

# *Abridged* **FORMULARY** ◀

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## Standard List of Covered Drugs

**Effective January 1, 2009 – December 31, 2009**

**UnitedHealthcare® MedicareDirect<sup>SM</sup> Retiree Plan**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER AS A PART OF THIS PLAN.** Note to Existing Enrollees: This formulary may have changed since last year. Please review this document to make sure that it still contains the drugs you take. This document includes your plan's partial formulary. For a complete, updated formulary, please call Customer Service or visit our Web site listed on the back of this document. This Formulary was last updated on August 1, 2008.





## What is the UnitedHealthcare® MedicareDirect<sup>SM</sup> Standard Formulary?

A formulary is a list of covered drugs selected by us, in consultation with a team of health care professionals, which represents the prescription therapies that may be a necessary part of a quality treatment program. Most therapeutic classes (for example, antibiotics, anti-depressants, anti-hypertensives) are covered, and many commonly prescribed drugs are included.

We will generally cover the drugs listed on the formulary, as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. The presence of a drug on the formulary does not guarantee that your doctor will prescribe that drug to treat your particular medical condition.

For more information on how to fill your prescriptions, please review your Medicare Part D Prescription Drug Evidence of Coverage and Disclosure Information Addendum.

This document is a partial formulary and includes only some of the drugs covered by us. For a complete listing of all prescription drugs covered by us please visit our Web site at [www.uhcretiree.com](http://www.uhcretiree.com) or call Customer Service at **1-877-246-4190 (TTY 1-800-955-8771)**, 8 a.m. to 8 p.m., local time, Monday through Friday.

### Formulary changes during the calendar year (or plan year, if applicable)

#### Can the Standard Formulary change?

 Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the calendar year (or Plan Year, if applicable), we will not discontinue or reduce coverage for your drug during the calendar year (or Plan

Year, if applicable) except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the formulary, will not affect enrollees currently taking the drug. It will remain available at the same cost-sharing for those enrollees for the remainder of the calendar year (or Plan Year, if applicable). We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from the formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move the drug to a higher cost-sharing tier, we must notify affected enrollees of the change at least 60 days before the change becomes effective, or at the time the enrollee requests a refill of the drug, at which time the enrollee will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on the formulary to be unsafe or the drug's manufacturer removes a drug from the market, we will immediately remove the drug from the formulary and provide notice to enrollees who take the drug.

The formulary is updated periodically throughout the year, and the list of drugs may change as drugs are added or deleted from the list. For updated information about drugs on the formulary, please visit our Web site at [www.uhcretiree.com](http://www.uhcretiree.com) or call Customer Service at **1-877-246-4190 (TTY 1-800-955-8771)**, 8 a.m. to 8 p.m., local time, Monday through Friday.

#### What are generic drugs?

The formulary includes both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug.

Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** you, or your physician, are required to get prior authorization for certain drugs on the formulary before you fill your prescriptions. If you do not get approval, you may not be able to get your drug.
- **Quantity Limits:** for certain drugs on the formulary there are limits on the amount of the drug that we cover per prescription unit. For example, 31-day supply for a certain drug may be limited to 18 tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy Requirements:** in some cases, we require that you first try a certain drug to treat your medical condition. 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 for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary listing on the following pages.

Please see below for information on making an exception request to these restrictions or limits.

## What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so we may cover your drug. You may visit our Web site at [www.uhcretiree.com](http://www.uhcretiree.com) or call Customer Service at **1-877-246-4190 (TTY 1-800-955-8771)**, 8 a.m. to 8 p.m., local time, Monday through Friday.

- You can ask Customer Service for a list of similar drugs that are on the formulary. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is on the formulary.
- You can ask us to make an exception and cover your drug. See information below on how to request an exception.

## How do I request a formulary exception?

You can request an exception to our coverage rules. There are several types of exceptions you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, certain drugs have limits on the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- In certain circumstances you may request a reduction in the copayment amount for a drug on the formulary. If you are prescribed a Tier 3 non-preferred drug, you may request to pay the Tier 2 copayment instead of the higher Tier 3 copayment. We do not grant coinsurance exceptions for Tier 4 specialty drugs. Please call Customer Service for more information about the exception process. **Note:** If you receive a coverage exception for a drug that is not included on the formulary, you must pay your benefit plan's appropriate copayment or coinsurance. You may not request a copayment reduction for drugs covered through the exception process.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When**

**you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.**

Generally, we must make a decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary, 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are an enrollee of our

plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership/enrollment in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription written for fewer days), while you pursue a formulary exception.

Enrollees who are discharged from an inpatient hospital or who are admitted to or discharged from a long-term care facility and who are prescribed a non-formulary medication must use the Plan's exceptions process to continue coverage of the non-formulary drug.

If a new enrollee or current enrollee is stabilized on a medication that belongs to one of the special classes listed below, the Plan will not require the enrollee to transition to a formulary alternative.

- Cancer Chemotherapy medications
- Anti-depressants
- Anti-psychotics
- Anti-seizure medications
- Immunosuppressants
- HIV/AIDS medications

A new enrollee or current enrollee, who is stabilized on a non-formulary medication that does not belong to one of the drug classes listed above, will be referred to his/her physician to discuss alternative drug therapy.

As necessary, a one-time supply of medication of up to 31 days will be provided to allow the enrollee time to discuss alternative drug therapy with his/her physician and/or to complete the non-formulary exceptions process.

There may be unplanned transitions such as hospital discharges or level of care changes that occur after the first 90 days of your enrollment in our plan. If you are prescribed a drug that is not on our formulary or your ability to get your drugs is limited, you must use the plan's exception process. You may request a one-time emergency supply of up to 31 days to allow you time to discuss

alternative treatment with your doctor or to pursue an exceptions request.

