



# NRECA Medicare Part D

PRESCRIPTION DRUG PLANS  
*an Employer PDP*

Basic Plus Plan  
Copayment Plan  
Enhanced Plan  
Enhanced Plus Plan

2010 Formulary (List of Covered Drugs)  
December 2010

Medicare<sup>Rx</sup>  
Prescription Drug Coverage



## PLEASE NOTE

This booklet includes the list of drugs for NRECA's Basic Plus, Copayment, Enhanced and Enhanced Plus plans as of December 1, 2010. It is an abridged formulary, or a partial list of the prescription drugs covered by NRECA's plans.

The formulary changes every year, effective January 1. The formulary may also change throughout the year. When changes are made, the formulary is updated with the new information.

You may request an updated version of the abridged formulary or a copy of the comprehensive formulary, the entire list of prescription drugs covered by NRECA's plans.

To download an updated copy of the abridged formulary, please visit the web site at **<http://nreca.medicareplanrx.com>**.

For a print copy of the updated abridged formulary or to receive a comprehensive formulary, please call NRECA Medicare Part D Customer Care at 1-866-586-7322, Monday through Saturday, 6:30 a.m. to 11 p.m. Central Time. TTY/TDD users should call 1-866-236-1069.

# Formulary for

## **BASIC PLUS PLAN COPAYMENT PLAN ENHANCED PLAN ENHANCED PLUS PLAN**

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

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

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

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

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

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

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

In the Index, starting on page 45, is the same list in alphabetical order. Next to the drug name is the page number on which the drug appears in its therapeutic category. To find out what other drugs are covered in the same therapeutic category, go to the page number listed after the drug.

## How to Use the Formulary

1. Look on your prescription bottle or package.
2. Find out the exact name of your medication in the lower left hand corner of the label.
3. Go to the Index, starting on page 45. Drugs covered by the plan are listed in alphabetical order in the Index.
4. Look for the name of your drug.
5. If your drug is listed in the Index, it is covered by your plan.
6. If your drug is not listed, it may still be covered, but not included on this partial list. To see if it is covered, contact Customer Care at the telephone number or web site below.
7. If your drug is not listed, it may be a generic drug. To see if it is covered, contact Customer Care at the telephone number below.
8. To determine if another drug is available for your medical condition:
  - Talk to your doctor
  - Ask your pharmacist
  - Call NRECA Medicare Part D Customer Care at 1-866-586-7322.

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

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

For more information, please

- Visit our web site at <http://nreca.medicareplanrx.com>
- Call **NRECA Medicare Part D Customer Care** at 1-866-586-7322, Monday through Saturday, 6:30 a.m. to 11 p.m. CST
- TTY/TDD users should call 1-866-236-1069.

## Brand-Name Drugs On The Formulary Are Covered

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

For brand-name drugs, NRECA's Medicare Part D formularies are "closed" formularies. This means that only the brand-name drugs listed on the formulary are covered by the Plan.

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

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

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

**If the drug you are taking is a non-formulary drug**, you can continue to get the drug, but it is not covered by your Part D Plan. You will have to pay the entire cost for the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP) total. *See Transition Coverage on page 4.*

**In order for that non-formulary medication to be covered by your Part D Plan**, you must request a **formulary exception** through a coverage determination. For the Copayment plan, if your formulary exception is approved, you will pay the non-preferred brand-name (Tier 3) drug copayment for that drug.

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

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

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

## The Formulary Can Change

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

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

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

There are two exceptions:

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

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

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

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

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

## Drugs and Drug Categories Not Covered by Medicare

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

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

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

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

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

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

## PA—Drugs Requiring Prior Authorization

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

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

- Contact the Prior Authorization Unit by phone at 1-800-626-3046 or fax at 1-866-502-2296
- Provide the required information to the NRECA pharmacist
- Get the prior authorization needed for that drug.

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

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

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

## QL—Drugs With Quantity Limitations

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

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

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

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

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

**To receive a quantity greater than the limit allowed in your formulary for any drug**, you must request a formulary exception through a coverage determination. Call 1-866-586-7322, or fax your request to 1-866-884-9475.

## ST—Drugs Requiring Step Therapy

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

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

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

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

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

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

**To receive the prescribed drug without step therapy**, you must request a formulary exception through a coverage determination. Call 1-866-586-7322, or fax your request to 1-866-884-9475.

## Transition Coverage

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

- Switched from one plan to another **after January 1, 2010**
- Enrolled in a new plan, effective **January 1, 2010**, during open enrollment held November 15 to December 31, 2009
- Are newly-eligible for Medicare and were covered by another plan immediately before enrolling in a Part D Plan
- Reside in a long-term care facility.

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

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

### **If you are in a long-term health care facility:**

- **During the first 90 days you are enrolled in the plan,** you may receive one transition supply of up to 31 days, and the plan may honor two refills until the end of the 90-day transition period.
- **After 90 days,** you may receive one transition supply of up to 31 days.

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

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

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

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

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

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

- Your medications are covered by your Part D Plan.
- You are aware of any Prior Authorizations or Step Therapy that may be required.
- You are aware of any Quantity Limitations.

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

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

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

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

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

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

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

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

## Types of Drugs

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

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

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

You can get up to a 90-day supply of most drugs, but specialty drugs are limited to a 30-day supply.

## Key to Notes in Drug Listing

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

**CAPS** Capsules

**INJ** Injection

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

**OINT** Ointment

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

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

**SOLN** Solution

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

**SUSP** Suspension

**SYR** Syrup

**TAB** Tablets

## The Copayment Plan Has Tiers

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

- **Tier 1—Generic drugs**

You generally pay the lowest copayment amount for generic drugs.

- **Tier 2—Preferred brand**

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

- **Tier 3—Non-preferred brand**

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

- **Tier 4—Specialty drugs**

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

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

## Medicare Tier 4 Comprehensive – 2010

Drug	Copayment Plan Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
CELEBREX	Tier 2	PA
<b>GOUT</b>		
<i>allopurinol</i>	Tier 1	
<i>allopurinol sodium</i>	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 1	
<i>probenecid</i>	Tier 1	
ULORIC	Tier 3	
<b>MISCELLANEOUS</b>		
<i>nalbuphine hcl</i>	Tier 1	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen w/ codeine</i>	Tier 1	
<i>acetaminophen-caff-dihydrocod</i>	Tier 1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	Tier 1	
<i>butalbital-aspirin-caffeine w/cod</i>	Tier 1	
<i>butorphanol tartrate 10mg/ml</i>	Tier 1	QL (9 / 25 days)
<i>butorphanol tartrate 1mg/ml, 2mg/ml</i>	Tier 1	
<i>hydrocodone-acetaminophen</i>	Tier 1	
<i>hydrocodone-ibuprofen</i>	Tier 1	
<i>pentazocine w/ apap</i>	Tier 1	
<i>pentazocine w/ naloxone</i>	Tier 1	
<i>propoxyphene hcl</i>	Tier 1	
<i>propoxyphene hcl w/ apap</i>	Tier 1	
<i>propoxyphene-n w/ apap</i>	Tier 1	
<b>NARCOTIC ANALGESICS, CII</b>		
AVINZA	Tier 2	QL (60 ea / 25 days)
<i>codeine sulfate</i>	Tier 1	
DILAUDID-5	Tier 2	
<i>fentanyl</i>	Tier 1	QL (10 ea / 25 days); PATCH
<i>fentanyl citrate .05mg/ml</i>	Tier 1	
<i>fentanyl citrate 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	Tier 4	QL (120 lpop / 25 days), PA
<i>hydromorphone hcl</i>	Tier 1	
KADIAN	Tier 2	QL (60 ea / 25 days)
<i>levorphanol tartrate</i>	Tier 1	
<i>meperidine hcl</i>	Tier 1	
<i>methadone hcl 10mg, 5mg</i>	Tier 1	QL (240 / 25 days)
<i>methadone hcl 10mg/5ml, 10mg/ml, 5mg/5ml</i>	Tier 1	
<i>morphine sulfate .5mg/ml, 15mg, 1mg/ml, 20mg/ml, 30mg, 5mg/ml</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
<i>morphine sulfate</i> 100mg, 15mg, 30mg, 60mg	Tier 1	QL (90 ea / 25 days)
<i>morphine sulfate</i> 200mg	Tier 1	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	Tier 2	
OPANA ER	Tier 2	QL (120 ea / 25 days)
<i>oxycodone hcl</i>	Tier 1	
<i>oxycodone w/ acetaminophen</i>	Tier 1	
<i>oxycodone w/ aspirin</i>	Tier 1	
<i>oxycodone-ibuprofen</i>	Tier 1	
OXYCONTIN	Tier 2	QL (120 ea / 25 days)
ROXICET	Tier 2	

