

**SUMMARY OF MATERIAL MODIFICATION
TO THE SUMMARY PLAN DESCRIPTION
OF THE MEDICAL BENEFITS UNDER THE
UTICA COLLEGE HEALTH BENEFITS PLAN**

This Summary of Material Modification describes changes to the Summary Plan Description for the Utica College Health Benefits Plan (the “Plan”). After reading it, you should attach it to your copy of the Summary Plan Description.

Child Coverage

In accordance with a change in federal tax law, as of **January 1, 2011**, a participant’s child may be covered under the Plan (and, for purposes of the Plan, the child will be treated as the participant’s dependent) through the end of the month in which the child reaches age 26, provided all of the Plan and the insurer’s conditions and rules for coverage are satisfied (e.g., the child is properly and timely enrolled and, if adding the child changes your level of coverage (i.e., to single+1 or family coverage) you or the child pay the employee share of any additional cost for the new level of coverage).

Individuals who qualify as a “child,” for purposes of this new rule will be determined in accordance with IRS guidance.

Rescission of Plan Coverage

Consistent with federal law, a person’s coverage under the Plan may be rescinded (i.e., retroactively cancelled or discontinued) if the person (or a person who sought coverage for the covered person) performed an act, practice, or omission that constitutes fraud, or made an intentional misrepresentation of fact, to get the Plan coverage. Any person whose coverage is rescinded will receive at least 30 days advance written notice before his coverage is rescinded. Rescission of a person’s coverage is considered an adverse benefit determination for purposes of the Plan’s internal and external claims procedures.

External Claim Review Procedure

Effective **January 1, 2011**, an external claim review procedure applies to adverse benefit determinations and final internal adverse benefit determinations. Contact the appropriate insurer (Excellus BlueCross BlueShield) for information on how to make a request for an external claim review and other external claim review procedures.

Effective as of January 1, 2011, the answer to Question 4 of the Summary Plan Description “When do the special enrollment rules apply?” is as follows.

Generally, these special rules apply in the following situations:

- You initially declined Plan coverage because you had other health care coverage, but you later lose that other coverage through no fault of your own. You can enroll yourself, your spouse (or eligible domestic partner) and your eligible dependents within thirty (30) days after losing the other health care coverage (including a situation in which you, your spouse (or eligible domestic partner) or dependent, incur a claim under that other health care coverage that meets or exceeds a lifetime limit on all benefits under that coverage). Note, for this special enrollment rule to apply, you may be required to provide in writing the reason you declined Plan coverage at the time you decline it.
- You initially declined Plan coverage because you had other health care coverage from another employer, but that employer stops contributing toward the cost of that other coverage. You can enroll yourself, your spouse (or eligible domestic partner) and any eligible dependent within thirty (30) days after that employer stops contributing toward the cost of the other coverage. Note, for this special enrollment rule to apply, you may be required to provide in writing the reason you declined Plan coverage at the time you decline it.
- You declined Plan coverage and you later acquire a new spouse (or eligible domestic partner) or a new eligible dependent (through birth or adoption of a child), and you wish to cover that person. You can enroll yourself, your spouse (or eligible domestic partner) and your eligible dependents within the thirty (30) day period after the marriage, birth, adoption or placement for adoption.
- If you, your spouse (or eligible domestic partner) or eligible dependent lose eligibility for Medicaid coverage or coverage under a State Children's Health Insurance Program on or after April 1, 2009. You can enroll yourself, your spouse (or eligible domestic partner) or your eligible dependent within the sixty (60) day period following the loss of that coverage.
- If you, your spouse (or eligible domestic partner) or eligible dependent become eligible to participate in a premium assistance program under Medicaid or a State Children's Health Insurance Program on or after April 1, 2009. You can enroll yourself, your spouse (or eligible domestic partner) your eligible dependent within the sixty (60) day period following that eligibility determination.

Effective as of January 1, 2011, the answer to Question 7 of the Summary Plan Description “How much must I pay for health insurance?” is as follows.

If there are ordinary increases or decreases in the premium, your payroll deductions will automatically be adjusted to reflect any change in your cost. Following is the current cost for this coverage. The Employer will provide participants with advance written notice of any changes to their cost.

Medical Option	Monthly Rate	Employer Share	Employee Cost
HDHP			
Single	346.87	287.90	58.97
Employee+1	693.75	575.81	117.94
Family	957.02	794.33	162.69
PPO			
Single	596.38	495.00	101.38
Employee+1	1192.75	989.98	202.77
Family	1645.40	1365.68	279.72

Effective as of January 1, 2011, refer to the attached Benefit Summaries and the 2011 Excellus BlueCross BlueShield 3-Tier Formulary Guide.

To access current Participating Provider information (free of charge), go to the following website:

Excellus BlueCross BlueShield – www.excellusbcb.com

Upon request, copies of the provider lists will be furnished to you, without charge, as a separate document.

HealthyBlue benefits
Prepared for Utica College

10/25/2010

Type of Care/Plan Benefits	In-Network	Out Of Network
<p>Plan features</p> <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Referrals • Out of network benefits • Out of area benefits • Student/Dependent coverage • Domestic partner <p>Plan cost-sharing highlights</p> <ul style="list-style-type: none"> • Office visit copay (Primary Care Physician) • Office visit copay (Specialist) • Coinsurance • Deductible • Out of pocket maximum • Lifetime maximum 	<ul style="list-style-type: none"> • Not required • Not required • Covered at 80%, subject to the deductible • Coverage provided worldwide through the BlueCard® program. • Qualified dependents and students are covered to age 26. • Covered <ul style="list-style-type: none"> • No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible • No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible • In-network: 10% Out-of-network: 20% • Combined in- and out-of-network: \$1,800 individual/\$3,600 family • Combined in and out of network: \$3,600 individual/\$7,200 family • None 	

Type of Care/Plan Benefits	In-Network	Out Of Network
<p>HealthyRewards</p> <ul style="list-style-type: none"> • Earn cash back with HealthyRewards <p>Preventive Health Care Services</p> <ul style="list-style-type: none"> • Well child visits • Adult routine physical exams • Adult immunizations • Mammography • Pap smear • Routine GYN exam • Prostate cancer screening • Routine vision • Colonoscopy 	<ul style="list-style-type: none"> • You can earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year. • Covered in full • Covered in full for 1 exam per year • Covered in full • Covered in full • Covered in full • Covered in full • Covered in full • Covered at 90%, subject to the deductible for one routine exam per year • Preventive covered in full 	<ul style="list-style-type: none"> • Covered in full • Covered at 80%, subject to the deductible for one routine exam per year • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible for one routine exam per year • Covered at 80%, subject to the deductible

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Type of Care/Plan Benefits	In-Network	Out Of Network
<p>Physician Office Services</p> <ul style="list-style-type: none"> • Diagnostic office visits • Diagnostic x-rays • Diagnostic laboratory and pathology • Allergy tests • Allergy injections • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible
<p>Maternity Services</p> <ul style="list-style-type: none"> • Prenatal and postpartum care • Hospital care for mom (including delivery) • Newborn nursery care 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible
<p>Prescription Drug</p> <ul style="list-style-type: none"> • Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through PrimeMail® mail order pharmacy. Contraceptives included. 	<ul style="list-style-type: none"> • \$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible. 	<ul style="list-style-type: none"> • Not covered
<p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Hospital benefits • Physician visits in the hospital • Inpatient physical rehabilitation • Surgery • Anesthesia 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible for up to 60 days per year. • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible. • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible for up to 60 days per year. • Covered at 80%, subject to the deductible • Covered at 90%, subject to the deductible
<p>Emergency Care</p> <ul style="list-style-type: none"> • Emergency room care • Freestanding urgent care center • Ambulance 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 90%, subject to the deductible

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<p>Outpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Diagnostic laboratory and pathology • Surgical care • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible
<p>Mental Health and Chemical Dependence</p> <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient mental health care • Inpatient chemical dependence • Outpatient chemical dependence 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible. Services can be provided in an outpatient facility or in a provider's office. • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible. • Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office. • Covered at 80%, subject to the deductible. • Covered at 80%, subject to the deductible.
<p>Other Services</p> <ul style="list-style-type: none"> • Diabetic insulin and supplies • Skilled nursing facility • Home care • Hospice • Outpatient therapy • Durable medical equipment • External prosthetics • Chiropractic • Acupuncture • Dental • Hearing 	<ul style="list-style-type: none"> • Covered at 90%, subject to the deductible for up to a 30 day supply • Covered at 90%, subject to the deductible for up to 45 days per year • Covered at 90%, subject to the deductible for up to 40 visits per year. • Covered at 90%, subject to the deductible for unlimited visits per year • Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible, for up to 10 visits per year • Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Covered at 90%, subject to the deductible, for one routine hearing exam per year. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible for up to a 30 day supply • Covered at 80%, subject to the deductible for up to 45 days per year • Covered at 80%, subject to the deductible for up to 40 visits per year. • Covered at 80%, subject to the deductible for unlimited visits per year • Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible, for up to 10 visits per year • Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Covered at 80%, subject to the deductible, for one routine hearing exam per year.