The enrollee or enrollee's physician may initiate an exceptions request for coverage of the non-formulary drug.

### For more information

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions or would like additional information about this formulary, please call Customer Service at the number listed on the bottom of this page.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)**, 24 hours a day, 7 days a week.

### How To Use the UnitedHealthcare MedicareDirect Standard Formulary Listing

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

Certain drugs on the formulary have quantity limits, prior authorization and/or step therapy requirements. Any limits or requirements for a certain drug will be listed on the formulary, next to the drug.

The formulary may not itemize the strengths and dosage forms available for each drug. This list may change as drugs are added or deleted from the formulary.

### The Standard Formulary Index

The drugs included in the formulary are also listed in alphabetical order at the end of this booklet. Next to your drug listing you will see a page number. Go to that page number and you will be able to see the tier designation of your drug and whether or not your drug has any restrictions.

### Abbreviated Network Pharmacy Listing

AccessHealthPlus  
Ahold  
Albertsons  
Albertsons LLC  
American Pharmacy Network Solutions  
Brooks Pharmacy  
Brookshire Brothers Pharmacies  
Brookshire Grocery Co.  
Cardinal/LeaderNET  
Costco  
CVS  
Duane Reade  
EPIC Pharmacy Network  
Family Care Network  
Food Lion Pharmacy  
Fred's Pharmacies  
Giant Eagle  
Giant Food Stores  
H.E.B.  
Hannaford Bros.  
Harvey's Supermarkets  
Kmart Corporation  
Kroger  
Longs Drug Store  
Major Value Pharmacy  
Marsh Drugs  
Medicap  
Medicine Shoppe  
Meijer  
NE Pharmacy Service Corp.  
NeighborCare Pharmacies  
Pathmark Pharmacies  
Performance Plus Network/  
Good Neighbor Pharmacies  
Rite Aid  
Save Mart Supermarkets  
Sav-Mor Drug Stores

Scolari's Pharmacies  
Shopko Stores  
Shoprite Pharmacy  
SuperValu Supermarkets  
Target Stores  
Third Party Station  
Thrifty White Stores  
TriNet Pharmacies  
United Drugs  
United Pharmacists Network Inc.  
USA Drugs  
Walgreens  
Wal-Mart Pharmacy  
Winn Dixie Stores

**This list of Network Pharmacies is subject to change.**

This is not a complete list of our Network Pharmacies. For a complete list of our Network Pharmacies in your area, please call Customer Service and ask for a copy of the Pharmacy Directory, or visit our Web site at *www.uhcretiree.com*.

# UnitedHealthcare® MedicareDirect™ Standard Formulary

All drugs on the formulary are listed with a tier designation. The tier designation of a drug determines the copayment or coinsurance amounts that you will pay for that drug. Please see the copayment and coinsurance amounts listed in the Retiree Benefits Summary Insert for the cost-sharing for your drug.

B=BRAND / G=GENERIC TIER NOTES			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS			
Analgesics, Other - Miscellaneous Pain Relievers			
Equagesic	B	3*	
Nonsteroidal Anti-inflammatory Drugs - Pain/Anti-inflammatory Drugs			
Arthrotec 75	B	3*	
Celebrex	B	3*	QL
Diclofenac Sodium	G	1*	
Diclofenac Sodium DR	G	1*	
Etodolac	G	1*	
Ibuprofen	G	1*	
Indomethacin	G	1*	
Meloxicam	G	1*	
Nabumetone	G	1*	
Naproxen	G	1*	
Oxaprozin	G	1*	
Piroxicam	G	1*	
Sulindac	G	1*	
Opioid Analgesics - Opioid Pain Relievers			
Acetaminophen/Codeine	G	1*	
Acetaminophen/Codeine #3	G	1*	
Avinza	B	2*	QL
Endocet	G	1*	

B=BRAND / G=GENERIC TIER NOTES			
Hydrocodone/ Acetaminophen	G	1*	
Hydrocodone/Ibuprofen	G	1*	
Hydromorphone HCl	G	1*	
<b>Kadian</b>	B	2*	QL
Methadone HCl (10mg/5ml Solution, 5mg/5ml Solution, Concentrate, Tablet)	G	1*	
<b>Methadone HCl (10mg/ ml Solution)</b>	B	1*	
Morphine Sulfate	G	1*	
Morphine Sulfate ER	G	1*	QL
<b>Opana ER</b>	B	2*	QL
Oxycodone/ Acetaminophen	G	1*	
<b>Oxycontin</b>	B	3*	QL
Propoxyphene-N/ Acetaminophen	G	1*	
<b>Roxicet (Solution)</b>	B	2*	
Roxicet (Tablet)	G	1*	
Tramadol HCl	G	1*	
Ultram ER	B	3*	
ANESTHETICS - DRUGS FOR NUMBING			
Local Anesthetics			
Lidocaine/Prilocaine	G	1*	
<b>Lidoderm</b>	B	2*	QL

\* We provide coverage for this prescription drug in the coverage gap. Please refer to the Evidence of Coverage for more information about your Medicare Part D prescription drug coverage. 