### **NON-NARCOTIC ANALGESICS**

<i>tramadol hcl</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	

### **NSAIDS**

<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>fenoprofen calcium</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN	Tier 2	SUSP
<i>indomethacin</i>	Tier 1	
<i>ketoprofen</i>	Tier 1	
<i>ketorolac tromethamine</i> 10mg	Tier 1	QL (20 / 25 days)
<i>ketorolac tromethamine</i> 15mg/ml, 30mg/ml	Tier 1	
<i>meclofenamate sodium</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>tolmetin sodium</i>	Tier 1	
VOLTAREN	Tier 2	GEL

### **ANESTHETICS**

#### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i>	Tier 1	
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### **ANTI-INFECTIVES**

#### **ANTIBACTERIALS**

<i>amikacin sulfate</i>	Tier 1	
<i>amoxicillin</i>	Tier 1	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<i>ampicillin &amp; sulbactam sodium</i>	Tier 1	
<i>ampicillin sodium</i>	Tier 1	
AUGMENTIN	Tier 3	CHEW 250mg, SUSP 125mg/5mL
AVELOX	Tier 2	
AVELOX ABC PACK	Tier 2	
<i>azithromycin</i>	Tier 1	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
CEDAX	Tier 3	
<i>cefaclor</i>	Tier 1	
<i>cefaclor monohydrate</i>	Tier 1	
<i>cefadroxil</i>	Tier 1	
<i>cefazolin sodium 1gm, 20gm, 500mg</i>	Tier 1	
CEFAZOLIN SODIUM	Tier 2	
<i>cefdinir</i>	Tier 1	
<i>cefepime hcl</i>	Tier 1	
<i>cefotaxime sodium</i>	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>ceftazidime</i>	Tier 1	
<i>ceftriaxone sodium</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
CEFUROXIME/DEXTROSE	Tier 2	
<i>cephalexin</i>	Tier 1	
CIPRO	Tier 2	SUSP
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>demeclocycline hcl</i>	Tier 1	
<i>dicloxacillin sodium</i>	Tier 1	
<i>doxycycline (monohydrate)</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
ERYPED 200	Tier 2	
ERYTHROCIN LACTOBIONATE	Tier 2	
<i>erythromycin base</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin stearate</i>	Tier 1	
GANTRISIN PEDIATRIC	Tier 3	
<i>gentamicin in saline</i>	Tier 1	
<i>gentamicin sulfate</i>	Tier 1	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>kanamycin sulfate</i>	Tier 1	
LEVAQUIN	Tier 2	
<i>minocycline hcl</i>	Tier 1	
<i>nafcillin sodium</i>	Tier 1	
<i>neomycin sulfate</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<i>oxacillin sodium</i>	Tier 1	
<i>paromomycin sulfate</i>	Tier 1	
<i>penicillin g potassium</i>	Tier 1	
PENICILLIN G PROCAINE	Tier 2	
<i>penicillin g sodium</i>	Tier 1	
<i>penicillin v potassium</i>	Tier 1	
<i>piperacillin sodium-tazobactam sodium</i>	Tier 1	
<i>streptomycin sulfate</i>	Tier 1	
<i>sulfadiazine</i>	Tier 1	
SUPRAX	Tier 3	
<i>tetracycline hcl</i>	Tier 1	
<i>tobramycin sulfate</i>	Tier 1	
ZOSYN	Tier 2	
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	Tier 1	
ANCOBON	Tier 2	
CANCIDAS	Tier 2	
<i>clotrimazole</i>	Tier 1	
<i>fluconazole</i>	Tier 1	
<i>fluconazole in dextrose</i>	Tier 1	
GRIS-PEG	Tier 2	
<i>griseofulvin microsize</i>	Tier 1	
<i>itraconazole</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
<i>nystatin</i>	Tier 1	
SPORANOX	Tier 3	SOLN
<i>terbinafine hcl</i>	Tier 1	PA
VFEND	Tier 4	
VFEND IV	Tier 4	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	Tier 1	
COARTEM	Tier 3	
DARAPRIM	Tier 2	
MALARONE	Tier 2	
<i>mefloquine hcl</i>	Tier 1	
QUALAQUIN	Tier 2	
<b>ANTIRETROVIRAL AGENTS</b>		
APTIVUS	Tier 2	
ATRIPLA	Tier 4	
COMBIVIR	Tier 2	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
CRIXIVAN	Tier 2	
<i>didanosine</i>	Tier 1	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
EPZICOM	Tier 2	
FUZEON	Tier 4	
INTELENCE	Tier 2	
INVIRASE	Tier 2	
ISENTRESS	Tier 4	
KALETRA	Tier 2	
LEXIVA	Tier 2	
NORVIR	Tier 2	
PREZISTA 75mg	Tier 2	
PREZISTA 400mg, 600mg	Tier 4	
RESCRIPTOR	Tier 2	
RETROVIR IV INFUSION	Tier 2	
REYATAZ	Tier 2	
SELZENTRY	Tier 4	
<i>stavudine</i>	Tier 1	
SUSTIVA	Tier 2	
TRIZIVIR	Tier 2	
TRUVADA	Tier 2	
VIDEX	Tier 2	
VIRACEPT	Tier 2	
VIRAMUNE	Tier 2	
VIREAD	Tier 2	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	Tier 3	
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
<i>isoniazid &amp; rifampin</i>	Tier 1	
MYCOBUTIN	Tier 2	
PASER	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
SEROMYCIN	Tier 3	
TRECTOR	Tier 3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	Tier 1	
<i>acyclovir sodium</i>	Tier 1	
BARACLUDE	Tier 2	
CYTOVENE	Tier 2	
EPIVIR HBV	Tier 2	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir</i>	Tier 1	
<i>foscarnet sodium</i>	Tier 1	
<i>ganciclovir</i> 250mg	Tier 1	
<i>ganciclovir</i> 500mg	Tier 4	
HEPSERA	Tier 4	
REBETOL	Tier 4	PA
RELENZA DISKHALER	Tier 2	
<i>ribavirin (hepatitis c)</i> 200mg	Tier 1	PA; TAB
<i>ribavirin (hepatitis c)</i> 200mg, 400mg, 600mg	Tier 4	PA
<i>rimantadine hydrochloride</i>	Tier 1	
TAMIFLU	Tier 2	
TYZEKA	Tier 2	
<i>valacyclovir hcl</i>	Tier 1	
VALCYTE	Tier 4	
<b>MISCELLANEOUS</b>		
ALBENZA	Tier 2	
ALINIA 100mg/5ml	Tier 2	QL (180 / 25 days)
ALINIA 500mg	Tier 2	QL (12 tabs / 25 days)
<i>bacitracin</i>	Tier 1	
<i>chloramphenicol sodium succinate</i>	Tier 1	
CLEOCIN 75mg	Tier 2	
CLEOCIN PEDIATRIC GRANULE	Tier 2	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
<i>colistimethate sodium</i>	Tier 1	B/D
CUBICIN	Tier 4	
<i>dapsone</i>	Tier 1	
<i>erythromycin-sulfisoxazole</i>	Tier 1	
FURADANTIN	Tier 3	
INVANZ	Tier 2	
MACRODANTIN	Tier 2	
<i>mebendazole</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole in nacl</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd macro</i>	Tier 1	
<i>polymyxin b sulfate</i>	Tier 1	
PRIMAXIN I.M.	Tier 2	
PRIMAXIN IV	Tier 2	
<i>sulfamethoxazole-trimethoprim</i>	Tier 1	
TINDAMAX	Tier 2	
<i>trimethoprim</i>	Tier 1	
TYGACIL	Tier 4	
VANCOCIN HCL	Tier 4	

