



NRECA Medicare Part D

PRESCRIPTION DRUG PLANS
an Employer PDP

**Basic Plus Plan
Copayment Plan
Enhanced Plan
Enhanced Plus Plan**

**2012 Formulary (List of Covered Drugs)
March 2012**

MedicareRx
Prescription Drug Coverage X



PLEASE NOTE

This booklet includes the list of drugs for NRECA's Basic Plus, Copayment, Enhanced and Enhanced Plus plans as of March 1, 2012. The booklet is referred to as the **List of Covered Drugs**. The list of drugs covered by the plan may be called the **formulary** or **drug list**.

This booklet includes a complete list of the prescription drugs covered by NRECA's Basic Plus, Copayment, Enhanced and Enhanced Plus plans. This complete drug list is also called a comprehensive formulary.

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

You may find out if a drug is covered or get an updated version of the List of Covered Drugs for NRECA's plans at any time.

Please visit the web site at <http://nreca.medicareplanrx.com> for information about drugs covered by the plans. On the home page is a **Formulary Search Tool** so you can find out if a specific drug is covered. For an updated copy of the entire drug list, go to the Drug List page and download an updated copy of the List of Covered Drugs.

For a paper copy of the updated List of Covered Drugs, or to find out if a specific drug is covered, please call NRECA Medicare Part D Customer Care at 1-866-586-7322, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069, from 8 a.m. to 8 p.m., 7 days a week.

List of Covered Drugs for

BASIC PLUS PLAN COPAYMENT PLAN ENHANCED PLAN ENHANCED PLUS PLAN

This is the complete list of prescription drugs covered under NRECA's Medicare Part D Basic Plus, Copayment, Enhanced and Enhanced Plus plans. It also is called the **formulary** or **drug list**.

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.

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.

Starting on page 7, the drugs covered by the plans are listed by therapeutic category, or drug class.

In the Index, starting on page 4: , 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. Go to the page number listed after the drug to find out

- if there are other drugs covered in the same therapeutic category
- what prior authorizations, step therapy, quantity limits or other requirements apply
- what form, dosage or strength of the drug is covered. If none is listed, check the Formulary Search Tool on the web site or call Customer Care to be sure the form, dosage or strength of your drug is covered.

How to Use This Booklet

1. Find the exact name of your medication by looking
 - on the prescription from your doctor
 - in the lower left hand corner of the label on the bottle or package of a current medication.
2. Go to the Index, starting on page 4: . Drugs covered by the plan are listed in alphabetical order in the Index.
3. Look for the name of your drug.
4. If your drug is listed in the Index, it is covered by your plan.
5. If your drug is not listed and you want to check if it is covered:
 - contact NRECA Medicare Part D Customer Care at 1-866-586-7322, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069 from 8 a.m. to 8 p.m., 7 days a week.
 - visit <http://nreca.medicareplanrx.com> and use the Formulary Search Tool on the home page.
6. 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 the telephone number below.

The Copayment plan has four tiers. That means you pay a different copayment amount depending on the tier for your 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, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069 from 8 a.m. to 8 p.m., 7 days a week.

Remember, you must **use a network pharmacy** to fill your prescription, except in an emergency or non-routine circumstance.

Only Drugs On The Formulary Are Covered

All NRECA's Medicare Part D drug lists are "closed" formularies. This means that only the generic, brand-name and specialty drugs included 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 had 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 on the formulary for your Medicare Part D Plan are referred to as **formulary drugs**. Drugs not listed on the formulary for your Medicare Part D Plan 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 decision, also called a coverage determination. For the Copayment plan, if your formulary exception is approved, you will pay the 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 decision.

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 decision and an appeal are located in the Summary Plan Description and Evidence of Coverage.

The Formulary Can Change

The formulary is subject to change. Before getting a new prescription filled, go to <http://nreca.medicareplanrx.com> to check the latest List of Covered Drugs 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 your prescription states that the pharmacy may fill your prescription with a generic drug, your pharmacist may fill your prescription with the generic drug as soon as it becomes available.

If you do not receive a notice, you can receive up to a 60-day supply of the drug. For the Copayment plan, you will pay 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 decision 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 the drug list starting on page 7. 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 the drug list starting on page 7. 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.

Please note: some diabetic supplies are covered under Part B, not Part D. If you have any questions about an order for diabetic supplies, please call **Part B Customer Care** at 1-866-804-5880, Monday-Friday, from 7 a.m. to 9 p.m., Central Time.

QL—Drugs With Quantity Limitations

You will see a “QL” next to some drugs in the drug list starting on page 7. 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 for any drug, you must request a formulary exception through a coverage decision. Call 1-866-586-7322, or fax your request to 1-866-884-9475.

ST—Drugs Requiring Step Therapy

You may see “ST” next to some drugs in the drug list starting on page 7. 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 decision. 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, 2012**
- Enrolled in a new plan, effective **January 1, 2012**, during open enrollment held October 15 to December 7, 2011
- 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.

During your first 90 days in the plan, you may receive up to a **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 a transition supply of up to 31 days, and the plan may honor refills until the end of the 90-day transition period.
- **After 90 days**, you may receive a 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 Tier 3 copayment for this transition fill. For drugs subject to a PA, QL or ST, 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 decision or formulary exception for a non-covered drug.

You may receive up to a 30-day transition supply of a drug that was removed from the formulary. This will give you time to talk to your doctor about an alternative drug.

It is your responsibility to check the List of Covered Drugs 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.

An updated List of Covered Drugs is 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 decision 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 decision 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 **complaint**, also known as 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.

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**

You generally pay the lowest copayment amount for this tier. It includes most generic drugs and some brand-name drugs.

- **Tier 2**

You generally pay the second lowest copayment amount for drugs at this tier. Most of the drugs 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. However, this tier also includes some generic drugs.

- **Tier 3**

You generally pay the second highest copayment amount for drugs at this tier. Most of the drugs are brand-name drugs that are not on a preferred drug list and usually are a higher cost. This tier may also include some generic drugs.

- **Tier 4**

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

Medicare Tier 4 Comprehensive – 2012

Drug Name	Copayment Plan Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i>	Tier 1	
<i>allopurinol inj 500mg</i>	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 1	
COLCRYS	Tier 2	QL (60 tabs / 30 days)
<i>probenecid</i>	Tier 1	
ULORIC	Tier 2	
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i>	Tier 1	
<i>ascomp with codeine</i>	Tier 1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	Tier 1	
<i>butalbital-aspirin-caffeine w/cod</i>	Tier 1	
<i>butorphanol tartrate 1mg/ml, 2mg/ml</i>	Tier 1	
<i>co-gesic</i>	Tier 1	
<i>hydrocodone-acetaminophen CAPS</i>	Tier 1	
<i>hydrocodone-acetaminophen SOL</i>	Tier 1	
<i>hydrocodone-acetaminophen TABS</i>	Tier 1	
<i>hydrocodone-ibuprofen</i>	Tier 1	
<i>margesic-h</i>	Tier 1	
<i>stagesic 5/500</i>	Tier 1	
<i>vicodin 10/660</i>	Tier 1	
NARCOTIC ANALGESICS, CII		
<i>astramorph</i>	Tier 1	B/D
AVINZA	Tier 3	QL (60 ea / 30 days)
DILAUDID-5 ORAL LIQD	Tier 2	
<i>duramorph</i>	Tier 1	B/D
<i>endocet 10/325</i>	Tier 1	
<i>endocet 10/650</i>	Tier 1	
<i>endocet 5/325</i>	Tier 1	
<i>endocet 7.5/325</i>	Tier 1	
<i>endocet 7.5/500</i>	Tier 1	
<i>endodan</i>	Tier 1	
<i>endodan reformulated may 2009</i>	Tier 1	
EXALGO	Tier 2	QL (60 ea / 30 days)
<i>fentanyl citrate 200mcg</i>	Tier 2	QL (120 lpop / 30 days), PA
<i>fentanyl citrate 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	Tier 4	QL (120 lpop / 30 days), PA
<i>fentanyl citrate inj 0.05 mg/ml</i>	Tier 1	B/D
<i>fentanyl patch</i>	Tier 1	QL (10 ea / 30 days)

Drug Name	Copayment	Requirements/Limits
	Plan	Tier
<i>hydromorphone hcl</i> SOLN	Tier 1	B/D
<i>hydromorphone hcl</i> TABS	Tier 1	
KADIAN	Tier 2	QL (60 ea / 30 days)
<i>methadone hcl</i> CONC	Tier 1	
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	Tier 1	
<i>methadone hcl</i> TABS	Tier 1	QL (240 tabs / 30 days)
<i>methadose</i>	Tier 1	QL (240 tabs / 30 days)
MORPHINE SUL 20MG/ML ORAL SOL	Tier 1	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	Tier 1	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	Tier 2	
MORPHINE SULFATE TABS	Tier 1	
<i>morphine sulfate</i> TB12 15mg, 30mg, 60mg, 100mg	Tier 1	QL (90 ea / 30 days)
<i>morphine sulfate</i> TB12 200mg	Tier 1	QL (60 ea / 30 days)
OPANA ER	Tier 3	QL (120 ea / 30 days)
<i>oxycodone hcl</i>	Tier 1	
<i>oxycodone w/ acetaminophen</i>	Tier 1	
<i>oxycodone-aspirin</i>	Tier 1	
OXYCONTIN	Tier 2	QL (120 ea / 30 days)
<i>oxymorphone hcl</i> TB12	Tier 1	QL (120 ea / 30 days)
<i>roxicet 5/325</i>	Tier 1	
ROXICET SOL 5-325/5	Tier 2	
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl tab 50 mg</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	
NSAIDS		
CELEBREX 400mg	Tier 2	PA
CELEBREX 50mg, 100mg, 200mg	Tier 2	
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN	Tier 2	suspension
<i>indomethacin</i>	Tier 1	
<i>ketoprofen</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>meloxicam susp 7.5 mg/5ml</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier
<i>oxaprozin</i>	Tier 1
<i>piroxicam</i>	Tier 1
<i>sulindac</i>	Tier 1
<i>tolmetin sodium</i>	Tier 1
VIMOVO	Tier 2

