

Rocky Mountain Health Plans

2009 Basic *Plus* Medicare Formulary

(List of Covered Drugs)

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

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

Last Updated 06/23/09

What is the Rocky Mountain Health Plans Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of June 23, 2009. To get updated information about the drugs covered by Rocky Mountain Health Plans, please visit our Web site at www.rmhp.org, or call Member Services.

If you have questions about RMHP please call Member Services. For medical benefit questions, we are open 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday.

- RMHP Members residing in Colorado, call 970-243-7050 or 800-346-4643.
- WINhealth Partners Members residing in Wyoming, call 800-840-2211.
- If you are hearing impaired and use TTY equipment, call 800-704-6370.
- Para asistencia en español llame al 800-346-4643.

For Part D prescription drug benefit questions, please call between 8:00 a.m. to 8:00 p.m., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 a.m. to 8:00 p.m., Mountain Time, on weekends and most holidays.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

RMHP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** RMHP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from RMHP before you fill your prescriptions. If you don't get approval, RMHP may not cover the drug.
- **Quantity Limits:** For certain drugs, RMHP limits the amount of the drug that RMHP will cover. For example, RMHP provides 12 doses per prescription for Imitrex tablets. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask RMHP to make an exception to these restrictions or limits. See the section, “How do I request an exception to the RMHP formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that RMHP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by RMHP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by RMHP.
- You can ask RMHP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the RMHP Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, RMHP limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

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

If you have questions about RMHP please call Member Services. For medical benefit questions, we are open 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday.

- RMHP Members residing in Colorado, call 970-243-7050 or 800-346-4643.
- WINhealth Partners Members residing in Wyoming, call 800-840-2211.
- If you are hearing impaired and use TTY equipment, call 800-704-6370.
- Para asistencia en español llame al 800-346-4643.

For Part D prescription drug benefit questions, please call between 8:00 a.m. to 8:00 p.m., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 a.m. to 8:00 p.m., Mountain Time, on weekends and most holidays. Or visit www.rmhp.org

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

RMHP Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by RMHP. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

The information in the Notes column tells you if RMHP has any special requirements for coverage of your drug.

The RMHP formulary key for the Notes column is as follows:

Drug Tier = 1 Generic copayment (lowest)

Drug Tier = 2 Preferred Brand copayment (midrange)

Drug Tier = 3 Non-preferred Brand copayment (highest)

Drug Tier = 4 Specialty coinsurance

See your Summary of Benefit or Evidence of Coverage to determine how much you will pay for prescription drugs in each tier.

Drugs that appear with:

italics = Generic drugs

CAPITALIZATION = Brand name drugs

PA = Prior Authorization required

QL = Quantity Limit applies

* = Excluded Part D Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply to these drugs.

** = Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 800-346-4643. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643. Please call between 8:00 a.m. to 8:00 p.m., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 a.m. to 8:00 p.m., Mountain Time, on weekends and most holidays.

Drug Name	Drug Tier	Notes
Analgesics		
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #2</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
ACTIQ	3	
<i>ascomp/codeine</i>	1	
<i>astramorph</i>	1	
BALACET 325	2	
<i>buprenorphine hcl</i>	1	
<i>butal/asa/caff/cod</i>	1	
<i>butalbital /apap /caffeine /codeine</i>	1	
<i>butorphanol tartrate</i>	1	
CAPITAL/CODEINE	2	
<i>co-gesic</i>	1	
DILAUDID-5	2	
DILAUDID-HP	2	PA (Part B vs Part D only)
<i>dolorex forte</i>	1	
<i>duramorph</i>	1	
<i>endocet</i>	1	
<i>fentanyl</i>	1	QL (15 per 30 days)
<i>fentanyl citrate</i>	1	PA (Part B vs Part D only)
FENTANYL CITRATE ORAL TRANSMUCOSAL	2	
FENTORA	2	
<i>hydrocodone /acetaminophen</i>	1	
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /ibuprofen</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydromorphone hcl tablet</i>	1	
<i>hydromorphone hcl injection</i>	1	PA (Part B vs Part D only)
INFUMORPH 200	2	
INFUMORPH 500	2	
KADIAN	2	
LEVO DROMORAN	2	
<i>levorphanol tartrate</i>	1	
<i>margesic-h</i>	1	
MEPERIDINE HCL ORAL SOLUTION	2	
<i>meperidine hcl tablet</i>	1	
<i>meperidine hcl injection</i>	1	PA (Part B vs Part D only)
<i>meperitab</i>	1	
METHADONE HCL INJECTION, ORAL SOLUTION	2	
<i>methadone hcl concentrate, tablet</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
MORPHINE SULFATE ORAL SOLUTION	2	
<i>morphine sulfate tablet</i>	1	
MORPHINE SULFATE INJECTION 5MG/ML	2	