Drug	Copayment Plan Tier	Requirements/Limits
<i>vancomycin hcl</i>	Tier 1	
VANCOMYCIN HCL ISO-OSMOTI	Tier 2	
ZYVOX	Tier 4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BICNU	Tier 2	
BUSULFEX	Tier 2	
CEENU	Tier 2	
<i>cyclophosphamide 25mg, 50mg</i>	Tier 1	B/D
CYCLOPHOSPHAMIDE 1gm, 500mg	Tier 2	
<i>dacarbazine</i>	Tier 1	
EMCYT	Tier 2	
HEXALEN	Tier 4	
IFEX	Tier 2	
<i>ifosfamide</i>	Tier 1	
LEUKERAN	Tier 2	
<i>melphalan hcl</i>	Tier 1	INJ
MUSTARGEN	Tier 2	
<i>thiotepa</i>	Tier 1	
TREANDA	Tier 4	
<b>ANTHRACYCLINES</b>		
DAUNORUBICIN HCL	Tier 2	
DAUNOXOME	Tier 2	
DOXIL	Tier 4	
<i>doxorubicin hcl</i>	Tier 1	
ELLENCÉ	Tier 2	
<i>epirubicin hcl</i>	Tier 1	
<i>idarubicin hcl</i>	Tier 1	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 1	
COSMEGEN	Tier 2	
<i>mitomycin</i>	Tier 1	
<b>ANTIMETABOLITES</b>		
ALIMTA	Tier 4	
<i>cytarabine</i>	Tier 1	
FLUOROURACIL	Tier 2	
GEMZAR	Tier 2	
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium 1gm, 25mg/ml</i>	Tier 1	
<i>pentostatin</i>	Tier 1	
TABLOID	Tier 2	
VIDAZA	Tier 4	
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>paclitaxel</i>	Tier 1	
TAXOTERE	Tier 4	

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

Drug	Copayment Plan Tier	Requirements/Limits
<i>hydroxyurea</i>	Tier 1	
<i>irinotecan hcl</i>	Tier 1	
LYSODREN	Tier 2	
MATULANE	Tier 2	
<i>mitoxantrone hcl</i>	Tier 1	
ONCASPAR	Tier 2	
PHOTOFRIN	Tier 2	
TARGRETIN 75mg	Tier 4	
<i>tretinoin (chemotherapy)</i>	Tier 4	CAPS
TRISENOX	Tier 2	
ZOLINZA	Tier 4	
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine</i>	Tier 1	
<i>fludarabine phosphate</i>	Tier 1	
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin</i>	Tier 1	
<i>cisplatin</i>	Tier 1	
ELOXATIN	Tier 4	
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline</i>	Tier 1	
<i>dexrazoxane</i>	Tier 1	
ELITEK	Tier 4	
<i>ifosfamide &amp; mesna</i>	Tier 1	
<i>leucovorin calcium</i>	Tier 1	
<i>mesna</i>	Tier 1	
MESNEX	Tier 2	
<b>TOPOISOMERASE INHIBITORS</b>		
CAMPTOSAR	Tier 4	
<i>etoposide</i>	Tier 1	
HYCAMTIN	Tier 2	INJ
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide</i>	Tier 1	
<i>captopril &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide</i>	Tier 1	
LOTREL	Tier 2	5mg/40mg, 10mg/40mg
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
TARKA	Tier 3	
<i>trandolapril-verapamil hcl</i>	Tier 1	
<b>ACE INHIBITORS</b>		

Drug	Copayment Plan Tier	Requirements/Limits
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ADRENOLYTICS, CENTRAL</b>		
<i>clonidine hcl</i>	Tier 1	
<i>guanabenz acetate</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	Tier 1	
<i>prazosin hcl</i>	Tier 1	
<i>terazosin hcl</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	Tier 3	
AVALIDE	Tier 2	
DIOVAN HCT	Tier 2	
EXFORGE	Tier 2	
EXFORGE HCT	Tier 2	
<i>losartan potassium &amp; hydrochlorothiazide</i>	Tier 1	
MICARDIS HCT	Tier 3	
TEVETEN HCT	Tier 3	
VALTURNA	Tier 2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	Tier 3	
AVAPRO	Tier 2	
DIOVAN	Tier 2	
<i>losartan potassium</i>	Tier 1	
MICARDIS	Tier 3	
TEVETEN	Tier 3	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	Tier 1	
<i>disopyramide phosphate</i>	Tier 1	
<i>flecainide acetate</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 2	
NORPACE CR	Tier 2	100mg

Drug	Copayment Plan Tier	Requirements/Limits
PACERONE	Tier 2	
<i>propafenone hcl</i>	Tier 1	
<i>quinidine gluconate</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
RYTHMOL SR	Tier 2	
<i>sotalol hcl</i>	Tier 1	
TIKOSYN	Tier 2	
<b>ANTILIPEMICS</b>		
ADVICOR	Tier 3	
ALTOPREV	Tier 3	
ANTARA	Tier 2	
<i>cholestyramine</i>	Tier 1	
<i>cholestyramine light</i>	Tier 1	
<i>colestipol hcl</i>	Tier 1	
CRESTOR	Tier 2	
<i>fenofibrate</i>	Tier 1	
<i>fenofibrate micronized</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
LESCOL	Tier 3	
LESCOL XL	Tier 3	
LIPITOR	Tier 2	
<i>lovastatin</i>	Tier 1	
<i>niacin</i>	Tier 1	
NIASPAN	Tier 2	
<i>pravastatin sodium</i>	Tier 1	
SIMCOR	Tier 2	
<i>simvastatin</i>	Tier 1	
TRICOR	Tier 2	
TRILIPIX	Tier 2	
VYTORIN	Tier 3	
WELCHOL	Tier 2	
ZETIA	Tier 2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide</i>	Tier 1	
<i>nadolol &amp; bendroflumethiazide</i>	Tier 1	
<i>propranolol &amp; hydrochlorothiazide</i>	Tier 1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>betaxolol hcl</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC	Tier 2	
<i>carvedilol</i>	Tier 1	
COREG CR	Tier 2	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>labetalol hcl</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol hcl</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	Tier 3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	Tier 1	
CARDIZEM CD	Tier 2	360 MG
CARDIZEM LA	Tier 3	
<i>diltiazem hcl</i>	Tier 1	
<i>diltiazem hcl coated beads</i>	Tier 1	
<i>diltiazem hcl extended release beads</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>nicardipine hcl</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>nimodipine</i>	Tier 1	
<i>nisoldipine</i>	Tier 1	
<i>verapamil hcl</i>	Tier 1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin</i>	Tier 1	
LANOXIN	Tier 2	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	Tier 2	
TEKTURNA HCT	Tier 2	
<b>DIURETICS</b>		
<i>acetazolamide</i>	Tier 1	
<i>acetazolamide sodium</i>	Tier 1	
ALDACTAZIDE	Tier 2	50/50
<i>amiloride &amp; hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>chlorothiazide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
DEMADEX	Tier 2	INJ
<i>furosemide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<i>methyclothiazide</i>	Tier 1	
<i>metolazone</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
<i>spironolactone &amp; hydrochlorothiazide</i>	Tier 1	
THALITONE	Tier 2	
<i>torsemide 100mg, 10mg, 20mg, 5mg</i>	Tier 1	
<i>torsemide 20mg/2ml</i>	Tier 2	
<i>triamterene &amp; hydrochlorothiazide</i>	Tier 1	
<b>MISCELLANEOUS</b>		
BIDIL	Tier 2	
<i>hydralazine hcl</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>methyldopa &amp; hydrochlorothiazide</i>	Tier 1	
<i>methyldopate hcl</i>	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
RANEXA	Tier 2	
<i>reserpine</i>	Tier 1	
<b>NITRATES</b>		
ISORDIL TITRADOSE	Tier 2	
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-DUR	Tier 2	0.3 MG, 0.8 MG
<i>nitroglycerin .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Tier 1	
<i>nitroglycerin 5mg/ml</i>	Tier 1	INJ
NITROLINGUAL PUMPSPRAY	Tier 2	
NITROSTAT	Tier 2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	Tier 4	PA
LETAIRIS	Tier 4	
REVATIO	Tier 4	PA
TRACLEER	Tier 4	LA
VENTAVIS	Tier 4	B/D
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>bupirone hcl</i>	Tier 1	
<i>fluvoxamine maleate</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<b>ANTI-CONVULSANTS</b>		
BANZEL	Tier 3	
<i>carbamazepine</i>	Tier 1	
CARBATROL	Tier 2	
CELONTIN	Tier 2	
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 2	
<i>divalproex sodium</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
FELBATOL	Tier 3	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>fosphenytoin sodium</i>	Tier 1	
<i>gabapentin</i> 100mg	Tier 1	QL (1080 caps / 25 days)
<i>gabapentin</i> 300mg	Tier 1	QL (360 caps / 25 days)
<i>gabapentin</i> 400mg	Tier 1	QL (270 caps / 25 days)
<i>gabapentin</i> 600mg	Tier 1	QL (180 tabs / 25 days)
<i>gabapentin</i> 800mg	Tier 1	QL (120 tabs / 25 days)
GABITRIL	Tier 2	
KEPPRA	Tier 2	INJ
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	Tier 2	QL (120 caps / 25 days)
LYRICA 300mg	Tier 2	QL (60 caps / 25 days)
NEURONTIN 250mg/5ml	Tier 2	QL (2350ml / 25 days); SOLN
<i>oxcarbazepine</i>	Tier 1	
PEGANONE	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<i>primidone</i>	Tier 1	
SABRIL	Tier 4	
TEGRETOL-XR	Tier 2	100mg
<i>topiramate</i>	Tier 1	
<i>valproate sodium</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
VIMPAT	Tier 2	
<i>zonisamide</i>	Tier 1	
<b>ANTIDEMENTIA</b>		
ARICEPT	Tier 2	
ARICEPT ODT	Tier 2	
EXELON 1.5mg, 2mg/ml, 3mg, 4.5mg, 6mg	Tier 2	
EXELON 4.6mg/24hr, 9.5mg/24hr	Tier 2	PATCH
<i>galantamine hydrobromide</i>	Tier 1	
NAMENDA	Tier 2	
NAMENDA TITRATION PAK	Tier 2	
<i>rivastigmine tartrate</i>	Tier 1	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	Tier 1	
<i>amoxapine</i>	Tier 1	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl</i>	Tier 1	
<i>bupropion hcl (smoking deterrent) 150mg</i>	Tier 1	
<i>citalopram hydrobromide</i>	Tier 1	
<i>clomipramine hcl</i>	Tier 1	
CYMBALTA	Tier 2	
<i>desipramine hcl</i>	Tier 1	
<i>doxepin hcl</i>	Tier 1	
EFFEXOR XR	Tier 2	
EMSAM	Tier 2	
<i>fluoxetine hcl</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
LEXAPRO	Tier 2	
<i>maprotiline hcl</i>	Tier 1	
MARPLAN	Tier 2	
<i>mirtazapine</i>	Tier 1	
NARDIL	Tier 2	
<i>nefazodone hcl</i>	Tier 1	
<i>nortriptyline hcl</i>	Tier 1	
<i>paroxetine hcl</i>	Tier 1	
PRISTIQ	Tier 2	
<i>protriptyline hcl</i>	Tier 1	
<i>sertraline hcl</i>	Tier 1	
SURMONTIL	Tier 2	100mg
<i>tranylcypromine sulfate</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
<i>trimipramine maleate</i>	Tier 1	
<i>venlafaxine hcl</i>	Tier 1	
VENLAFAXINE HCL ER	Tier 2	