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
<i>amoxicillin & pot clavulanate</i>	Tier 1
<i>ampicillin</i>	Tier 1
<i>ampicillin & sulbactam sodium</i>	Tier 1
<i>ampicillin sodium</i>	Tier 1
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
CEFACTOR ER	Tier 2
<i>cefadroxil</i>	Tier 1
CEFAZOLIN INJ 1GM/50ML	Tier 2
<i>cefazolin sodium</i>	Tier 1
<i>cefdinir</i>	Tier 1
<i>cefepime hcl</i>	Tier 1
<i>cefotaxime sodium</i>	Tier 1
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	Tier 1
<i>cefpodoxime proxetil</i>	Tier 1
<i>cefprozil</i>	Tier 1
<i>ceftriaxone sodium</i>	Tier 1
<i>cefuroxime axetil</i>	Tier 1
<i>cefuroxime sodium</i> 1.5gm, 750mg	Tier 1
<i>cephalexin</i> CAPS; SUSR	Tier 1
CIPRO SUSR	Tier 2
<i>cipro i.v.</i>	Tier 1
<i>ciprofloxacin</i>	Tier 1
<i>ciprofloxacin er</i>	Tier 1
<i>clarithromycin</i>	Tier 1
<i>dicloxacillin sodium</i>	Tier 1
<i>doxycycline (monohydrate)</i> TABS	Tier 1
<i>doxycycline hyclate</i> CAPS; SOLR; TABS	Tier 1

Drug Name	Copayment Requirements/Limits Plan Tier	
<i>e.e.s.</i>	Tier 1	
ERYPED 200	Tier 2	
ERYTHROCIN LACTOBIONATE	Tier 2	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin base</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin stearate</i>	Tier 1	
<i>gentamicin in saline</i>	Tier 1	
<i>gentamicin sulfate</i>	Tier 1	
LEVAQUIN	Tier 3	
LEVAQUIN INJ	Tier 3	
LEVAQUIN ORAL SOLUTION	Tier 3	
<i>levofloxacin</i>	Tier 1	
<i>levofloxacin in d5w</i>	Tier 1	
<i>minocycline hcl</i> CAPS; TABS	Tier 1	
<i>nafcillin sodium</i>	Tier 1	
<i>neomycin sulfate</i>	Tier 1	
<i>paromomycin sulfate</i>	Tier 1	
<i>penicillin g potassium</i>	Tier 1	
PENICILLIN G PROCAINE	Tier 2	
<i>penicillin v potassium</i>	Tier 1	
<i>piperacillin sodium-tazobactam sodium</i>	Tier 1	
<i>streptomycin sulfate</i>	Tier 1	
SULFADIAZINE	Tier 2	
SUPRAX	Tier 2	
<i>tetracycline hcl</i>	Tier 1	
<i>tobramycin sulfate</i>	Tier 1	
ZMAX	Tier 2	
ZOSYN SOLN	Tier 3	
ANTIFUNGALS		
<i>amphotericin b</i>	Tier 1	B/D
ANCOBON	Tier 2	
CANCIDAS	Tier 4	
<i>clotrimazole</i>	Tier 1	
<i>fluconazole</i>	Tier 1	
<i>fluconazole in dextrose</i>	Tier 1	
<i>flucytosine</i>	Tier 1	
GRIS-PEG	Tier 2	
<i>griseofulvin microsize</i>	Tier 1	
<i>itraconazole</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
NOXAFIL	Tier 4	
<i>nystatin</i>	Tier 1	
SPORANOX SOLN	Tier 4	
<i>terbinafine hcl</i>	Tier 1	QL (90 tabs / year)

Drug Name	Copayment Requirements/Limits Plan Tier
VFEND IV	Tier 2
VFEND SUS 40MG/ML	Tier 4
<i>voriconazole</i>	Tier 4
ANTIMALARIALS	
<i>atovaquone-proguanil hcl</i>	Tier 1
<i>chloroquine phosphate</i>	Tier 1
COARTEM	Tier 3
DARAPRIM	Tier 2
MALARONE	Tier 2
<i>mefloquine hcl</i>	Tier 1
QUALAQUIN	Tier 3
ANTI RETROVIRAL AGENTS	
APTIVUS	Tier 2
ATRIPLA	Tier 4
COMBIVIR	Tier 2
COMPLERA	Tier 4
CRIXIVAN	Tier 2
<i>didanosine</i>	Tier 1
EDURANT	Tier 4
EMTRIVA	Tier 2
EPIVIR	Tier 2
EPZICOM	Tier 2
FUZEON	Tier 4
INTELENCE	Tier 2
INVIRASE	Tier 2
ISENTRESS	Tier 4
KALETRA	Tier 2
<i>lamivudine</i>	Tier 1
LEXIVA	Tier 2
NORVIR	Tier 2
PREZISTA 400mg, 600mg	Tier 4
PREZISTA 75mg, 150mg	Tier 2
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 PEDIATRIC	Tier 2
VIRACEPT	Tier 2
VIRAMUNE	Tier 2
VIRAMUNE XR	Tier 2
VIREAD	Tier 2

Drug Name	Copayment Requirements/Limits Plan Tier	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
ANTI TUBERCULAR AGENTS		
CAPASTAT SULFATE	Tier 3	
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid</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	
ANTIVIRALS		
<i>acyclovir</i>	Tier 1	
BARACLUDE SOLN	Tier 2	
BARACLUDE TABS	Tier 4	
EPIVIR HBV	Tier 2	
<i>famciclovir</i>	Tier 1	
<i>ganciclovir 250mg</i>	Tier 1	
<i>ganciclovir 500mg</i>	Tier 4	
<i>ganciclovir inj 500mg</i>	Tier 1	B/D
HEPSERA	Tier 4	PA
INCIVEK	Tier 4	PA
REBETOL SOLN	Tier 4	PA
RELENZA DISKHALER	Tier 2	
RIBAPAK	Tier 4	PA
<i>ribasphere CAPS</i>	Tier 1	PA
<i>ribasphere TABS 200mg</i>	Tier 1	PA
<i>ribasphere TABS 400mg, 600mg</i>	Tier 4	PA
<i>ribavirin 200mg</i>	Tier 1	PA
<i>rimantadine hydrochloride</i>	Tier 1	
TAMIFLU	Tier 2	
TYZEKA	Tier 4	PA
<i>valacyclovir hcl</i>	Tier 1	
VALCYTE	Tier 4	
VICTRELIS	Tier 4	PA
MISCELLANEOUS		
ALBENZA	Tier 2	
ALINIA SUSR	Tier 2	QL (3 bottles / 30 days)
ALINIA TABS	Tier 2	QL (12 tabs / 30 days)
CLEOCIN CAP 75MG	Tier 2	
CLEOCIN PED SOL 75MG/5ML	Tier 2	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier	
<i>colistimethate sodium</i>	Tier 1	B/D
CUBICIN	Tier 4	B/D
<i>dapsone</i>	Tier 1	
<i>erythromycin-sulfisoxazole</i>	Tier 1	
<i>imipenem-cilastatin</i>	Tier 1	
INVANZ	Tier 2	
MACRODANTIN CAP 25MG	Tier 2	
<i>mebendazole</i>	Tier 1	
MEPRON	Tier 4	
<i>methenamine hippurate</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole in nacl</i>	Tier 1	
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd macro</i>	Tier 1	
PRIMAXIN	Tier 2	
<i>sulfamethoxazole-trimethopri</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
TYGACIL	Tier 3	
VANCOCIN HCL	Tier 4	
<i>vancomycin hcl</i>	Tier 1	B/D
ZYVOX	Tier 4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	Tier 2	B/D
BUSULFEX	Tier 2	B/D
CEENU	Tier 2	
<i>cyclophosphamide</i>	Tier 1	B/D
<i>dacarbazine</i>	Tier 1	B/D
EMCYT	Tier 2	
HEXALEN	Tier 4	
IFEX INJ 3GM	Tier 2	B/D
IFOSFAMIDE	Tier 2	B/D
LEUKERAN	Tier 2	
<i>melphalan hcl</i>	Tier 1	B/D
MUSTARGEN	Tier 2	B/D
TREANDA	Tier 4	B/D

ANTHRACYCLINES

<i>adriamycin</i>	Tier 1	B/D
<i>daunorubicin hcl</i>	Tier 1	B/D
DAUNOXOME	Tier 4	B/D
DOXIL	Tier 4	B/D
<i>doxorubicin hcl</i>	Tier 1	B/D
EPIRUBICIN HCL	Tier 4	B/D

Drug Name	Copayment Plan Tier	Requirements/Limits
<i>idarubicin hcl</i>	Tier 1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	Tier 1	B/D
COSMEGEN	Tier 2	B/D
<i>mitomycin</i>	Tier 1	B/D
ANTIMETABOLITES		
ALIMTA	Tier 4	B/D
<i>cytarabine</i>	Tier 1	B/D
<i>fluorouracil inj</i>	Tier 1	B/D
GEMCITABINE	Tier 4	B/D
<i>gemcitabine hcl</i>	Tier 4	B/D
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	B/D
<i>pentostatin</i>	Tier 1	B/D
TABLOID	Tier 2	
VIDAZA	Tier 4	B/D
ANTIMITOTIC, TAXOIDS		
<i>docetaxel CONC</i>	Tier 4	B/D
<i>paclitaxel</i>	Tier 1	B/D
TAXOTERE	Tier 4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	Tier 2	B/D
<i>vincasar</i>	Tier 1	B/D
<i>vincristine sulfate</i>	Tier 1	B/D
<i>vinorelbine tartrate</i>	Tier 1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	Tier 4	B/D
CAMPATH	Tier 2	B/D
HERCEPTIN	Tier 4	B/D
ISTODAX	Tier 4	B/D
ONTAK	Tier 2	B/D
PROLEUKIN	Tier 4	B/D
RITUXAN	Tier 4	PA
VELCADE	Tier 4	B/D
ZOLINZA	Tier 4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i>	Tier 1	
<i>bicalutamide</i>	Tier 1	
DEPO-PROVERA INJ 400/ML	Tier 2	B/D
<i>exemestane</i>	Tier 1	
FARESTON	Tier 2	
FASLODEX	Tier 4	B/D
<i>flutamide</i>	Tier 1	
<i>letrozole</i>	Tier 1	