Drug Name	Drug Tier	Notes
<i>morphine sulfate injection 0.5mg/ml, 1mg/ml</i>	1	
<i>nalbuphine hcl</i>	1	
<i>narvox</i>	1	
OPANA ER TABLET EXTENDED RELEASE 12 HOUR 15MG, 30MG, 7.5MG	2	
<i>oxycodone /acetaminophen capsule</i>	1	
<i>oxycodone /acetaminophen tablet 325mg; 5mg</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl</i>	1	
<i>oxycodone hcl er</i>	1	
<i>oxycodone-apap</i>	1	
OXYCONTIN	2	
<i>pentazocine /acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
<i>phrenilin w/caffeine/codeine</i>	1	
<i>propoxyphene /acetaminophen</i>	1	
<i>propoxyphene hcl</i>	1	
<i>propoxyphene-n /acetaminophen</i>	1	
ROXICET SOLUTION	2	
ROXICET TABLET 500MG; 5MG	2	
<i>roxicet tablet 325mg; 5mg</i>	1	
<i>stagesic</i>	1	
SUBOXONE	2	
SUBUTEX	2	
TALWIN	2	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>trezix</i>	1	
ULTRAM ER	2	
<i>vanacet</i>	1	
<i>vicodin hp</i>	1	
ZAMICET	2	
Anesthetics		
EMLA /TEGADERM	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
Anti-inflammatory Agents		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	

Drug Name	Drug Tier	Notes
DICLOFENAC SODIUM EC TABLET DELAYED RELEASE 25MG	2	
<i>diclofenac sodium ec tablet delayed release 50mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium xr</i>	1	
DIFLUNISAL	2	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN	2	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
KETOPROFEN ER	2	
<i>ketorolac tromethamine</i>	1	
MECLOFENAMATE SODIUM	2	
MELOXICAM SUSPENSION	2	
<i>meloxicam tablet</i>	1	
MOBIC SUSPENSION	2	
<i>nabumetone</i>	1	
NALFON	2	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
PONSTEL	2	
<i>sulindac</i>	1	
TOLMETIN SODIUM TABLET	2	
<i>tolmetin sodium capsule</i>	1	
Antibacterials		
AKNE-MYCIN	2	
<i>amikacin sulfate</i>	1	
<i>amoclan</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 400MG	2	
<i>amoxicillin tablet chewable 125mg, 200mg, 250mg</i>	1	
<i>amoxil capsule</i>	1	
AMOXIL SUSPENSION RECONSTITUTED 50MG/ML	2	
<i>amoxil suspension reconstituted 250mg/5ml</i>	1	
AMPICILLIN SODIUM INJECTION 125MG	2	

Drug Name	Drug Tier	Notes
<i>ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
AMPICILLIN SUSPENSION RECONSTITUTED	2	
<i>ampicillin capsule</i>	1	
AUGMENTIN XR	3	
AUGMENTIN TABLET CHEWABLE	3	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	3	
AVELOX	2	
AVELOX ABC PACK	2	
AZACTAM	2	
AZACTAM IN DEXTROSE	2	
AZITHROMYCIN PACKET	2	
<i>azithromycin injection, suspension reconstituted, tablet</i>	1	
<i>baciim</i>	1	
<i>bacitracin /neomycin /polymyxin</i>	1	QL (8 per 30 days)
BACTOCILL IN DEXTROSE	2	
BACTROBAN NASAL	2	
BACTROBAN CREAM	2	
BICILLIN C-R	2	
BICILLIN L-A	2	
CEDAX	2	
CEFACLOR ER	2	
<i>cefaclor capsule</i>	1	
CEFACLOR SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML	2	
<i>cefaclor suspension reconstituted 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN SODIUM INJECTION 1GM; 5%, 20GM, 500MG; 5%	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
CEFIZOX IN DEXTROSE 5%	2	
CEFOTAXIME SODIUM INJECTION 20GM	2	
<i>cefotaxime sodium injection 10gm, 1gm, 2gm, 500mg</i>	1	
CEFOTETAN	2	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE/DEXTROSE	2	
<i>cefuroxime axetil</i>	1	

Drug Name	Drug Tier	Notes
<i>cefuroxime sodium</i>	1	
CEFUROXIME/DEXTROSE	2	
CEPHALEXIN TABLET	2	
<i>cephalexin capsule, suspension reconstituted</i>	1	
CHLORAMPHENICOL SODIUM SUCCINATE	2	
CIPRO SUSPENSION RECONSTITUTED	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
CLAFORAN/D5W	2	
CLAFORAN INJECTION 1GM	2	
CLAFORAN INJECTION 2GM	2	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN GALAXY	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN SUPPOSITORY	2	
CLEOCIN CAPSULE 75MG	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>colistimethate sodium</i>	1	
CORTISPORIN CREAM	2	
CORTISPORIN OINTMENT	2	QL (15 per 30 days)
CUBICIN	2	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DORIBAX	2	
DORYX TABLET DELAYED RELEASE 100MG, 75MG	2	
<i>doxy-caps</i>	1	
DOXYCYCLINE HYCLATE CAPSULE DELAYED RELEASE PARTICLES	2	
<i>doxycycline hyclate capsule, injection, tablet</i>	1	
<i>doxycycline monohydrate capsule</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	1	
<i>e.e.s. 200</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery</i>	1	
ERY-TAB	2	
<i>eryderm</i>	1	
ERYPED	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	