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i>	Tier 1	
APOKYN	Tier 4	
AZILECT	Tier 2	
<i>benztropine mesylate</i>	Tier 1	
<i>bromocriptine mesylate</i>	Tier 1	
<i>carbidopa-levodopa</i>	Tier 1	
COMTAN	Tier 2	
MIRAPEX	Tier 2	0.75mg
<i>pramipexole dihydrochloride</i>	Tier 1	
REQUIP XL	Tier 3	
<i>ropinirole hydrochloride</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
STALEVO 100	Tier 2	
STALEVO 125	Tier 2	
STALEVO 150	Tier 2	

Drug	Copayment Plan Tier	Requirements/Limits
STALEVO 200	Tier 2	
STALEVO 50	Tier 2	
STALEVO 75	Tier 2	
<i>trihexyphenidyl hcl</i>	Tier 1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY	Tier 3	
ABILIFY DISCMELT	Tier 3	
<i>chlorpromazine hcl</i>	Tier 1	
<i>clozapine</i>	Tier 1	
FANAPT	Tier 3	
FANAPT TITRATION PACK	Tier 3	
FAZACLO	Tier 2	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON	Tier 2	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate</i>	Tier 1	
INVEGA	Tier 3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	Tier 3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 4	
<i>loxapine succinate</i>	Tier 1	
MOBAN	Tier 2	
NAVANE	Tier 2	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	
RISPERDAL CONSTA	Tier 2	
<i>risperidone</i>	Tier 1	
SAPHRIS	Tier 3	
SEROQUEL	Tier 2	
SEROQUEL XR	Tier 2	
<i>thioridazine hcl</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
ZYPREXA	Tier 2	
ZYPREXA ZYDIS	Tier 2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine</i>	Tier 1	PA
CONCERTA	Tier 3	PA
<i>dexmethylphenidate hcl</i>	Tier 1	PA
<i>dextroamphetamine sulfate</i> 10mg, 15mg, 5mg	Tier 1	ext-release
<i>dextroamphetamine sulfate</i> 10mg, 5mg	Tier 1	PA
METADATE CD	Tier 3	PA

Drug	Copayment Plan Tier	Requirements/Limits
METHYLIN	Tier 3	PA
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	Tier 1	PA
<i>methylphenidate hcl</i> 10mg, 20mg	Tier 1	ext-release
<i>methylphenidate hcl</i> 20mg	Tier 1	PA; ext-release
RITALIN LA	Tier 3	PA
STRATTERA	Tier 2	PA
<b>HYPNOTICS</b>		
LUNESTA	Tier 3	QL (180 tabs / year)
<i>zaleplon</i>	Tier 1	QL (180 caps / year)
<i>zolpidem tartrate</i>	Tier 1	QL (180 tabs / year)
<b>MIGRAINE</b>		
<i>dihydroergotamine mesylate</i>	Tier 1	
<i>ergotamine w/ caffeine</i>	Tier 1	
FROVA	Tier 3	QL (18 tabs / 25 days)
MAXALT	Tier 2	QL (12 tabs / 25 days)
MAXALT-MLT	Tier 2	QL (12 ea / 25 days)
MIGRANAL	Tier 2	QL (8 / 25 days)
RELPAK	Tier 3	QL (12 tabs / 25 days)
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	Tier 1	QL (9 tabs / 25 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	Tier 1	QL (10 / 25 days)
ZOMIG 2.5mg, 5mg	Tier 3	QL (12 tabs / 25 days)
ZOMIG 5mg	Tier 3	QL (2 bottles / 25 days)
ZOMIG ZMT	Tier 3	QL (12 ea / 25 days)
<b>MISCELLANEOUS</b>		
<i>ergoloid mesylates</i>	Tier 1	
GUANIDINE HCL	Tier 2	
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
MESTINON	Tier 2	
MESTINON TIMESPAN	Tier 2	
<i>pyridostigmine bromide</i>	Tier 1	
REGONOL	Tier 2	
RILUTEK	Tier 4	
SAVELLA	Tier 2	
SAVELLA TITRATION PACK	Tier 2	
XENAZINE	Tier 4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	Tier 4	PA
AVONEX	Tier 4	
BETASERON	Tier 4	
COPAXONE	Tier 4	
EXTAVIA	Tier 4	
REBIF	Tier 4	

Drug	Copayment Plan Tier	Requirements/Limits
REBIF TITRATION PACK	Tier 4	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	Tier 1	
<i>carisoprodol</i>	Tier 1	
<i>carisoprodol w/ aspirin</i>	Tier 1	
<i>carisoprodol w/ aspirin &amp; codeine</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine hcl</i>	Tier 1	
<i>dantrolene sodium</i>	Tier 1	
<i>metaxalone</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
<i>orphenadrine citrate</i>	Tier 1	
<i>orphenadrine w/ aspirin &amp; caff</i>	Tier 1	
ROBAXIN	Tier 2	INJ
<i>tizanidine hcl</i>	Tier 1	
<b>NARCOLEPSY/CATAPLEXY</b>		
PROVIGIL	Tier 2	PA
XYREM	Tier 4	LA
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>		
ANTABUSE	Tier 2	
<i>buprenorphine hcl</i>	Tier 1	
<i>bupropion hcl (smoking deterrent)</i> 150mg	Tier 1	
CAMPRAL	Tier 2	
CHANTIX	Tier 2	PA
<i>chlordiazepoxide-amitriptyline</i>	Tier 1	
<i>fluoxetine hcl (pmd)</i>	Tier 1	
<i>naloxone hcl</i>	Tier 1	
<i>naltrexone hcl</i>	Tier 1	
NICOTROL INHALER	Tier 2	
<i>perphenazine-amitriptyline</i>	Tier 1	
SUBOXONE	Tier 2	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM	Tier 2	PA
ANDROGEL	Tier 2	PA
<i>oxandrolone 2.5mg</i>	Tier 1	PA
<i>oxandrolone 10mg</i>	Tier 4	PA
TESTIM	Tier 2	PA
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	
<b>ANTIDIABETICS</b>		
<i>acarbose</i>	Tier 1	
ACTOPLUS MET	Tier 2	
ACTOS	Tier 2	
ALCOHOL PREPS	Tier 2	