Drug Name	Copayment	Requirements/Limits
	Plan	Tier
<i>leuprolide acetate</i>	Tier 1	PA
LUPRON DEPOT 3.75mg, 11.25mg	Tier 2	PA
LUPRON DEPOT 7.5mg, 22.5mg, 30mg	Tier 4	PA
LUPRON DEPOT-PED	Tier 4	PA
MEGACE ES	Tier 2	
<i>megestrol acetate</i>	Tier 1	
NILANDRON	Tier 2	
<i>tamoxifen citrate</i>	Tier 1	
TRELSTAR DEPOT MIXJECT	Tier 2	B/D
TRELSTAR LA MIXJECT	Tier 2	B/D
TRELSTAR MIXJECT	Tier 4	B/D
ZYTIGA	Tier 4	PA
KINASE INHIBITORS		
AFINITOR	Tier 4	
GLEEVEC	Tier 4	
JAKAFI	Tier 4	QL (60 tabs / 30 days), PA
NEXAVAR	Tier 4	
SPRYCEL	Tier 4	
SUTENT	Tier 4	
TARCEVA	Tier 4	
TASIGNA	Tier 4	
TYKERB	Tier 4	
VANDETANIB	Tier 4	
VOTRIENT	Tier 4	
XALKORI	Tier 4	PA
ZELBORAF	Tier 4	PA
MISCELLANEOUS		
DROXIA	Tier 2	
ELSPAR	Tier 2	B/D
<i>hydroxyurea</i>	Tier 1	
IRINOTECAN	Tier 4	B/D
LYSODREN	Tier 4	
MATULANE	Tier 4	
<i>mitoxantrone hcl</i>	Tier 1	B/D
SYLATRON	Tier 4	PA
TARGRETIN	Tier 4	
TRETINOIN CAPS	Tier 4	
TRISENOX	Tier 2	B/D
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	Tier 1	B/D
FLUDARABINE PHOSPHATE	Tier 4	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	Tier 1	B/D
<i>cisplatin</i>	Tier 1	B/D

Drug Name	Copayment Plan Tier	Requirements/Limits
OXALIPLATIN	Tier 4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	Tier 4	B/D
<i>dexrazoxane</i>	Tier 1	B/D
ELITEK	Tier 4	B/D
<i>ifosfamide & mesna</i>	Tier 1	B/D
<i>leucovor ca inj</i>	Tier 1	B/D
LEUCOVORIN CALCIUM 10mg, 15mg	Tier 2	
<i>leucovorin calcium 5mg, 25mg</i>	Tier 1	
<i>mesna</i>	Tier 1	B/D
MESNEX TABS	Tier 4	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	Tier 1	B/D
<i>toposar</i>	Tier 1	B/D
<i>topotecan hcl</i>	Tier 4	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>captopril & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide</i>	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
ACE INHIBITORS		
<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	
ADRENOLYTICS, CENTRAL		
<i>clonidine hcl</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	Tier 1	

Drug Name	Copayment Requirements/Limits	Plan Tier
<i>prazosin hcl</i>		Tier 1
<i>terazosin hcl</i>		Tier 1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT		Tier 3
AZOR		Tier 2
BENICAR HCT		Tier 2
DIOVAN HCT		Tier 2
EXFORGE		Tier 2
EXFORGE HCT		Tier 2
<i>losartan potassium & hydrochlorothiazide</i>		Tier 1
MICARDIS HCT		Tier 3
TEVETEN HCT		Tier 3
TRIBENZOR		Tier 2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND		Tier 3
BENICAR		Tier 2
DIOVAN		Tier 2
<i>eprosartan mesylate</i>		Tier 1
<i>losartan potassium</i>		Tier 1
MICARDIS		Tier 3
TEVETEN		Tier 3
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>		Tier 1
<i>amiodarone inj 50mg/ml</i>		Tier 1 B/D
<i>disopyramide phosphate</i>		Tier 1
<i>flecainide acetate</i>		Tier 1
<i>mexiletine hcl</i>		Tier 1
MULTAQ		Tier 2
NORPACE CR 100mg		Tier 2
<i>pacerone 200mg</i>		Tier 1
PACERONE TAB 100MG		Tier 2
<i>propafenone hcl</i>		Tier 1
<i>quinidine gluconate er</i>		Tier 1
<i>quinidine sulfate</i>		Tier 1
<i>sorine</i>		Tier 1
<i>sotalol hcl</i>		Tier 1
TIKOSYN		Tier 2
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV		Tier 3
CRESTOR		Tier 1
LESCOL		Tier 3
LESCOL XL		Tier 3
LIPITOR		Tier 1
<i>lovastatin</i>		Tier 1
<i>pravastatin sodium</i>		Tier 1

Drug Name	Copayment Requirements/Limits Plan Tier
<i>simvastatin</i>	Tier 1
ANTILIPEMICS, MISCELLANEOUS	
ADVICOR	Tier 3
ANTARA	Tier 2
<i>cholestyramine light</i>	Tier 1
<i>colestipol hcl</i>	Tier 1
<i>fenofibrate</i>	Tier 1
<i>fenofibrate micronized</i>	Tier 1
<i>gemfibrozil</i>	Tier 1
LIPOFEN	Tier 2
LOVAZA	Tier 3
NIASPAN	Tier 2
<i>prevalite</i>	Tier 1
SIMCOR	Tier 3
TRICOR	Tier 2
TRILIPIX	Tier 2
VYTORIN	Tier 3
WELCHOL	Tier 2
ZETIA	Tier 2
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone</i>	Tier 1
<i>bisoprolol & hydrochlorothiazide</i>	Tier 1
<i>metoprolol & hydrochlorothiazide</i>	Tier 1
BETA-BLOCKERS	
<i>acebutolol hcl</i>	Tier 1
<i>atenolol</i>	Tier 1
<i>bisoprolol fumarate</i>	Tier 1
BYSTOLIC	Tier 2
<i>carvedilol</i>	Tier 1
COREG CR	Tier 3
<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 cap er</i>	Tier 1
<i>propranolol inj 1mg/ml</i>	Tier 1
<i>propranolol sol</i>	Tier 1
<i>propranolol tab</i>	Tier 1
<i>propranolol tab 60mg</i>	Tier 1
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
CADUET	Tier 3
CALCIUM CHANNEL BLOCKERS	
<i>afeditab cr</i>	Tier 1

Drug Name	Copayment Requirements/Limits Plan Tier
<i>amlodipine besylate</i>	Tier 1
CARDIZEM CD 360mg	Tier 2
<i>cartia</i>	Tier 1
<i>dilt</i>	Tier 1
<i>diltiazem hcl</i> CP12; CP24; SOLN; TABS	Tier 1
<i>diltiazem hcl coated beads</i>	Tier 1
<i>diltiazem hcl extended release beads</i>	Tier 1
<i>diltzac</i>	Tier 1
<i>felodipine</i>	Tier 1
<i>isradipine</i>	Tier 1
<i>matzim</i>	Tier 1
<i>nifediac</i>	Tier 1
<i>nifedical</i>	Tier 1
<i>nifedipine</i> TB24	Tier 1
<i>nifedipine cr</i>	Tier 1
NIMODIPINE	Tier 2
<i>nisoldipine</i>	Tier 1
<i>taztia</i>	Tier 1
<i>verapamil hcl</i>	Tier 1
<i>DIGITALIS GLYCOSIDES</i>	
<i>digoxin</i>	Tier 1
DIGOXIN SOL 50MCG/ML	Tier 1
LANOXIN TABS	Tier 2
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>	
AMTURNIDE	Tier 2
TEKAMLO	Tier 2
TEKTURNA	Tier 2
TEKTURNA HCT	Tier 2
VALTURNA	Tier 2
VALTURNA TAB 300-320	Tier 2
<i>DIURETICS</i>	
<i>acetazolamide</i>	Tier 1
<i>amiloride & 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
<i>furosemide</i> SOLN 10mg/ml	Tier 1
<i>furosemide</i> TABS	Tier 1
<i>hydrochlorothiazide</i>	Tier 1
<i>indapamide</i>	Tier 1
<i>methazolamide</i>	Tier 1
<i>metolazone</i>	Tier 1
<i>spironolactone & hydrochlorothiazide</i>	Tier 1
TORSEMIDE SOLN	Tier 2