Drug Name	Drug Tier	Notes
ERYTHROMYCIN BASE	2	
<i>erythromycin ethylsuccinate</i>	1	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES	2	
<i>erythromycin gel, solution</i>	1	
<i>erythromycin ointment</i>	1	QL (8 per 30 days)
FACTIVE	2	
FLAGYL ER	2	
FORTAZ INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%, 500MG	2	
FURADANTIN	2	
GANTRISIN PEDIATRIC	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%	2	
<i>gentamicin sulfate/0.9% sodium chloride injection 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>gentamicin sulfate cream, injection, external ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	QL (30 per 30 days)
<i>gentamicin sulfate ophthalmic ointment</i>	1	QL (8 per 30 days)
HELIDAC	2	
INVANZ	2	
IQUIX	2	QL (20 per 30 days)
<i>isotonic gentamicin</i>	1	
KANAMYCIN SULFATE	2	
KEFLEX CAPSULE 750MG	2	
KETEK	3	
LEVAQUIN	2	
LEVAQUIN LEVA-PAK	2	
LEVAQUIN PREMIX	2	
MACRODANTIN CAPSULE 25MG	2	
MAXIPIME INJECTION 1GM	2	
MAXIPIME INJECTION 2GM	2	
MAXIPIME INJECTION 500MG	2	
MEFOXIN IN DEXTROSE 2.2%	2	
MEFOXIN IN DEXTROSE 3.9%	2	
MERREM	2	
<i>methenamine hippurate</i>	1	
METRO IV	2	
METROGEL	2	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl</i>	1	
MONODOX CAPSULE 75MG	3	

Drug Name	Drug Tier	Notes
MONUROL	2	
<i>mupirocin</i>	1	
<i>myrac</i>	1	
NAFCILLIN SODIUM INJECTION 1GM	2	
<i>nafcillin sodium injection 1gm</i>	1	
NAFCILLIN SODIUM INJECTION 10GM	2	
<i>nafcillin sodium injection 2gm</i>	1	
NALLPEN ISO-OSMOTIC IN DEXTROSE	2	
NALLPEN/DEXTROSE	2	
NEO-FRADIN	2	
<i>neomycin /bacitracin /polymyxin</i>	1	QL (8 per 30 days)
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
NEUTREXIN	2	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	2	
NOROXIN	3	
<i>ofloxacin</i>	1	
ORACEA	2	
OXACILLIN SODIUM	2	
<i>paromomycin sulfate</i>	1	
PCE	2	
<i>penicillin g potassium</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g injection 5mu</i>	1	
PHISOHEX	2	
PIPERACILLIN SODIUM	2	
<i>polymyxin b sulfate</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
PRIMAXIN IV ADD-VANTAGE	2	
PRIMSOL	2	
QUIXIN	2	QL (20 per 30 days)
RANICLOR	2	
ROCEPHIN INJECTION 1GM	2	
ROCEPHIN INJECTION 2GM	2	
<i>silver sulfadiazine</i>	1	
<i>sodium sulfacetamide lotion</i>	1	
<i>ssd</i>	1	
<i>ssd af</i>	1	
STREPTOMYCIN SULFATE	2	
SULFADIAZINE	2	

Drug Name	Drug Tier	Notes
SULFAMETHOXAZOLE /TRIMETHOPRIM INJECTION	2	
<i>sulfamethoxazole /trimethoprim suspension, tablet</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
SULFAMYLON	2	
<i>sulfatrim</i>	1	
SUPRAX SUSPENSION RECONSTITUTED	2	
SYNERCID	2	
TAZICEF INJECTION 1GM/50ML; 4.4%	2	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
<i>tetracycline hcl</i>	1	
<i>thermazene</i>	1	
TIMENTIN	2	
TOBRAMYCIN SULFATE ADD-VANTAGE	2	
<i>tobramycin sulfate fliptop</i>	1	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2	
<i>tobramycin sulfate injection</i>	1	
<i>tobramycin sulfate ophthalmic solution</i>	1	QL (10 per 30 days)
<i>trimethoprim</i>	1	
<i>trimethoprim/sulfamethoxazole ds</i>	1	
<i>trimox</i>	1	
TYGACIL	2	
UNASYN ADD-VANTAGE	2	
UNASYN INJECTION 1GM; 0.5GM	2	
UNASYN INJECTION 2GM; 1GM	2	
VANCOCIN HCL	2	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
VANCOMYCIN HCL INJECTION 10GM	2	
<i>vancomycin hcl injection 1000mg, 5000mg, 500mg</i>	1	
<i>vandazole</i>	1	
<i>veetids</i>	1	
VIBRAMYCIN SUSPENSION RECONSTITUTED, SYRUP	2	
XIFAXAN	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINACEF INJECTION 750MG	2	
ZINACEF INJECTION 1.5GM	2	
<i>zinacef injection 7.5gm</i>	1	
ZITHROMAX PACKET	3	
ZMAX	2	
ZOSYN	2	
ZYMAR	2	QL (10 per 30 days)
ZYVOX INJECTION	2	
ZYVOX SUSPENSION RECONSTITUTED, TABLET	4	
Anticonvulsants		
BANZEL	2	