PA – Prior Authorization    QL – Quantity Limits    ST – Step Therapy    B – Medicare Part B    LA – Limited Access

B=BRAND / G=GENERIC TIER NOTES		
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS		
<b>Aminoglycosides - Antibiotics</b>		
Gentamicin Sulfate	G	1*
Tobramycin Sulfate	G	1*
<b>Antibacterials, Other - Antibiotics</b>		
<b>Bactroban (Cream)</b>	B	2*
<b>Bactroban (Ointment)</b>	B	3*
Clindamycin HCl	G	1*
Metronidazole	G	1*
Mupirocin	G	1*
Neomycin/Polymyxin/ Hydrocortisone	G	1*
Nitrofurantoin Macrocrystalline	G	1*
Nitrofurantoin Monohydrate	G	1*
SSD	G	1*
<b>Beta-lactam, Cephalosporins - Antibiotics</b>		
Cefdinir	G	1*
Ceftriaxone Sodium	G	1*
Cefuroxime Axetil	G	1*
Cephalexin	G	1*
<b>Beta-lactam, Other - Antibiotics</b>		
<b>Merrem</b>	B	4*
<b>Primaxin I.M.</b>	B	3*
<b>Beta-lactam, Penicillins - Antibiotics</b>		
Amoxicillin	G	1*
Amoxicillin/Potassium Clavulanate	G	1*
Penicillin V Potassium	G	1*
<b>Macrolides - Antibiotics</b>		
Azithromycin	G	1*
Clarithromycin	G	1*
Erythromycin	G	1*
<b>Quinolones - Antibiotics</b>		
<b>Avelox</b>	B	3*
Ciprofloxacin HCl	G	1*
<b>Factive</b>	B	2*

B=BRAND / G=GENERIC TIER NOTES		
<b>Levaquin</b>	B	2*
<b>Vigamox</b>	B	2*
<b>Zymar</b>	B	2*
<b>Sulfonamides - Antibiotics</b>		
Sulfacetamide Sodium	G	1*
Sulfadiazine	G	1*
Sulfamethoxazole/ Trimethoprim	G	1*
Sulfamethoxazole/ Trimethoprim DS	G	1*
<b>Tetracyclines - Antibiotics</b>		
Doxycycline Hyclate	G	1*
Minocycline HCl	G	1*
Tetracycline HCl	G	1*
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
<b>Anticonvulsants, Other - Seizure Control Drugs</b>		
<b>Keppra (100mg/ml Solution, Tablet)</b>	B	2*
<b>Keppra (500mg/5ml Solution)</b>	B	4*
<b>Calcium Channel Modifying Agents - Seizure Control Drugs</b>		
<b>Lyrica</b>	B	2* PA
Zonisamide	G	1*
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs</b>		
<b>Depakote</b>	B	2*
<b>Depakote ER</b>	B	2*
<b>Depakote Sprinkles</b>	B	2*
Gabapentin	G	1*
Primidone	G	1*
Valproic Acid	G	1*
<b>Glutamate Reducing Agents - Seizure Control Drugs</b>		
<b>Felbatol (Suspension)</b>	B	3*
<b>Felbatol (Tablet)</b>	B	2*
<b>Lamictal</b>	B	2*

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PA – Prior Authorization QL – Quantity Limits ST – Step Therapy B – Medicare Part B LA – Limited Access

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B=BRAND / G=GENERIC	TIER	NOTES
Topamax	B	2* PA
<b>Sodium Channel Inhibitors - Seizure Control Drugs</b>		
Carbamazepine	G	1*
Carbatrol	B	2*
Dilantin	B	2*
Dilantin Infatabs	B	2*
Oxcarbazepine	G	1*
Phenytoin	G	1*
Phenytoin Sodium Extended	G	1*
Tegretol-XR	B	2*
Trileptal (Suspension)	B	2*
Trileptal (Tablet)	B	3*
<b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA</b>		
<b>Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs</b>		
Aricept	B	2*
Exelon	B	3*
Razadyne	B	2*
Razadyne ER	B	2*
<b>Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs</b>		
Namenda	B	2*
Namenda Titration Pak	B	2*
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<b>Antidepressants, Other - Antidepressants</b>		
Budeprion SR	G	1*
Budeprion XL	G	1* QL
Bupropion HCl	G	1*
Bupropion HCl SR	G	1*
Mirtazapine	G	1*
Trazodone HCl	G	1*
Wellbutrin XL (150mg 24-Hour Tablet)	B	2* QL

B=BRAND / G=GENERIC	TIER	NOTES
Wellbutrin XL (300mg 24-Hour Tablet)	B	3* QL
<b>Monoamine Oxidase Inhibitors - Antidepressants</b>		
Nardil	B	2*
Tranylcypromine Sulfate	G	1*
<b>Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants</b>		
Citalopram Hydrobromide	G	1*
Cymbalta	B	2*
Effexor XR	B	2* QL
Fluoxetine HCl	G	1*
Fluvoxamine Maleate	G	1*
Lexapro	B	2*
Paroxetine HCl	G	1*
Paxil CR	B	3* QL
Sertraline HCl	G	1*
Venlafaxine HCl	G	1*
<b>Tricyclics - Antidepressants</b>		
Amitriptyline HCl	G	1*
Doxepin HCl	G	1*
Imipramine HCl	G	1*
Nortriptyline HCl	G	1*
<b>ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS - DRUGS FOR OVERDOSE OR DETERRENTS</b>		
<b>Antidotes - Antidotes/Protectants</b>		
Acetylcysteine	G	1* B
Leucovorin Calcium	G	1*
Sodium Polystyrene Sulfonate	G	1*
<b>Deterrents - Antidotes/Protectants</b>		
Antabuse	B	2*
Bupropion HCl SR	G	1*
Chantix	B	3* QL
<b>Toxicologic Agents - Antidotes/Protectants</b>		
Naloxone HCl	G	1*
Naltrexone HCl	G	1*

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PA – Prior Authorization QL – Quantity Limits ST – Step Therapy B – Medicare Part B LA – Limited Access

**B=BRAND / G=GENERIC TIER NOTES****Antiemetics - Drugs to Treat Nausea and Vomiting**

Emend	B	2*	B,PA,QL
Hydroxyzine Pamoate	G	1*	
Meclizine HCl	G	1*	
Metoclopramide HCl	G	1*	
Transderm-Scop	B	3*	