Drug Name	Copayment	Requirements/Limits
	Plan	Tier
<i>torseamide</i> TABS	Tier 1	
<i>triamterene & hydrochlorothiazide</i>	Tier 1	
MISCELLANEOUS		
BIDIL	Tier 2	
<i>hydralazine hcl</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
RANEXA	Tier 2	
NITRATES		
<i>isochron</i>	Tier 1	
ISORDIL TITRADOSE 40mg	Tier 2	
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>minitran</i>	Tier 1	
NITRO-DUR .3mg/hr, .8mg/hr	Tier 2	
<i>nitroglycerin dis</i>	Tier 1	
NITROLINGUAL PUMPSPRAY	Tier 2	
NITROSTAT	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	Tier 4	PA
LETAIRIS	Tier 4	PA
REMODULIN	Tier 4	B/D
REVATIO TABS	Tier 4	PA
TRACLEER	Tier 4	LA, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>bupirone hcl</i>	Tier 1	
<i>fluvoxamine maleate</i>	Tier 1	
<i>fluvoxamine tab 100mg</i>	Tier 1	
ANTI-CONVULSANTS		
BANZEL	Tier 3	
<i>carbamazepine</i>	Tier 1	
CARBATROL	Tier 3	
CELONTIN	Tier 2	
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 2	
<i>divalproex sodium</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
<i>felbamate</i>	Tier 1	
FELBATOL	Tier 3	
<i>gabapentin</i> CAPS 100mg	Tier 1	QL (1080 caps / 30 days)

Drug Name	Copayment	Requirements/Limits
	Plan Tier	
<i>gabapentin</i> CAPS 300mg	Tier 1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	Tier 1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	Tier 1	QL (5 bottles / 30 days)
<i>gabapentin</i> TABS 600mg	Tier 1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	Tier 1	QL (120 tabs / 30 days)
GABITRIL	Tier 3	
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 1	
LYRICA 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg	Tier 2	QL (120 caps / 30 days)
LYRICA 300mg	Tier 2	QL (60 caps / 30 days)
<i>oxcarbazepine</i>	Tier 1	
PEGANONE	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin inj 50mg/ml</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<i>primidone</i>	Tier 1	
SABRIL	Tier 4	
TEGRETOL XR TAB 100MG	Tier 2	
<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	
ANTIDEMENTIA		
<i>donepezil 5mg odt</i>	Tier 1	
<i>donepezil hydrochloride</i>	Tier 1	
EXELON SOLN	Tier 2	
EXELON DIS	Tier 2	
<i>galantamine hydrobromide</i>	Tier 1	
NAMENDA	Tier 2	
NAMENDA TITRATION PAK	Tier 2	
<i>rivastigmine tartrate</i>	Tier 1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	Tier 1	
AMOXAPINE	Tier 2	
<i>budeprion</i>	Tier 1	
<i>bupropion hcl</i>	Tier 1	
<i>citalopram hydrobromide</i>	Tier 1	
<i>clomipramine hcl</i>	Tier 1	
CYMBALTA	Tier 2	
<i>desipramine hcl</i>	Tier 1	
<i>doxepin hcl</i>	Tier 1	
EMSAM	Tier 2	
<i>fluoxetine hcl</i> CAPS; SOLN; TABS	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier
<i>imipramine hcl</i>	Tier 1
LEXAPRO	Tier 3
<i>maprotiline hcl</i>	Tier 1
MARPLAN	Tier 2
<i>mirtazapine</i>	Tier 1
<i>nefazodone hcl</i>	Tier 1
<i>nortriptyline hcl</i>	Tier 1
<i>paroxetine er tab</i>	Tier 1
<i>paroxetine hcl</i>	Tier 1
<i>phenelzine sulfate</i>	Tier 1
PRISTIQ	Tier 2
<i>protriptyline hcl</i>	Tier 1
<i>sertraline hcl</i>	Tier 1
SURMONTIL 100mg	Tier 2
<i>tranylcypromine sulfate</i>	Tier 1
<i>trazodone hcl</i>	Tier 1
<i>venlafaxine cap er</i>	Tier 1
<i>venlafaxine hcl</i>	Tier 1
<i>venlafaxine tab</i>	Tier 1
<i>venlafaxine tab er</i>	Tier 1
VIIIBRYD	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
<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
STALEVO 200	Tier 2
STALEVO 50	Tier 2
STALEVO 75	Tier 2
<i>trihexyphenidyl hcl</i>	Tier 1
ANTIPSYCHOTICS	
ABILIFY	Tier 3
ABILIFY DISCMELT	Tier 3
CHLORPROMAZ INJ 25MG/ML	Tier 2
<i>chlorpromazine hcl</i>	Tier 1

Drug Name	Copayment Requirements/Limits Plan Tier	
<i>clozapine</i>	Tier 1	
FANAPT	Tier 3	
FANAPT TITRATION PACK	Tier 3	
FAZACLO	Tier 3	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON	Tier 3	
GEODON INJ	Tier 3	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate</i>	Tier 1	
INVEGA	Tier 3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 4	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	Tier 3	
LATUDA	Tier 3	
<i>loxapine succinate</i>	Tier 1	
<i>olanzapine</i>	Tier 1	
<i>olanzapine odt</i>	Tier 1	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	
RISPERDAL CONSTA 12.5mg, 25mg	Tier 2	
RISPERDAL CONSTA 37.5mg, 50mg	Tier 4	
<i>risperidone</i>	Tier 1	
<i>risperidone odt</i>	Tier 1	
SAPHRIS	Tier 3	
SEROQUEL	Tier 2	
SEROQUEL XR	Tier 2	
<i>thioridazine hcl</i>	Tier 1	PA
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
ZYPREXA	Tier 3	
ZYPREXA ZYDIS	Tier 3	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i>	Tier 1	PA
CONCERTA	Tier 3	PA
<i>dextroamphetamine sulfate</i>	Tier 1	PA
<i>metadate</i>	Tier 1	PA
METADATE CD	Tier 3	PA
<i>methylin TABS</i>	Tier 1	PA
<i>methylin TBCR</i>	Tier 1	
METHYLIN CHEW TAB	Tier 3	PA
<i>methylin tab</i>	Tier 1	PA
<i>methyphenidate hcl</i>	Tier 1	PA
<i>methyphenidate tab 10mg er</i>	Tier 1	

Drug Name	Copayment Plan Tier	Requirements/Limits
<i>methylphenidate tab 20mg er</i>	Tier 1	
RITALIN LA	Tier 3	PA
STRATTERA	Tier 2	PA
HYPNOTICS		
LUNESTA	Tier 3	QL (30 tabs / 30 days)
SILENOR	Tier 2	
<i>zaleplon</i>	Tier 1	QL (30 caps / 30 days)
<i>zolpidem tartrate TABS</i>	Tier 1	QL (45 tabs / 30 days)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	Tier 1	
<i>ergotamine w/ caffeine</i>	Tier 1	
FROVA	Tier 3	QL (18 tabs / 30 days)
MAXALT	Tier 2	QL (12 tabs / 30 days)
MAXALT-MLT	Tier 2	QL (12 ea / 30 days)
MIGERGOT	Tier 2	
<i>naratriptan hcl</i>	Tier 1	QL (9 tabs / 30 days)
RELPAK	Tier 3	QL (12 tabs / 30 days)
<i>sumatriptan succinate SOLN</i>	Tier 1	QL (20 vials 30 days)
<i>sumatriptan succinate TABS</i>	Tier 1	QL (9 tabs / 30 days)
ZOMIG SOLN	Tier 3	QL (2 bottles / 30 days)
ZOMIG TABS	Tier 3	QL (12 tabs / 30 days)
ZOMIG ZMT	Tier 3	QL (12 ea / 30 days)
MISCELLANEOUS		
GUANIDINE HCL	Tier 2	
LITHIUM CARB TAB 300MG	Tier 1	
<i>lithium carbonate</i>	Tier 1	
LITHIUM CITRATE	Tier 2	
MESTINON SYRP	Tier 2	
MESTINON TIMESPAN	Tier 2	
NUDEXTA	Tier 3	PA
<i>pyridostigmine bromide</i>	Tier 1	
REGONOL	Tier 2	
RILUTEK	Tier 4	
SAVELLA	Tier 2	
SAVELLA TITRATION PACK	Tier 2	
XENAZINE	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Tier 4	PA
AVONEX	Tier 4	QL (4 syringes / 28 days), PA
COPAXONE	Tier 4	QL (30 syringes / 30 days), PA
EXTAVIA	Tier 4	QL (14 syringes / 28 days), PA
GILENYA	Tier 4	PA

Drug Name	Copayment Plan Tier	Requirements/Limits
REBIF	Tier 4	QL (12 syringes / 28 days), PA
REBIF TITRATION PACK	Tier 4	QL (12 syringes / 28 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	Tier 1	
<i>carisoprodol</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>chlorzoxazone</i>	Tier 1	PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	Tier 1	PA
<i>dantrolene sodium</i>	Tier 1	
<i>metaxalone</i>	Tier 1	PA
<i>methocarbamol</i>	Tier 1	PA
<i>orphenadrine citrate er</i>	Tier 1	PA
<i>orphenadrine w/ aspirin & caff</i>	Tier 1	PA
ROBAXIN INJ 100MG/ML	Tier 2	
<i>tizanidine hcl</i>	Tier 1	

NARCOLEPSY/CATAPLEXY

NUVIGIL	Tier 2	PA
PROVIGIL	Tier 3	PA
XYREM	Tier 4	LA, PA

PSYCHOTHERAPEUTIC-MISCELLANEOUS

ANTABUSE	Tier 2	
<i>buprenorphine hcl</i> SUBL	Tier 1	PA
<i>buproban</i>	Tier 1	
<i>bupropion hcl (smoking deterrent)</i>	Tier 1	
CAMPRAL	Tier 2	PA
CHANTIX	Tier 3	PA
<i>depade</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
<i>naloxone hcl</i>	Tier 1	
<i>naltrexone hcl</i>	Tier 1	
NICOTROL INHALER	Tier 3	PA
NICOTROL NS	Tier 3	PA
<i>perphenazine-amitriptyline</i>	Tier 1	
SUBOXONE SL FILM	Tier 2	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	Tier 4	PA
ANDRODERM	Tier 2	PA
ANDROGEL	Tier 2	QL (300 gm / 30 days), PA
ANDROGEL PUMP	Tier 2	QL (150 gm / 30 days), PA
ANDROXY	Tier 2	PA
<i>oxandrolone</i> 10mg	Tier 4	PA