Drug Name	Drug Tier	Notes
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	2	
CELONTIN	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DILANTIN INFATABS	2	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	
FELBATOL	2	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
KEPPRA	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	
NEURONTIN SOLUTION	3	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
STAVZOR	2	
TEGRETOL-XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
TRILEPTAL SUSPENSION	2	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT	2	
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	2	
ARICEPT ODT	2	
COGNEX	2	

Drug Name	Drug Tier	Notes
<i>ergoloid mesylates</i>	1	
EXELON CAPSULE, SOLUTION	2	
EXELON PATCH 24 HOUR	2	QL (30 per 30 days)
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE	2	
RAZADYNE ER	2	
Antidepressants		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	3	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EMSAM	2	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
IMIPRAMINE PAMOATE	2	
LEXAPRO	2	
MAPROTILINE HCL	2	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	PA, new starts only
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i>	1	
PERPHENAZINE /AMITRIPTYLINE	2	
PRISTIQ	3	
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i>	1	
<i>sertraline hydrochloride</i>	1	
SURMONTIL CAPSULE 100MG	2	
TOFRANIL-PM	2	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
VIVACTIL	2	
ZELAPAR	2	

Drug Name	Drug Tier	Notes
Antidotes, Deterrents, and Toxicologic Agents		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	QL (504 per 365 days)
CHEMET	2	
CUPRIMINE	2	
<i>depade</i>	1	
DEPEN TITRATABS	2	
EXJADE	3	PA
<i>fomepizole</i>	1	
<i>kionex</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	2	
NICOTROL NS	2	
RELISTOR	4	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
SUBOXONE	2	
SYPRINE	2	
Antiemetics		
ALOXI	2	
ANZEMET INJECTION	2	
ANZEMET TABLET	2	PA (Part B vs Part D only)
CESAMET	2	
<i>compro</i>	1	
EMEND	2	PA
<i>granisetron hcl injection</i>	1	
<i>granisetron hcl tablet</i>	1	PA (Part B vs Part D only)
<i>granisol</i>	1	PA (Part B vs Part D only)
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution, tablet</i>	1	PA (Part B vs Part D only)
<i>ondansetron odt</i>	1	PA (Part B vs Part D only)
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl suppository, syrup, tablet</i>	1	
PROMETHAZINE HCL INJECTION 50MG/ML	2	
<i>promethazine hcl injection 50mg/ml</i>	1	
<i>promethazine hcl injection 25mg/ml</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl injection</i>	1	
<i>trimethobenzamide hcl capsule</i>	1	PA (Part B vs Part D only)

Drug Name	Drug Tier	Notes
Antifungals		
ABELCET	2	PA (Part B vs Part D only)
AMBISOME	2	PA (Part B vs Part D only)
AMPHOTEC	2	PA (Part B vs Part D only)
<i>amphotericin b</i>	1	PA (Part B vs Part D only)
ANCOBON	2	
CANCIDAS	2	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox suspension</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS	2	
ERTACZO	2	
EXELDERM	2	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
GRIFULVIN V	3	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLUTION	2	
LAMISIL PACKET	3	
LOPROX SHAMPOO	3	
LOPROX GEL	2	
MENTAX	2	
MICONAZOLE 3	2	
MYCAMINE	4	
NAFTIN	2	
NAFTIN-MP	2	
NOXAFIL	4	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
SPORANOX SOLUTION	2	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	4	
VFEND IV	2	
<i>zazole</i>	1	
Antigout Agents		
<i>allopurinol</i>	1	

Drug Name	Drug Tier	Notes
<i>allopurinol sodium</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	
Antimigraine Agents		
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
IMITREX TABLET	2	
IMITREX SOLUTION	2	QL (36 per 90 days)
MAXALT	2	QL (36 per 90 days)
MAXALT-MLT	2	QL (36 per 90 days)
MIGERGOT	2	
MIGRANAL	2	
RELPAK TABLET 40MG	3	QL (36 per 90 days)
ZOMIG	3	QL (36 per 90 days)
ZOMIG ZMT	3	QL (36 per 90 days)
Antimyasthenic Agents		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	2	
MESTINON	2	
MESTINON TIMESPAN	2	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	
REGONOL	2	
Antimycobacterials		
CAPASTAT SULFATE	2	
DAPSONE	2	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
ISONIAZID INJECTION, SYRUP	2	
<i>isoniazid tablet</i>	1	
MYCOBUTIN	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
RIFATER	2	
SEROMYCIN	2	
TRECTOR	2	
Antineoplastics		
ABRAXANE	2	
ADRIAMYCIN INJECTION 20MG	2	
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	
ALIMTA	2	
ALKERAN	2	PA (Part B vs Part D only)
ARIMIDEX	2	
AROMASIN	2	