Excellus BluePPO benefits
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Type of Care/Plan Benefits	In-Network	Out Of Network
Plan features <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Referrals • Out of network benefits • Out of area benefits • Student/Dependent coverage • Domestic partner Plan cost-sharing highlights <ul style="list-style-type: none"> • Office visit copay (Primary Care Physician) • Office visit copay (Specialist) • Coinsurance • Deductible • Out of pocket maximum • Lifetime maximum 	<ul style="list-style-type: none"> • Not required • Not required • Covered • Coverage provided worldwide through the BlueCard® program. • Qualified dependents and students are covered to age 26. • Covered <ul style="list-style-type: none"> • \$20 copay • \$20 copay • In-network: None; Out-of-network: 30% • In-network: None Out of Network \$750 individual /\$2,250 family • In-network: None; Out of Network \$2,000 individual /\$6,000 family • None 	

Type of Care/Plan Benefits	In-Network	Out Of Network
Preventive Health Care Services <ul style="list-style-type: none"> • Well child visits • Adult routine physical exams • Adult immunizations • Mammography • Pap smear • Routine GYN exam • Prostate cancer screening • Routine vision • Colonoscopy Physician Office Services <ul style="list-style-type: none"> • Diagnostic office visits • Diagnostic x-rays • Diagnostic laboratory and pathology 	<ul style="list-style-type: none"> • Covered in full • Covered in full for 1 exam per year • Covered in full • Covered in full • Covered in full • Covered in full • \$20 copay • \$20 copay for one routine eye exam every 2 years • Preventive covered in full • \$20 copay per visit • \$20 copay. Precertification applies to MRI, PET and CAT scans. • Covered in full 	<ul style="list-style-type: none"> • Covered in full • Covered at 70%, subject to the deductible for one routine exam per calendar year • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible for one routine exam every 2 years • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible

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Type of Care/Plan Benefits	In-Network	Out Of Network
<ul style="list-style-type: none"> • Allergy tests • Allergy injections • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • \$20 copay per visit • Covered in full • Covered in full • Covered in full 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible
<p>Maternity Services</p> <ul style="list-style-type: none"> • Prenatal and postpartum care • Hospital care for mom (including delivery) • Newborn nursery care 	<ul style="list-style-type: none"> • \$20 copay per visit for initial visit, remainder of visits covered in full • Hospital-Covered in full; Delivery-Covered in full • Covered in full 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible
<p>Prescription Drug</p> <ul style="list-style-type: none"> • Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through PrimeMail® mail order pharmacy. Contraceptives included. 	<ul style="list-style-type: none"> • \$5/\$15/\$30 	<ul style="list-style-type: none"> • Not covered
<p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Hospital benefits • Physician visits in the hospital • Inpatient physical rehabilitation • Surgery • Anesthesia 	<ul style="list-style-type: none"> • Covered in full for unlimited days. Precertification applies. • Covered in full • Covered in full for up to 60 days per calendar year. Precertification applies. • Covered in full • Covered in full 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible. Precertification applies. • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible for up to 60 days per calendar year. Precertification applies. • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible
<p>Emergency Care</p> <ul style="list-style-type: none"> • Emergency room care • Freestanding urgent care center • Ambulance 	<ul style="list-style-type: none"> • \$50 copay per visit, unless admitted within 24 hours • \$25 copay per visit • \$20 copay 	<ul style="list-style-type: none"> • \$50 copay per visit, unless admitted within 24 hours • Covered at 70%, subject to the deductible • \$20 copay
<p>Outpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Diagnostic laboratory and pathology 	<ul style="list-style-type: none"> • \$20 copay per visit. Precertification applies to MRI, PET and CAT scans. • Covered in full 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans • Covered at 70%, subject to the deductible

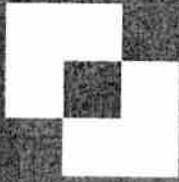
Excellus BluePPO benefits
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Type of Care/Plan Benefits	In-Network	Out Of Network
<ul style="list-style-type: none"> • Surgical care • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • \$20 copay • Covered in full • Covered in full 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible
<p>Mental Health and Chemical Dependence</p> <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient mental health care • Inpatient chemical dependence • Outpatient chemical dependence 	<ul style="list-style-type: none"> • Covered in full for unlimited days. Precertification applies. • \$20 copay. Services can be provided in an outpatient facility or in a provider office. • Covered in full for unlimited days. Precertification applies. • \$20 copay per visit 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible. Precertification applies. • Covered at 70%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office. • Covered at 70%, subject to the deductible. Precertification applies. • Covered at 70%, subject to the deductible
<p>Other Services</p> <ul style="list-style-type: none"> • Diabetic insulin and supplies • Skilled nursing facility • Home care • Hospice • Outpatient therapy • Durable medical equipment • External prosthetics • Chiropractic • Acupuncture • Dental • Hearing 	<ul style="list-style-type: none"> • \$20 copay for up to a 30 day supply • Covered in full for up to 45 days per calendar year. Precertification applies. • Covered in full for unlimited visits. Precertification applies. • Covered in full for unlimited days • \$20 copay for up to a combined total of 45 visits per calendar year for physical, speech, respiratory and occupational therapy • Covered at 80%. Precertification applies. • Covered at 80% • \$20 copay per visit • Not covered • \$20 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Routine exams not covered 	<ul style="list-style-type: none"> • Covered at 70%, subject to the deductible for up to a 30 day supply • Covered at 70%, subject to the deductible for up to 45 days per calendar year. Precertification applies. • Covered at 75%, subject to a \$50 deductible for unlimited visits per calendar year. Precertification applies. • Covered at 70%, subject to the deductible for unlimited visits per calendar year • Covered at 70%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, occupational and respiratory therapy • Covered at 70%, subject to the deductible. Precertification applies. • Covered at 70%, subject to the deductible • Covered at 70%, subject to the deductible • Not covered • Covered at 70%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Routine exams not covered

Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design.

January 2011



2011 3-Tier Formulary Guide

Includes generic and brand-name medications



A nonprofit, independent licensee of the BlueCross BlueShield Association

Excellus  

excellusbcb.com

B-1354 Y10
4774-10FLRX



This booklet includes the 2011 Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our Web site or contact the FLRx Pharmacy Help Desk at (800) 724-5033.

Dear Member,

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the 2011 3-Tier Formulary Guide. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The 2011 3-Tier Formulary Guide lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents or contact the FLRx Pharmacy Help Desk for a complete description of your pharmacy benefit.



Your prescription drug benefit is managed through our internal prescription drug management division named FLRx. The FLRx logo on your insurance identification card means that you and your covered family members will receive the maximum benefits entitled to you under your plan.

What is a Formulary?

A formulary is a list of brand name and generic drugs that are covered under your prescription drug benefit.

How is the Formulary Developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

How do I use the formulary?

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

Medical Condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category "Cardiovascular/Heart." Drugs are listed in alphabetical order by condition.



Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

3-Tier Drug Benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- Tier One drugs are typically generics and have the lowest copayment amount.
- Tier Two drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- Tier Three drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

The 3-Tier Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the FLRx Pharmacy Help Desk.

Can the Formulary Change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. The list is subject to change. Drugs may be added, removed, or change tier designation at any time.

Generics Are Real Medicine

Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand name counterparts – they just cost a lot less.

In fact, you'll save money when you choose a generic because generics have the lowest copay. That means you'll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand name equivalents because they have to meet the same rigorous FDA requirements as brand name drugs.

Experience has shown that more than 90% of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

Generic Trial Program - Everyone Saves With Generics

The Generic Trial program gives you a **free 30-day trial** of selected generic medications. The **first time** you fill a prescription for one of the generic medications included in the program your copayment will be waived. All future prescriptions will be at the usual copayment amount. For a complete list of generic medications included in the Generic Trial program, please visit our Web site.

Where Can I Purchase My Prescription Medications?

You have access to more than 61,000 participating pharmacies in our nationwide FLRx Pharmacy Network, including national chains and most independents. Just show your ID card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our Web site.



Mail Service Pharmacy

Get your prescriptions delivered right to your door! When you use our mail service pharmacy, PrimeMail®, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our Web site. Some benefits offer copay savings for ordering prescriptions through PrimeMail.

Using mail service pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use PrimeMail mail service pharmacy, please visit our Web site or contact the FLRx Pharmacy Help Desk.

Specialty Pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacies CuraScript Pharmacy and Walgreens Specialty Pharmacy participate in our network. Both offer outstanding customer service and are dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our Web site.

Are There Any Restrictions On Coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your healthcare practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your healthcare practitioner must submit a request to the Health Plan supporting your need.

Coverage requirements or limits may include:

- **Prior Authorization**

Prior authorization helps assure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval *before* the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, use and benefit design.

- **Step Therapy**

In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of "steps." For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work, we will then cover Drug B.

- **Specialty Drug Benefit**

Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered; either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the FLRx Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used you may be responsible for the full cost of the prescription. However, the *first time* a prescription for a specialty medication is

filled, it may be filled at any participating FLRx network retail pharmacy of choice. A complete listing of participating specialty pharmacies can be found on our Web site.

- **Quantity Limits**

For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on Food and Drug Administration (FDA) approved dosing and usage guidelines.

- **Initial Fill**

The first time you fill a prescription for a new medication at a retail pharmacy, you will be allowed up to a 30-day supply, even if your benefit allows for a greater supply. This is so you can be sure that the medication works for you. Some times members fill a prescription only to find that after the first few days the medication does not work or causes side effects. If the medication is effective, all future refills can be purchased up to the maximum amount allowed by your benefit.