Drug	Copayment Plan Tier	Requirements/Limits
APIDRA	Tier 2	
APIDRA SOLOSTAR	Tier 2	
AVANDAMET	Tier 2	
AVANDARYL	Tier 2	
AVANDIA	Tier 2	
BD INSULIN SYRINGE SAFETY	Tier 2	
BD INSULIN SYRINGE ULTRAF	Tier 2	
BD PEN NEEDLE/ULTRAFINE/2	Tier 2	
BYETTA	Tier 2	
<i>chlorpropamide</i>	Tier 1	
CURITY GAUZE PADS 2"X2"	Tier 2	
DUETACT	Tier 2	
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide-metformin hcl</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
HUMALOG	Tier 2	
HUMALOG MIX 50/50	Tier 2	
HUMALOG MIX 50/50 PEN	Tier 2	
HUMALOG MIX 75/25	Tier 2	
HUMALOG MIX 75/25 PEN	Tier 2	
HUMALOG PEN	Tier 2	
HUMULIN 50/50	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN 70/30 PEN	Tier 2	
HUMULIN N	Tier 2	
HUMULIN N U-100 PEN	Tier 2	
HUMULIN R	Tier 2	
HUMULIN R U-500 (CONCENTR	Tier 2	
JANUMET	Tier 2	
JANUVIA	Tier 2	
LANTUS	Tier 2	
LANTUS SOLOSTAR	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXPEN	Tier 2	
<i>metformin hcl</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
NOVOLIN 70/30	Tier 2	
NOVOLIN 70/30 INNOLET	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN N INNOLET	Tier 2	
NOVOLIN R	Tier 2	
NOVOLIN R INNOLET	Tier 2	
NOVOLOG	Tier 2	

Drug	Copayment Plan Tier	Requirements/Limits
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	Tier 2	
ONGLYZA	Tier 2	
PRANDIN	Tier 2	
RELION 70/30	Tier 2	
RELION N	Tier 2	
RELION R	Tier 2	
SYMLIN	Tier 2	
SYMLINPEN 120	Tier 2	
SYMLINPEN 60	Tier 2	
<i>tolazamide</i>	Tier 1	
<i>tolbutamide</i>	Tier 1	
<b>BISPHOSPHONATES</b>		
ACTONEL	Tier 3	
<i>alendronate sodium</i>	Tier 1	
BONIVA	Tier 2	
<i>etidronate disodium</i>	Tier 1	
<i>pamidronate disodium</i>	Tier 1	
ZOMETA	Tier 4	
<b>CALCITONINS</b>		
<i>calcitonin (salmon)</i>	Tier 1	
MIACALCIN	Tier 2	INJ
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR 30mg	Tier 2	
SENSIPAR 60mg, 90mg	Tier 4	
<b>CHELATING AGENTS</b>		
EXJADE	Tier 4	
SYPRINE	Tier 2	
<b>CONTRACEPTIVES</b>		
DEPO-PROVERA CONTRACEPTIV	Tier 3	
<i>desogestrel &amp; ethinyl estradiol</i>	Tier 1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	Tier 1	
<i>drospirenone-ethinyl estradiol</i>	Tier 1	
<i>ethynodiol diacet &amp; eth estrad</i>	Tier 1	
<i>levonorgestrel &amp; eth estradiol</i>	Tier 1	
<i>levonorgestrel (emergency oc)</i>	Tier 1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	Tier 1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive)</i>	Tier 1	
NECON 10/11-28	Tier 2	
<i>norethin acet &amp; estrad-fe</i>	Tier 1	
<i>norethindrone &amp; eth estradiol</i>	Tier 1	
<i>norethindrone &amp; mestranol</i>	Tier 1	
<i>norethindrone (contraceptive)</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
<i>norethindrone acet &amp; eth estra</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	Tier 1	
<i>norethindrone-eth estradiol (triphasic)</i>	Tier 1	
<i>norgestimate-ethinyl estradiol</i>	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	Tier 1	
<i>norgestrel &amp; ethinyl estradiol</i>	Tier 1	
NUVARING	Tier 2	
ORTHO EVRA	Tier 2	
ORTHO TRI-CYCLEN LO	Tier 2	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	Tier 1	
SYNAREL	Tier 2	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	Tier 4	
ALDURAZYME	Tier 4	
BUPHENYL	Tier 4	
CEREZYME	Tier 4	
CYSTADANE	Tier 2	
CYSTAGON	Tier 2	
ELAPRASE	Tier 4	
FABRAZYME	Tier 4	
KUVAN	Tier 4	
<i>levocarnitine (metabolic modifiers)</i>	Tier 1	
MYOZYME	Tier 4	
NAGLAZYME	Tier 4	
ORFADIN	Tier 4	
SUCRAID	Tier 4	
VPRIV	Tier 4	PA
ZAVESCA	Tier 4	
<b>ESTROGEN/PROGESTINS</b>		
CLIMARA PRO	Tier 2	
COMBIPATCH	Tier 2	
<i>estradiol &amp; norethindrone acetate</i>	Tier 1	
FEMHRT 1/5	Tier 3	
FEMHRT LOW DOSE	Tier 3	
PREFEST	Tier 3	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
<b>ESTROGENS</b>		
ALORA	Tier 2	
CENESTIN	Tier 3	
ESTRACE	Tier 3	CREAM
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
<i>estradiol valerate</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
ESTRING	Tier 3	
<i>estropipate</i>	Tier 1	
FEMRING	Tier 3	
GYNODIOL	Tier 2	
PREMARIN	Tier 2	
PREMARIN W/APPLICATOR	Tier 2	
VAGIFEM	Tier 2	
VIVELLE-DOT	Tier 2	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
DEXPAK 13 DAY	Tier 2	
<i>fludrocortisone acetate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone sod succinate</i>	Tier 1	
MEDROL	Tier 2	2mg TAB
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone acetate</i>	Tier 1	
<i>methylprednisolone sod succ</i>	Tier 1	
<i>prednisolone</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 2	
SOLU-CORTEF	Tier 2	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM	Tier 2	
<b>HUMAN GROWTH HORMONES</b>		
INCRELEX	Tier 4	PA
NORDITROPIN CARTRIDGE	Tier 4	PA
NORDITROPIN NORDIFLEX PEN	Tier 4	PA
SAIZEN	Tier 4	PA
SAIZEN CLICK.EASY	Tier 4	PA
TEV-TROPIN	Tier 4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	Tier 1	
<i>chorionic gonadotropin</i>	Tier 1	B/D
<i>octreotide acetate</i>	Tier 4	PA
SANDOSTATIN LAR DEPOT	Tier 4	PA
SOMATULINE DEPOT	Tier 4	PA
SOMAVERT	Tier 4	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	Tier 4	PA

Drug	Copayment Plan Tier	Requirements/Limits
<b>PHOPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i>	Tier 1	
FOSRENOL	Tier 2	
PHOSLO	Tier 2	
RENAGEL	Tier 2	
REVELA	Tier 2	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
PROMETRIUM	Tier 3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	Tier 2	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i>	Tier 1	
<i>liothyronine sodium</i>	Tier 1	
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SYNTHROID	Tier 2	
<b>VASOPRESSINS</b>		
DDAVP	Tier 1	
<i>desmopressin acetate</i>	Tier 1	
<i>desmopressin acetate refrigerated</i>	Tier 1	
<i>desmopressin acetate spray refrigerated</i>	Tier 1	
<b>GASTROINTESTINAL</b>		
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate w/ atropine</i>	Tier 1	
<i>loperamide hcl</i>	Tier 1	
<b>ANTIEMETICS</b>		
ANTIVERT	Tier 2	50 MG TAB
<i>dronabinol 2.5mg, 5mg</i>	Tier 1	QL (60 caps / 25 days)
<i>dronabinol 10mg</i>	Tier 4	QL (60 caps / 25 days)
EMEND 125mg	Tier 2	B/D, QL (2 per 25 days)
EMEND 40mg	Tier 2	
EMEND 80mg	Tier 2	B/D, QL (4 per 25 days)
<i>granisetron hcl .1mg/ml, 1mg/ml</i>	Tier 1	
<i>granisetron hcl 1mg, 2mg/10ml</i>	Tier 1	B/D
<i>meclizine hcl</i>	Tier 1	
<i>metoclopramide hcl</i>	Tier 1	
<i>ondansetron</i>	Tier 1	B/D
<i>ondansetron hcl 24mg, 4mg, 4mg/5ml, 8mg</i>	Tier 1	B/D
<i>ondansetron hcl 4mg/2ml</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine edisylate</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine hcl</i>	Tier 1	
SANCUSO	Tier 2	QL (2 ptch / 15 days)
TRANSDERM-SCOP	Tier 2	
<i>trimethobenzamide hcl</i>	Tier 1	
<b>ANTISPASMODICS</b>		
<i>atropine sulfate</i>	Tier 1	
<i>dicyclomine hcl</i>	Tier 1	
<i>glycopyrrolate</i>	Tier 1	
<i>methscopolamine bromide</i>	Tier 1	
<i>propantheline bromide</i>	Tier 1	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>famotidine in nacl</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
PEPCID	Tier 2	SUSP
<i>ranitidine hcl</i>	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	Tier 2	
ASACOL	Tier 3	
<i>balsalazide disodium</i>	Tier 1	
CANASA	Tier 2	
CIMZIA	Tier 4	PA
CORTIFOAM	Tier 3	
DIPENTUM	Tier 2	
ENTOCORT EC	Tier 2	
<i>hydrocortisone (intrarectal)</i>	Tier 1	
LIALDA	Tier 2	
<i>mesalamine</i>	Tier 1	
PENTASA	Tier 2	
<i>sulfasalazine</i>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME</b>		
LOTRONEX	Tier 2	
<b>LAXATIVES</b>		
HALFLYTELY BOWEL PREP	Tier 2	
KRISTALOSE	Tier 3	
<i>lactulose</i>	Tier 1	
<i>lactulose (encephalopathy)</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	
RELISTOR	Tier 2	