Drug Name	Copayment Plan Tier	Requirements/Limits
<i>oxandrolone</i> 2.5mg	Tier 1	PA
TESTIM	Tier 3	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	

ANTIDIABETICS, INJECTABLE

ALCOHOL PREPS	Tier 2	
APIDRA	Tier 2	
APIDRA SOLOSTAR	Tier 2	
BYETTA	Tier 2	PA
GAUZE PADS 2X2	Tier 2	
HUMALOG	Tier 2	
HUMALOG KWIKPEN	Tier 2	
HUMALOG MIX 50/50	Tier 2	
HUMALOG MIX 50/50 KWIKPEN	Tier 2	
HUMALOG MIX 75/25	Tier 2	
HUMALOG MIX 75/25 KWIKPEN	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	
INSULIN PEN NEEDLES	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES	Tier 2	
LANTUS	Tier 2	
LANTUS SOLOSTAR	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXPEN	Tier 2	
NOVOLIN 70/30	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN R	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	Tier 2	
SYMLIN	Tier 2	PA
SYMLINPEN 120	Tier 2	PA
SYMLINPEN 60	Tier 2	PA
VICTOZA	Tier 2	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	Tier 1	
ACTOPLUS MET	Tier 2	
ACTOS 15mg	Tier 2	QL (90 tabs / 30 days)

Drug Name	Copayment Requirements/Limits Plan Tier	
ACTOS 30mg	Tier 2	QL (45 tabs / 30 days)
ACTOS 45mg	Tier 2	QL (30 tabs / 30 days)
DUETACT	Tier 2	
<i>glimepiride</i> 1mg	Tier 1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	Tier 1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	Tier 1	QL (60 tabs / 30 days)
<i>glipizide</i> 10mg	Tier 1	QL (120 tabs / 30 days)
<i>glipizide</i> 5mg	Tier 1	QL (240 tabs / 30 days)
<i>glipizide er</i> 10mg	Tier 1	QL (60 tabs / 30 days)
<i>glipizide er</i> 2.5mg	Tier 1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	Tier 1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl</i>	Tier 1	
<i>glyburide</i> 1.25mg	Tier 1	QL (480 tabs / 30 days)
<i>glyburide</i> 2.5mg	Tier 1	QL (240 tabs / 30 days)
<i>glyburide</i> 5mg	Tier 1	QL (120 tabs / 30 days)
<i>glyburide micronized</i> 1.5mg	Tier 1	QL (240 tabs / 30 days)
<i>glyburide micronized</i> 3mg	Tier 1	QL (120 tabs / 30 days)
<i>glyburide micronized</i> 6mg	Tier 1	QL (60 tabs / 30 days)
<i>glyburide-metformin</i>	Tier 1	
<i>glycron</i> 1.5mg	Tier 1	QL (240 tabs / 30 days)
<i>glycron</i> 3mg	Tier 1	QL (120 tabs / 30 days)
<i>glycron</i> 6mg	Tier 1	QL (60 tabs / 30 days)
JANUMET	Tier 2	
JANUVIA	Tier 2	
KOMBIGLYZE XR	Tier 2	
<i>metformin er</i> 500mg	Tier 1	QL (120 tabs / 30 days)
<i>metformin er</i> 750mg	Tier 1	QL (90 tabs / 30 days)
<i>metformin hcl</i> 500mg	Tier 1	QL (150 tabs / 30 days)
<i>metformin hcl</i> 850mg, 1000mg	Tier 1	QL (90 tabs / 30 days)
<i>nateglinide</i>	Tier 1	
ONGLYZA	Tier 2	
PRANDIN	Tier 2	
BISPHOSPHONATES		
ACTONEL	Tier 3	
<i>alendronate sodium</i>	Tier 1	
BONIVA	Tier 2	B/D
ZOMETA	Tier 4	B/D
CALCITONINS		
<i>calcitonin (salmon)</i>	Tier 1	
<i>fortical</i>	Tier 1	
MIACALCIN 200unit/ml	Tier 2	B/D; injection
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	Tier 2	
SENSIPAR 60mg, 90mg	Tier 4	
CHELATING AGENTS		

Drug Name	Copayment	Requirements/Limits Plan Tier
EXJADE 125mg	Tier 2	PA
EXJADE 250mg, 500mg	Tier 4	PA
<i>kionex</i>	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
SYPRINE	Tier 2	

CONTRACEPTIVES

<i>apri 28 day</i>	Tier 1	
<i>aranelle 28</i>	Tier 1	
<i>aviane 28</i>	Tier 1	
<i>balziva 28</i>	Tier 1	
<i>briellyn 28 day</i>	Tier 1	
<i>camila 28 day</i>	Tier 1	
<i>cesia 28 day</i>	Tier 1	
<i>cryselle 28</i>	Tier 1	
<i>cyclafem 1/35 28 day</i>	Tier 1	
<i>cyclafem 7/7/7 28 day</i>	Tier 1	
<i>desogestrel & ethinyl estradiol</i>	Tier 1	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	Tier 1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	Tier 1	
<i>drospirenone-ethinyl estradiol</i>	Tier 1	
<i>emoquette</i>	Tier 1	
<i>enpresse 28 day</i>	Tier 1	
<i>errin 28 day</i>	Tier 1	
<i>ethynodiol diacet & eth estrad</i>	Tier 1	
<i>introvale 91 day</i>	Tier 1	
<i>jolivette 28 day</i>	Tier 1	
<i>junel 1.5/30 21 day</i>	Tier 1	
<i>junel 1/20 21 day</i>	Tier 1	
<i>junel fe 1.5/30 28 day</i>	Tier 1	
<i>junel fe 1/20 28 day</i>	Tier 1	
<i>kariva 28 day</i>	Tier 1	
<i>kelnor 1/35 28 day</i>	Tier 1	
<i>leena 28 day</i>	Tier 1	
<i>lessina 28 day</i>	Tier 1	
<i>levonorgestrel & 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>levora 0.15/30 28 day</i>	Tier 1	
<i>low-ogestrel 28 day</i>	Tier 1	
<i>lutra 28 day</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive)</i>	Tier 1	
<i>microgestin 1.5/30 21 day</i>	Tier 1	
<i>microgestin 1/20 21 day</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier
<i>microgestin fe 1.5/30 28 day</i>	Tier 1
<i>microgestin fe 1/20 28 day</i>	Tier 1
<i>mononessa 28 day</i>	Tier 1
<i>necon 0.5/35 28 day</i>	Tier 1
<i>necon 1/35 28 day</i>	Tier 1
NECON 10/11-28	Tier 2
<i>necon 7/7/7 28 day</i>	Tier 1
<i>next choice</i>	Tier 1
<i>nora-be 28 day</i>	Tier 1
<i>norethin acet & estrad-fe</i>	Tier 1
<i>norethindrone & eth estradiol</i>	Tier 1
<i>norethindrone (contraceptive)</i>	Tier 1
<i>norethindrone acet & 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 & ethinyl estradiol</i>	Tier 1
<i>nortrel 0.5/35 28 day</i>	Tier 1
<i>nortrel 1/35 21 day</i>	Tier 1
<i>nortrel 1/35 28 day</i>	Tier 1
<i>nortrel 7/7/7 28 day</i>	Tier 1
NUVARING	Tier 2
<i>ocella 28 day</i>	Tier 1
<i>ogestrel 28 day</i>	Tier 1
<i>orsythia 28 day</i>	Tier 1
ORTHO EVRA	Tier 2
ORTHO TRI-CYCLEN LO	Tier 2
<i>portia 28 day</i>	Tier 1
<i>previfem 28 day</i>	Tier 1
<i>quasense 91 day</i>	Tier 1
<i>reclipsen 28 day</i>	Tier 1
<i>solia 28 day</i>	Tier 1
<i>sprintec 28 day</i>	Tier 1
<i>sronyx 28 day</i>	Tier 1
<i>tri-legest 28</i>	Tier 1
<i>tri-previfem 28 day</i>	Tier 1
<i>tri-sprintec 28 day</i>	Tier 1
<i>trinessa 28 day</i>	Tier 1
<i>trivora 28 day</i>	Tier 1
<i>velivet 28 day</i>	Tier 1
<i>zovia</i>	Tier 1
<i>zovia 1/35e 28 day</i>	Tier 1
<i>zovia 1/50e 28 day</i>	Tier 1
ENDOMETRIOSIS	
<i>danazol</i>	Tier 1