Drug Name	Drug Tier	Notes
ARRANON	2	
AVASTIN	4	PA
BICNU	2	
BLENOXANE	3	
<i>bleomycin sulfate</i>	1	
BUSULFEX	2	
CAMPATH	2	
CAMPTOSAR	3	
<i>carboplatin</i>	1	
CEENU	2	
CERUBIDINE	3	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
CLOLAR	2	
COSMEGEN	2	
<i>cyclophosphamide injection</i>	1	
<i>cyclophosphamide tablet</i>	1	PA (Part B vs Part D only)
CYTARABINE AQUEOUS INJECTION 100MG/ML	3	
<i>cytarabine aqueous injection 20mg/ml</i>	1	
CYTARABINE INJECTION 100MG	2	
<i>cytarabine injection 1gm, 2gm, 500mg</i>	1	
CYTOXAN INJECTION	3	
CYTOXAN TABLET	3	PA (Part B vs Part D only)
DACARBAZINE INJECTION 100MG	2	
<i>dacarbazine injection 200mg</i>	1	
DACOGEN	2	
DAUNORUBICIN HCL INJECTION 5MG/ML	2	
<i>daunorubicin hcl injection 20mg</i>	1	
DAUNOXOME	2	
DEGARELIX	3	
DOXIL	2	
<i>doxorubicin hcl</i>	1	
DROXIA	2	
DTIC-DOME	3	
ELITEK	2	
ELLENCÉ	3	
ELOXATIN	2	
ELSPAR	2	
EMCYT	2	
<i>epirubicin hcl</i>	1	
ERBITUX	2	PA
ETHYOL	3	
ETOPOPHOS	2	
<i>etoposide</i>	1	
FARESTON	2	
FASLODEX	2	PA
FEMARA	2	
FLUDARA	3	

Drug Name	Drug Tier	Notes
FLUDARABINE PHOSPHATE INJECTION 50MG/2ML	3	
<i>fludarabine phosphate injection 50mg</i>	1	
FLUOROURACIL	3	
GEMZAR	2	
GLEEVEC	4	PA
HERCEPTIN	2	
HEXALEN	2	
HYCAMTIN	2	
HYDREA	3	
<i>hydroxyurea</i>	1	
IDAMYCIN PFS	3	
<i>idarubicin hcl</i>	1	
IFEX/MESNEX COMBO PACK	3	
IFEX INJECTION 3GM	2	
IFEX INJECTION 1GM	3	
<i>ifosfamide/mesna</i>	1	
IFOSFAMIDE INJECTION 1GM/20ML, 3GM/60ML, 3GM	2	
<i>ifosfamide injection 1gm</i>	1	
IRESSA	4	PA
<i>irinotecan</i>	1	
IXEMPRA KIT	4	PA
LEUKERAN	2	
LEUSTATIN	3	
MATULANE	2	
<i>mercaptopurine</i>	1	
<i>mesna</i>	1	
MESNEX TABLET	2	
MESNEX INJECTION	3	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MUSTARGEN	2	
MYLOTARG	2	
NAVELBINE	3	
NEXAVAR	4	PA
NIPENT	3	
NOVANTRONE	3	
ONCASPAR	2	
ONTAK	2	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	
PANRETIN	2	
<i>pentostatin</i>	1	
PHOTOFRIN	2	
PLATINOL AQ	3	
PROLEUKIN	2	
PURINETHOL	3	

Drug Name	Drug Tier	Notes
REVLIMID	4	PA ** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 800-346-4643. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643. Please call 8:00 a.m.- 8:00 p.m., Mtn. Time, Mon.- Fri. From Nov. 15 through March 1, we are also available 8:00 a.m. - 8:00 p.m., Mtn. Time, on weekends and most holidays.
RITUXAN	2	
SOLTAMOX	2	
SPRYCEL TABLET 20MG, 50MG, 70MG	4	PA
SUTENT	4	PA
TABLOID	2	
<i>tamoxifen citrate</i>	1	
TARCEVA	4	PA
TARGRETIN	4	
TASIGNA	4	PA
TAXOL	3	
TAXOTERE	2	
THALOMID	4	
<i>thiotepa</i>	1	
<i>toposar</i>	1	
TORISEL	2	PA
<i>tretinoin</i>	1	
TRISENOX	2	
TYKERB	4	PA
VECTIBIX	2	PA
VELCADE	4	
VESANOID	4	
VIDAZA	2	
VINBLASTINE SULFATE	2	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
VINORELBINE TARTRATE INJECTION 50MG/5ML	2	
<i>vinorelbine tartrate injection 50mg/5ml</i>	1	
<i>vinorelbine tartrate injection 10mg/ml</i>	1	
ZANOSAR	2	
ZINECARD	3	