- **Generic Advantage Program**

The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand name medication when there is a generic equivalent available, you will pay the difference between the pharmacy's charge for the more costly brand name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

Key:

UPPERCASE – Brand name medication

lowercase – generic medication

PA = Prior Authorization required

QL = Quantity Limit applies

ST = Step Therapy required

MS = Drug must be purchased at a participating FLRx network specialty pharmacy for coverage

GT = Qualifies for the Generic Trial Program

DRUG	TIER	COMMENTS
Addiction		
Alcohol		
ANTABUSE	2	
CAMPRAL	3	QL
Narcotics		
<i>buprenorphine hcl</i>	1	
<i>naltrexone</i>	1	
SUBOXONE	2	
Smoking Deterrents		
<i>buproban</i>	1	
CHANTIX	3	QL
NICOTROL INHALER	3	
Allergy		
Antihistamine / Decongestant Combination		
ALLEGRA-D	3	QL, ST
CLARINEX-D	3	ST
<i>fexofenadine /pseudoephedrine</i>	1	QL
Antihistamines		
ALLEGRA	3	QL, ST
CLARINEX	3	ST
<i>cyproheptadine</i>	1	
<i>diphenhydramine</i>	1	
<i>fexofenadine</i>	1	QL
<i>promethazine</i>	1	
XYZAL	3	PA, QL
Alzheimer's		
ARICEPT	2	
ARICEPT 23mg	3	QL, ST
ARICEPT ODT	2	
<i>galantamine</i>	1	
NAMENDA	2	
Note: Tier 2 when used in combination with an acetylcholinesterase inhibitor		
<i>rivastigmine tartrate</i>	1	
Anaphylaxis Therapy Agents		
EPIPEN	2	QL
EPIPEN-JR	2	QL
TWINJECT	2	QL
Angioedema		
CINRYZE	3	MS, PA
Antispasmodic Drugs		
<i>bethanechol</i>	1	
DETROL	3	QL, ST
DETROL LA	3	QL, ST
<i>dicyclomine</i>	1	
ENABLEX	3	QL, ST
<i>flavoxate</i>	1	
GELNIQUE	3	QL, ST
<i>glycopyrrolate</i>	1	
<i>hyoscyamine</i>	1	
<i>oxybutynin</i>	1	
<i>oxybutynin er</i>	1	
OXYTROL	3	QL, ST
SANCTURA	3	QL
SANCTURA XR	2	QL
Note: 2 after previous trial and failure of Alzheimers medication		
TOVIAZ	3	QL, ST
<i>trospium chloride</i>	1	QL
VESICARE	2	QL
Asthma		
Inhaled Beta Agonists / Inhaled Respiratory Drugs		
<i>acetylcysteine</i>	1	
ADVAIR	2	QL
Note: Tier 2 after trial and failure of an inhaled steroid		
<i>albuterol sulfate</i>	1	
ATROVENT HFA	2	

DRUG	TIER	COMMENTS
BROVANA	3	
COMBIVENT	2	
<i>cromolyn</i>	1	
FORADIL	2	
Note: Tier 2 after trial and failure of an inhaled steroid		
<i>ipratropium</i>	1	
<i>ipratropium/albuterol</i>	1	
MAXAIR	3	QL
<i>metaproterenol</i>	1	
PERFORMIST	3	QL
PROAIR HFA	2	QL
PROVENTIL HFA	3	QL
SEREVENT	2	
Note: Tier 2 after trial and failure of an inhaled steroid		
SPIRIVA	2	
SYMBICORT	2	QL
Note: Tier 2 after trial and failure of an inhaled steroid		
VENTOLIN HFA	2	QL
XOPENEX	3	
Inhaled Steroids		
AEROBID	3	QL
AEROBID-M	3	QL
ALVESCO	3	QL
ASMANEX	2	QL
<i>budesonide</i>	1	QL
FLOVENT	2	QL
PULMICORT	3	QL
PULMICORT NEBULIZER	3	QL
QVAR	2	QL
Leukotriene Inhibitors		
ACCOLATE	3	
SINGULAIR	2	QL
Note: Tier 2 after a diagnosis of Asthma		
ZYFLO	3	
ZYFLO CR	3	QL
Respiratory Drugs (oral)		
<i>albuterol sulfate er</i>	1	
<i>aminophylline</i>	1	
<i>terbutaline</i>	1	
<i>theophylline er</i>	1	
Attention Deficit Disorder		
ADDERALL XR	2	
AMPHETAMINE /DEXTROAMPHETAMINE	3	PA
CONCERTA	2	
DAYTRANA	3	QL
DESOXYN	3	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
FOCALIN	3	
FOCALIN XR	3	
INTUNIV	3	QL, ST
METADATE CD	3	
<i>metadate er</i>	1	
<i>methylin</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate</i>	1	
RITALIN LA	3	
STRATTERA	3	
VYVANSE	3	QL
Blood		
Anticoagulants		
ARIXTRA	3	
COUMADIN	2	
<i>enoxaparin sodium</i>	1	
FRAGMIN	3	
<i>heparin</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX	3	
<i>ticlopidine</i>	1	
<i>warfarin</i>	1	

DRUG TIER COMMENTS

Blood (continued)

Antiplatelet		
AGGRENOX	3	
anagrelide	1	
cilostazol	1	
dipyridamole	1	
EFFIENT	2	QL
pentoxifylline er	1	
PLAVIX	2	QL

Blood Cell Stimulation		
ARANESP	2	MS, PA, ST
EPOGEN	2	MS, PA
LEUKINE	3	MS, QL
MOZOBIL	3	MS, PA, QL
NEULASTA	3	MS, QL
NEUMEGA	3	MS
NEUPOGEN	2	MS, QL
PROCRIT	2	MS, PA

Cancer

Antineoplastic		
ACTIMMUNE	2	MS, PA
AFINITOR	2	MS, PA, QL
ALFERON N	2	MS
ALKERAN	2	
anastrozole	1	
ARIMIDEX	3	
AROMASIN	2	
bicalutamide	1	
CEENU	2	
cyclophosphamide	1	
EMCYT	2	
FARESTON	2	
FEMARA	3	
flutamide	1	
GLEEVEC	2	MS, QL
HYCAMTIN	2	MS, PA, QL
hydroxyurea	1	
INTRON-A	2	MS, QL
IRESSA	2	MS, QL
LEUKERAN	2	
LYSODREN	2	
megestrol	1	
mercaptopurine	1	
MYLERAN	2	
NEXAVAR	2	MS, PA, QL
NILANDRON	2	
OFORTA	2	MS
REVLIMID	2	MS, PA, QL
SPRYCEL	2	MS, PA, QL
SUTENT	2	MS, PA, QL
tamoxifen	1	
TARCEVA	2	MS, PA, QL
TARGRETIN	2	MS
TASIGNA	2	MS, PA, QL
TEMODAR	2	MS
THALOMID	2	MS, QL
TYKERB	2	MS, PA, QL
VOTRIENT	2	MS, PA, QL
XELODA	2	MS
ZOLINZA	2	MS, PA, QL

Cardiovascular / Heart

ACE Inhibitors (high blood pressure)		
benazepril	1	
captopril	1	
enalapril	1	
fosinopril	1	
lisinopril	1	GT
moexipril	1	
perindopril	1	
quinapril	1	
ramipril	1	

DRUG TIER COMMENTS

trandolapril 1

ACE Inhibitors / Diuretic Combinations

benazepril hcl/hydrochlorothiazide	1	
captopril /hydrochlorothiazide	1	
enalapril maleate/hydrochlorothiazide	1	
fosinopril sodium/hydrochlorothiazide	1	
lisinopril /hydrochlorothiazide	1	
moexipril /hydrochlorothiazide	1	
quinapril /hydrochlorothiazide	1	

Angiotensin II Receptor Blockers

ATACAND	3	QL, ST
AVAPRO	2	QL
BENICAR	3	QL, ST
COZAAR	3	QL, ST
DIOVAN	2	QL
losartan potassium	1	QL
MICARDIS	3	QL, ST
TEVETEN	3	QL, ST

Anti-anginal Agents

isosorbide dinitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
nitroglycerin	1	
nitroglycerin cr	1	
NITROMIST	3	PA, QL
RANEXA	3	

Antiarrhythmics

amiodarone	1	
digoxin	1	
disopyramide	1	
flecainide	1	
LANOXIN	2	
mexiletine	1	
MULTAQ	2	QL
NORPACE CR	3	
pacerone	1	
propafenone	1	
quinidine	1	
RYTHMOL SR	2	
TIKOSYN	3	

Antihyperlipidemics

ADVICOR	3	ST
ALTOPREV	3	ST
ANTARA	3	
cholestyramine	1	
colestipol hcl	1	
CRESTOR	2	QL, ST
fenofibrate	1	
FENOGLIDE	3	QL
gemfibrozil	1	
LESCOL	3	QL, ST
LESCOL XL	3	QL, ST
LIPITOR	3	QL, ST
LIVALO	3	QL, ST
LOFIBRA	3	
lovastatin	1	GT, QL
LOVAZA	3	
MEVACOR	3	QL, ST
NIASPAN	2	
PRAVACHOL	3	QL, ST
pravastatin	1	QL
SIMCOR	3	QL, ST
simvastatin	1	GT, QL
TRICOR	2	
TRIGLIDE	3	
TRILIPIX	3	QL
VYTORIN	3	ST
WELCHOL	3	
ZETIA	2	
Note: Tier 2 with a statin		
ZOCOR	3	QL, ST