Drug Name	Copayment	Requirements/Limits
	Plan	Tier
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
ADAGEN	Tier 4	PA
ALDURAZYME	Tier 4	PA
BUPHENYL TABS	Tier 4	
CARBAGLU	Tier 4	
CEREZYME	Tier 4	PA
CYSTADANE	Tier 4	
CYSTAGON	Tier 2	
ELAPRASE	Tier 4	PA
FABRAZYME	Tier 4	PA
KUVAN	Tier 4	PA
<i>levocarnitine (metabolic modifiers)</i> SOLN	Tier 1	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS	Tier 1	B/D
LUMIZYME	Tier 4	PA
MYOZYME	Tier 4	PA
NAGLAZYME	Tier 4	PA
ORFADIN	Tier 4	PA
VPRIV	Tier 4	PA
ZAVESCA	Tier 4	PA
ESTROGEN/PROGESTINS		
COMBIPATCH	Tier 3	
<i>jinteli</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 1	
PREMPHASE	Tier 2	PA
PREMPRO	Tier 2	PA
ESTROGENS		
ESTRACE CREA	Tier 3	
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
ESTRING	Tier 3	
<i>estropipate</i>	Tier 1	PA
FEMRING	Tier 3	
<i>ortho-est</i>	Tier 1	PA
PREMARIN	Tier 2	PA
PREMARIN INJ	Tier 2	
PREMARIN VAGINAL CREAM	Tier 2	
VAGIFEM	Tier 3	
VIVELLE-DOT	Tier 2	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	Tier 1	
<i>a-methapred</i>	Tier 1	
<i>cortisone acetate</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier	
DEXAMETHASONE INTENSOL	Tier 2	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fludrocortisone acetate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone sod succinate</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone acetate</i>	Tier 1	
<i>methylprednisolone sod succ</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 2	
SOLU-CORTEF 250MG	Tier 2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM	Tier 2	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	Tier 4	PA
NORDITROPIN NORDIFLEX PEN	Tier 4	PA
MISCELLANEOUS		
<i>cabergoline</i>	Tier 1	
<i>chorionic gonadotropin</i>	Tier 1	PA
INCRELEX	Tier 4	PA
<i>novarel</i>	Tier 1	PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	Tier 4	PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	Tier 2	PA
<i>pregnyl</i>	Tier 1	PA
PROLIA	Tier 3	PA
SANDOSTATIN LAR DEPOT	Tier 4	PA
SOMATULINE DEPOT	Tier 4	PA
SOMAVERT	Tier 4	PA
PARATHYROID HORMONES		
FORTEO	Tier 4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS	Tier 1	
FOSRENOL	Tier 2	
PHOSLO	Tier 2	
PHOSLYRA	Tier 2	
RENAGEL	Tier 2	
RENVELA	Tier 2	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	Tier 1	

Drug Name	Copayment	Requirements/Limits	Plan Tier
<i>norethindrone acetate</i>			Tier 1
PROMETRIUM			Tier 3

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA			Tier 2
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THYROID AGENTS

<i>levothroid</i>			Tier 1
<i>levothyroxine sodium</i>			Tier 1
<i>levoxyl</i>			Tier 1
<i>liothyronine sodium</i> TABS		tablet	Tier 1
<i>methimazole</i>			Tier 1
<i>propylthiouracil</i>			Tier 1
SYNTHROID			Tier 2
<i>unithroid</i>			Tier 1

VASOPRESSINS

<i>desmopressin acetate</i>			Tier 1
<i>desmopressin acetate refrigerated</i>			Tier 1
<i>desmopressin acetate spray refrigerated</i>			Tier 1

GASTROINTESTINAL

ANTIEMETICS

<i>compro</i>			Tier 1
DRONABINOL 10mg			Tier 4
		QL (60 caps / 30 days), PA	
DRONABINOL 2.5mg, 5mg			Tier 2
		QL (60 caps / 30 days), PA	
EMEND 125mg			Tier 2
		B/D, QL (2 caps / 30 days)	
EMEND 40mg			Tier 2
EMEND 80mg			Tier 2
		B/D, QL (4 caps / 30 days)	
<i>granisetron hcl</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</i>			Tier 1
		B/D	
<i>ondansetron inj</i>			Tier 1
		B/D	
<i>phenadoz</i>			Tier 1
		PA	
<i>prochlorperazine</i>			Tier 1
<i>prochlorperazine edisylate</i>			Tier 1
<i>prochlorperazine maleate</i>			Tier 1
<i>promethazine hcl</i>			Tier 1
		PA	
<i>promethazine hcl inj</i>			Tier 1
<i>promethegan</i>			Tier 1
		PA	
SANCUSO			Tier 2
		QL (4 ptch / 30 days)	
TRANSDERM-SCOP			Tier 2
		QL (24 ea / year), PA	
<i>trimethobenzamide hcl</i>			Tier 1
		PA	

Drug Name	Copayment	Requirements/Limits	Plan Tier
ANTISPASMODICS			
CUVPOSA			Tier 3
<i>dicyclomine hcl</i>		PA	Tier 1
<i>dicyclomine inj</i>			Tier 1
<i>glycopyrrolate</i>			Tier 1
H2-RECEPTOR ANTAGONISTS			
<i>cimetidine</i>			Tier 1
<i>cimetidine inj 150mg/ml</i>			Tier 1
<i>cimetidine sol 300/5ml</i>			Tier 1
<i>famotidine</i>			Tier 1
<i>ranitidine hcl</i>			Tier 1
INFLAMMATORY BOWEL DISEASE			
APRISO			Tier 2
ASACOL			Tier 3
<i>balsalazide disodium</i>			Tier 1
<i>budesonide</i>			Tier 1
CANASA			Tier 2
<i>colocort</i>			Tier 1
DIPENTUM			Tier 3
ENTOCORT EC			Tier 4
<i>hydrocortisone (intrarectal)</i>			Tier 1
LIALDA			Tier 2
<i>mesalamine enema</i>			Tier 1
PENTASA			Tier 2
<i>sulfasalazine dr</i>			Tier 1
<i>sulfasalazine ir</i>			Tier 1
LAXATIVES			
<i>constulose</i>			Tier 1
<i>enulose</i>			Tier 1
<i>gavilyte-g</i>			Tier 1
<i>gavilyte-c</i>			Tier 1
<i>gavilyte-n</i>			Tier 1
HALFLYTELY BOWEL PREP/FLA			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		PA	Tier 2
<i>trilyte</i>			Tier 1
VISICOL			Tier 3
MISCELLANEOUS			

Drug Name	Copayment	Requirements/Limits
	Plan	Tier
AMITIZA	Tier 2	
CARAFATE SUSP	Tier 2	
<i>diphenoxylate w/ atropine</i>	Tier 1	PA
GASTROCROM	Tier 4	
<i>loperamide hcl</i>	Tier 1	
LOTRONEX	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate</i>	Tier 1	
<i>ursodiol</i>	Tier 1	
XIFAXAN TAB 550MG	Tier 4	PA

PANCREATIC ENZYMES

CREON	Tier 3	
PANCREAZE	Tier 2	
ZENPEP	Tier 2	

PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC	Tier 2	
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PROTON PUMP INHIBITORS

DEXILANT	Tier 2	QL (30 ea / 30 days)
<i>lansoprazole</i>	Tier 2	QL (30 ea / 30 days)
<i>lansoprazole odt</i>	Tier 2	QL (30 ea / 30 days)
NEXIUM	Tier 2	QL (30 ea / 30 days)
NEXIUM GRANULES	Tier 2	QL (30 ea / 30 days)
NEXIUM I.V.	Tier 2	
<i>omeprazole 10mg</i>	Tier 1	QL (30 ea / 30 days)
<i>omeprazole 20mg</i>	Tier 1	QL (60 ea / 30 days)
<i>omeprazole 40mg</i>	Tier 2	QL (30 ea / 30 days)
<i>pantoprazole sodium</i>	Tier 2	QL (30 ea / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	Tier 1	
AVODART	Tier 2	
<i>finasteride</i>	Tier 1	
JALYN	Tier 2	
<i>tamsulosin hcl</i>	Tier 1	
UROXATRAL	Tier 2	

MISCELLANEOUS

<i>bethanechol chloride</i>	Tier 1	
ELMIRON	Tier 3	
<i>potassium citrate (alkalinizer)</i>	Tier 1	

URINARY ANTISPASMODICS

DETROL	Tier 3	
DETROL LA	Tier 2	
ENABLEX	Tier 2	
GELNIQUE	Tier 2	

Drug Name	Copayment Requirements/Limits Plan Tier
<i>oxybutynin chloride</i>	Tier 1
OXYTROL	Tier 3
SANCTURA XR	Tier 3
TOVIAZ	Tier 3
<i>trospium chloride</i>	Tier 1
VESICARE	Tier 2

VAGINAL ANTI-INFECTIVES

CLEOCIN VAG SUPP 100MG	Tier 2
<i>clindamycin cre 2% vag</i>	Tier 1
<i>metronidazole vaginal</i>	Tier 1
<i>terconazole vaginal</i>	Tier 1
<i>vandazole</i>	Tier 1
<i>zazole</i>	Tier 1

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA 2.5mg/0.5ml	Tier 2	
ARIXTRA 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 4	
COUMADIN TABS	Tier 2	
<i>enoxaparin sodium</i>	Tier 1	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 4	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml, 25000unit/ml	Tier 2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	Tier 4	
HEP SOD/NACL INJ 25000	Tier 2	B/D
<i>heparin (porcine) in sodium chloride</i>	Tier 1	B/D
<i>heparin sod (porcine) in d5w</i>	Tier 1	B/D
HEPARIN SOD INJ 2000/ML	Tier 2	B/D
<i>heparin sodium (porcine)</i>	Tier 1	B/D
<i>jantoven</i>	Tier 1	
PRADAXA	Tier 2	
<i>warfarin sodium</i>	Tier 1	
XARELTO	Tier 2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE 150mcg/0.3ml, Tier 4 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml		PA
ARANESP ALBUMIN FREE 25mcg/0.42ml, Tier 2 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml, 100mcg/0.5ml, 100mcg/ml		PA
LEUKINE	Tier 4	PA

Drug Name	Copayment Plan Tier	Requirements/Limits
MOZOBIL	Tier 4	PA
NEUPOGEN	Tier 4	PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 4	PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	PA

MISCELLANEOUS

<i>anagrelide hcl</i>	Tier 1	PA
<i>cilostazol</i>	Tier 1	
CYKLOKAPRON	Tier 2	
<i>pentopak</i>	Tier 1	
<i>pentoxifylline</i>	Tier 1	
PROMACTA	Tier 4	PA
<i>tranexamic acid</i>	Tier 1	

PLATELET AGGREGATION INHIBITORS

AGGRENOX	Tier 2	
<i>dipyridamole</i>	Tier 1	PA
EFFIENT	Tier 2	
PLAVIX	Tier 2	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	Tier 4	PA
ENBREL	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 tab 2.5mg</i>	Tier 1	
REMICADE	Tier 4	PA
RHEUMATREX	Tier 2	

