoride</i>	3	M.O.
PREVIDENT 5000	<i>sodium fluoride</i>	3	M.O.
PREVIDENT 5000 ENAMEL PROTECT	<i>sodium fluoride/pot nitrate</i>	3	M.O.
PREVIDENT 5000 PLUS	<i>sodium fluoride</i>	3	M.O.
PREVIDENT 5000 SENSITIVE	<i>sodium fluoride/pot nitrate</i>	3	M.O.
<i>sf</i>		1*	M.O.
<i>sf 5000 plus</i>		1*	M.O.
<i>sodium fluoride 0.25 (0.55) mg, -0.5 mg(1.1 mg), -dental/mucous membrn products, -oral drops</i>		1*	M.O.
SODIUM FLUORIDE 1 MG (2.2 MG)	<i>sodium fluoride</i>	2	M.O.
<i>stannous fluoride dental/mucous membrn products</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
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HEPARIN ANTAGONISTS

PROTAMINE SULFATE	<i>protamine</i>	3	M.O.
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INJECTABLE ANTICOAGULANTS

ARGATROBAN	<i>argatroban</i>	4	
ARGATROBAN-SODIUM CHLORIDE	<i>argatroban in 0.9 % sod chlor</i>	4	
ARIXTRA 2.5 MG SYRINGE	<i>fondaparinux sodium</i>	3	M.O. QL (10/8)
ARIXTRA 5 MG SYRINGE, - 7.5 MG SYRINGE, -10 MG SYRINGE	<i>fondaparinux sodium</i>	4	
<i>enoxaparin sodium</i>		1*	M.O.
<i>fondaparinux 2.5 mg/0.5 ml syr</i>		1*	M.O.
<i>fondaparinux 5 mg/0.4 ml syr</i>		1*	M.O.
<i>fondaparinux 7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i>		4	
FRAGMIN 2,500 UNITS SYRINGE	<i>dalteparin (porcine)</i>	3	M.O. QL (10/10)
FRAGMIN 25,000 UNITS/ML VIAL	<i>dalteparin (porcine)</i>	2	M.O.
FRAGMIN 5,000 UNITS SYRINGE	<i>dalteparin (porcine)</i>	3	M.O. QL (14/14)
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	<i>dalteparin (porcine)</i>	4	
<i>heparin sodium in 0.45% nacl</i>		1*	M.O. PA
<i>heparin sodium in 5% dextrose</i>		1*	M.O. PA
<i>heparin sodium injection</i>		1*	M.O. PA
<i>heparin sodium-ns</i>		1*	M.O. PA
INNOHEP	<i>tinzaparin sodium, porcine</i>	3	M.O.
LOVENOX	<i>enoxaparin</i>	3	M.O.

ORAL ANTICOAGULANTS VITAMIN K

COUMADIN	<i>warfarin sodium</i>	3	M.O.
<i>jantoven</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	M.O. QL (60/30)
<i>warfarin sodium tablet</i>		1*	M.O.
XARELTO	<i>rivaroxaban</i>	2	M.O.

OTHER DRUGS AFFECTING COAGULATION

ATRYN	<i>antithrombin iii, human recomb</i>	3	M.O.
REFLUDAN	<i>lepirudin, recombinant</i>	3	M.O. PA
THROMBATE III	<i>antithrombin iii, human</i>	3	M.O.

POTASSIUM REMOVING RESINS

<i>kalexate</i>		1*	M.O.
KAYEXALATE	<i>sodium polystyrene sulfonate</i>	3	M.O.
<i>kionex oral susp</i>		1*	M.O.
KIONEX POWDER	<i>sodium polystyrene sulfonate</i>	3	M.O.
<i>sodium polystyrene sulfonate</i>		1*	M.O.
<i>sps</i>		1*	M.O.

POTASSIUM SUPPLEMENTS

<i>cytra-2</i>		1*	M.O.
<i>ed k+10</i>		1*	M.O.
EFFER-K 10 MEQ TABLET EFF, -20 MEQ TABLET EFF	<i>potassium bicarb/ca</i>	3	M.O.
<i>effer-k 25 meq tablet eff</i>		1*	M.O.
<i>epiklor</i>		1*	M.O.
<i>k effervescent</i>		1*	M.O.
<i>kcl 20 meq in d5w solution, - kcl 40 meq in d5w solution</i>		1*	M.O.
<i>kcl 20 meq in d5w-lact ringer</i>		1*	M.O.
<i>klor-con 10</i>		1*	M.O.
<i>klor-con 20 meq packet</i>		1*	M.O.
KLOR-CON 25 MEQ PACKET	<i>potassium chloride</i>	3	M.O.
<i>klor-con 8</i>		1*	M.O.
<i>klor-con m10</i>		1*	M.O.
<i>klor-con m15</i>		1*	M.O.
<i>klor-con m20</i>		1*	M.O.
<i>klor-con-ef</i>		1*	M.O.
K-PHOS NEUTRAL	<i>phosphorus</i>	2	M.O.
K-TAB	<i>potassium chloride</i>	2	M.O.
MICRO-K	<i>potassium chloride</i>	2	M.O.
ORACIT	<i>sodium citrate/citric acid</i>	3	M.O.
<i>phospha 250 neutral</i>		1*	M.O.
<i>potassium acetate injection</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>potassium bicarbonate unique tablet formulation</i>		1*	M.O.
<i>potassium chloride capsule sustained action, -injection, - solution, -tablet sustained action, -unique tablet formulation</i>		1*	M.O.
<i>sodium citrate & citric acid</i>		1*	M.O.

THERAPEUTIC VITAMINS AND MINERALS

CALCIJEX	<i>calcitriol</i>	3	M.O. PA
<i>calcitriol capsule, -solution</i>		1*	M.O. PA
<i>calcitriol injection</i>		1*	M.O. PA
<i>calcium acetate capsule</i>		1*	M.O.
<i>calcium acetate tablet</i>		1*	M.O.
CARNITOR	<i>levocarnitine</i>	3	M.O. PA
CARNITOR SF	<i>levocarnitine</i>	3	M.O. PA
<i>eliphos</i>		1*	M.O.
HECTOROL	<i>doxercalciferol</i>	2	M.O. PA
<i>levocarnitine injection, - solution, -tablet</i>		1*	M.O. PA
PHOSLO	<i>calcium acetate</i>	3	M.O.
PHOSLYRA	<i>calcium acetate</i>	3	M.O.
ROCALTROL	<i>calcitriol</i>	3	M.O. PA
ZEMPLAR	<i>paricalcitol</i>	3	M.O. PA

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS**ABORTIFACIENTS**

CERVIDIL	<i>dinoprostone</i>	3	M.O.
HEMABATE	<i>carboprost tromethamine</i>	3	M.O.
PROSTIN E2 VAGINAL SUPPOSITORY	<i>dinoprostone</i>	3	M.O.

ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	4	
ANDRODERM	<i>testosterone</i>	3	M.O. PA
ANDROGEL	<i>testosterone</i>	3	M.O. PA
ANDROID	<i>methyltestosterone</i>	3	M.O.
ANDROXY	<i>fluoxymesterone</i>	2	M.O.
AXIRON	<i>testosterone</i>	3	M.O. PA
<i>danazol capsule</i>		1*	M.O.
DELATESTRYL	<i>testosterone enanthate</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
DEPO-TESTOSTERONE	<i>testosterone cypionate</i>	3	M.O.
FIRST-TESTOSTERONE	<i>testosterone propionate</i>	3	M.O.
FIRST-TESTOSTERONE MC	<i>testosterone propionate</i>	3	M.O.
FORTESTA	<i>testosterone</i>	3	M.O. PA
METHITEST	<i>methyltestosterone</i>	3	M.O.
OXANDRIN	<i>oxandrolone</i>	3	M.O.
<i>oxandrolone tablet</i>		1*	M.O.
STRIANT	<i>testosterone</i>	3	M.O. PA
TESTIM	<i>testosterone</i>	2	M.O. PA
TESTOPEL	<i>testosterone</i>	2	M.O. PA
<i>testosterone cypionate injection</i>		1*	M.O.
<i>testosterone enanthate injection</i>		1*	M.O.
TESTRED	<i>methyltestosterone</i>	3	M.O.

CONTRACEPTIVES

<i>altavera</i>		1*	M.O.
<i>alyacen</i>		1*	M.O.
<i>amethia</i>		1*	M.O.
<i>amethia lo</i>		1*	M.O.
<i>amethyst</i>		1*	M.O.
<i>apri</i>		1*	M.O.
<i>aranelle</i>		1*	M.O.
<i>aviane</i>		1*	M.O.
<i>azurette</i>		1*	M.O.
<i>balziva</i>		1*	M.O.
BEYAZ	<i>drospir/eth estra/levomefol ca</i>	3	M.O.
BREVICON	<i>norethindrone-ethin estradiol</i>	3	M.O.
<i>briellyn</i>		1*	M.O.
<i>camrese</i>		1*	M.O.
<i>camrese lo</i>		1*	M.O.
<i>caziant</i>		1*	M.O.
<i>cesia</i>		1*	M.O.
<i>cryselle</i>		1*	M.O.
<i>cyclafem</i>		1*	M.O.
CYCLESSA	<i>desogestrel-ethinyl estradiol</i>	3	M.O.
DESOGEN	<i>desogestrel-ethinyl estradiol</i>	3	M.O.
ELLA	<i>ulipristal acetate</i>	2	M.O.
<i>emoquette</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>enpresse</i>		1*	M.O.
ESTROSTEP FE	<i>noreth a-et estra/fe fumarate</i>	3	M.O.
FEMCON FE	<i>noreth-ethinyl estradiol/iron</i>	3	M.O.
GENERESS FE	<i>noreth-ethinyl estradiol/iron</i>	3	M.O.
<i>gianvi</i>		1*	M.O.
<i>gildess fe</i>		1*	M.O.
<i>introvale</i>		1*	M.O.
<i>jolessa</i>		1*	M.O.
<i>junel</i>		1*	M.O.
<i>junel fe</i>		1*	M.O.
<i>kariva</i>		1*	M.O.
<i>kelnor 1-35</i>		1*	M.O.
<i>leena</i>		1*	M.O.
<i>lessina</i>		1*	M.O.
<i>levonorgestrel</i>		1*	M.O.
<i>levonorg-eth estrad eth estrad</i>		1*	M.O.
<i>levora-28</i>		1*	M.O.
LO LOESTRIN FE	<i>noreth a-et estra/fe fumarate</i>	3	M.O.
LOESTRIN	<i>norethindrone a-e estradiol</i>	3	M.O.
LOESTRIN 24 FE	<i>noreth a-et estra/fe fumarate</i>	3	M.O.
LOESTRIN FE	<i>noreth a-et estra/fe fumarate</i>	3	M.O.
LO-OVRAL-28	<i>norgestrel-ethinyl estradiol</i>	3	M.O.
<i>loryna</i>		1*	M.O.
LOSEASONIQUE	<i>l-norgest-eth estr/ethin estr</i>	3	M.O.
<i>low-ogestrel</i>		1*	M.O.
<i>lutra</i>		1*	M.O.
LYBREL	<i>levonorgestrel-ethin estradiol</i>	3	M.O.
<i>microgestin</i>		1*	M.O.
<i>microgestin fe</i>		1*	M.O.
MIRCETTE	<i>desog-et estra/ethin estra</i>	3	M.O.
MODICON	<i>norethindrone-ethin estradiol</i>	3	M.O.
<i>mononessa</i>		1*	M.O.
NATAZIA	<i>estradiol valerate/dienogest</i>	3	M.O.
<i>necon</i>		1*	M.O.
<i>next choice</i>		1*	M.O.
NORDETTE-28	<i>levonorgestrel-ethin estradiol</i>	3	M.O.
<i>norethindrone-ethin estradiol</i>		1*	M.O.
<i>norgestrel-ethiny estra</i>		1*	M.O.
NORINYL 1+35	<i>norethindrone-ethin estradiol</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
NORINYL 1+50	<i>norethindrone-mestranol</i>	3	M.O.
<i>nortrel</i>		1*	M.O.
NUVARING	<i>etonogestrel/ethin estradiol</i>	3	M.O.
<i>ocella</i>		1*	M.O.
<i>ogestrel</i>		1*	M.O.
<i>orsythia</i>		1*	M.O.
ORTHO EVRA	<i>ethinyl estradiol/norelgest</i>	3	M.O.
ORTHO TRI-CYCLEN	<i>norgestimate-ethinyl estradiol</i>	3	M.O.
ORTHO TRI-CYCLEN LO	<i>norgestimate-ethinyl estradiol</i>	3	M.O.
ORTHO-CEPT	<i>desogestrel-ethinyl estradiol</i>	3	M.O.
ORTHO-CYCLEN	<i>norgestimate-ethinyl estradiol</i>	3	M.O.
ORTHO-NOVUM	<i>norethindrone-ethin estradiol</i>	3	M.O.
OVCON-35	<i>norethindrone-ethin estradiol</i>	3	M.O.
OVCON-50	<i>norethindrone-ethin estradiol</i>	3	M.O.
PLAN B	<i>levonorgestrel</i>	3	M.O.
PLAN B ONE-STEP	<i>levonorgestrel</i>	3	M.O.
<i>portia</i>		1*	M.O.
<i>previfem</i>		1*	M.O.
<i>quasense</i>		1*	M.O.
<i>reclipsen</i>		1*	M.O.
SAFYRAL	<i>drospir/eth estra/levomefol ca</i>	3	M.O.
SEASONALE	<i>levonorgestrel-ethin estradiol</i>	3	M.O.
SEASONIQUE	<i>l-norgest-eth estr/ethin estr</i>	3	M.O.
<i>solia</i>		1*	M.O.
<i>sprintec</i>		1*	M.O.
<i>sronyx</i>		1*	M.O.
<i>syeda</i>		1*	M.O.
<i>tilia fe</i>		1*	M.O.
<i>tri-legest fe</i>		1*	M.O.
<i>trinessa</i>		1*	M.O.
TRI-NORINYL	<i>norethindrone-ethin estradiol</i>	3	M.O.
<i>tri-previfem</i>		1*	M.O.
<i>tri-sprintec</i>		1*	M.O.
<i>trivora-28</i>		1*	M.O.
<i>velivet</i>		1*	M.O.
<i>vestura</i>		1*	M.O.
YASMIN 28	<i>eth estradiol/drospirenone</i>	3	M.O.
YAZ	<i>eth estradiol/drospirenone</i>	3	M.O.
<i>zarah</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>zenchent</i>		1*	M.O.
<i>zenchent fe</i>		1*	M.O.
<i>zeosa</i>		1*	M.O.
<i>zovia 1-35e</i>		1*	M.O.
<i>zovia 1-50e</i>		1*	M.O.