DRUG	TIER	COMMENTS
Cardiovascular / Heart (continued)		
Antihypertensive Combinations / Miscellaneous		
amlodipine/benazepril	1	
ATACAND HCT	3	QL, ST
atenolol/chlorthalidone	1	
AVALIDE	2	QL
AZOR	3	PA, QL
BENICAR HCT	3	QL, ST
BIDIL	3	QL
bisoprolol/hydrochlorothiazide	1	
CADUET	3	PA, QL
chlorothiazide	1	
clonidine	1	QL
DIOVAN HCT	2	QL
EXFORGE	3	PA, QL
EXFORGE HCT	3	PA, QL
HYZAAR	3	QL, ST
isoxsuprine	1	
losartan potassium/hydrochlorothiazide	1	QL
methazolamide	1	
methyl dopa	1	
metoprolol /hydrochlorothiazide	1	
MICARDIS HCT	3	QL, ST
minoxidil	1	
spironolactone /hydrochlorothiazide	1	
TARKA	3	QL
TEKTURNA	3	QL, ST
TEKTURNA HCT	3	QL, ST
TEVETEN HCT	3	QL, ST
trandolapril/verapamil hcl	1	QL
TRIBENZOR	3	PA, QL
TWYNSTA	3	PA, QL
VALTURNA	3	QL, ST
Beta Blockers (high blood pressure)		
acebutolol	1	
atenolol	1	GT
betaxolol	1	
BYSTOLIC	3	QL, ST
carvedilol	1	
COREG CR	3	QL, ST
labetalol	1	
metoprolol succinate er	1	QL
metoprolol tartrate	1	GT
nadolol	1	
pindolol	1	
propranolol	1	
propranolol er	1	
sotalol	1	
timolol	1	
Calcium Channel Blockers		
afeditab cr	1	
amlodipine	1	
CARDENE SR	3	
COVERA-HS	3	
diltiazem cd	1	
diltiazem	1	
diltzac	1	
DYNACIRC CR	3	
felodipine er	1	
isradipine	1	
nicardipine	1	
nifedipine	1	
nifedipine er	1	
nimodipine	1	
nisoldipine	1	
SULAR	3	QL
taztia xt	1	
verapamil	1	
verapamil er	1	
Diuretics		
acetazolamide	1	
amiloride /hydrochlorothiazide	1	
amiloride	1	

DRUG	TIER	COMMENTS
chlorthalidone	1	
DYRENIUM	3	
eplerenone	1	
furosemide	1	
hydrochlorothiazide	1	GT
indapamide	1	
metolazone	1	
spironolactone	1	
toremide	1	
triamterene /hydrochlorothiazide	1	
Central Nervous System		
NUVIGIL	3	PA, QL
PROVIGIL	3	PA, QL
XYREM	3	PA, QL
Cough / Cold		
Antitussives & Expectorants		
benzonatate	1	
TUSSIONEX	3	QL
Cryopyrin Associated Periodic Syndromes		
ARCALYST	3	PA
Cystic Fibrosis		
CAYSTON	3	
PULMOZYME	2	MS
TOBI	3	MS
Dermatology		
Cancer / Topical Peeling Agents		
CARAC	3	
FLUOROPLEX	3	
PANRETIN	3	
SOLARAZE	3	
Immunomodulators		
ALDARA	3	QL
ELIDEL	3	QL
imiquimod	1	QL
PROTOPI	3	QL
ZYCLARA	3	QL
Psoriasis Products		
calcipotriene	1	
DOVONEX	2	
DOVONEX SCALP	3	
selenium sulfide	1	
SORIATANE	3	QL
TACLONEX	3	ST
TACLONEX SCALP	3	PA, QL
TAZORAC	3	
Topical / Oral Acne Products		
ACANYA	3	QL
ACZONE	3	QL, ST
adapalene	1	
amnesteem	1	
AVITA	3	
AZELEX	3	
BENZACLIN	3	
BENZAMYCIN	3	
benzoyl peroxide	1	
claravis	1	
CLINDAGEL	3	ST
clindamycin/benzoyl peroxide	1	
DIFFERIN	3	QL, ST
DUAC CS	2	QL
EPIDUO	3	QL
erythromycin	1	
EVOCLIN	3	ST
FINACEA	3	
INOVA	3	ST
KLARON	3	
minocycline hcl er	1	PA, QL
NEOBENZ MICRO SD	3	ST

DRUG	TIER	COMMENTS
Dermatology (continued)		
Topical / Oral Acne Products (continued)		
ORACEA	3	QL, ST
PLEXION	3	ST
RETIN-A MICRO	3	
sodium sulfacetamide	1	
SOLODYN	3	PA, QL
sotret	1	
tretinoin	1	
TRETIN-X	3	PA, QL
TRIAZ	3	ST
ZIANA	3	PA
Topical / Oral Steroids		
ACLOVATE	3	
alclometasone dipropionate	1	
amcinonide	1	
augmented betamethasone	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
CAPEX	2	
clobetasol propionate	1	
CLOBEX	3	
Note: Tier 2 after trial and failure of a high or very or very high potency steroid		
CLODERM	3	ST
clotrimazole/betamethasone dipropionate	1	
CORDRAN	3	ST
CORDRAN SP	3	ST
desonide	1	
DESOWEN LOTION/CETAPHIL CREAM	3	PA, QL
desoximetasone	1	
dexamethasone	1	
diflorasone diacetate	1	
fludrocortisone acetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluticasone	1	
halobetasol propionate	1	
HALOG	3	ST
HALONATE	3	PA, QL
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
KENALOG	3	ST
LOGOID LIPOCREAM	3	ST
LUXIQ	3	ST
methylprednisolone	1	
mometasone furoate	1	
OLUX	3	ST
OLUX OLUX-E COMPLETE PACK	3	PA, QL
OLUX-E	3	ST
PANDEL	3	ST
prednisolone	1	
prednisone	1	
triamcinolone acetonide	1	
ULTRAVATE PAC	3	PA, QL
YANOS	3	ST
VERDESO	3	ST
Topical Antibiotics		
ALTABAX	3	ST
BACTROBAN CREAM	2	ST
gentamicin	1	
METROGEL	3	ST
METROGEL 1% KIT	3	ST
mupirocin	1	
NORITATE	3	ST
silver sulfadiazine	1	
Topical Antifungals		
ciclopirox nail lacquer	1	
ciclopirox olamine	1	
econazole nitrate	1	
ERTACZO	3	ST
EXELDERM	3	
EXTINA	3	ST
ketoconazole	1	

DRUG	TIER	COMMENTS
LOPROX	3	ST
MENTAX	3	ST
NAFTIN	3	ST
NIZORAL SHAMPOO	3	ST
nystatin/triamcinolone	1	
nystop	1	
OXISTAT	3	ST
VUSION	3	
XOLEGEL	3	ST
Diabetes		
DIABETIC BENEFIT and/or DME BENEFIT APPLIES. Please refer to member contract for copayment amount. If Diabetic Benefit DOES NOT apply please refer to the following tier classifications:		
Blood Glucose Supplies		
Accu-Chek and OneTouch are preferred test strips. Step Therapy may apply to non-preferred test strips for select benefits.		
ACCU-CHEK ACTIVE CARE KIT	2	
ACCU-CHEK ACTIVE STRIPS	2	QL
ACCU-CHEK AVIVA	2	QL
ACCU-CHEK COMFORT CURVE TEST STRIPS	2	QL
ACCU-CHEK COMPACT PLUS CARE KIT	2	
ACCU-CHEK COMPACT STRIPS	2	QL
ACCU-CHEK COMPACT TEST DRUM	2	QL
FASTTAKE TEST STRIPS	2	QL
ONETOUCH BASIC/PROFILE TEST STRIPS	2	QL
ONETOUCH ULTRA 2	2	
ONETOUCH ULTRA MINI	2	
ONETOUCH ULTRA SYSTEM KIT	2	
ONETOUCH ULTRA TEST STRIPS	2	QL
ONETOUCH ULTRASMART	2	
SURESTEP PRO LINEARITY KIT	3	
SURESTEP TEST STRIPS	2	QL
Injectables		
APIDRA	2	
BYETTA	2	
GLUCAGEN	2	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	
HUMULIN	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN R	2	
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
SYMLIN	2	*
VICTOZA	3	QL
Oral Hypoglycemics		
acarbose	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	QL
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	QL
AVANDIA	2	
chlorpropamide	1	
DUETACT	2	QL
FORTAMET	3	
glimepiride	1	
glipizide	1	
glipizide/metformin	1	
GLUCOVANCE	3	
GLUMETZA	3	
glyburide	1	
glyburide micronized	1	
glyburide/metformin	1	
GLYSET	2	
JANUMET	2	QL
JANUVIA	2	QL
metformin	1	