IMMUNOGLOBULINS

CARIMUNE NANOFILTERED	Tier 4	PA
GAMASTAN S/D	Tier 2	B/D
GAMMAGARD LIQUID	Tier 4	PA
GAMMAPLEX	Tier 4	PA
GAMUNEX	Tier 4	PA
PRIVIGEN	Tier 4	PA

IMMUNOMODULATORS

ACTIMMUNE	Tier 4	PA
ARCALYST	Tier 4	PA
INFERGEN	Tier 4	PA
INTRON-A	Tier 4	B/D
INTRON-A W/DILUENT	Tier 4	B/D
PEG-INTRON	Tier 4	PA
PEG-INTRON REDIPEN	Tier 4	PA

Drug Name	Copayment Plan Tier	Requirements/Limits
PEGASYS	Tier 4	PA
REVLIMID	Tier 4	LA, PA
THALOMID	Tier 4	PA

IMMUNOSUPPRESSANTS

AZASAN	Tier 2	B/D
<i>azathioprine</i>	Tier 1	B/D
<i>azathioprine inj 100mg</i>	Tier 1	B/D
CELLCEPT	Tier 2	B/D
<i>cyclosporine</i>	Tier 1	B/D
<i>cyclosporine modified (for microemulsion)</i>	Tier 1	B/D
<i>gengraf</i>	Tier 1	B/D
<i>mycophenolate mofetil</i>	Tier 1	B/D
MYFORTIC	Tier 2	B/D
NEORAL	Tier 2	B/D
NULOJIX	Tier 4	B/D
PROGRAF CAPS .5mg, 1mg	Tier 2	B/D
PROGRAF CAPS 5mg	Tier 4	B/D
RAPAMUNE	Tier 2	B/D
SANDIMMUNE CAPS	Tier 2	B/D
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D
<i>tacrolimus .5mg, 1mg</i>	Tier 1	B/D
<i>tacrolimus 5mg</i>	Tier 4	B/D
ZORTRESS .25mg, .5mg	Tier 2	B/D
ZORTRESS .75mg	Tier 4	B/D

VACCINES

ACTHIB	Tier 2	
ADACEL	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	
MENVEO	Tier 2	

Drug Name	Copayment Requirements/Limits Plan Tier	
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
TRIPEDIA	Tier 2	
TWINRIX	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX	Tier 2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>ed k+10</i>	Tier 1	
<i>klor-con</i>	Tier 1	
KLOR-CON M15	Tier 2	
<i>parenteral electrolytes</i>	Tier 1	B/D
<i>potassium chloride</i>	Tier 1	
<i>potassium chloride microencapsulated crystals cr</i>	Tier 1	
SOD FLUORIDE 2.2MG TAB	Tier 1	

IV NUTRITION

<i>amino acid electrolyte infusion</i>	Tier 1	B/D
<i>amino acid infusion</i>	Tier 1	B/D
AMINOSYN	Tier 2	B/D
<i>aminosyn 8.5% with electrolytes, sulfite-free</i>	Tier 1	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
<i>aminosyn ii 8.5% with electrolytes, sulfite-free</i>	Tier 1	B/D
AMINOSYN II M 3.5%/DEXTRO	Tier 2	B/D
AMINOSYN M	Tier 2	B/D
AMINOSYN-HBC	Tier 2	B/D
<i>aminosyn-hf 8 %</i>	Tier 1	B/D
AMINOSYN-PF	Tier 2	B/D
AMINOSYN-PF 7%	Tier 2	B/D
CLINIMIX 2.75%/DEXTROSE 5	Tier 2	B/D
CLINIMIX 4.25%/DEXTROSE 1	Tier 2	B/D

Drug Name	Copayment Requirements/Limits Plan Tier	
CLINIMIX 4.25%/DEXTROSE 2	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
<i>clinisol 15</i>	Tier 1	B/D
<i>fat emulsion</i>	Tier 1	B/D
FREAMINE III 3%	Tier 2	B/D
<i>freamine iii 8.5</i>	Tier 1	B/D
<i>hepatamine 8</i>	Tier 1	B/D
HEPATASOL	Tier 2	B/D
<i>intralipid</i>	Tier 1	B/D
INTRALIPID	Tier 2	B/D
LIPOSYN II	Tier 2	B/D
LIPOSYN III	Tier 2	B/D
<i>liposyn iii 30 %</i>	Tier 1	B/D
NEPHRAMINE	Tier 2	B/D
<i>premasol</i>	Tier 1	B/D
PREMASOL	Tier 2	B/D
PROCALAMINE	Tier 2	B/D
PROSOL	Tier 2	B/D
TRAVASOL	Tier 2	B/D
TROPHAMINE	Tier 2	B/D
<i>IV REPLACEMENT SOLUTIONS</i>		
<i>dextrose</i>	Tier 1	
DEXTROSE 5% /ELECTROLYTE	Tier 2	
DEXTROSE 5%/POTASSIUM CHL	Tier 2	
<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	
<i>isolyte m</i>	Tier 1	
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/NAACL 0.2%	Tier 2	
KCL 0.15%/D5W/LR	Tier 2	

Drug Name	Copayment Requirements/Limits Plan Tier	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
KCL 0.3%/D5W/NACL 0.9%	Tier 2	
<i>lactated ringer's</i>	Tier 1	
MAGNESIUM SULFATE IN D5W	Tier 2	
<i>normosol-m</i>	Tier 1	
NORMOSOL-R	Tier 2	
<i>normosol-r in 5% dextrose</i>	Tier 1	
PLASMA-LYTE 56	Tier 2	
PLASMA-LYTE A	Tier 2	
<i>plasma-lyte r</i>	Tier 1	
PLASMA-LYTE-148	Tier 2	
PLASMA-LYTE-148/D5W	Tier 2	
PLASMA-LYTE-56/D5W	Tier 2	
POTASSIUM CHLORIDE 0.3%/	Tier 2	
<i>potassium chloride in d5w lactated ringers</i>	Tier 1	
<i>potassium chloride in dextrose</i>	Tier 1	
<i>potassium chloride in dextrose & sodium chloride</i>	Tier 1	
<i>potassium chloride in nacl ringer's</i>	Tier 1	
<i>sodium chloride</i>	Tier 1	
VITAMINS		
<i>calcitriol</i>	Tier 1	B/D
HECTOROL	Tier 3	B/D
PRENATAL VITAMINS	Tier 1	
ZEMPLAR	Tier 2	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 1	
BLEPHAMIDE S.O.P.	Tier 2	
<i>neomycin-polymy-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 1	
<i>poly-dex</i>	Tier 1	
<i>sulfacetamide sod-prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 3	
TOBRADEX ST	Tier 3	
<i>tobramycin-dexamethasone</i>	Tier 1	
ANTI-INFECTIVES		
<i>ak-tob</i>	Tier 1	
AZASITE	Tier 2	
<i>bacitracin (ophthalmic)</i>	Tier 1	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth)</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier
<i>erythromycin (ophth)</i>	Tier 1
<i>gentak</i>	Tier 1
<i>gentamicin sulfate (ophth)</i>	Tier 1
<i>gentasol</i>	Tier 1
<i>levofloxacin (ophth)</i>	Tier 1
NATACYN	Tier 2
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 1
<i>neomycin-polymy-gramicid</i>	Tier 1
<i>ofloxacin (ophth)</i>	Tier 1
<i>polymyxin b-trimethoprim</i>	Tier 1
<i>romycin</i>	Tier 1
<i>sulfacetamide sodium (ophth)</i>	Tier 1
<i>tobramycin sulfate (ophth)</i>	Tier 1
<i>tobrasol</i>	Tier 1
TOBEX OINT 0.3%	Tier 2
<i>trifluridine</i>	Tier 1
VIGAMOX	Tier 2
ZYMAR	Tier 2
ZYMAXID	Tier 2
ANTI-INFLAMMATORIES	
BROMDAY	Tier 2
<i>bromfenac sodium (ophth)</i>	Tier 1
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 1
<i>diclofenac sodium (ophth)</i>	Tier 1
DUREZOL	Tier 2
<i>fluorometholone (ophth)</i>	Tier 1
<i>flurbiprofen sodium</i>	Tier 1
FML	Tier 2
<i>ketorolac tromethamine (ophth)</i>	Tier 1
LOTEMAX	Tier 3
PRED MILD	Tier 3
<i>prednisolone acetate (ophth)</i>	Tier 1
PREDNISOLONE SODIUM PHOSP	Tier 2
ANTIALLERGICS	
ALOCRIL	Tier 3
ALOMIDE	Tier 3
ALREX	Tier 2
<i>azelastine hcl (ophth)</i>	Tier 1
BEPREVE	Tier 2
<i>cromolyn sodium (ophth)</i>	Tier 1
PATADAY	Tier 2
PATANOL	Tier 2
ANTI GLAUCOMA	
ALPHAGAN P .1%	Tier 2

Drug Name	Copayment Requirements/Limits Plan Tier	
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 1	
BETIMOL	Tier 3	
BETOPTIC-S	Tier 2	
<i>brimonidine tartrate</i>	Tier 1	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate</i>	Tier 1	
<i>latanoprost</i>	Tier 1	QL (2.5ml / 30 days)
<i>levobunolol hcl</i>	Tier 1	
LUMIGAN	Tier 2	QL (2.5ml / 30 days)
<i>metipranolol</i>	Tier 1	
PILOPINE HS	Tier 2	
<i>timolol maleate (ophth)</i>	Tier 1	
TRAVATAN Z	Tier 2	QL (2.5ml / 30 days)

MISCELLANEOUS

<i>ak-con</i>	Tier 1	
LACRISERT	Tier 2	
<i>naphazoline hcl</i>	Tier 1	
<i>proparacaine hcl .5%</i>	Tier 1	
RESTASIS	Tier 2	
<i>tropicamide</i>	Tier 1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	Tier 2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	Tier 1	B/D