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS****Antifungals - Fungal Infection Drugs**

Clotrimazole	G	1*	
Clotrimazole/ Betamethasone Dipropionate	G	1*	
Econazole Nitrate	G	1*	
Fluconazole	G	1*	
Ketoconazole	G	1*	
Nystatin	G	1*	
Nystatin/Triamcinolone	G	1*	
Nystop	G	1*	

**ANTIGOUT AGENTS - DRUGS TO TREAT GOUT****Antigout Agents - Gout Drugs**

Allopurinol	G	1*	
Colchicine	G	1*	

**ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES****Abortive - Migraine Drugs**

Imitrex	B	2*	QL
Maxalt	B	2*	QL
Maxalt-Mlt	B	2*	QL

**ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS****Parasympathomimetics - Myasthenia Gravis Drugs**

Mytelase	B	3*	
Pyridostigmine Bromide	G	1*	

**B=BRAND / G=GENERIC TIER NOTES****ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS****Antimycobacterials, Other - Miscellaneous Anti-infectives**

Dapsone	B	2*	
Mycobutin	B	2*	

**Antituberculars - Tuberculosis Drugs**

Isoniazid	G	1*	
Rifampin	G	1*	

**ANTINEOPLASTICS - DRUGS TO TREAT CANCER AND CANCER TREATMENT SIDE EFFECTS****Alkylating Agents - Chemotherapy Agents**

Cyclophosphamide (Solution for Reconstitution)	G	1*	
Cyclophosphamide (Tablet)	G	1*	B
Leukeran	B	2*	

**Antiangiogenic Agents - Chemotherapy Agents**

Revlimid	B	4*	PA,LA
Thalomid	B	4*	PA

**Antiestrogens/Modifiers - Chemotherapy Agents**

Emcyt	B	2*	
Tamoxifen Citrate	G	1*	

**Antimetabolites - Chemotherapy Agents**

Hydroxyurea	G	1*	
Mercaptopurine	G	1*	

**Antineoplastics, Other - Chemotherapy Agents**

Carboplatin	G	1*	
Mitomycin	G	1*	

**Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents**

Arimidex	B	2*	
Femara	B	2*	

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PA – Prior Authorization QL – Quantity Limits ST – Step Therapy B – Medicare Part B LA – Limited Access

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B=BRAND / G=GENERIC	TIER	NOTES
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>		
Gleevec	B	4* PA
Tarceva	B	4*
<b>Monoclonal Antibodies - Chemotherapy Agents</b>		
Herceptin	B	4*
Rituxan	B	4* PA
<b>Retinoids - Chemotherapy Agents</b>		
Panretin	B	4*
Targretin	B	4*
Tretinoin (Capsule)	G	4*
<b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS</b>		
<b>Anthelmintics - Worm Infection Drugs</b>		
Mebendazole	G	1*
Stromectol	B	2*
<b>Antiprotozoals - Protozoal Infection Drugs</b>		
Chloroquine Phosphate	G	1*
Hydroxychloroquine Sulfate	G	1*
<b>Pediculicides/Scabicides - Scabies And Lice Drugs</b>		
Acticin	G	1*
Lindane	G	1*
Permethrin	G	1*
<b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE</b>		
<b>Antiparkinson Agents - Parkinson's Disease Drugs</b>		
Amantadine HCl	G	1*
Benzotropine Mesylate	G	1*
Carbidopa/Levodopa	G	1*
Carbidopa/Levodopa ER	G	1*
Mirapex	B	2*
Requip	B	2*
Trihexyphenidyl HCl	G	1*

B=BRAND / G=GENERIC	TIER	NOTES
<b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS</b>		
<b>Atypicals - Mood Disorder Drugs</b>		
Abilify	B	3*
Clozapine	G	1*
Risperdal	B	3*
Risperdal Consta (12.5mg Suspension for Reconstitution, 25mg Suspension for Reconstitution)	B	3* QL
Risperdal Consta (37.5mg Suspension for Reconstitution, 50mg Suspension for Reconstitution)	B	4*
Seroquel	B	2*
Zyprexa	B	2*
Zyprexa Zydis	B	2*
<b>Conventional - Mood Disorder Drugs</b>		
Chlorpromazine HCl	G	1*
Fluphenazine HCl	G	1*
Haloperidol	G	1*
Perphenazine	G	1*
Prochlorperazine Maleate	G	1*
Thioridazine HCl	G	1*
<b>ANTISPASTICITY AGENTS - DRUGS TO TREAT SPASMS</b>		
<b>Antispasticity Agents - Muscle Spasm Drugs</b>		
Baclofen	G	1*
Tizanidine HCl	G	1*
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>Anti-cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs</b>		
Foscarnet Sodium	G	1* B
Valcyte	B	4*

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PA – Prior Authorization    QL – Quantity Limits    ST – Step Therapy    B – Medicare Part B    LA – Limited Access

B=BRAND / G=GENERIC TIER NOTES			
<b>Antihepatitis Agents - Hepatitis Drugs</b>			
Hepsera	B	4*	
Ribavirin	G	1*	PA
<b>Antitherpetic Agents - Herpes Drugs</b>			
Acyclovir	G	1*	
Trifluridine	G	1*	
Valtrex	B	2*	
Zovirax (Capsule, Suspension, Tablet)	B	3*	
Zovirax (Cream, Ointment)	B	2*	
<b>Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs</b>			
Sustiva	B	2*	
Viramune (Suspension)	B	3*	
Viramune (Tablet)	B	2*	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs</b>			
Didanosine	G	1*	
Truvada	B	4*	
Zidovudine	G	1*	
<b>Anti-HIV Agents, Other - HIV Drugs</b>			
Fuzeon	B	4*	
Isentress	B	4*	
<b>Anti-HIV Agents, Protease Inhibitors - HIV Drugs</b>			
Kaletra	B	4*	
Norvir (Capsule)	B	3*	
Norvir (Solution)	B	4*	
<b>Anti-influenza Agents - Flu Drugs</b>			
Rimantadine HCl	G	1*	
Tamiflu	B	2*	
<b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY</b>			
<b>Anxiolytics, Other - Anxiety Drugs</b>			
Buspirone HCl	G	1*	
Meprobamate	G	1*	PA