ESTROGEN DRUGS

ALORA	<i>estradiol</i>	2	M.O.
CENESTIN	<i>estrogen,conjug,synthetic a</i>	2	M.O.
CLIMARA	<i>estradiol</i>	3	M.O.
DELESTROGEN	<i>estradiol valerate</i>	3	M.O.
DEPO-ESTRADIOL	<i>estradiol cypionate</i>	3	M.O.
DIVIGEL 0.25 MG GEL PACKET, -0.5 MG GEL PACKET	<i>estradiol</i>	3	M.O.
DIVIGEL 1 MG GEL PACKET	<i>estradiol</i>	3	M.O. QL (34/1)
ELESTRIN	<i>estradiol</i>	3	M.O. QL (144 gm/1)
ENJUVIA	<i>estrogen,conjug,synthetic b</i>	3	M.O.
ESTRACE	<i>estradiol</i>	2	M.O.
ESTRADERM	<i>estradiol</i>	3	M.O.
<i>estradiol 0.025 mg/day patch, -tds 0.025 mg/day, -0.075 mg/day patch, -tds 0.075 mg/day, -0.5 mg tablet</i>		1*	M.O.
<i>estradiol 0.0375 mg/day patch, -tds 0.0375 mg/day, -0.05 mg/day patch, -0.06 mg/day patch, -tds 0.06 mg/day, -0.1 mg/day patch, -1 mg tablet, -2 mg tablet</i>		1*	M.O.
<i>estradiol valerate injection</i>		1*	M.O.
ESTRASORB	<i>estradiol</i>	3	M.O.
ESTRING	<i>estradiol</i>	3	M.O.
<i>estropipate</i>		1*	M.O.
EVAMIST	<i>estradiol</i>	3	M.O.
EVISTA	<i>raloxifene</i>	2	M.O.
FEMRING	<i>estradiol</i>	3	M.O.
FEMTRACE	<i>estradiol</i>	3	M.O.
MENEST	<i>estrogens,esterified</i>	3	M.O.
MENOSTAR	<i>estradiol</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
ORTHO-EST	<i>estropipate</i>	3	M.O.
PREMARIN INJECTION, - TABLET	<i>estrogens, conjugated</i>	2	M.O.
PREMARIN VAGINAL PRODUCTS	<i>estrogens, conjugated</i>	3	M.O.
VAGIFEM	<i>estradiol</i>	2	M.O.
VIVELLE-DOT	<i>estradiol</i>	3	M.O.

ESTROGEN/PROGESTIN COMBINATIONS

ACTIVELLA	<i>estradiol/noreth ac</i>	3	M.O.
ANGELIQ	<i>estradiol/drospirenone</i>	3	M.O.
CLIMARA PRO	<i>estradiol/levonorgestrel</i>	3	M.O.
COMBIPATCH	<i>estradiol/noreth ac</i>	3	M.O.
<i>estradiol-noreth 0.5-0.1 mg tb</i>		1*	M.O.
<i>estradiol-noreth 1-0.5 mg tab</i>		1*	M.O.
FEMHRT	<i>norethindrone a-e estradiol</i>	3	M.O.
<i>jevantique</i>		1*	M.O.
<i>jinteli</i>		1*	M.O.
<i>mimvey</i>		1*	M.O.
PREFEST	<i>estradiol/norgestimate</i>	2	M.O.
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	3	M.O.
PREMPRO	<i>estrogen/medroxyprogesterone</i>	3	M.O.