Drug Name	Drug Tier	Notes
ZOLINZA	4	PA
Antiparasitics		
<i>acticin</i>	1	
ALBENZA	2	
ALINIA	2	
BILTRICIDE	2	
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
EURAX	2	
FANSIDAR	2	
<i>hydroxychloroquine sulfate</i>	1	
<i>lindane</i>	1	
MALARONE	2	
<i>mebendazole</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	4	
NEBUPENT	2	
OVIDE	2	
PENTAM 300	2	
<i>permethrin</i>	1	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	2	
STROMECTOL	2	
TINDAMAX	2	
Antiparkinson Agents		
AMANTADINE HCL TABLET	2	
<i>amantadine hcl capsule</i>	1	
APOKYN	2	PA
<i>atamet</i>	1	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COGENTIN	2	
COMTAN	2	
KEMADRIN	2	
LODOSYN	2	
MIRAPEX	2	
PARCOPA	2	
REQUIP	2	
REQUIP XL	2	
<i>ropinirole hcl</i>	1	
SELEGILINE HCL TABLET	2	
<i>selegiline hcl capsule</i>	1	

Drug Name	Drug Tier	Notes
STALEVO 100	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	
Antipsychotics		
ABILIFY	2	
ABILIFY DISCMELT	2	
CHLORPROMAZINE HCL INJECTION	2	
<i>chlorpromazine hcl tablet</i>	1	
CLOZAPINE TABLET 200MG	2	
<i>clozapine tablet 100mg, 25mg, 50mg</i>	1	
FAZACLO	2	
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONCENTRATE, ELIXIR, INJECTION	2	
<i>fluphenazine hcl tablet</i>	1	
GEODON	2	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA	2	
<i>loxapine succinate</i>	1	
MOBAN	2	
NAVANE CAPSULE 20MG	3	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL	2	
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	2	
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	2	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
ZANAFLEX CAPSULE	2	
Antivirals		
<i>acyclovir</i>	1	
ACYCLOVIR SODIUM INJECTION 1000MG, 50MG/ML	2	

Drug Name	Drug Tier	Notes
<i>acyclovir sodium injection 500mg</i>	1	
APTIVUS	2	
ATRIPLA	4	
BARACLUDE	2	
COMBIVIR	4	
CRIXIVAN	2	
CYTOVENE	2	
DENAVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
<i>famciclovir</i>	1	
FUZEON	4	
GANCICLOVIR	4	
HEPSERA	2	
INTELENCE	4	
INVIRASE	2	
ISENTRESS	2	
KALETRA	4	
LEXIVA	4	
NORVIR	2	
PREZISTA	2	
REBETOL	4	
RELENZA DISKHALER	2	
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	4	
<i>ribapak</i>	4	
<i>ribasphere</i>	4	
<i>ribatab</i>	4	
<i>ribavirin</i>	4	
<i>rimantadine hcl</i>	1	
SELZENTRY	2	
<i>stavudine capsule</i>	1	
SUSTIVA	2	
TAMIFLU	2	
TRIZIVIR	4	
TRUVADA	4	
TYZEKA	2	
VALCYTE	4	
VALTREX	2	
VIDEX EC CAPSULE DELAYED RELEASE 125MG	2	
VIDEX EC CAPSULE DELAYED RELEASE 200MG, 250MG, 400MG	3	

Drug Name	Drug Tier	Notes
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAZOLE	2	
VIREAD	2	
VISTIDE	2	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX CREAM, OINTMENT	2	
Anxiolytics		
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
<i>lithium carbonate er</i>	1	
LITHIUM CARBONATE TABLET	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 600mg</i>	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium citrate</i>	1	
RISPERDAL M-TAB	2	
SYMBYAX	2	
Blood Glucose Regulators		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS	2	
BYETTA	2	
<i>chlorpropamide</i>	1	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
GLYBURIDE TABLET 1.25MG, 5MG	2	
<i>glyburide tablet 2.5mg</i>	1	
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
GLYSET	3	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 PEN	2	

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
JANUMET	3	
JANUVIA	3	
LANTUS	2	
LANTUS FOR OPTICLIK	2	
LANTUS SOLOSTAR	2	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
PRANDIMET	3	
PRANDIN	3	
PRECOSE	3	
PROGLYCEM	2	
STARLIX	3	
SYMLIN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
<i>tolazamide</i>	1	
TOLBUTAMIDE	2	
Blood Products/Modifiers/ Volume Expanders		
AGGRENEX	2	
ARANESP ALBUMIN FREE	2	PA (Part B vs Part D only)
ARANESP ALBUMIN FREE SURECLICK	2	PA (Part B vs Part D only)
ARIXTRA	2	
<i>cilostazol</i>	1	
COUMADIN INJECTION	2	
COUMADIN TABLET	3	
CYKLOKAPRON	2	
<i>dipyridamole</i>	1	
EPOGEN	2	PA (Part B vs Part D only)
HEPARIN SODIUM DCU	2	
<i>heparin sodium/d5w injection 5%; 100unit/ml, 5%; 40unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45%	2	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
HEPARIN SODIUM INJECTION 2000UNIT/ML, 2500UNIT/ML	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	