*ST applies to selected benefits

DRUG	TIER	COMMENTS	DRUG	TIER	COMMENTS
Diabetes (continued)					
Oral Hypoglycemics (continued)					
<i>metformin er</i>	1		<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>nateglinide</i>	1		NEVANAC	3	
ONGLYZA	3	QL	POLY-PRED	2	
PRANDIMET	3		PRED-G	3	
PRANDIN	2		<i>tobramycin /dexamethasone</i>	1	
<i>tolazamide</i>	1		VEXOL	3	
<i>tolbutamide</i>	1		VOLTAREN	3	
			XIBROM	3	QL
			ZYLET	3	
Ear			Glaucoma		
<i>acetazol hc</i>	1		ALPHAGAN P	3	
<i>antipyrine /benzocaine</i>	1		AZOPT	3	
CIPRODEX	2		BETIMOL	3	
<i>cortomycin</i>	1		BETOPTIC-S	3	
<i>neomycin /polymyxin /hydrocortisone</i>	1		<i>brimonidine</i>	1	
<i>ofloxacin</i>	1		<i>carteolol hcl</i>	1	
ZINOTIC	3		<i>dorzolamide</i>	1	
			<i>dorzolamide/timolol</i>	1	
			IOPIDINE	3	
			<i>levobunolol</i>	1	
			LUMIGAN	3	
			<i>metipranolol</i>	1	
			<i>pilocarpine</i>	1	
			PILOPINE HS	3	
			TRAVATAN Z	2	
			XALATAN	2	QL
Endocrine			Fibromyalgia		
<i>calcitriol</i>	1		CYMBALTA	3	QL, ST
DRISDOL	3		LYRICA	3	QL
HECTOROL	3		SAVELLA	3	QL
<i>octreotide</i>	1	MS			
<i>vitamin d</i>	1				
ZEMPLAR	2				
PKU			Gout		
KUVAN	3	MS, PA	<i>allopurinol</i>	1	
			<i>colchicine</i>	1	
			COLCRYS	2	
			<i>probenecid</i>	1	
			<i>probenecid/colchicine</i>	1	
			ULORIC	2	QL, ST
Enteral Formula			Growth Hormone / Factors		
Enteral formulas	3	PA	GENOTROPIN	3	MS, PA, ST
PKU products	2	PA	HUMATROPE	3	MS, PA, ST
<i>various generics</i>	1	PA	INCRELEX	3	MS, PA
			NORDITROPIN	3	MS, PA, ST
			NUTROPIN	3	MS, PA, ST
			NUTROPIN AQ	3	MS, PA, ST
			OMNITROPE	2	MS, PA
			SAIZEN	3	MS, PA, ST
			SEROSTIM	3	MS, PA
			SOMAVERT	3	PA
			TEV-TROPIN	3	MS, PA, ST
			ZORBTIVE	3	MS, PA, QL
Eye			Hemorrhoids		
Antiallergics			<i>ala cort</i>	1	
ALAMAST	3	QL	<i>hemril-30</i>	1	
ALOCRIAL	3		<i>hydrocortisone</i>	1	
ALOMIDE	3	QL	<i>hydrocortisone acetate</i>	1	
ALREX	3		<i>proctocream-hc</i>	1	
<i>azelastine hcl</i>	1		<i>proctozone-hc</i>	1	
BEPREVE	3	QL			
EMADINE	3	QL			
LOTEMAX	2				
OPTIVAR	3				
PATADAY	3				
PATANOL	3				
Antiinfectives			Hepatitis B		
AZASITE	3	QL	BARACLUDGE	2	MS, PA, QL
BESIVANCE	3	QL	EPIVIR HBV	2	MS, PA
CILOXAN OINTMENT	2		HEPSERA	2	MS, PA
<i>ciprofloxacin</i>	1		TYZEKA	2	MS, PA, QL
<i>neomycin /bacitracin /polymyxin</i>	1				
<i>neomycin /polymyxin /gramicidin</i>	1				
QUIXIN	3	QL			
<i>tobramycin</i>	1				
<i>trifluridine</i>	1				
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1				
VIGAMOX	2				
Note: Tier 2 if prescribed by an ophthalmologist					
ZYMAR	3				
ZYMAXID	3	PA, QL			
Anti-inflammatory			Hepatitis C		
ACULAR	3		COPEGUS	3	MS, PA
ACULAR LS	3		INFERGEN	3	MS, PA, QL
ACUVAIL	3	QL	PEGASYS	2	MS, PA, QL
BLEPHAMIDE	3		PEG-INTRON	2	MS, PA, QL
<i>diclofenac</i>	1		<i>ribasphere</i>	1	MS, PA
DUREZOL	3	QL	<i>ribavirin</i>	1	MS, PA
<i>flurbiprofen</i>	1				
FML FORTE	3				
<i>ketorolac</i>	1				
			HIV		
			APTIVUS	2	

DRUG	TIER	COMMENTS	DRUG	TIER	COMMENTS
HIV (continued)			DORYX	3	ST
ATRIPLA	2	QL	doxycycline hyclate	1	
COMBIVIR	2		erythrocin stearate	1	
CRIVIVAN	2		FURADANTIN	3	
didanosine	1		isoniazid	1	
EMTRIVA	2		KETEK	3	
EPIVIR	2		LEVAQUIN	3	
EPZICOM	2		metronidazole	1	
FUZEON	3		minocycline	1	
INTELENCE	2	QL	MOXATAG	3	PA, QL
INVIRASE	2		nitrofurantoin	1	
ISENTRESS	2	QL	NOROXIN	3	
KALETRA	2		ofloxacin	1	
LEXIVA	2		penicillin v potassium	1	
NORVIR	2		rifampin	1	
RESCRIPTOR	2		SPECTRACEF	3	
REYATAZ	2		sulfamethoxazole /trimethoprim	1	
SELZENTRY	2	QL	SUPRAX	3	
stavudine	1		tetracycline	1	
SUSTIVA	2		trimethoprim	1	
TRIZIVIR	2		VIBRAMYCIN	3	
TRUVADA	2		XIFAXAN	3	
VIRACEPT	2		ZMAX	3	QL
VIRAMUNE	2		ZYVOX	3	PA, QL
VIREAD	2		Antifungal Drugs (oral)		
ZIAGEN	2		clotrimazole	1	
zidovudine	1		fluconazole	1	
Huntington's Chorea			GRIFULVIN V	2	
XENAZINE	2	MS, PA	griseofulvin	1	
Idiopathic Thrombocytopenia			GRIS-PEG	3	
PROMACTA	3	MS, PA, QL	itraconazole	1	QL
Immune System			ketoconazole	1	
AZASAN	3		LAMISIL GRANULES	3	PA, QL
azathioprine	1		nystatin	1	
cyclosporine	1		ORAVIG	3	PA, QL
gengraf	1		terbinafine	1	
leflunomide	1		terconazole	1	QL
mycophenolate mofetil	1		VFEND	3	
MYFORTIC	3		Antiviral Drugs		
NEORAL	3		acyclovir	1	
RAPAMUNE	2		DENAVIR	3	QL
tacrolimus	1		famciclovir	1	QL
ZORTRESS	3	MS	FAMVIR	3	QL
Inborn Errors of Metabolism			ganciclovir	1	
ORFADIN	3	PA	RELENZA DISKHALER	2	QL
ZAVESCA	3	PA, QL	rimantadine	1	
Infantile Spasms			TAMIFLU	2	QL
SABRIL	3	MS, PA, QL	valacyclovir hcl	1	
Infections			VALCYTE	3	
Antibiotics			VALTRESX	3	
ADOXA	3		XERESE	3	PA, QL
amoxicillin	1		ZOVIRAX	3	QL
amoxicillin/clavulanate potassium	1		Malaria		
ampicillin	1		chloroquine	1	
AUGMENTIN XR	3		DARAPRIM	3	
AVELOX	3		MALARONE	3	
azithromycin	1		mefloquine	1	
CEDAX	3		QUALAQUIN	3	PA
cefactor	1		Scabies		
cefactor er	1		acticin	1	
cefadroxil	1		EURAX	3	QL
cefdinir	1		lindane	1	QL
cefpodoxime	1		permethrin	1	
cefprozil	1		Inflammatory Bowel		
cefuroxime	1		APRISO	3	QL
cephalexin	1		ASACOL	2	
ciprofloxacin	1	QL	balsalazide	1	
ciprofloxacin	1		CANASA	2	
clarithromycin	1		DIPENTUM	2	
clindamycin	1		ENTOCORT EC	3	
dicloxacillin	1		LIALDA	2	
			mesalamine	1	
			PENTASA	2	