Drug	Copayment Plan Tier	Requirements/Limits
VISICOL	Tier 3	
<b>MISCELLANEOUS</b>		
AMITIZA	Tier 2	
CARAFATE	Tier 2	SUSP
GASTROCROM	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate</i>	Tier 1	
<i>ursodiol</i>	Tier 1	
XIFAXAN	Tier 4	PA; 550 mg
<b>PANCREATIC ENZYMES</b>		
CREON	Tier 2	
PANCREAZE	Tier 2	
ZENPEP	Tier 2	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>		
PREVPAC	Tier 2	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	Tier 2	QL (90 days per year)
KAPIDEX	Tier 2	QL (90 days per year)
<i>lansoprazole</i>	Tier 1	QL (90 days per year)
NEXIUM	Tier 2	QL (90 days per year)
NEXIUM I.V.	Tier 2	
<i>omeprazole</i>	Tier 1	QL (90 days per year)
<i>omeprazole-sodium bicarbonate</i>	Tier 1	QL (90 days per year)
<i>pantoprazole sodium</i>	Tier 1	QL (90 days per year)
ZEGERID	Tier 3	QL (90 days per year)
<b>SALIVA STIMULANTS</b>		
EVOXAC	Tier 2	
<i>pilocarpine hcl (oral)</i>	Tier 1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
AVODART	Tier 2	
<i>finasteride</i>	Tier 1	
<i>tamsulosin hcl</i>	Tier 1	
UROXATRAL	Tier 2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i>	Tier 1	
ELMIRON	Tier 2	
<i>potassium citrate (alkalinizer)</i>	Tier 1	
THIOLA	Tier 2	
<b>URINARY ANTISPASMODICS</b>		
DETROL	Tier 3	
DETROL LA	Tier 2	
ENABLEX	Tier 2	
<i>flavoxate hcl</i>	Tier 1	
<i>oxybutynin chloride</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
OXYTROL	Tier 2	
SANCTURA	Tier 2	
SANCTURA XR	Tier 2	
VESICARE	Tier 2	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100mg	Tier 2	
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>metronidazole vaginal</i>	Tier 1	
<i>miconazole nitrate vaginal</i>	Tier 1	
<i>terconazole vaginal</i>	Tier 1	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	Tier 2	
COUMADIN	Tier 2	
<i>enoxaparin sodium</i>	Tier 1	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml	Tier 2	
FRAGMIN 10000unit/ml, 25000unit/ml	Tier 4	
<i>heparin (porcine) in sodium chloride</i>	Tier 1	
<i>heparin sod (porcine) in d5w</i>	Tier 1	
HEPARIN SODIUM	Tier 2	
<i>heparin sodium (porcine)</i>	Tier 1	
HEPARIN SODIUM/D5W	Tier 2	
LOVENOX	Tier 2	
<i>warfarin sodium</i>	Tier 1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml	Tier 2	PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 40mcg/0.4ml, 40mcg/ml, 500mcg/ml, 60mcg/0.3ml, 60mcg/ml	Tier 4	PA
MOZOBIL	Tier 4	PA
NEULASTA	Tier 4	PA
NEUPOGEN	Tier 4	PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml	Tier 2	PA
PROCRIT 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 4	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	Tier 1	
<i>cilostazol</i>	Tier 1	
CYKLOKAPRON	Tier 2	
<i>pentoxifylline</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
PROMACTA	Tier 4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	Tier 2	
<i>dipyridamole</i>	Tier 1	
EFFIENT	Tier 2	
PLAVIX	Tier 2	
<i>ticlopidine hcl</i>	Tier 1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ACTEMRA	Tier 4	PA
CUPRIMINE	Tier 2	
ENBREL	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
HUMIRA	Tier 4	PA
HUMIRA PEN-CROHNS DISEASE	Tier 4	PA
<i>hydroxychloroquine sulfate</i>	Tier 1	
<i>leflunomide</i>	Tier 1	
<i>methotrexate sodium 2.5mg</i>	Tier 1	
REMICADE	Tier 4	PA
RHEUMATREX	Tier 2	
RIDAURA	Tier 2	
<b>IMMUNOGLOBULINS</b>		
GAMASTAN S/D	Tier 2	
GAMMAGARD LIQUID	Tier 4	PA
GAMUNEX	Tier 4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	Tier 4	
INFERGEN	Tier 4	PA
INTRON-A	Tier 4	
INTRON-A W/DILUENT	Tier 2	
PEG-INTRON	Tier 4	PA
PEG-INTRON REDIPEN	Tier 4	PA
PEG-INTRON REDIPEN PAK 4	Tier 4	PA
PEGASYS	Tier 4	PA
REVLIMID	Tier 4	LA, PA
THALOMID	Tier 4	PA
<b>IMMUNOSUPPRESSANTS</b>		
AZASAN	Tier 2	B/D
<i>azathioprine</i>	Tier 1	B/D
<i>azathioprine sodium</i>	Tier 1	
CELLCEPT	Tier 2	B/D
<i>cyclosporine 100mg, 25mg</i>	Tier 1	B/D
<i>cyclosporine 50mg/ml</i>	Tier 1	
<i>cyclosporine modified (for microemulsion)</i>	Tier 1	B/D
<i>mycophenolate mofetil</i>	Tier 1	B/D

Drug	Copayment Plan Tier	Requirements/Limits
MYFORTIC	Tier 2	B/D
NEORAL	Tier 2	B/D
PROGRAF	Tier 2	B/D
RAPAMUNE	Tier 2	B/D
SANDIMMUNE	Tier 2	B/D
<i>tacrolimus</i>	Tier 1	B/D
ZORTRESS .25mg, .5mg	Tier 2	B/D
ZORTRESS .75mg	Tier 4	B/D

### **VACCINES**

ACTHIB	Tier 2	
ADACEL	Tier 2	
ATTENUVAX	Tier 2	
BOOSTRIX	Tier 2	
CERVARIX	Tier 2	
COMVAX	Tier 2	
DAPTACEL	Tier 2	
DECAVAC	Tier 2	B/D
DIPHTHERIA/TETANUS TOXOID	Tier 2	B/D
ENGERIX-B	Tier 2	B/D
GARDASIL	Tier 2	
HAVRIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
JE-VAX	Tier 2	
M-M-R II W/DILUENT 10 DOS	Tier 2	
MENACTRA	Tier 2	
MENOMUNE-A/C/Y/W-135	Tier 2	
MERUVAX II W/DILUENT 10 D	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PROQUAD	Tier 2	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	B/D
ROTATEQ	Tier 2	
TETANUS TOXOID ADSORBED	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRIHIBIT	Tier 2	
TRIPEDIA	Tier 2	
TWINRIX	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
VIVOTIF BERNA	Tier 2	
YF-VAX	Tier 2	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
ZOSTAVAX	Tier 2	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES</i></b>		
<i>magnesium sulfate</i>	Tier 1	
<i>parenteral electrolytes</i>	Tier 1	
<i>potassium chloride</i> 10meq, 2meq/ml, 8meq	Tier 1	
<i>potassium chloride microencapsulated crystals cr</i>	Tier 1	
<i>sodium bicarbonate</i>	Tier 1	
<i>sodium chloride</i> 2.5meq/ml	Tier 1	
<i>sodium fluoride</i>	Tier 1	
<i>sodium lactate</i>	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
<b><i>IV NUTRITION</i></b>		
<i>amino acid electrolyte infusion</i>	Tier 1	B/D
<i>amino acid infusion</i>	Tier 1	B/D
<i>amino acid infusion in d10w</i>	Tier 1	B/D
<i>amino acid infusion in d20w</i>	Tier 1	B/D
<i>amino acid infusion in d25w</i>	Tier 1	B/D
AMINOSYN	Tier 2	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 2	B/D
AMINOSYN II	Tier 2	B/D
AMINOSYN II 3.5%/DEXTROSE	Tier 2	B/D
AMINOSYN II 3.5/DEXTROSE	Tier 2	B/D
AMINOSYN II 4.25/DEXTROSE	Tier 2	B/D
AMINOSYN II 5/DEXTROSE 25	Tier 2	B/D
AMINOSYN II M 3.5%/DEXTRO	Tier 2	B/D
AMINOSYN M	Tier 2	B/D
AMINOSYN-HBC	Tier 2	B/D
AMINOSYN-PF	Tier 2	B/D
AMINOSYN-PF 7%	Tier 2	B/D
CLINIMIX 2.75%/DEXTROSE 5	Tier 2	B/D
CLINIMIX 4.25%/DEXTROSE 5	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 2	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 2	B/D
CLINIMIX E 2.75%/DEXTROSE	Tier 2	B/D
CLINIMIX E 4.25%/DEXTROSE	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 15	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 20	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 25	Tier 2	B/D
CLINIMIX E 5%/DEXTROSE 35	Tier 2	B/D
<i>fat emulsion</i>	Tier 1	B/D
FREAMINE HBC 6.9%	Tier 2	B/D
FREAMINE III 3%	Tier 2	B/D