Drug Name	Drug Tier	Notes
<i>jantoven</i>	1	
LEUKINE	2	
LOVENOX	2	
NEULASTA	2	
NEUMEGA	2	
NEUPOGEN	4	
PLAVIX	2	
PROCRIT	2	PA (Part B vs Part D only)
<i>ticlopidine hcl</i>	1	
<i>warfarin sodium</i>	1	
Cardiovascular Agents		
<i>acebutolol hcl</i>	1	
<i>acetazolamide</i>	1	
ACETAZOLAMIDE SODIUM	2	
<i>afeditab cr</i>	1	
ALDACTAZIDE TABLET 50MG; 50MG	2	
ALTACE CAPSULE 1.25MG	3	
<i>amiloride /hydrochlorothiazide</i>	1	
AMILORIDE HCL	2	
<i>amiodarone hcl</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
<i>betaxolol hcl</i>	1	
BIDIL	2	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
CARDENE I.V.	2	
CARDENE SR	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
CARTROL	2	
<i>carvedilol</i>	1	
CATAPRES-TTS-1	2	QL (8 per 28 days)
CATAPRES-TTS-2	2	QL (8 per 28 days)
CATAPRES-TTS-3	2	QL (8 per 28 days)
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	

Drug Name	Drug Tier	Notes
<i>clonidine hcl</i>	1	
CLORPRES	2	
<i>colestipol hcl</i>	1	
COVERA-HS	2	
COZAAR	2	
CRESTOR	3	
DEMADEX	2	
DEMSER	2	
DIAMOX	2	
<i>digitek</i>	1	
DIGOXIN ORAL SOLUTION	2	
<i>digoxin injection, tablet</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl capsule extended release 24 hour, tablet</i>	1	
DILTIAZEM HCL INJECTION 100MG	2	
<i>diltiazem hcl injection 25mg/5ml</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
DIURIL	2	
DIURIL IV	2	
DYNACIRC CR	3	
DYNACIRC-CR	3	
DYRENIUM	2	
EDECRIN	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>felodipine er</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide injection, tablet</i>	1	
FUROSEMIDE ORAL SOLUTION 8MG/ML	2	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>gemfibrozil</i>	1	
GUANABENZ ACETATE	2	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>hydrochlorothiazide capsule</i>	1	
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1	
HYZAAR	2	
<i>indapamide</i>	1	

Drug Name	Drug Tier	Notes
INNOPRAN XL	2	
INSPIRA	2	
INVERSINE	2	
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	1	
<i>labetalol hcl</i>	1	
LANOXIN INJECTION 0.1MG/ML	2	
LEVATOL	2	
LIPITOR TABLET 40MG, 80MG	2	
LIPITOR TABLET 10MG, 20MG	3	
<i>lisinopril</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
LOTREL	2	
<i>lovastatin</i>	1	
LOVAZA	2	
METHYCLOTHIAZIDE	2	
<i>methyldopa</i>	1	
METHYLDOPA /HYDROCHLOROTHIAZIDE	2	
METHYLDOPATE HCL	2	
<i>metolazone</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
MEXILETINE HCL	2	
<i>midodrine hcl</i>	1	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>moexipril /hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
<i>niacor</i>	1	
NIASPAN	2	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
NIFEDIPINE CAPSULE 20MG	2	
<i>nifedipine capsule 10mg</i>	1	
<i>nimodipine</i>	1	
NISOLDIPINE	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin</i>	1	

Drug Name	Drug Tier	Notes
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	2	
PACERONE TABLET 100MG, 300MG	2	
<i>pacerone tablet 200mg</i>	1	
PINDOLOL	2	
<i>pravastatin sodium</i>	1	
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PROCAINAMIDE HCL	2	
PROCANBID	2	
PRONESTYL	2	
PRONESTYL SR	2	
<i>propafenone hcl</i>	1	
PROPRANOLOL /HYDROCHLOROTHIAZIDE TABLET 25MG; 80MG	2	
<i>propranolol /hydrochlorothiazide tablet 25mg; 40mg</i>	1	
<i>propranolol hcl er</i>	1	
PROPRANOLOL HCL ORAL SOLUTION	2	
<i>propranolol hcl injection, tablet</i>	1	
<i>quinapril /hydrochlorothiazide</i>	1	
<i>quinapril hcl</i>	1	
<i>quinaretic</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	2	
<i>ramipril</i>	1	
<i>reserpine</i>	1	
RYTHMOL SR	2	
<i>simvastatin</i>	1	
SODIUM EDECIN	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
<i>taztia xt</i>	1	
TEKTURNA	3	
TEKTURNA HCT	3	
THALITONE	2	
TIKOSYN	2	
TIMOLOL MALEATE	2	
<i>torse mide</i>	1	
<i>trandolapril</i>	1	