B=BRAND / G=GENERIC TIER NOTES			
<b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS</b>			
<b>Bipolar Agents - Mood Disorder Drugs</b>			
Geodon	B	3*	
Lithium Carbonate	G	1*	
Lithium Carbonate ER	G	1*	
<b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR</b>			
<b>Antidiabetic Agents - Diabetic Drugs</b>			
Actoplus Met	B	2*	ST
Actos	B	2*	ST
Avandamet	B	2*	ST
Avandia	B	2*	ST
Byetta	B	3*	PA,ST
Glimepiride	G	1*	
Glipizide	G	1*	
Glipizide ER	G	1*	
Glipizide XL	G	1*	
Glyburide	G	1*	
Glyburide Micronized	G	1*	
Glyburide/Metformin HCl	G	1*	
Januvia	B	3*	ST
Metformin HCl	G	1*	
Metformin HCl ER	G	1*	
Prandin	B	3*	QL
Starlix	B	2*	QL
<b>Glycemic Agents - Diabetic Drugs</b>			
Glucagon Emergency Kit	B	2*	
Proglycem	B	3*	
<b>Insulins - Diabetic Drugs</b>			
Humalog	B	2*	
Humalog Mix 75/25	B	2*	
Humulin 70/30	B	2*	
Humulin N	B	2*	
Humulin R	B	2*	
Lantus	B	2*	
Novolin 70/30	B	2*	

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B=BRAND / G=GENERIC	TIER	NOTES
Novolin N	B	2*
Novolin R	B	2*
Novolog	B	2*
Novolog FlexPen	B	2*
Novolog Mix 70/30	B	2*
Novolog Mix 70/30 Prefilled FlexPen	B	2*

**BLOOD PRODUCTS/MODIFIERS/  
VOLUME EXPANDERS - DRUGS  
TO TREAT BLOOD DISORDERS**

<b>Anticoagulants - Blood Thinners</b>		
Coumadin	B	2*
Jantoven	G	1*
Lovenox (100mg/ml Solution, 120mg/0.8ml Solution, 150mg/ml Solution, 300mg/3ml Solution, 60mg/0.6ml Solution, 80mg/0.8ml Solution)	B	4*
Lovenox (30mg/0.3ml Solution, 40mg/0.4ml Solution)	B	3* QL
Warfarin Sodium	G	1*

<b>Blood Formation Products - Blood Formation Drugs</b>		
Aranesp Albumin Free SureClick	B	4* B,PA
Procrit (10000unit/ml Solution, 20000unit/ml Solution, 40000unit/ml Solution)	B	4* B,PA
Procrit (2000unit/ml Solution, 3000unit/ml Solution, 4000unit/ml Solution)	B	3* B,PA,QL

<b>Coagulants - Blood Clotting Drugs</b>		
Cyklokapron	B	2*
<b>Platelet Aggregation Inhibitors - Blood Thinners</b>		
Aggrenox	B	2* QL
Cilostazol	G	1*

B=BRAND / G=GENERIC	TIER	NOTES
Dipyridamole	G	1*
Pentoxifylline ER	G	1*
Plavix	B	2* QL

**CARDIOVASCULAR AGENTS -  
DRUGS TO TREAT HEART AND  
CIRCULATION CONDITIONS**

<b>Alpha-adrenergic Agonists - Blood Pressure Drugs</b>		
Catapres-TTS-1	B	2* QL
Catapres-TTS-2	B	2* QL
Catapres-TTS-3	B	2* QL
Clonidine HCl	G	1*
Midodrine HCl	G	1*

<b>Alpha-adrenergic Blocking Agents - Blood Pressure Drugs</b>		
Doxazosin Mesylate	G	1*
Prazosin HCl	G	1*
Terazosin HCl	G	1*

<b>Antiarrhythmics - Heart Regulation Drugs</b>		
Amiodarone HCl	G	1*
Flecainide Acetate	G	1*
Pacerone (100mg Tablet, 300mg Tablet)	B	2*
Pacerone (200mg Tablet)	G	1*
Pacerone (400mg Tablet)	B	3*
Propafenone HCl	G	1*
Sotalol HCl	G	1*

<b>Beta-adrenergic Blocking Agents - Blood Pressure Drugs</b>		
Atenolol	G	1*
Atenolol/Chlorthalidone	G	1*
Bisoprolol Fumarate	G	1*
Bisoprolol Fumarate/ Hydrochlorothiazide	G	1*
Carvedilol	G	1*
Coreg	B	3*
Coreg CR	B	3* QL
Labetalol HCl	G	1*
Metoprolol Succinate ER	G	1*