OB/GYN TOPICAL ANTIINFECTIVES

ACID JELLY	<i>acetic ac/ricinoleic/oxyquinol</i>	3	M.O.
AVC	<i>sulfanilamide</i>	3	M.O.
CLEOCIN	<i>clindamycin phosphate</i>	3	M.O.
<i>clindamycin phosphate vaginal products</i>		1*	M.O.
CLINDESSE	<i>clindamycin phosphate</i>	3	M.O.
<i>fem ph</i>		1*	M.O.
METROGEL-VAGINAL	<i>metronidazole</i>	3	M.O.
<i>metronidazole vaginal products</i>		1*	M.O.
RELAGARD	<i>acetic acid/oxyquin so4</i>	3	M.O.
<i>vandazole</i>		1*	M.O.

OXYTOCICS

METHERGINE	<i>methylergonovine</i>	2	M.O.
<i>methylergonovine maleate</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>oxytocin injection</i>		1*	M.O.
PITOCIN	<i>oxytocin</i>	3	M.O.

PRENATAL VITAMINS

B-NEXA		3	M.O.
CITRANATAL DHA		3	M.O.
CITRANATAL RX		3	M.O.
<i>co-natal fa</i>		1*	M.O.
CONCEPT DHA		3	M.O.
CONCEPT OB		3	M.O.
<i>fe c</i>		1*	M.O.
<i>folbecal</i>		1*	M.O.
GESTICARE		3	M.O.
GESTICARE DHA		3	M.O.
ICAR-C PLUS	<i>iron,carbonyl/vit c/vit b12/fa</i>	3	M.O.
<i>inatal advance</i>		1*	M.O.
<i>inatal gt</i>		1*	M.O.
<i>inatal ultra</i>		1*	M.O.
LACTOCAL-F		3	M.O.
NATAFORT		3	M.O.
NATELLE-EZ		3	M.O.
NATELLE ONE		3	M.O.
NESTABS		3	M.O.
NEXA SELECT		3	M.O.
<i>ob-natal one</i>		1*	M.O.
OBSTETRIX EC		3	M.O.
OBTREX		3	M.O.
O-CAL FA		3	M.O.
O-CAL PRENATAL		3	M.O.
<i>pnv ob+dha</i>		1*	M.O.
PREFERA OB		3	M.O.
PREFERA-OB ONE		3	M.O.
PREFERA-OB PLUS DHA		3	M.O.
<i>prenafirst</i>		1*	M.O.
<i>prenaplus</i>		1*	M.O.
PRENATA		3	M.O.
<i>prenatabs fa</i>		1*	M.O.
<i>prenatabs rx</i>		1*	M.O.
<i>prenatal 19</i>		1*	M.O.
<i>prenatal ad</i>		1*	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>prenatal low iron</i>		1*	M.O.
<i>prenatal plus</i>		1*	M.O.
<i>prenatal-u</i>		1*	M.O.
PRENATE ELITE		3	M.O.
PRENATE ESSENTIAL		3	M.O.
<i>prenate plus</i>		1*	M.O.
PRENEXA		3	M.O.
PREQUE 10		3	M.O.
PUREFE OB PLUS		3	M.O.
REAPHIRM		3	M.O.
<i>relnate dha</i>		1*	M.O.
SELECT-OB		3	M.O.
SELECT-OB + DHA		3	M.O.
<i>se-natal one</i>		1*	M.O.
<i>setonet</i>		1*	M.O.
<i>setonet-ec</i>		1*	M.O.
TANDEM DHA		3	M.O.
TANDEM OB		3	M.O.
TRICARE		3	M.O.
TRICARE PRENATAL DHA ONE		3	M.O.
<i>trinatal gt</i>		1*	M.O.
<i>trinatal ultra</i>		1*	M.O.
<i>trinate</i>		1*	M.O.
<i>vinacal</i>		1*	M.O.
<i>vinate az</i>		1*	M.O.
<i>vinate az extra</i>		1*	M.O.
<i>vinate c</i>		1*	M.O.
<i>vinate calcium</i>		1*	M.O.
<i>vinate care</i>		1*	M.O.
<i>vinate gt</i>		1*	M.O.
<i>vinate ic</i>		1*	M.O.
<i>vinate ii</i>		1*	M.O.
<i>vinate one</i>		1*	M.O.
<i>vinate pn care</i>		1*	M.O.
<i>vinate ultra</i>		1*	M.O.
<i>vinate-m</i>		1*	M.O.
<i>vitafol-ob</i>		1*	M.O.
VITAFOL-OB+DHA		3	M.O.
VITAFOL-ONE		3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>vitafol-pn</i>		1*	M.O.
<i>vol-nate</i>		1*	M.O.

PROGESTIN DRUGS

AYGESTIN	<i>norethindrone acetate</i>	3	M.O.
<i>camila</i>		1*	M.O.
CRINONE	<i>progesterone</i>	3	M.O.
DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL	<i>medroxyprogesterone</i>	3	M.O.
DEPO-SUBQ PROVERA 104	<i>medroxyprogesterone</i>	2	M.O.
ENDOMETRIN	<i>progesterone</i>	3	M.O.
<i>errin</i>		1*	M.O.
FIRST-PROGESTERONE VGS 100	<i>progesterone</i>	2	M.O.
FIRST-PROGESTERONE VGS 200	<i>progesterone</i>	2	M.O.
FIRST-PROGESTERONE VGS 25	<i>progesterone</i>	3	M.O.
FIRST-PROGESTERONE VGS 400	<i>progesterone</i>	2	M.O.
FIRST-PROGESTERONE VGS 50	<i>progesterone</i>	2	M.O.
<i>heather</i>		1*	M.O.
<i>jolivette</i>		1*	M.O.
MAKENA	<i>hydroxyprogesterone caproate</i>	4	
<i>medroxyprogesterone acetate injection, -tablet</i>		1*	M.O.
MICRONOR	<i>norethindrone</i>	3	M.O.
<i>nora-be</i>		1*	M.O.
<i>norethindrone</i>		1*	M.O.
<i>norethindrone acetate tablet</i>		1*	M.O.
NOR-Q-D	<i>norethindrone</i>	3	M.O.
<i>progesterone capsule, -oil 50 mg/ml vl</i>		1*	M.O.
<i>progesterone oil 50 mg/ml vl</i>		1*	M.O.
PROMETRIUM	<i>progesterone</i>	2	M.O.
PROVERA	<i>medroxyprogesterone</i>	3	M.O.