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
HEPATASOL	Tier 2	B/D
INTRALIPID	Tier 2	B/D
LIPOSYN II	Tier 2	B/D
LIPOSYN III	Tier 2	B/D
NEPHRAMINE	Tier 2	B/D
PREMASOL	Tier 2	B/D
PROCALAMINE	Tier 2	B/D
PROSOL	Tier 2	B/D
RENAMIN	Tier 2	B/D
TRAVASOL	Tier 2	B/D
TRAVASOL 2.75%/DEXTROSE 1	Tier 2	B/D
TRAVASOL 2.75%/DEXTROSE 5	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 10	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 20	Tier 2	B/D
TRAVASOL 8.5%/DEXTROSE 50	Tier 2	B/D
TROPHAMINE	Tier 2	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>alcohol in d5w</i>	Tier 1	
<i>dextrose</i>	Tier 1	
DEXTROSE 5%	Tier 2	
DEXTROSE 5%/POTASSIUM CHL	Tier 2	
<i>dextrose in lactated ringers</i>	Tier 1	
<i>dextrose w/ sodium chloride</i>	Tier 1	
<i>electrolyte-m in dextrose</i>	Tier 1	
<i>electrolyte-r</i>	Tier 1	
<i>electrolyte-r in dextrose</i>	Tier 1	
IONOSOL-B/DEXTROSE 5%	Tier 2	
IONOSOL-MB/DEXTROSE 5%	Tier 2	
IONOSOL-T/DEXTROSE 5%	Tier 2	
ISOLYTE-H/DEXTROSE 5%	Tier 2	
ISOLYTE-P/DEXTROSE 5%	Tier 2	
ISOLYTE-S	Tier 2	
ISOLYTE-S/DEXTROSE 5%	Tier 2	
KCL 0.15%/D10W/NACL 0.2%	Tier 2	
KCL 0.15%/D5W/LR	Tier 2	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
KCL 0.3%/D5W/LR IV LAC RI	Tier 2	
KCL 0.3%/D5W/NACL 0.9%	Tier 2	
<i>lactated ringer's</i>	Tier 1	
MAGNESIUM SULFATE IN D5W	Tier 2	
NORMOSOL-R	Tier 2	
PLASMA-LYTE 56	Tier 2	
PLASMA-LYTE A	Tier 2	
PLASMA-LYTE-148	Tier 2	
PLASMA-LYTE-148/D5W	Tier 2	
PLASMA-LYTE-56/D5W	Tier 2	

Drug	Copayment Plan Tier	Requirements/Limits
<i>potassium chloride</i> .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	Tier 1	
POTASSIUM CHLORIDE 0.15%	Tier 2	
POTASSIUM CHLORIDE 0.3%/	Tier 2	
<i>potassium chloride in dextrose</i>	Tier 1	
<i>potassium chloride in dextrose &amp; sodium chloride</i>	Tier 1	
<i>potassium chloride in nacl</i>	Tier 1	
<i>ringer's</i>	Tier 1	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	Tier 1	

### **VITAMINS**

<i>calcitriol</i> .25mcg, .5mcg, 1mcg/ml	Tier 1	
CALCITRIOL 2mcg/ml	Tier 2	
HECTOROL	Tier 2	
<i>prenatal without a vit w/ iron carbonyl-folic acid</i>	Tier 1	

### **RESPIRATORY**

#### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

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

#### **ANTICHOLINERGICS**

ATROVENT HFA	Tier 2	QL (2 inhalers per 25 days)
<i>ipratropium bromide</i>	Tier 1	B/D, QL (315 per 25 days)
<i>ipratropium bromide (nasal)</i>	Tier 1	
SPIRIVA HANDIHALER	Tier 2	QL (30 caps / 25 days)

#### **ANTI-HISTAMINE/DECONGESTANT COMBINATIONS**

ALLEGRA-D 12 HOUR	Tier 3	
ALLEGRA-D 24 HOUR	Tier 3	
<i>promethazine &amp; phenylephrine</i>	Tier 1	

#### **ANTI-HISTAMINES, LOW/NONSEDATING**

ASTEPRO	Tier 2	QL (2 inhalers per 25 days)
<i>azelastine hcl</i>	Tier 1	QL (2 inhalers / 25 days)
<i>fexofenadine hcl</i>	Tier 1	
XYZAL	Tier 3	

#### **ANTI-HISTAMINES, SEDATING**

<i>carbinoxamine maleate</i>	Tier 1	
<i>clemastine fumarate</i>	Tier 1	
<i>cyproheptadine hcl</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl</i>	Tier 1	
<i>hydroxyzine hcl</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> .083%, .63mg/3ml, 1.25mg/3ml	Tier 1	B/D, QL (300 per 25 days)
<i>albuterol sulfate</i> .5%	Tier 1	B/D, QL (60 per 25 days)
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	Tier 1	
FORADIL AEROLIZER	Tier 3	QL (60 caps / 25 days)
<i>metaproterenol sulfate</i>	Tier 1	
PROAIR HFA	Tier 2	QL (2 inhalers per 25 days)
PROVENTIL HFA	Tier 3	QL (2 inhalers per 25 days)
SEREVENT DISKUS	Tier 2	QL (1 inhaler per 25 days)
<i>terbutaline sulfate</i>	Tier 1	
XOPENEX	Tier 3	B/D, QL (288 / 25 days)
XOPENEX HFA	Tier 3	QL (2 inhalers per 25 days)
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	Tier 3	
SINGULAIR	Tier 2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	Tier 1	B/D, QL (240 / 25 days)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	Tier 1	B/D
ARALAST NP	Tier 4	B/D
<i>epinephrine hcl</i>	Tier 1	
EPIPEN 2-PAK	Tier 2	
EPIPEN-JR 2-PAK	Tier 2	
PULMOZYME	Tier 4	B/D
TOBI	Tier 4	B/D
TYZINE	Tier 2	
TYZINE PEDIATRIC NASAL DR	Tier 2	
XOLAIR	Tier 4	PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	Tier 1	QL (2 inhalers per 25 days)
<i>fluticasone propionate (nasal)</i>	Tier 1	QL (1 inhaler per 25 days)
NASACORT AQ	Tier 2	QL (1 inhaler per 25 days)

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
NASONEX	Tier 3	QL (2 inhalers per 25 days)
RHINOCORT AQUA	Tier 3	QL (2 inhalers per 25 days)
<b>STEROID INHALANTS</b>		
ASMANEX 120 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 14 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 30 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
ASMANEX 60 METERED DOSES	Tier 2	QL (2 inhalers per 25 days)
AZMACORT	Tier 3	QL (2 inhalers per 25 days)
<i>budesonide (inhalation)</i>	Tier 1	B/D, QL (120 / 25 days)
FLOVENT DISKUS	Tier 2	QL (2 inhalers per 25 days)
FLOVENT HFA	Tier 2	QL (2 inhalers per 25 days)
PULMICORT	Tier 3	B/D, QL (60 / 25 days); 1mg/2mL
QVAR	Tier 2	QL (3 inhalers per 25 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	Tier 2	QL (60 / 25 days)
ADVAIR HFA	Tier 2	QL (1 inhaler per 25 days)
PULMICORT FLEXHALER 180mcg/act	Tier 3	QL (2 inhalers per 25 days)
PULMICORT FLEXHALER 90mcg/act	Tier 3	QL (4 inhalers per 25 days)
SYMBICORT	Tier 2	QL (1 inhaler per 25 days)
<b>XANTHINES</b>		
<i>aminophylline</i>	Tier 1	
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>adapalene</i>	Tier 1	PA
AZELEX	Tier 2	
<i>benzoyl peroxide-erythromycin</i>	Tier 1	
<i>clindamycin phosphate (topical)</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide</i>	Tier 1	