DRUG	TIER	COMMENTS
Inflammatory Bowel (continued)		
ROWASA KIT	3	PA, QL
sulfasalazine	1	
Intranasal		
Steroids / Antihistamines / Miscellaneous		
ASTELIN	3	
ASTEPRO	2	
azelastine hcl	1	
BECONASE AQ	3	QL, ST
FLONASE	3	ST
flunisolide	1	QL
fluticasone	1	
ipratropium	1	
NASACORT AQ	3	ST
NASONEX	2	
OMNARIS	3	QL, ST
PATANASE	3	QL
RHINOCORT AQUA	3	ST
VERAMYST	3	QL, ST
Men's Health		
BPH Agents (prostate)		
AVODART	3	QL, ST
doxazosin	1	
finasteride	1	
FLOMAX	3	QL, ST
JALYN	3	PA, QL
prazosin	1	
RAPAFLO	3	QL, ST
tamsulosin hcl	1	QL
terazosin	1	
UROXATRAL	3	QL, ST
Hormones		
ANDRODERM	2	
ANDROGEL	2	
ANDROID	2	
androxy	1	
oxandrolone	1	
STRIANT	3	
TESTIM	3	
Sexual Dysfunction		
CAVERJECT	3	QL
CIALIS	3	QL
EDEX	3	QL
LEVITRA	3	QL
MUSE	3	QL
VIAGRA	3	QL
yohimbine	1	
Mental Health		
Antidepressants		
amoxapine	1	
APLENZIN	3	QL, ST
budeprion sr	1	
budeprion xl	1	
bupropion	1	
bupropion sr	1	
CELEXA	3	QL, ST
citalopram	1	GT, QL
clomipramine	1	
CYMBALTA	3	QL, ST
desipramine	1	
doxepin	1	
EFFEXOR XR	3	QL, ST
EMSAM	3	QL, ST
fluoxetine dr	1	QL
fluoxetine	1	
fluvoxamine	1	
imipramine	1	
LEXAPRO	3	ST
LUVOX CR	3	QL, ST

DRUG	TIER	COMMENTS
maprotiline	1	
mirtazapine	1	
NARDIL	3	
nefazodone	1	
nortriptyline	1	
OLEPTRO	3	QL, ST
paroxetine	1	
paroxetine hcl er	1	QL
PAXIL	3	ST
PAXIL CR	3	ST
PRISTIQ	3	PA, QL
PROZAC	3	ST
PROZAC WEEKLY	3	QL, ST
SARAFEM	3	QL, ST
selfemra	1	
sertraline	1	
SURMONTIL	3	
SYMBYAX	3	
tranylcypromine	1	
trazodone	1	
venlafaxine	1	
venlafaxine hcl er	1	QL
WELLBUTRIN	3	ST
WELLBUTRIN SR	3	ST
WELLBUTRIN XL	3	ST
ZOLOFT	3	ST
Antipsychosis		
ABILIFY	2	ST
Note: Tier 2 after trial and failure of risperidone		
ABILIFY DISCMELT	2	ST
Note: Tier 2 after trial and failure of risperidone		
chlorpromazine	1	
clozapine	1	
FANAPT	3	QL, ST
FAZACLO	3	
fluphenazine	1	
GEODON	2	
Note: Tier 2 after trial and failure of risperidone		
haloperidol	1	
INVEGA	3	PA, QL
loxapine	1	
MOBAN	3	
risperidone	1	
risperidone odt	1	
SAPHRIS	3	QL, ST
SEROQUEL	2	QL
Note: Tier 2 after trial and failure of risperidone		
SEROQUEL XR	2	QL, ST
Note: Tier 2 after trial and failure of risperidone		
thioridazine	1	
thiothixene	1	
trifluoperazine	1	
ZYPREXA	2	
Note: Tier 2 after trial and failure of risperidone		
ZYPREXA ZYDIS	2	
Note: Tier 2 after trial and failure of risperidone		
Sedatives / Hypnotics / Anxiety		
alprazolam	1	
alprazolam er	1	
AMBIEN	3	QL, ST
AMBIEN CR	3	QL, ST
buspirone	1	
clorazepate	1	
diazepam	1	
EDLUAR	3	QL, ST
estazolam	1	
flurazepam	1	
hydroxyzine	1	
lorazepam	1	
LUNESTA	3	QL, ST
meprobamate	1	
oxazepam	1	
ROZEREM	3	QL, ST
SILENOR	3	QL, ST
SONATA	3	QL, ST
temazepam	1	

DRUG	TIER	COMMENTS
Mental Health (continued)		
Sedatives / Hypnotics / Anxiety (continued)		
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL
<i>zolpidem</i>	1	QL
Migraine		
AMERGE	3	QL, ST
AXERT	3	QL, ST
CAMBIA	3	QL, ST
<i>divalproex sodium er</i>	1	
ERGOTRATE MALEATE	3	
FROVA	3	QL, ST
IMITREX	3	QL, ST
MAXALT	2	QL, ST
MAXALT-MLT	2	QL, ST
MIGRANAL	2	QL
<i>naratriptan hcl</i>	1	QL
RELPAK	3	QL, ST
<i>sumatriptan</i>	1	QL
SUMAVEL DOSEPRO	3	QL, ST
TREXIMET	3	QL, ST
ZOMIG	3	QL, ST
ZOMIG ZMT	3	QL, ST
Multiple Sclerosis		
AMPYRA	3	MS, PA, QL
AVONEX	3	MS, QL
BETASERON	3	MS, QL
COPAXONE	2	MS, QL
EXTAVIA	2	MS, QL
REBIF	2	MS, QL
Osteoporosis		
ACTONEL	2	QL, ST
<i>alendronate</i>	1	GT, QL
BONIVA	3	QL, ST
<i>etidronate</i>	1	
EVISTA	2	QL
FORTEO	3	MS, PA
<i>fortical</i>	1	
FOSAMAX	3	QL, ST
FOSAMAX PLUS D	3	QL, ST
MIACALCIN	3	
SKELID	3	
Pain / Inflammation		
Muscle Relaxants		
AMRIX	3	PA, QL
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
CYCLOBENZAPRINE COMFORT PAC	3	PA
<i>cyclobenzaprine</i>	1	
FEXMID	3	PA, QL
<i>metaxalone</i>	1	QL
<i>methocarbamol</i>	1	
<i>orphenadrine er</i>	1	
SKELAXIN	3	QL, ST
SOMA 250mg	3	PA
<i>tizanidine</i>	1	
NSAIDs		
ANAPROX	3	ST
ANAPROX DS	3	ST
ARTHROTEC 75	3	QL, ST
CATAFLAM	3	ST
CELEBREX	3	QL, ST
DAYPRO	3	QL, ST
<i>diclofenac sodium ec</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	ST
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	

DRUG	TIER	COMMENTS
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac</i>	1	QL
<i>meclofenamate</i>	1	
<i>meloxicam</i>	1	GT
MOBIC	3	ST
<i>nabumetone</i>	1	QL
NAPRELAN	3	ST
NAPROSYN	3	ST
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	QL
<i>piroxicam</i>	1	
PONSTEL	3	ST
<i>sulindac</i>	1	
<i>tolmetin</i>	1	
VIMOVO	3	QL, ST
VOLTAREN-XR	3	ST
ZIPSOR	3	QL, ST
Topical NSAIDs		
FLECTOR	3	QL, ST
VOLTAREN	3	QL, ST
Pain Relievers		
Narcotic		
<i>acetaminophen/codeine</i>	1	
ACTIQ	3	PA, QL
AVINZA	3	QL
DURAGESIC	3	QL, ST
EMBEDA	3	QL
EXALGO	3	QL, ST
<i>fantanyl</i>	1	QL, ST
<i>fantanyl lollipops</i>	1	PA, QL
FENTORA	3	PA, QL
<i>hydrocodone /acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone</i>	1	
KADIAN	2	QL
<i>meperidine</i>	1	
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine</i>	1	
<i>morphine sulfate er</i>	1	QL
NUCYNTA	3	QL
ONSOLIS	3	PA, QL
OPANA	3	
OPANA ER	3	QL
ORAMORPH SR	3	QL
<i>oxycodone /acetaminophen</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone</i>	1	
OXYCONTIN	3	QL, ST
<i>pentazocine/naloxone</i>	1	
<i>propoxyphene</i>	1	
<i>propoxyphene-n /acetaminophen</i>	1	
<i>roxicef</i>	1	
RYBIX ODT	3	QL
RYZOLT	3	QL
<i>tramadol</i>	1	
<i>tramadol hcl er</i>	1	QL
<i>tramadol hydrochloride/acetaminophen</i>	1	
ULTRAM ER	3	QL
Non-Narcotic		
<i>butalbital /acetaminophen /caffeine</i>	1	
<i>diflunisal</i>	1	
<i>lidocaine</i>	1	
LIDODERM	3	
<i>salsalate</i>	1	
SYNERA	3	
Parkinson's Disease		
<i>amantadine</i>	1	
AZILECT	3	QL
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	

DRUG	TIER	COMMENTS
Parkinson's Disease (continued)		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa odt</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	3	QL, ST
<i>pramipexole dihydrochloride</i>	1	
REQUIP XL	3	QL, ST
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
STALEVO	3	
TASMAR	3	
<i>trihexyphenidyl</i>	1	
ZELAPAR	3	QL, ST
Phosphate Binders		
<i>calcium acetate</i>	1	
FOSRENOL	3	QL
RENAGEL	2	
REVELA	2	
Potassium Supplements		
<i>klor-con</i>	1	
<i>potassium chloride</i>	1	
<i>potassium citrate extended-release</i>	1	
Pulmonary Arterial Hypertension		
ADCIRCA	2	MS, PA, QL
LETAIRIS	3	MS, PA, QL
REVATIO	3	MS, PA, QL, ST
TRACLEER	3	MS, PA
TYVASO STARTER	3	MS, PA, QL
Rheumatoid Arthritis		
CIMZIA	3	MS, PA, QL, ST
ENBREL	3	MS, PA, QL
HUMIRA	3	MS, PA, QL
<i>hydroxychloroquine</i>	1	
KINERET	3	MS, QL
<i>methotrexate</i>	1	
SIMPONI	3	MS, PA, QL, ST
Seizure / Pain		
BANZEL	2	
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	2	
CELONTIN	2	
<i>clonazepam</i>	1	
DIASTAT ACUDIAL	2	
DILANTIN	2	
<i>divalproex</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
FELBATOL	2	
<i>gabapentin</i>	1	
GABITRIL	2	
KEPPRA	3	
KEPPRA XR	2	QL
LAMICTAL OD	3	QL, ST
LAMICTAL XR	3	QL, ST
<i>lamotrigine</i>	1	QL
<i>levetiracetam</i>	1	
LYRICA	3	QL
MEBARAL	3	
<i>mephobarbital</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>primidone</i>	1	
STAVZOR	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
<i>valproic acid</i>	1	
VIMPAT	2	
<i>zonisamide</i>	1	