SPECIALIZED OB/GYN DRUGS

<i>chorionic gonadotropin</i>		1*	M.O.
<i>leuprolide acetate injection</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
LUPRON DEPOT 3.75 MG KIT, -11.25 MG 3MO KIT	<i>leuprolide</i>	2	M.O.
LUPRON DEPOT 7.5 MG KIT, -22.5 MG 3MO KIT, --4 MONTH KIT	<i>leuprolide</i>	4	
LUPRON DEPOT-PED 11.25 MG 3MO, -30 MG 3MO KIT	<i>leuprolide</i>	4	
LUPRON DEPOT-PED 7.5 MG KIT, -11.25 MG KIT, -15 MG KIT	<i>leuprolide</i>	4	
<i>novarel</i>		1*	M.O.
PREGNYL	<i>gonadotropin,chorionic</i>	3	M.O.
PREPIDIL	<i>dinoprostone</i>	3	M.O.
SUPPRELIN LA	<i>histrelin ac</i>	3	M.O.
SYNAREL	<i>nafarelin</i>	4	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule sustained action</i>		1*	M.O.
<i>acetazolamide sodium</i>		1*	M.O.
<i>acetazolamide tablet</i>		1*	M.O.
ALPHAGAN P	<i>brimonidine tartrate</i>	3	M.O.
<i>apraclonidine hcl</i>		1*	M.O.
AZOPT	<i>brinzolamide</i>	2	M.O.
BETAGAN	<i>levobunolol</i>	3	M.O. ST
<i>betaxolol hcl ophth drops</i>		1*	M.O.
BETIMOL	<i>timolol</i>	3	M.O. ST
BETOPTIC S	<i>betaxolol</i>	3	M.O. ST
<i>brimonidine 0.2% eye drop</i>		1*	M.O.
<i>brimonidine tartrate 0.15% drp</i>		1*	M.O.
<i>carteolol hcl</i>		1*	M.O.
COMBIGAN	<i>brimonidine tartrate/timolol</i>	3	M.O. ST
COSOPT	<i>dorzolamide/timolol</i>	3	M.O. ST
COSOPT PF	<i>dorzolamide/timolol</i>	3	M.O. ST
DIAMOX SEQUELS	<i>acetazolamide</i>	3	M.O.
<i>dorzolamide hcl</i>		1*	M.O.
<i>dorzolamide-timolol</i>		1*	M.O.
IOPIDINE	<i>apraclonidine</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
ISOPTO CARBACHOL	<i>carbachol</i>	3	M.O.
ISOPTO CARPINE	<i>pilocarpine hcl</i>	3	M.O.
ISTALOL	<i>timolol</i>	3	M.O. ST
<i>latanoprost</i>		1*	M.O.
<i>levobunolol hcl</i>		1*	M.O.
LUMIGAN	<i>bimatoprost</i>	3	M.O. ST
<i>methazolamide tablet</i>		1*	M.O.
<i>metipranolol</i>		1*	M.O.
MIOSTAT	<i>carbachol</i>	3	M.O.
NEPTAZANE	<i>methazolamide</i>	3	M.O.
OPTIPRANOLOL	<i>metipranolol</i>	3	M.O. ST
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	M.O.
<i>pilocarpine hcl ophth drops</i>		1*	M.O.
PILOPINE HS	<i>pilocarpine hcl</i>	3	M.O.
PROPINE	<i>dipivefrin</i>	3	M.O.
<i>timolol maleate ophth drops</i>		1*	M.O.
TIMOPTIC	<i>timolol</i>	3	M.O.
TIMOPTIC OCUDOSE	<i>timolol</i>	3	M.O. ST
TIMOPTIC-XE	<i>timolol</i>	3	M.O. ST
TRAVATAN Z	<i>travoprost</i>	2	M.O. ST
TRUSOPT	<i>dorzolamide</i>	3	M.O.
XALATAN	<i>latanoprost</i>	3	M.O. ST
ZIOPTAN	<i>tafluprost</i>	3	M.O.

OPHTHALMIC ANTIINFECTIVE DRUGS

AZASITE	<i>azithromycin</i>	3	M.O.
<i>bacitracin 500 unit/gm ointmnt</i>		1*	M.O.
<i>bacitracin-polymyxin eye oint</i>		1*	M.O.
BESIVANCE	<i>besifloxacin</i>	3	M.O.
BLEPH-10	<i>sulfacetamide sodium</i>	3	M.O.
CILOXAN	<i>ciprofloxacin</i>	2	M.O.
<i>ciprofloxacin hcl ophth drops</i>		1*	M.O.
<i>erythromycin oint</i>		1*	M.O.
<i>gentak oint</i>		1*	M.O.
<i>gentamicin sulfate ophth drops</i>		1*	M.O.
<i>gentasol</i>		1*	M.O.
IQUIX	<i>levofloxacin</i>	3	M.O.
<i>levofloxacin ophth drops</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
MOXEZA	<i>moxifloxacin</i>	3	M.O.
<i>neomycin-bacitracin-polymyxin</i>		1*	M.O.
<i>neomycin-polymyxin-gramicidin</i>		1*	M.O.
NEOSPORIN OPHTH DROPS	<i>neomycin/gramicidin/polymyxin</i>	3	M.O.
OCUFLOX	<i>ofloxacin</i>	3	M.O.
<i>ofloxacin ophth drops</i>		1*	M.O.
<i>polymyxin b sul-trimethoprim</i>		1*	M.O.
POLYTRIM	<i>polymyxin b sulfate/tmp</i>	3	M.O.
QUIXIN	<i>levofloxacin</i>	3	M.O.
<i>romycin</i>		1*	M.O.
<i>sulfacetamide sodium ophth drops</i>		1*	M.O.
<i>tobramycin sulfate ophth drops</i>		1*	M.O.
<i>tobrasol</i>		1*	M.O.
TOBEX	<i>tobramycin</i>	3	M.O.
<i>trifluridine ophth drops</i>		1*	M.O.
VIGAMOX	<i>moxifloxacin</i>	3	M.O.
VIROPTIC	<i>trifluridine</i>	3	M.O.
ZIRGAN	<i>ganciclovir</i>	2	M.O.
ZYMAR	<i>gatifloxacin</i>	3	M.O.
ZYMAXID	<i>gatifloxacin</i>	3	M.O.