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B=BRAND / G=GENERIC	TIER	NOTES
Metoprolol Tartrate	G	1*
Nadolol	G	1*
Propranolol HCl	G	1*
Propranolol HCl ER	G	1*
Timolol Maleate	G	1*
<b>Toprol XL</b>	B	3*
<b>Calcium Channel Blocking Agents - Blood Pressure Drugs</b>		
Afedintab CR	G	1*
Amlodipine Besylate	G	1*
<b>Cardizem LA</b>	B	2* QL
Cartia XT	G	1*
Diltiazem CD	G	1*
Diltiazem HCl	G	1*
Diltiazem HCl ER	G	1*
Dilt-XR	G	1*
Felodipine ER	G	1*
Nifediac CC	G	1*
Nifedical XL	G	1*
Nifedipine ER	G	1*
<b>Norvasc</b>	B	3*
<b>Sular</b>	B	2* QL
Taztia XT	G	1*
Verapamil HCl	G	1*
Verapamil HCl ER	G	1*
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>		
Digitex	G	1*
Digoxin	G	1*
<b>Lanoxin</b>	B	2*
<b>Ranexa</b>	B	2* PA
<b>Diuretics - Blood Pressure Drugs</b>		
Bumetanide	G	1*
Chlorthalidone	G	1*
Furosemide	G	1*
Hydrochlorothiazide	G	1*
Indapamide	G	1*
Metolazone	G	1*

B=BRAND / G=GENERIC	TIER	NOTES
Spironolactone	G	1*
Spironolactone/ Hydrochlorothiazide	G	1*
Torsemide	G	1*
Triamterene/ Hydrochlorothiazide	G	1*
<b>Dyslipidemics - Cholesterol Control Drugs</b>		
<b>Advicor</b>	B	2* QL
<b>Caduet</b>	B	3* QL
Cholestyramine	G	1*
<b>Crestor</b>	B	2* QL
Fenofibrate	G	1*
Gemfibrozil	G	1*
<b>Lescol</b>	B	3* QL
<b>Lescol XL</b>	B	3* QL
<b>Lipitor</b>	B	2* QL
Lovastatin	G	1*
<b>Lovaza</b>	B	3*
<b>Niaspan</b>	B	2*
Pravastatin Sodium	G	1*
Simvastatin	G	1*
<b>Tricor</b>	B	2*
<b>Vytorin</b>	B	3* QL
<b>Welchol</b>	B	2*
<b>Zetia</b>	B	3* QL
<b>Zocor</b>	B	3*
<b>Renin-angiotensin-aldosterone System Inhibitors - Blood Pressure Drugs</b>		
<b>Altace</b>	B	3*
<b>Atacand</b>	B	3* QL,ST
<b>Atacand HCT</b>	B	3* QL,ST
<b>Avalide</b>	B	3* QL,ST
<b>Avapro</b>	B	3* QL,ST
Benazepril HCl	G	1*
Benazepril HCl/ Hydrochlorothiazide	G	1*
<b>Benicar</b>	B	2* QL,ST
<b>Benicar HCT</b>	B	2* QL,ST

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B=BRAND / G=GENERIC	TIER	NOTES
Captopril	G	1*
Cozaar	B	3* QL,ST
Diovan	B	2* QL,ST
Diovan HCT	B	2* QL,ST
Enalapril Maleate	G	1*
Enalapril Maleate/ Hydrochlorothiazide	G	1*
Fosinopril Sodium	G	1*
Hyzaar	B	3* QL,ST
Lisinopril	G	1*
Lisinopril/ Hydrochlorothiazide	G	1*
Lotrel (10mg/20mg Capsule, 2.5mg/10mg Capsule, 5mg/10mg Capsule, 5mg/20mg Capsule)	B	3*
Lotrel (10mg/40mg Capsule, 5mg/40mg Capsule)	B	3* QL
Micardis	B	3* QL,ST
Micardis HCT	B	3* QL,ST
Quinapril HCl	G	1*
Ramipril	G	1*
Tarka	B	3*
Tekturna	B	2* QL,ST
Trandolapril	G	1*
<b>Vasodilators - Chest Pain Drugs</b>		
Hydralazine HCl	G	1*
Isosorbide Dinitrate	G	1*
Isosorbide Mononitrate	G	1*
Isosorbide Mononitrate ER	G	1*
Minoxidil	G	1*
Nitroglycerin	G	1*
Nitroglycerin Transdermal	G	1*

B=BRAND / G=GENERIC	TIER	NOTES
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS</b>		
<b>Amphetamines, ADHD - ADHD Drugs</b>		
Amphetamine Salt Combo	G	1*
Dextroamphetamine Sulfate	G	1*
<b>Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs</b>		
Botox	B	3* PA
Myobloc	B	3*
<b>Non-amphetamines, ADHD - ADHD Drugs</b>		
Dexmethylphenidate HCl	G	1*
Methylphenidate HCl	G	1*
Strattera	B	3* QL,ST
<b>Non-amphetamines, Other - Miscellaneous Nervous System Drugs</b>		
Provigil	B	2* PA,QL
Rilutek	B	4*
<b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS</b>		
<b>Dental and Oral Agents</b>		
Chlorhexidine Gluconate	G	1*
Triamcinolone in Orabase	G	1*
<b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS</b>		
<b>Dermatological Agents - Skin Agents</b>		
Aldara	B	2*
Ammonium Lactate	G	1*
Tretinoin (Cream, Gel)	G	1*
<b>ENZYME REPLACEMENTS/MODIFIERS - DRUGS TO TREAT ENZYME DEFICIENCY</b>		
<b>Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs</b>		
Creon 10	B	2*
Creon 20	B	2*
Ultrase	B	2*

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Viokase 16	B	3*
<b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS</b>		
<b>Antispasmodics, Gastrointestinal - Bowel Treatment Drugs</b>		
Atropine Sulfate	G	1*
Dicyclomine HCl	G	1*
Glycopyrrolate	G	1*
<b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</b>		
Amitiza	B	3* PA,QL
Diphenoxylate/Atropine	G	1*
Enulose	G	1*
Lactulose	G	1*
Lonox	G	1*
Loperamide HCl	G	1*
Polyethylene Glycol 3350	G	1*
Trilyte	B	2*
<b>Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs</b>		
Cimetidine	G	1*
Famotidine	G	1*
Ranitidine HCl	G	1*
<b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs</b>		
Lotronex	B	2* PA,QL
<b>Protectants - Ulcer and Stomach Acid Drugs</b>		
Carafate	B	3*
Misoprostol	G	1*
Sucralfate	G	1*
<b>Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs</b>		
Aciphex	B	3*
Nexium	B	2*
Omeprazole	G	1*
Pantoprazole Sodium	G	3*
Prevacid	B	2*
Prevacid Solutab	B	2*