DRUG	TIER	COMMENTS
Stomach / Intestinal		
Antiemetics (for nausea)		
ANZEMET	3	QL, ST
CESAMET	3	
<i>dronabinol</i>	1	
EMEND	2	QL
<i>granisetron</i>	1	QL
KYTRIL	3	QL, ST
<i>meclizine</i>	1	
<i>ondansetron</i>	1	QL
<i>prochlorperazine</i>	1	
SANCUSO	3	QL, ST
TRANSDERM-SCOP	3	
<i>trimethobenzamide</i>	1	
ZOFRAN	3	QL, ST
ZUPLENZ	3	QL, ST
Digestants		
CREON	2	
PANCREARB	2	
<i>pancrelipase</i>	1	
ULTRASE	2	
VIOKASE	2	
ZENPEP	2	
Gallbladder		
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
Irritable Bowel		
AMITIZA	3	QL
LOTRONEX	3	QL
Ulcer / Heartburn		
ACIPHEX	3	QL, ST
CARAFATE	3	
<i>cimetidine</i>	1	
DEXILANT	3	QL, ST
<i>famotidine</i>	1	
HELIDAC	3	
<i>lansoprazole</i>	1	QL
<i>metoclopramide</i>	1	
METOSOLV ODT	3	QL, ST
<i>misoprostol</i>	1	
NEXIUM	2	QL, ST
<i>nizatidine</i>	1	
<i>omeprazole</i>	1	GT, QL
<i>omeprazole/sodium bicarbonate</i>	1	QL
<i>pantoprazole</i>	1	QL, ST
PREVACID	3	QL, ST
PREVPAC	3	
PRILOSEC	3	QL, ST
<i>prilosec otc</i>	1	GT, QL
PROTONIX	3	QL, ST
<i>ranitidine</i>	1	
<i>sucralfate</i>	1	
ZEGERID	3	QL, ST
Throat products - Miscellaneous		
EVOXAC	2	
Thyroid		
ARMOUR THYROID	3	
CYTOMEL	3	
<i>levothroid</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
NATURE-THROID	3	
<i>propylthiouracil</i>	1	
SYNTHROID	3	
THYROLAR	3	
UNITHROID	3	

DRUG	TIER	COMMENTS
Weight Management		
Anorexiants		
ADIPEX-P	3	QL
BONTRIL	3	QL
DIDREX	3	QL
diethylpropion	1	QL
MERIDIA	3	PA
phendimetrazine er	1	QL
phentermine	1	QL
XENICAL	3	PA
Women's Health		
Contraceptives		
apri	1	QL
aranelle	1	QL
aviane	1	QL
camila	1	QL
cryselle-28	1	QL
CYCLESSA	3	QL
enpresse-28	1	QL
errin	1	QL
ESTROSTEP FE	3	QL
gianvi	1	QL
jolessa	1	QL
jolivette	1	QL
kariva	1	QL
kelnor 1/35	1	QL
levora 0.15/30-28	1	QL
LO/OVRAL-28	3	QL
LOESTRIN 1.5/30-21	3	QL
LOESTRIN FE 1.5/30	3	QL
low-ogestrel	1	QL
LYBREL	3	QL
microgestin 1.5/30	1	QL
microgestin fe 1.5/30	1	QL
MODICON-28	3	QL
mononessa	1	QL
NATAZIA	3	QL
necon 0.5/35-28	1	QL
nora-be	1	QL
NORDETTE-28	3	QL
nortrel 0.5/35 (28)	1	QL
NUVARING	2	QL
ogestrel	1	QL
ORTHO EVRA	3	QL
ORTHO TRI-CYCLEN	3	QL
ORTHO TRI-CYCLEN LO	2	QL
ORTHO-CYCLEN	3	QL
OVCON-50 28	3	QL
portia-28	1	QL
previfem	1	QL
quasense	1	QL
reclipsen	1	QL
SEASONIQUE	3	QL
solia	1	QL
sprintec 28	1	QL
tri-previfem	1	QL
tri-sprintec	1	QL
trivora-28	1	QL
YASMIN 28	3	QL
YAZ	3	QL
zovia 1/35e	1	QL
zovia 1/50e	1	QL
Fertility Drugs		
BRAVELLE	2	MS, PA
CETROTIDE	3	MS, PA
chorionic gonadotropin	1	MS, PA, QL
clomiphene	1	
ENDOMETRIN	3	PA
FOLLISTIM AQ	3	MS, PA, ST
GANIRELIX	3	PA
GONAL-F	2	MS, PA
leuprolide	1	PA
LUVERIS	3	MS, PA
MENOPUR	3	MS, PA

DRUG	TIER	COMMENTS
NOVAREL	3	MS, PA
OVIDREL	3	MS, PA
PREGNYL	3	MS, PA
REPRONEX	3	MS, PA
SYNAREL	2	MS
Hormones		
ACTIVELLA	3	
ALORA	3	QL
ANGELIQ	3	
CENESTIN	3	
CLIMARA	2	QL
CLIMARA PRO	2	
COMBIPATCH	3	
CRINONE	3	
ENJUVIA	3	
esterified estrogens/methyltestosterone hs	1	
ESTRACE	3	
ESTRADERM	3	QL
estradiol	1	QL
estropipate	1	
EVAMIST	3	
FEMHRT 1/5	3	
medroxyprogesterone	1	
MENEST	3	
methyltestosterone/esterified estrogens hs	1	
norethindrone	1	
ORTHO-EST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
PROMETRIUM	2	
VAGIFEM	2	
VIVELLE-DOT	3	QL
Wound Healing		
REGGRANEX	3	QL
SANTYL	3	