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

BLEPHAMIDE	<i>sulfacetamide/prednisolone ac</i>	3	M.O.
BLEPHAMIDE S.O.P.	<i>sulfacetamide/prednisolone ac</i>	3	M.O.
MAXITROL	<i>neomycin/polymyxin/dexameth</i>	3	M.O.
<i>neomycin-bacitracin-poly-hc</i>		1*	M.O.
<i>neomycin-polymyxin-dexameth</i>		1*	M.O.
<i>neomycin-polymyxin-hc ophth drops</i>		1*	M.O.
<i>poly-dex</i>		1*	M.O.
POLY-PRED	<i>neomycin/polymyxin/prednisol</i>	3	M.O.
PRED-G	<i>gentamicin/prednisolone</i>	3	M.O.
<i>sulfacetamide-prednisolone</i>		1*	M.O.
TOBRADEX	<i>tobramycin sulfate/dexameth</i>	3	M.O.
TOBRADEX ST	<i>tobramycin sulfate/dexameth</i>	3	M.O.

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Drug	Generic	Tier	Requirements/Limits
<i>tobramycin-dexamethasone</i>		1*	M.O.
ZYLET	<i>tobramycin/lotepred etab</i>	3	M.O.

OPHTHALMIC CORTICOSTEROID DRUGS

ALREX	<i>loteprednol etabonate</i>	3	M.O.
<i>dexamethasone sodium phosphate ophth drops</i>		1*	M.O.
DUREZOL	<i>difluprednate</i>	3	M.O.
FLAREX	<i>fluorometholone</i>	3	M.O.
<i>fluorometholone ophth drops</i>		1*	M.O.
FML	<i>fluorometholone</i>	3	M.O.
FML FORTE	<i>fluorometholone</i>	3	M.O.
FML S.O.P.	<i>fluorometholone</i>	3	M.O.
LOTEMAX	<i>loteprednol etabonate</i>	3	M.O.
MAXIDEX	<i>dexamethasone</i>	3	M.O.
OMNIPRED	<i>prednisolone acetate</i>	3	M.O.
PRED FORTE	<i>prednisolone acetate</i>	3	M.O.
PRED MILD	<i>prednisolone acetate</i>	2	M.O.
<i>prednisolone acetate ophth drops</i>		1*	M.O.
<i>prednisolone sodium phosphate ophth drops</i>		1*	M.O.
RETISERT	<i>fluocinolone acetonide</i>	3	M.O.
TRIESENCE	<i>triamcinolone acetonide</i>	3	M.O.
VEXOL	<i>rimexolone</i>	3	M.O.

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1*	M.O.
GARAMYCIN OINT	<i>gentamicin</i>	3	M.O.
<i>garamycin ophth drops</i>		1*	M.O.
<i>gentak ophth drops</i>		1*	M.O.
<i>gentamicin 3 mg/gm eye oint</i>		1*	M.O.
ILOTYCIN	<i>erythromycin base</i>	3	M.O.
<i>neo-polycin</i>		1*	M.O.
<i>polycin-b</i>		1*	M.O.
<i>sulfacetamide sodium oint</i>		1*	M.O.
<i>sulfamide</i>		1*	M.O.

OTHER OPHTHALMIC DRUGS

ACULAR	<i>ketorolac</i>	3	M.O.
ACULAR LS	<i>ketorolac</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
ACUVAIL	<i>ketorolac</i>	3	M.O.
<i>ak-con</i>		1*	M.O.
<i>akorn balanced salt</i>		1*	M.O.
<i>ak-pentolate</i>		1*	M.O.
AKTEN	<i>lidocaine</i>	3	M.O.
ALAMAST	<i>pemirolast potassium</i>	3	M.O.
ALCAINE	<i>proparacaine</i>	3	M.O.
ALOCRIIL	<i>nedocromil</i>	3	M.O.
ALOMIDE	<i>lodoxamide</i>	3	M.O.
<i>altafrin</i>		1*	M.O.
<i>atropine care</i>		1*	M.O.
<i>atropine sulfate oint, -ophth drops</i>		1*	M.O.
<i>azelastine hcl ophth drops</i>		1*	M.O.
BEPREVE	<i>bepotastine besilate</i>	2	M.O.
BETADINE	<i>povidone-iodine</i>	3	M.O.
BOTOX 100 UNITS VIAL	<i>botulinum toxin a</i>	3	M.O. PA
BOTOX 200 UNITS VIAL	<i>botulinum toxin a</i>	4	PA
BROMDAY	<i>bromfenac</i>	3	M.O.
<i>bromfenac sodium</i>		1*	M.O.
BSS	<i>sodium/calcium/mag/potassium</i>	3	M.O.
BSS PLUS	<i>sodium/calcium/mag/potassium</i>	3	M.O.
<i>cromolyn sodium ophth drops</i>		1*	M.O.
CYCLOGYL	<i>cyclopentolate</i>	3	M.O.
<i>cyclopentolate hcl ophth drops</i>		1*	M.O.
<i>cylate</i>		1*	M.O.
<i>diclofenac sodium ophth drops</i>		1*	M.O.
ELESTAT	<i>epinastine hcl</i>	3	M.O.
EMADINE	<i>emedastine difumarate</i>	3	M.O.
<i>epinastine hcl</i>		1*	M.O.
EYLEA	<i>aflibercept</i>	3	M.O.
<i>flurbiprofen sodium</i>		1*	M.O.
<i>homatropaire</i>		1*	M.O.
<i>homatropine</i>		1*	M.O.
ISOPTO ATROPINE	<i>atropine sulfate</i>	3	M.O.
ISOPTO HOMATROPINE	<i>homatropine</i>	3	M.O.
ISOPTO HYOSCINE	<i>scopolamine</i>	3	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>ketorolac tromethamine ophth drops</i>		1*	M.O.
LACRISERT	<i>hydroxypropylmethylcellulose</i>	2	M.O.
LASTACAPT	<i>alcaftadine</i>	3	M.O.
LUCENTIS	<i>ranibizumab</i>	3	M.O.
MYDFRIN	<i>phenylephrine hcl</i>	3	M.O.
<i>mydral</i>		1*	M.O.
MYDRIACYL	<i>tropicamide</i>	3	M.O.
NATACYN	<i>natamycin</i>	2	M.O.
<i>neofrin 10% eye drops</i>		1*	M.O.
<i>neofrin 2.5% eye drops</i>		1*	M.O.
NEVANAC	<i>nepafenac</i>	3	M.O.
OCUFEN	<i>flurbiprofen</i>	3	M.O.
OPTIVAR	<i>azelastine hcl</i>	3	M.O.
<i>parcaine</i>		1*	M.O.
PATADAY	<i>olopatadine hcl</i>	3	M.O.
PATANOL	<i>olopatadine hcl</i>	3	M.O.
<i>phenylephrine hcl ophth drops</i>		1*	M.O.
<i>proparacaine hcl ophth drops</i>		1*	M.O.
RESTASIS	<i>cyclosporine</i>	3	M.O.
<i>tropicamide ophth drops</i>		1*	M.O.
VISUDYNE	<i>verteporfin</i>	3	M.O.
VITRASERT	<i>ganciclovir</i>	4	
VOLTAREN OPTH DROPS	<i>diclofenac sodium</i>	3	M.O.
XIBROM	<i>bromfenac</i>	3	M.O.