Drug	Copayment Plan Tier	Requirements/Limits
DIFFERIN	Tier 2	PA
<i>erythromycin (acne aid)</i>	Tier 1	
<i>isotretinoin</i>	Tier 1	
RETIN-A MICRO	Tier 3	PA
<i>sulfacetamide sodium (acne)</i>	Tier 1	
<i>tretinoin .01%, .025%, .05%, .1%</i>	Tier 1	PA; CREAM, GEL
<i>tretinoin .025%</i>	Tier 1	PA
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC	Tier 2	
FLUOROPLEX	Tier 2	
<i>fluorouracil (topical)</i>	Tier 1	
SOLARAZE	Tier 2	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	Tier 2	
BACTROBAN	Tier 2	CREAM
<i>gentamicin sulfate (topical)</i>	Tier 1	
<i>mupirocin</i>	Tier 1	
<i>silver sulfadiazine</i>	Tier 1	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i>	Tier 1	
<i>ciclopirox olamine</i>	Tier 1	
<i>clotrimazole (topical)</i>	Tier 1	
<i>clotrimazole w/ betamethasone</i>	Tier 1	
<i>econazole nitrate</i>	Tier 1	
<i>ketoconazole (topical) 2%</i>	Tier 1	
MENTAX	Tier 3	
<i>nystatin (topical)</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
OXISTAT	Tier 3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>hydrocortisone (rectal) 2.5%</i>	Tier 1	
ZONALON	Tier 2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene</i>	Tier 1	
DOVONEX	Tier 2	CREAM
OXSORALEN ULTRA	Tier 4	
SORIATANE	Tier 3	
SORIATANE CK	Tier 3	
STELARA	Tier 4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical) 2%</i>	Tier 1	
<i>selenium sulfide</i>	Tier 1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	Tier 2	
ZOVIRAX	Tier 2	CREAM, OINT

Drug	Copayment Plan Tier	Requirements/Limits
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate</i>	Tier 1	
<i>amcinonide</i>	Tier 1	
<i>betamethasone dipropionate (topical)</i>	Tier 1	
<i>betamethasone dipropionate augmented</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>clobetasol propionate</i>	Tier 1	
<i>clobetasol propionate emollient base</i>	Tier 1	
CORDRAN	Tier 3	
CORDRAN TAPE	Tier 3	
DERMA-SMOOTH/FS BODY OIL	Tier 2	
<i>desonide</i>	Tier 1	
DESOWEN OINTMENT/CETAPHIL	Tier 2	
<i>desoximetasone</i>	Tier 1	
<i>diflorasone diacetate</i>	Tier 1	
<i>fluocinolone acetonide</i>	Tier 1	
<i>fluocinonide</i>	Tier 1	
<i>fluocinonide emulsified base</i>	Tier 1	
<i>fluticasone propionate</i>	Tier 1	
<i>halobetasol propionate</i>	Tier 1	
<i>hydrocortisone (rectal) 1%</i>	Tier 1	
<i>hydrocortisone (topical)</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
KENALOG	Tier 2	
LOCOID LIPOCREAM	Tier 3	
LUXIQ	Tier 3	
<i>mometasone furoate</i>	Tier 1	
<i>prednicarbate</i>	Tier 1	
TEXACORT	Tier 2	
<i>triamcinolone acetonide (topical)</i>	Tier 1	
<i>urea-hc acetate</i>	Tier 1	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	Tier 2	ST
PROTOPIC	Tier 2	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i>	Tier 1	
<i>lidocaine hcl</i>	Tier 1	
<i>lidocaine-prilocaine</i>	Tier 1	
LIDODERM	Tier 2	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
CONDYLOX	Tier 3	GEL
<i>imiquimod</i>	Tier 1	
<i>lactic acid (ammonium lactate)</i>	Tier 1	
PANRETIN	Tier 4	

Drug	Copayment Plan Tier	Requirements/Limits
<i>podofilox</i>	Tier 1	
TARGRETIN 1%	Tier 4	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	Tier 3	
METROGEL	Tier 2	
<i>metronidazole (topical)</i>	Tier 1	
ORACEA	Tier 2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	Tier 2	
<i>lindane</i>	Tier 1	
<i>malathion</i>	Tier 1	
<i>permethrin</i>	Tier 1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>irrigation solutions, physiological</i>	Tier 1	
<i>lactated ringer's (irrigation)</i>	Tier 1	
<i>neomycin/polymyxin b gu</i>	Tier 1	
REGRANEX	Tier 4	PA
<i>ringer's irrigation</i>	Tier 1	
SANTYL	Tier 2	
<i>sodium chloride (gu irrigant)</i>	Tier 1	
<i>water for irrigation, sterile</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	Tier 1	
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	
<b>OPHTHALMIC</b>		
ALOCRIAL	Tier 3	
ALOMIDE	Tier 3	
ALPHAGAN P	Tier 2	
ALREX	Tier 2	
<i>apraclonidine hcl</i>	Tier 1	
AZASITE	Tier 2	
<i>azelastine hcl (ophth)</i>	Tier 1	
AZOPT	Tier 2	
<i>bacitracin (ophthalmic)</i>	Tier 1	
<i>bacitracin-poly-neomycin-hc</i>	Tier 1	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
<i>betaxolol hcl (ophth)</i>	Tier 1	
BETIMOL	Tier 3	
BETOPTIC-S	Tier 2	
BLEPHAMIDE S.O.P.	Tier 2	
<i>brimonidine tartrate</i>	Tier 1	
<i>carteolol hcl (ophth)</i>	Tier 1	
CILOXAN	Tier 2	OINT

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 1	
<i>diclofenac sodium (ophth)</i>	Tier 1	
<i>dipivefrin hcl</i>	Tier 1	
<i>dorzolamide hcl</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate</i>	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>fluorometholone (ophth)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
FML	Tier 2	
<i>gentamicin sulfate (ophth)</i>	Tier 1	
<i>ketorolac tromethamine (ophth)</i>	Tier 1	
LACRISERT	Tier 2	
<i>levobunolol hcl</i>	Tier 1	
LOTEMAX	Tier 3	
LUMIGAN	Tier 2	
<i>metipranolol</i>	Tier 1	
<i>naphazoline hcl</i>	Tier 1	
NATACYN	Tier 2	
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 1	
<i>neomycin-polmy-dexameth</i>	Tier 1	
<i>neomycin-polmy-gramicid</i>	Tier 1	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 1	
<i>ofloxacin (ophth)</i>	Tier 1	
PATADAY	Tier 2	
PATANOL	Tier 2	
PILOPINE HS	Tier 2	
<i>polymyxin b-trimethoprim</i>	Tier 1	
PRED MILD	Tier 3	
<i>prednisolone acetate (ophth)</i>	Tier 1	
<i>prednisolone sodium phosphate (ophth)</i>	Tier 1	
<i>proparacaine hcl</i>	Tier 1	
QUIXIN	Tier 3	
RESTASIS	Tier 2	
<i>sulfacetamide sod-prednisolone</i>	Tier 1	
<i>sulfacetamide sodium (ophth)</i>	Tier 1	
<i>timolol maleate (ophth)</i>	Tier 1	
TOBRADEX	Tier 3	OINT
<i>tobramycin sulfate (ophth)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
TOBEX	Tier 2	OINT
TRAVATAN Z	Tier 3	
<i>trifluridine</i>	Tier 1	

<b>Drug</b>	<b>Copayment Plan Tier</b>	<b>Requirements/Limits</b>
<i>tropicamide</i>	Tier 1	
VIGAMOX	Tier 2	
XALATAN	Tier 2	
XIBROM	Tier 2	
ZYMAR	Tier 2	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	Tier 1	
<i>acetic acid-aluminum acetate</i>	Tier 1	
CIPRO HC	Tier 3	
CIPRODEX	Tier 3	
DERMOTIC	Tier 2	
<i>hydrocortisone w/acetic acid</i>	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i>	Tier 1	
<i>ofloxacin (otic)</i>	Tier 1	

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