ANTICHOLINERGICS

ATROVENT HFA	Tier 2	QL (2 inhalers / 30 days)
<i>ipratropium bromide (nasal)</i>	Tier 1	
<i>ipratropium sol inhal</i>	Tier 1	B/D
SPIRIVA HANDIHALER	Tier 2	QL (30 caps / 30 days)

ANTI-HISTAMINES

ASTEPRO	Tier 2	QL (2 spray-bottles / 30 days)
<i>azelastine hcl</i>	Tier 1	QL (2 bottles / 30 days)
<i>cetirizine hcl</i>	Tier 1	syrup
<i>clemastine fumarate</i>	Tier 1	
<i>cyproheptadine hcl</i>	Tier 1	PA
<i>diphenhydramine hcl SOLN</i>	Tier 1	
<i>fexofenadine hcl</i>	Tier 1	
<i>hydroxyzine hcl</i>	Tier 1	PA
<i>hydroxyzine hcl inj</i>	Tier 1	

Drug Name	Copayment Plan Tier	Requirements/Limits
<i>hydroxyzine pamoate</i>	Tier 1	PA
<i>levocetirizine dihydrochloride</i>	Tier 1	
<i>levocetirizine tab 5 mg</i>	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	Tier 1	
FORADIL AEROLIZER	Tier 2	QL (60 caps / 30 days)
<i>levalbuterol hcl</i>	Tier 1	B/D
PERFORMIST	Tier 3	B/D
PROAIR HFA	Tier 2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	Tier 3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i>	Tier 1	
XOPENEX	Tier 3	B/D
XOPENEX HFA	Tier 2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
SINGULAIR	Tier 2	
<i>zafirlukast</i>	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	Tier 1	B/D
DALIRESP	Tier 2	
MISCELLANEOUS		
<i>acetylcysteine</i>	Tier 1	B/D
ARALAST NP	Tier 4	PA
CAYSTON	Tier 4	PA
<i>epinephrine hcl</i>	Tier 1	
EPIPEN 2-PAK	Tier 2	
EPIPEN-JR 2-PAK	Tier 2	
<i>promethazine & phenylephrine</i>	Tier 1	PA
PULMOZYME	Tier 4	B/D
TOBI	Tier 4	B/D
XOLAIR	Tier 4	PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	Tier 1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	Tier 1	QL (1 bottle / 30 days)
NASACORT AQ	Tier 2	QL (1 inhaler / 30 days)
NASONEX	Tier 3	QL (2 inhalers / 30 days)
RHINOCORT AQUA	Tier 3	QL (2 inhalers / 30 days)
<i>triamcinolone acetonide (nasal)</i>	Tier 1	QL (1 inhaler / 30 days)
STERIOD INHALANTS		
ASMANEX 120 METERED DOSES	Tier 2	QL (2 inhalers / 30 days)

Drug Name	Copayment Plan Tier	Requirements/Limits
ASMANEX 14 METERED DOSES	Tier 2	QL (2 inhalers / 30 days)
ASMANEX 30 METERED DOSES	Tier 2	QL (2 inhalers / 30 days)
ASMANEX 60 METERED DOSES	Tier 2	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i>	Tier 1	B/D
FLOVENT DISKUS	Tier 2	QL (2 inhalers / 30 days)
FLOVENT HFA	Tier 2	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER 180mcg/act	Tier 3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER 90mcg/act	Tier 3	QL (4 inhalers / 30 days)
QVAR	Tier 2	QL (3 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	Tier 2	QL (1 inhaler / 30 days)
ADVAIR HFA	Tier 2	QL (1 inhaler / 30 days)
DULERA	Tier 2	QL (1 inhaler / 30 days)
SYMBICORT	Tier 2	QL (1 inhaler / 30 days)

XANTHINES

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

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene</i>	Tier 1	
<i>amnesteem</i>	Tier 1	
<i>avita</i>	Tier 1	
AZELEX	Tier 3	
<i>benzoyl peroxide-erythromycin</i>	Tier 1	
<i>claravis</i>	Tier 1	
<i>clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide</i>	Tier 1	
<i>ery</i>	Tier 1	
<i>erythromycin (acne aid)</i>	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	
RETIN-A MICRO	Tier 3	
<i>sotret</i>	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	

Drug Name	Copayment Requirements/Limits	Plan Tier
<i>tretinoin</i> CREA; GEL		Tier 1
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC		Tier 2
FLUOROPLEX		Tier 3
<i>fluorouracil (topical)</i>		Tier 1
SOLARAZE		Tier 2
DERMATOLOGY, ANTIBIOTICS		
ALTABAX		Tier 3
BACTROBAN CREA		Tier 2
<i>gentamicin sulfate (topical)</i>		Tier 1
<i>mupirocin</i>		Tier 1
<i>silver sulfadiazine</i>		Tier 1
<i>ssd</i>		Tier 1
<i>thermazene</i>		Tier 1
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox 0.77% crm, gel, susp</i>		Tier 1
<i>ciclopirox shampoo 1%</i>		Tier 1
<i>clotrimazole (topical)</i>		Tier 1
<i>econazole nitrate</i>		Tier 1
MENTAX		Tier 3
<i>nyamyc</i>		Tier 1
<i>nystatin (topical)</i>		Tier 1
<i>nystatin pow 100000</i>		Tier 1
<i>nystop</i>		Tier 1
OXISTAT		Tier 3
<i>pedi-dri</i>		Tier 1
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM		Tier 3
<i>hydrocortisone (rectal)</i>		Tier 1
<i>proctocream</i>		Tier 1
<i>proctosol-hc</i>		Tier 1
<i>proctozone hc</i>		Tier 1
ZONALON		Tier 2
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i>		Tier 1
DOVONEX		Tier 2
OXSORALEN ULTRA		Tier 4 PA
SORIATANE		Tier 4 PA
TAZORAC		Tier 3
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> CREA; SHAM		Tier 1
<i>selenium sulfide</i>		Tier 1
DERMATOLOGY, ANTIVIRALS		
DENAVIR		Tier 2
ZOVIRAX CREA; OINT		Tier 2

Drug Name	Copayment Requirements/Limits Plan Tier	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	
<i>alclometasone dipropionate</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-SMOOTHIE/FS BODY OIL	Tier 2	
<i>desonide</i>	Tier 1	
<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 (topical)</i>	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
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LOCOID LIPOCREAM	Tier 3	
<i>lokara</i>	Tier 1	
LUXIQ	Tier 3	
<i>mometasone furoate</i>	Tier 1	
<i>procto-pak</i>	Tier 1	
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<i>triamcinolone acetonide (topical)</i>	Tier 1	
<i>triderm</i>	Tier 1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	Tier 2	PA
PROTOPIC	Tier 2	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	Tier 1	
<i>lidocaine hcl</i>	Tier 1	
<i>lidocaine-prilocaine</i>	Tier 1	B/D
LIDODERM	Tier 2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i>	Tier 1	
CONDYLOX	Tier 3	gel
<i>imiquimod</i>	Tier 1	

Drug Name	Copayment Requirements/Limits Plan Tier	
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<i>lactic acid (ammonium lactate)</i>	Tier 1	
PANRETIN	Tier 4	
PENNSAID	Tier 2	
<i>podofilox</i>	Tier 1	
VOLTAREN GEL 1%	Tier 2	
ZYCLARA	Tier 2	
DERMATOLOGY, ROSACEA		
FINACEA	Tier 3	
METROGEL	Tier 2	
<i>metronidazole (topical)</i>	Tier 1	
ORACEA	Tier 2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin</i>	Tier 1	
EURAX	Tier 3	
<i>malathion</i>	Tier 1	
<i>permethrin</i>	Tier 1	
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REGRANEX	Tier 4	PA
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ORAVIG	Tier 2	
<i>periogard</i>	Tier 1	
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OTIC		
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<i>acetic acid (otic)</i>	Tier 1	
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CIPRODEX	Tier 3	
<i>cortomycin</i>	Tier 1	
DERMOTIC	Tier 2	
<i>fluocinolone acetonide (otic)</i>	Tier 1	
<i>hydrocortisone w/acetic acid</i>	Tier 1	
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PEG-INTRON	36	<i>potassium chloride in nacl</i>	40
PEG-INTRON REDIPEN	36	<i>potassium chloride microencapsulated</i>	
<i>penicillin g potassium</i>	10	<i>crystals cr</i>	38
PENICILLIN G PROCAINE	10	<i>potassium citrate (alkalinizer)</i>	34
<i>penicillin v potassium</i>	10	PRADAXA	35
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<i>perphenazine</i>	23	PREDNISONE INTENSOL	31
<i>perphenazine-amitriptyline</i>	25	<i>pregnyl</i>	31
<i>phenadoz</i>	32	PREMARIN	30
<i>phenelzine sulfate</i>	22	PREMARIN INJ	30
<i>phenytoin</i>	21	PREMARIN VAGINAL CREAM	30
<i>phenytoin inj 50mg/ml</i>	21	<i>premasol</i>	39
<i>phenytoin sodium extended</i>	21	PREMASOL	39
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<i>polyethylene glycol 3350</i>	33	<i>prochlorperazine edisylate</i>	32
<i>polymyxin b-trimethoprim</i>	41	<i>prochlorperazine maleate</i>	32
<i>portia 28 day</i>	29	PROCRIT	36
<i>potassium chloride</i>	38	<i>proctocream</i>	45
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STALEVO 150	22	TEKTURNA	19
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VICTRELIS	12	ZAVESCA	30
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<i>vincasar</i>	14	ZMAX	10
<i>vincristine sulfate</i>	14	ZOLINZA	14
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