RESPIRATORY MEDICATIONS

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

CLARINEX-D 12 HOUR	<i>pse/desloratadine</i>	3	M.O.
CLARINEX-D 24 HOUR	<i>pse/desloratadine</i>	3	M.O.
<i>promethazine vc</i>		1*	M.O. PA
SEMPREX-D	<i>pse/acrivast</i>	3	M.O.

ANTI-HISTAMINES

ALLEGRA SUSPENSION	<i>fexofenadine suspension</i>	3	M.O.
<i>arbinoxa</i>		1*	M.O.
<i>carbinoxamine maleate</i>		1*	M.O.
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml syrup</i>		1*	M.O.

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
<i>cetirizine hcl 1 mg/ml soln, - 5 mg/5 ml syrup</i>		1*	M.O.
CLARINEX	<i>desloratadine</i>	3	M.O.
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>		1*	M.O.
<i>cyproheptadine hcl syrup, - tablet</i>		1*	M.O. PA
<i>dexchlorpheniramine maleate</i>		1*	M.O. PA
<i>diphenhydramine 50 mg capsule, -elix</i>		1*	M.O. PA
<i>diphenhydramine hcl injection</i>		1*	M.O.
<i>hydroxyzine hcl injection</i>		1*	M.O.
<i>hydroxyzine hcl syrup, - tablet</i>		1*	M.O. PA
<i>hydroxyzine pamoate capsule</i>		1*	M.O. PA
<i>levocetirizine dihydrochloride</i>		1*	M.O.
<i>palgic solution</i>		1*	M.O.
<i>palgic tablet</i>		1*	M.O.
PHENERGAN	<i>promethazine</i>	3	M.O.
<i>promethazine hcl injection</i>		1*	M.O.
<i>promethazine hcl syrup, - tablet</i>		1*	M.O. PA
VISTARIL	<i>hydroxyzine pamoate</i>	3	M.O. PA
XYZAL	<i>levocetirizine dihydrochlor</i>	3	M.O.

BETA-2 ADRENERGIC DRUGS

ACCUNEB	<i>albuterol</i>	3	M.O.
<i>albuterol sulfate nebs, - syrup, -tablet, -tablet sustained action</i>		1*	M.O.
BROVANA	<i>arformoterol tartrate</i>	2	M.O. QL (120/1)
FORADIL	<i>formoterol fumarate</i>	3	M.O. QL (120/1)
<i>levalbuterol concentrate</i>		1*	M.O.
MAXAIR AUTOHALER	<i>pirbuterol</i>	3	M.O. QL (28/1)
<i>metaproterenol sulfate syrup, -tablet</i>		1*	M.O.
PERFOROMIST	<i>formoterol fumarate</i>	3	M.O.
PROAIR HFA	<i>albuterol</i>	2	M.O. QL (8.5 gm/1)

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Part D Comprehensive Formulary: CY2012

Drug	Generic	Tier	Requirements/Limits
PROVENTIL HFA	<i>albuterol</i>	3	M.O. QL (6.7 gm/1)
SEREVENT DISKUS	<i>salmeterol</i>	3	M.O. QL (120 doses/1)
<i>terbutaline sulfate injection, -tablet</i>		1*	M.O.
VENTOLIN HFA	<i>albuterol</i>	3	M.O. QL (18 gm/1)
VOSPIRE ER	<i>albuterol</i>	3	M.O.
XOPENEX	<i>levalbuterol</i>	3	M.O.
XOPENEX HFA	<i>levalbuterol</i>	2	M.O. PA QL (45 gm/1)

LEUKOTRIENE MODIFIERS

ACCOLATE	<i>zafirlukast</i>	3	M.O. ST
SINGULAIR	<i>montelukast sodium</i>	2	M.O. ST
<i>zafirlukast</i>		1*	M.O. ST
ZYFLO	<i>zileuton</i>	3	M.O. ST
ZYFLO CR	<i>zileuton</i>	3	M.O. ST

METHYL XANTHINE DRUGS

<i>aminophylline injection, -tablet</i>		1*	M.O.
CAFCIT SOLUTION	<i>caffeine citrated</i>	2	M.O.
<i>caffeine citrate solution</i>		1*	M.O.
<i>dylis</i>		1*	M.O.
ELIXOPHYLLIN	<i>theophylline</i>	3	M.O.
LUFYLLIN	<i>dyphylline</i>	3	M.O.
THEO-24	<i>theophylline</i>	3	M.O.
<i>theochron</i>		1*	M.O.
<i>theophylline anhydrous tablet sustained action</i>		1*	M.O.
<i>theophylline solution</i>		1*	M.O.
<i>theophylline tablet sustained action</i>		1*	M.O.