Formulary Index

BIDIL3	CENESTIN10	COUMADIN1
<i>bisoprolol fumarate/</i>	<i>cephalexin</i>6	COVERA-HS3
<i>hydrochlorothiazide</i>3	CESAMET9	COZAAR2
BLEPHAMIDE5	CETROTIDE10	CREON9
BONIVA8	CHANTIX1	CRESTOR2
BONTRIL SLOW RELEASE10	<i>chloroquine phosphate</i>6	CRINONE10
BRAVELLE10	<i>chlorothiazide</i>3	CRIXIVAN6
<i>brimonidine tartrate</i>5	<i>chlorpromazine hcl</i>7	<i>cromolyn sodium</i>1
<i>bromocriptine mesylate</i>8	<i>chlorpropamide</i>4	<i>cryselle-28</i>10
BROVANA1	<i>chlorthalidone</i>3	CYCLESSA10
<i>budeprion sr</i>7	<i>chlorzoxazone</i>8	CYCLOBENZAPRINE COMFORT
<i>budeprion xl</i>7	<i>cholestyramine</i>2	PAC8
<i>budesonide</i>1	<i>chorionic gonadotropin</i>10	<i>cyclobenzaprine hcl</i>8
<i>buprenorphine hcl</i>1	CIALIS7	<i>cyclophosphamide</i>2
<i>buproban</i>1	<i>ciclopirox nail lacquer</i>4	<i>cyclosporine</i>6
<i>bupropion hcl</i>7	<i>ciclopirox olamine</i>4	CYMBALTA5, 7
<i>bupropion hcl sr</i>7	<i>cilostazol</i>2	<i>cyproheptadine hcl</i>1
<i>buspirone hcl</i>7	CILOXAN5	CYTOMEL9
<i>butalbital /acetaminophen /caffeine</i>8	<i>cimetidine</i>9	
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BYSTOLIC3	CINRYZE1	DARAPRIM6
C	CIPRODEX5	DAYPRO8
CADUET3	<i>ciprofloxacin er</i>6	DAYTRANA1
<i>calcipotriene</i>3	<i>ciprofloxacin hcl</i>5, 6	DENAVIR6
<i>calcitriol</i>5	<i>citalopram hydrobromide</i>7	<i>desipramine hcl</i>7
<i>calcium acetate</i>9	<i>claravis</i>3	<i>desonide</i>4
CAMBIA8	CLARINEX1	DESOWEN LOTION/CETAPHIL
<i>camila</i>10	CLARINEX-D 12 HOUR1	CREAM4
CAMPRAL1	<i>clarithromycin</i>6	<i>desoximetasone</i>4
CANASA6	CLIMARA10	DESOXYN1
CAPEX4	CLIMARA PRO10	DETROL1
<i>captopril</i>2	CLINDAGEL3	DETROL LA1
<i>captopril /hydrochlorothiazide</i>2	<i>clindamycin hcl</i>6	<i>dexamethasone</i>4
CARAC3	<i>clindamycin/benzoyl peroxide</i>3	DEXILANT9
CARAFATE9	<i>clobetasol propionate</i>4	<i>dexmethylphenidate hcl</i>1
<i>carbamazepine</i>9	CLOBEX4	<i>dextroamphetamine sulfate er</i>1
<i>carbamazepine er</i>9	CLODERM4	DIASTAT ACUDIAL9
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<i>carbidopa/levodopa</i>9	<i>clomipramine hcl</i>7	<i>diclofenac sodium</i>5
<i>carbidopa/levodopa odt</i>9	<i>clonazepam</i>9	<i>diclofenac sodium ec</i>8
CARDENE SR3	<i>clonidine hcl</i>3	<i>dicloxacillin sodium</i>6
<i>carisoprodol</i>8	<i>clorazepate dipotassium</i>7	<i>dicyclomine hcl</i>1
<i>carteolol hcl</i>5	<i>clotrimazole</i>6	<i>didanosine</i>6
<i>carvedilol</i>3	<i>clotrimazole/betamethasone</i>	DIDREX10
CATAFLAM8	<i>dipropionate</i>4	<i>diethylpropion hcl</i>10
CAVERJECT7	<i>clozapine</i>7	DIFFERIN3
CAYSTON3	<i>colchicine</i>5	<i>diflorasone diacetate</i>4
CEDAX6	COLCRYS5	<i>diflunisal</i>8
CEENU2	<i>colestipal hcl</i>2	<i>digoxin</i>2
<i>cefaclor</i>6	COMBIPATCH10	DILANTIN9
<i>cefaclor er</i>6	COMBIVENT1	<i>diltiazem cd</i>3
<i>cefadroxil</i>6	COMBIVIR6	<i>diltiazem hcl</i>3
<i>cefdinir</i>6	COMTAN9	<i>diltzac</i>3
<i>cefepodoxime proxetil</i>6	CONCERTA1	DIOVAN2
<i>cefprozil</i>6	COPAXONE8	DIOVAN HCT3
<i>cefuroxime axetil</i>6	COPEGUS5	DIPENTUM6
CELEBREX8	CORDRAN4	<i>diphenhydramine hcl</i>1
CELEXA7	CORDRAN SP4	<i>dipyridamole</i>2
CELONTIN9	COREG CR3	<i>disopyramide phosphate</i>2
	<i>cortomycin</i>5	<i>divalproex sodium</i>9
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DOVONEX SCALP3	etodolac 8	FOCALIN1	
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enpresse-2810	FEXMID 8	GLEEVEC2	
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<div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">Q</div> <p>QUALAQUIN6</p> <p><i>quasense</i>10</p> <p><i>quinapril /hydrochlorothiazide</i>2</p> <p><i>quinapril hcl</i>2</p> <p><i>quinidine gluconate cr</i>2</p> <p>QUIXIN5</p> <p>QVAR1</p>		
<div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">R</div> <p><i>ramipril</i>2</p> <p>RANEXA2</p> <p><i>ranitidine hcl</i>9</p> <p>RAPAFLO7</p> <p>RAPAMUNE6</p> <p>REBIF8</p> <p><i>reclipsen</i>10</p> <p>REGRANEX10</p> <p>RELENZA DISKHALER6</p> <p>RELPAX8</p> <p>RENAGEL9</p> <p>REVELA9</p> <p>REPRONEX10</p> <p>REQUIP XL9</p> <p>RESCRIPTOR6</p> <p>RETIN-A MICRO4</p> <p>REVATIO9</p> <p>REVLIMID2</p> <p>REYATAZ6</p> <p>RHINOCORT AQUA7</p> <p><i>ribasphere</i>5</p> <p><i>ribavirin</i>5</p> <p><i>rifampin</i>6</p> <p><i>rimantadine hcl</i>6</p> <p><i>risperidone</i>7</p> <p><i>risperidone odt</i>7</p> <p>RITALIN LA1</p> <p><i>rivastigmine tartrate</i>1</p> <p><i>ropinirole hcl</i>9</p> <p>ROWASA7</p> <p><i>roxacet</i>8</p> <p>ROZEREM7</p> <p>RYBIX ODT8</p> <p>RYTHMOL SR2</p> <p>RYZOLT8</p>		

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SURMONTIL	7	<i>trandolapril</i>	2	VERAMYST	7	
SUSTIVA	6	<i>trandolapril/verapamil hcl</i>	3	<i>verapamil hcl</i>	3	
SUTENT	2	TRANSDERM-SCOP	9	<i>verapamil hcl er</i>	3	
SYMBICORT	1	<i>tranylcypromine sulfate</i>	7	VERDESO	4	
SYMBYAX	7	TRAVATAN Z	5	VESICARE	1	
SYMLIN	4	<i>trazodone hcl</i>	7	VEXOL	5	
SYNAREL	10	<i>tretinoin</i>	4	VFEND	6	
SYNERA	8	TRETIN-X	4	VIAGRA	7	
SYNTHROID	9	TREXIMET	8	VIBRAMYCIN	6	
<u>T</u>				VICTOZA	4	
TACLONEX	3	<i>triamcinolone acetonide</i>	4	VIGAMOX	5	
TACLONEX SCALP	3	<i>triamterene /hydrochlorothiazide</i>	3	VIMOVO	8	
<i>tacrolimus</i>	6	TRIAZ	4	VIMPAT	9	
TAMIFLU	6	<i>triazolam</i>	8	VIOKASE 16	9	
<i>tamoxifen citrate</i>	2	TRIBENZOR	3	VIRACEPT	6	
<i>tamsulosin hcl</i>	7	TRICOR	2	VIRAMUNE	6	
TARCEVA	2	<i>trifluoperazine hcl</i>	7	VIREAD	6	
TARGRETIN	2	<i>trifluridine</i>	5	<i>vitamin d</i>	5	
TARKA	3	TRIGLIDE	2	VIVELLE-DOT	10	
TASIGNA	2	<i>trihexyphenidyl hcl</i>	9	VOLTAREN	5, 8	
TASMAR	9	TRILIPIX	2	VOLTAREN-XR	8	
TAZORAC	3	<i>trimethobenzamide hcl</i>	9	VOTRIENT	2	
<i>taztia xt</i>	3	<i>trimethoprim</i>	6	VUSION	4	
TEKTURNA	3	<i>trimethoprim sulfate/polymyxin b sulfate</i>	5	VYTORIN	2	
TEKTURNA HCT	3	<i>tri-previfem</i>	10	VYVANSE	1	
<i>temazepam</i>	7	<i>tri-sprintec</i>	10	<u>W</u>		
TEMODAR	2	<i>trivora-28</i>	10	<i>warfarin sodium</i>	1	
<i>terazosin hcl</i>	7	TRIZIVIR	6	WELCHOL	2	
<i>terbinafine hcl</i>	6	<i>trospium chloride</i>	1	WELLBUTRIN	7	
<i>terbutaline sulfate</i>	1	TRUVADA	6	WELLBUTRIN SR	7	
<i>terconazole</i>	6	TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	WELLBUTRIN XL	7	
TESTIM	7	TWINJECT	1	<u>X</u>		
<i>tetracycline hcl</i>	6	TWYNSTA	3	XALATAN	5	
TEVETEN	2	TYKERB	2	XELODA	2	
TEVETEN HCT	3	TYVASO STARTER	9	XENAZINE	6	
TEV-TROPIN	5	TYZEKA	5	XENICAL	10	
THALOMID	2	<u>U</u>			XERESE	6
<i>theophylline er</i>	1	ULORIC	5	XIBROM	5	
<i>thioridazine hcl</i>	7	ULTRAM ER	8	XIFAXAN	6	
<i>thiothixene</i>	7	ULTRASE MT 20	9	XOLEGEL	4	
THYROLAR-1	9	ULTRAVATE PAC	4	XOPENEX	1	
<i>ticlopidine hcl</i>	1	UNITHROID DIRECT	9	XYREM	3	
TIKOSYN	2	UROXATRAL	7	XYZAL	1	
<i>timolol maleate</i>	3	URSO 250	9	<u>Y</u>		
<i>tizanidine hcl</i>	8	URSO FORTE	9	YASMIN 28	10	
TOBI	3	<i>ursodiol</i>	9	YAZ	10	
<i>tobramycin /dexamethasone</i>	5	<u>V</u>			<i>yohimbine hcl</i>	7
<i>tobramycin sulfate</i>	5	VAGIFEM	10	<u>Z</u>		
<i>tolazamide</i>	5	<i>valacyclovir hcl</i>	6	<i>zaleplon</i>	8	
<i>tolbutamide</i>	5	VALCYTE	6	ZAVESCA	6	
<i>tolmetin sodium</i>	8	<i>valproic acid</i>	9	ZEGERID	9	
TOPAMAX SPRINKLE	9	VALTRESX	6	ZELAPAR	9	
<i>topiramate</i>	9	VALTURNA	3	ZEMPLAR	5	
<i>torseimide</i>	3	VANOS	4	ZENPEP	9	
TOVIAZ	1	Various generics	5			
TRACLEER	9	<i>venlafaxine hcl</i>	7			
<i>tramadol hcl</i>	8					