B=BRAND / G=GENERIC	TIER	NOTES
Prilosec	B	3*
Protonix (Delayed Release Tablet)	B	2*
Zegerid	B	3*
<b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS</b>		
<b>Antispasmodics, Urinary - Bladder Control Drugs</b>		
Detrol	B	2* QL
Detrol LA	B	2* QL
Ditropan XL	B	3*
Enablex	B	2* QL
Oxybutynin Chloride	G	1*
Oxybutynin Chloride ER	G	1*
Oxytrol	B	2* QL
Sanctura	B	3* QL
Vesicare	B	3* QL
<b>Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs</b>		
Avodart	B	2* QL
Finasteride	G	1*
Flomax	B	2* QL
Uroxatral	B	3* QL
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney conditions Drugs</b>		
Bethanechol Chloride	G	1*
Methergine	B	2*
Phenazopyridine HCl	G	1*
<b>Phosphate Binders - Phosphate-Removing Agents</b>		
Fosrenol	B	2*
Phoslo	B	2*
Renagel	B	2*
Renvela	B	2*

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<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS</b>			
<b>Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs</b>			
Betamethasone Dipropionate	G	1*	
Clobetasol Propionate	G	1*	
Desonide	G	1*	
Desoximetasone	G	1*	
Dexamethasone	G	1*	
Fludrocortisone Acetate	G	1*	
Fluocinonide	G	1*	
Fluticasone Propionate	G	1*	
Hydrocortisone	G	1*	
Methylprednisolone	G	1*	
Mometasone Furoate	G	1*	
Prednisone	G	1*	
Proctosol HC	G	1*	
Triamcinolone Acetonide	G	1*	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</b>			
Chorionic Gonadotropin	G	1*	
Desmopressin Acetate	G	1*	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS</b>			
<b>Anabolic Steroids - Hormone Replacement/Modifying Drugs</b>			
Anadrol-50	B	4*	PA

B=BRAND / G=GENERIC TIER NOTES			
Oxandrolone	G	1*	PA
<b>Androgens - Hormone Replacement/Modifying Drugs</b>			
AndroGel	B	2*	PA
Danazol	G	1*	
Testosterone Cypionate	G	1*	
<b>Estrogens - Hormone Replacement/Modifying Drugs</b>			
Estrace (Cream)	B	2*	
Estrace (Tablet)	B	3*	
Estradiol	G	1*	
Estropipate	G	1*	
Premarin	B	2*	
Premarin w/Applicator	B	2*	
Prempro	B	2*	
Vagifem	B	2*	
Vivelle-Dot	B	2*	
<b>Progestins - Hormone Replacement/Modifying Drugs</b>			
Medroxyprogesterone Acetate	G	1*	
Megestrol Acetate	G	1*	
<b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs</b>			
Evista	B	2*	QL
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs</b>			
Cytomel	B	2*	
Levothroid	B	2*	
Levothyroxine Sodium	G	1*	
Levoxyl	G	1*	
Synthroid	B	2*	

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Lysodren	B	4*
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**HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS****Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants**

Sensipar	B	2*
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**HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS****Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants**

Cabergoline	G	1*
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Leuprolide Acetate	G	1*
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Octreotide Acetate	G	4*	PA
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**HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS****Antiandrogens - Hormone Suppressants**

Casodex	B	2*
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Flutamide	G	1*
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**HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES****Antithyroid Agents - Thyroid Suppressing Drugs**

Methimazole	G	1*
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Propylthiouracil	G	1*
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**B=BRAND / G=GENERIC TIER NOTES****IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM****Immune Suppressants - Immune System Drugs**

Azathioprine	G	1*
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Methotrexate	G	1*
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**Immunizing Agents, Passive - Immune System Drugs**

Gamastan S/D	B	2*	B,PA
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Synagis	B	4*
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**Immunomodulators - Immune System Drugs**

Copaxone	B	4*	PA
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Leflunomide	G	1*
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**Vaccines**

Tetanus Toxoid Adsorbed	B	2*
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Zostavax	B	2*
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**INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE****Salicylates - Inflammatory Bowel Disease Drugs**

Asacol	B	2*
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Balsalazide Disodium	G	1*
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Mesalamine	G	1*
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**Sulfonamides - Inflammatory Bowel Disease Drugs**

Sulfasalazine	G	1*
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Sulfazine EC	G	1*
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**METABOLIC BONE DISEASE AGENTS - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS****Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs**

Actonel	B	2*	QL
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Alendronate Sodium	G	1*
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Boniva (Kit)	B	3*
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Boniva (Tablet)	B	3*	QL
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Calcitriol	G	1*
Forteo	B	3* B,PA
Fortical	B	2* QL
Fosamax (Solution)	B	3* QL
Fosamax (Tablet)	B	3*
Fosamax Plus D	B	3* QL
Miacalcin (200unit/act Solution)	B	3* QL
Miacalcin (200unit/ml Solution)	B	3* B,PA

### MISCELLANEOUS AGENTS - DRUGS TO TREAT MISCELLANEOUS CONDITIONS

#### Cytoprotective Agents - Ulcer and Stomach Acid Drugs

Dexrazoxane	G	1*
Mesna	G	4*

#### Diabetic Supplies

Alcohol Preps	B	1*
BD Insulin Needles, Pens, Syringes, Safety Syringes	B	1*
Gauze Pads	B	1*
Insulin Needles, Pens, Syringes, Safety Syringes (Non BD Products)	B	2*

### OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

#### Ophthalmic Agents, Other - Miscellaneous Eye Drugs

Ak-Con	G	1*
Lacrisert	B	2*
Restasis	B	2*

#### Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

Cromolyn Sodium (Solution)	G	1*
Elestat	B	3*
Patanol	B	2*

B=BRAND / G=GENERIC	TIER	NOTES
<b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs</b>		
Alphagan P	B	2*
Azopt	B	2*
Betoptic-S	B	2*
Brimonidine Tartrate	G	1*
Cosopt	B	2*
Timolol Maleate	G	1*
Timolol Maleate Ophthalmic Gel Forming	G	1*
Trusopt	B	3*

#### Ophthalmic Anti-inflammatories - Allergy, Infection and Inflammation Drugs

Acular LS	B	2*
Diclofenac Sodium	G	1*
Lotemax	B	2*
Neomycin/Polymyxin/ Dexamethasone	G	1*
Nevanac	B	3*
Prednisolone Acetate	G	1*
Tobradex	B	2*

#### Ophthalmic Prostaglandin and Prostaglandin Analogs - Glaucoma Drugs

Lumigan	B	2*	QL
Travatan	B	2*	QL
Travatan Z	B	2*	QL
Xalatan	B	3*	QL

### OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS

#### Otic Agents - Ear Drugs

Ciprodex	B	2*
Cortomycin	G	1*
Neomycin/Polymyxin/ Hydrocortisone	G	1*

\* We provide coverage for this prescription drug in the coverage gap. Please refer to the Evidence of Coverage for more information about your Medicare Part D prescription drug coverage.

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B=BRAND / G=GENERIC TIER NOTES			
RESPIRATORY TRACT AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS			
<b>Antihistamines - Allergy Drugs</b>			
Allegra-D 12 Hour	B	3*	QL
Astelin	B	2*	QL
Clarinet	B	3*	QL
Cyproheptadine HCl	G	1*	
Diphenhydramine HCl	G	1*	
Fexofenadine HCl	G	1*	
Hydroxyzine HCl	G	1*	
Promethazine HCl	G	1*	
<b>Anti-inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</b>			
Advair Diskus	B	2*	ST
Azmacort	B	3*	
Flovent HFA	B	2*	
Fluticasone Propionate	G	1*	
Nasacort AQ	B	3*	QL
Nasonex	B	2*	QL
QVAR	B	2*	
Rhinocort Aqua	B	2*	QL
<b>Antileukotrienes - Asthma/Lung Drugs</b>			
Accolate	B	3*	QL,ST
Singulair	B	2*	QL,ST
Zyflo CR	B	3*	QL,ST
<b>Bronchodilators, Anticholinergic - Asthma/Lung Drugs</b>			
Atrovent HFA	B	2*	
Ipratropium Bromide (0.02% Solution)	G	1*	B
Ipratropium Bromide (0.03% Solution, 0.06% Solution)	G	1*	
Spiriva Handihaler	B	2*	
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs</b>			
Aminophylline	G	1*	
Theophylline CR	G	1*	

B=BRAND / G=GENERIC TIER NOTES			
Theophylline ER	G	1*	
<b>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</b>			
Albuterol Sulfate (Nebulizer Solution)	G	1*	B
Albuterol Sulfate (Syrup, Tablet)	G	1*	
Albuterol Sulfate/ Ipratropium Bromide	G	1*	B
Combivent	B	2*	
Duoneb	B	3*	B
Foradil Aerolizer	B	2*	
Proair HFA	B	2*	
Proventil HFA	B	3*	
Serevent Diskus	B	2*	
Ventolin HFA	B	2*	
Xopenex HFA	B	2*	
<b>Mast Cell Stabilizers - Asthma/Lung Drugs</b>			
Cromolyn Sodium (Nebulizer Solution)	G	1*	B
Intal Inhaler	B	2*	
Tilade	B	2*	
<b>Pulmonary Antihypertensives - Asthma/Lung Drugs</b>			
Revatio	B	4*	PA
Tracleer	B	4*	PA,LA
<b>Respiratory Tract Agents, Other - Asthma/Lung Drugs</b>			
Tyzine	B	2*	
Xolair	B	4*	PA
<b>SEDATIVES/HYPNOTICS - DRUGS FOR SEDATION AND SLEEP</b>			
<b>Sedatives/Hypnotics - Sedation and Sleep Drugs</b>			
Ambien	B	3*	
Ambien CR	B	2*	QL
Lunesta	B	2*	QL
Rozerem	B	3*	QL
Sonata	B	3*	QL

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<b>B=BRAND / G=GENERIC TIER NOTES</b>		
Zolpidem Tartrate	G	1*
<b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS</b>		
<b>Skeletal Muscle Relaxants - Pain/Swelling Management Drugs</b>		
Carisoprodol	G	1*
Cyclobenzaprine HCl	G	1*
Methocarbamol	G	1*
Skelaxin	B	3*
<b>THERAPEUTIC NUTRIENTS/ MINERALS/ELECTROLYTES - DRUGS TO TREAT VITAMIN, MINERAL AND BODY FLUID DEFICIENCIES</b>		
<b>Electrolytes/Minerals - Electrolytes and Minerals</b>		
Klor-Con 10	G	1*
Klor-Con 8	G	1*
Klor-Con M10	G	1*
Klor-Con M20	G	1*
Levocarnitine	G	1*
<b>Therapeutic Nutrients/Minerals/Electrolytes, Other - Electrolytes, Minerals, and Nutrients</b>		
Dextrose 5%	G	1*
Sterile Water Irrigation	G	1*
<b>Vitamins</b>		
Prenatal Vitamins	G	1*

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