OTHER DRUGS FOR ASTHMA

<i>acetylcysteine nebs</i>		1*	M.O.
ADRENALIN CHLORIDE	<i>epinephrine hcl</i>	3	M.O.
ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	M.O. QL (120 doses/1) ST
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	M.O. QL (24 gm/1) ST
ALVESCO	<i>ciclesonide</i>	3	M.O. QL (12.2 gm/1)

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Drug	Generic	Tier	Requirements/Limits
ASMANEX	<i>mometasone</i>	3	M.O. QL (120 doses/1)
ATROVENT HFA	<i>ipratropium</i>	2	M.O. QL (38.7 gm/1)
<i>budesonide nebs</i>		1*	M.O.
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	M.O. QL (44.1 gm/1)
<i>cromolyn sodium nebs, - solution</i>		1*	M.O.
DULERA	<i>mometasone/formoterol</i>	2	M.O. QL (26 gm/1) ST
DUONEB	<i>albuterol sulfate/ipratropium</i>	3	M.O.
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>		1*	M.O.
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT	<i>epinephrine hcl</i>	3	M.O.
EPIPEN	<i>epinephrine hcl</i>	2	M.O.
EPIPEN JR	<i>epinephrine hcl</i>	2	M.O.
FLOVENT DISKUS	<i>fluticasone propionate</i>	2	M.O. QL (120 doses/1)
FLOVENT HFA 110 MCG INHALER, -220 MCG INHALER	<i>fluticasone propionate</i>	2	M.O. QL (24 gm/1)
FLOVENT HFA 44 MCG INHALER	<i>fluticasone propionate</i>	2	M.O. QL (21.2 gm/1)
GASTROCROM	<i>cromolyn</i>	2	M.O.
<i>ipratropium bromide nebs</i>		1*	M.O.
<i>ipratropium-albuterol</i>		1*	M.O.
PULMICORT	<i>budesonide</i>	3	M.O.
PULMICORT 180 MCG FLEXHALER	<i>budesonide</i>	3	M.O. QL (3/1)
PULMICORT 90 MCG FLEXHALER	<i>budesonide</i>	3	M.O. QL (2/1)
QVAR	<i>beclomethasone</i>	3	M.O. QL (21.9/1)
SPIRIVA	<i>tiotropium bromide</i>	2	M.O. QL (60 capsules/1)
SYMBICORT	<i>budesonide/formoterol fum</i>	2	M.O. QL (20.4 gm/1) ST
TWINJECT	<i>epinephrine hcl</i>	3	M.O.
XOLAIR	<i>omalizumab</i>	4	# PA

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Drug	Generic	Tier	Requirements/Limits
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OTHER RESPIRATORY DRUGS

ARALAST NP 1,000 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	4	
ARALAST NP 500 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	4	#
DALIRESP	<i>roflumilast</i>	2	M.O.
GLASSIA	<i>alpha-1-proteinase inhibitor</i>	4	
KALYDECO	<i>ivacaftor</i>	3	M.O.
PROLASTIN 1,000 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	4	
PROLASTIN 500 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	4	#
PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	4	#
PULMOZYME	<i>deoxyribonuclease</i>	3	M.O.
ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	4	#

UROLOGICAL MEDICATIONS**ANTICHOLINERGIC ANTISPASMODICS**

DETROL	<i>tolterodine tartrate</i>	3	M.O. ST
DETROL LA	<i>tolterodine tartrate</i>	3	M.O. ST
DITROPAN XL	<i>oxybutynin</i>	3	M.O. ST
ENABLEX	<i>darifenacin hydrobromide</i>	3	M.O. ST
<i>flavoxate hcl</i>		1*	M.O.
GELNIQUE	<i>oxybutynin</i>	3	M.O. ST
<i>oxybutynin chloride er</i>		1*	M.O.
<i>oxybutynin chloride syrup, - tablet</i>		1*	M.O.
OXYTROL	<i>oxybutynin</i>	3	M.O. ST
SANCTURA	<i>trospium chloride</i>	3	M.O. ST
SANCTURA XR	<i>trospium chloride</i>	3	M.O. ST
TOVIAZ	<i>fesoterodine fumarate</i>	3	M.O. ST
<i>trospium chloride</i>		1*	M.O.
VESICARE	<i>solifenacin succinate</i>	3	M.O. ST

CHOLINERGIC STIMULANTS

<i>bethanechol chloride tablet</i>		1*	M.O.
URECHOLINE	<i>bethanechol</i>	3	M.O.

OTHER GENITOURINARY PRODUCTS

<i>acetic acid 0.25% irrig soln</i>		1*	M.O.
<i>alfuzosin hcl</i>		1*	M.O.
AVODART	<i>dutasteride</i>	3	M.O.
CIALIS	<i>tadalafil</i>	3	M.O. PA
CYSTADANE	<i>betaine hcl</i>	2	M.O.
<i>cytra-3</i>		1*	M.O.
<i>cytra-k</i>		1*	M.O.

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

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Drug	Generic	Tier	Requirements/Limits
ELMIRON	<i>pentosan polysulfate sodium</i>	2	M.O.
<i>finasteride tablet</i>		1*	M.O.
FLOMAX	<i>tamsulosin</i>	3	M.O. ST
<i>glycine solution</i>		1*	M.O.
JALYN	<i>dutasteride/tamsulosin hcl</i>	3	M.O. ST
K-PHOS M.F.	<i>pot acid phos/sod acid phos</i>	2	M.O.
K-PHOS NO.2	<i>pot acid phos/sod acid phos</i>	2	M.O.
K-PHOS ORIGINAL	<i>potassium acid phosphate</i>	2	M.O.
<i>neomycin-polymyxin b</i>		1*	M.O.
NEOSPORIN G.U. IRRIGANT	<i>neomycin sulfate/polymyxin</i>	3	M.O.
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1*	M.O.
<i>potassium citrate-citric acid</i>		1*	M.O.
PROSCAR	<i>finasteride</i>	3	M.O.
RAPAFLO	<i>silodosin</i>	3	M.O. ST
RENACIDIN	<i>gluconic acid/citric acid</i>	2	M.O.
RIMSO-50	<i>dimethyl sulfoxide</i>	3	M.O.
<i>tamsulosin hcl</i>		1*	M.O.
<i>tricitrates</i>		1*	M.O.
UROXATRAL	<i>alfuzosin hcl</i>	3	M.O. ST

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Please refer to the table on page 8 to find the cost-share associated with each drug tier.

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