Drug Name	Drug Tier	Notes
<i>triamterene /hydrochlorothiazide</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
VYTORIN	2	
WELCHOL	2	
ZETIA	3	
Central Nervous System Agents		
ADDERALL XR	3	
<i>amphetamine salt combo</i>	1	
CONCERTA	2	
DESOXYN	2	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate cr</i>	1	
<i>dextrostat</i>	1	
METADATE CD	2	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN TABLET CHEWABLE, SOLUTION	2	
<i>methylin tablet</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	
PROVIGIL	2	PA
RILUTEK	2	
RITALIN LA	2	
STRATTERA	3	
VYVANSE	3	
XYREM	2	**This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 800-346-4643. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643. Please call 8:00 a.m. - 8:00 p.m., Mtn. Time, Mon. - Fri. From Nov. 15 through March 1, we are also available 8:00 a.m. - 8:00 p.m., Mtn. Time, on weekends and most holidays.
Dental and Oral Agents		
APHTHASOL	2	
<i>chlorhexadine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate</i>	1	

Drug Name	Drug Tier	Notes
EVOXAC	2	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
Dermatological Agents		
8-MOP	2	
ALDARA	2	
AMEVIVE	2	PA
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
ATRALIN	2	
<i>avita</i>	1	
AZELEX	2	
BENOQUIN	2	
BENZAACLIN	2	
<i>calcipotriene</i>	1	
CARAC	2	
<i>claravis</i>	1	
CLINDAGEL	2	
<i>clindamycin phosphate</i>	1	
CONDYLOX	2	
DIFFERIN	2	
DOVONEX	2	
EFUDEX OCCLUSION PACK	3	
ELIDEL	3	
<i>erythromycin/benzoyl peroxide</i>	1	
EVOCLIN	2	
FINACEA	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>laclotion</i>	1	
OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROTOPIC	3	
REGRANEX	2	
RETIN-A MICRO	2	
SANTYL	2	
<i>selenium sulfide</i>	1	
SOLARAZE	2	
SORIATANE CK	2	
<i>sotret</i>	1	
TAZORAC	2	
<i>tretinoin</i>	1	
UVADEX	2	
VEREGEN	2	
ZIANA	2	
ZONALON	3	

Drug Name	Drug Tier	Notes
Enzyme Replacements/ Modifiers		
ADAGEN	2	
ALDURAZYME	2	
BUPHENYL	4	
CEREDASE	2	
CEREZYME	2	
CREON 5	2	
CREON 10	2	
CREON 20	2	
CYSTADANE	2	
CYSTAGON	2	
DYGASE	2	
ELAPRASE	4	
ENZYMAX	2	
FABRAZYME	2	
KU-ZYME	2	
KU-ZYME HP	2	
KUTRASE	2	
KUVAN	4	PA
LAPASE	2	
LIPRAM 4500	2	
LIPRAM-PN10	2	
LIPRAM-PN16	2	
LIPRAM-PN20	2	
LIPRAM-UL12	2	
LIPRAM-UL18	2	
LIPRAM-UL20	2	
NAGLAZYME	2	
ORFADIN	2	
PALCAPS 10	2	
PALCAPS 20	2	
PANCREASE MT 10	2	
PANCREASE MT 16	2	
PANCREASE MT 20	2	
PANCREASE MT 4	2	
PANCRECARB MS-16	2	
PANCRECARB MS-4	2	
PANCRECARB MS-8	2	
PANCRELIPASE	2	
PANCRELIPASE MST-16	2	
PANCRON 10	2	
PANCRON 20	2	
PANGESTYME CN 10	2	
PANGESTYME CN 20	2	
PANGESTYME EC	2	
PANGESTYME MT 16	2	
PANGESTYME UL 12	2	
PANGESTYME UL 18	2	

Drug Name	Drug Tier	Notes
PANGESTYME UL 20	2	
PANOCAPS	2	
PANOCAPS MT 16	2	
PANOCAPS MT 20	2	
PANOKASE	2	
PANOKASE-16	2	
PLARETASE 8000	2	
SUCRAID	2	
ULTRACAPS MT 20	2	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
VIOKASE	2	
VIOKASE 16	2	
VIOKASE 8	2	
ZAVESCA	4	PA
Gastrointestinal Agents		
AMITIZA	3	
ATROPINE SULFATE INJECTION 0.05MG/ML	2	
<i>atropine sulfate injection 0.1mg/ml</i>	1	
AXID SOLUTION	3	
CANTIL	2	
CARAFATE SUSPENSION	2	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>constulose</i>	1	
<i>dicyclomine hcl</i>	1	
DIPENTUM	2	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
GASTROCROM	2	
<i>glycopyrrolate</i>	1	
GOLYTELY	2	
HALFLYTELY BOWEL PREP	2	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>lofene</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
LOTRONEX	2	
<i>methscopolamine bromide</i>	1	
<i>metoclopramide hcl</i>	1	
<i>misoprostol</i>	1	
MOTOFEN	2	

Drug Name	Drug Tier	Notes
MOVIPREP	2	
NEXIUM I.V.	2	
<i>nizatidine</i>	1	
NULYTELY	2	
NULYTELY/FLAVOR PACKS	2	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
PREVACID	3	
PREVACID SOLUTAB	2	
PROPANTHELINE BROMIDE	2	
PROTONIX INJECTION	2	
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1	
<i>trilyte</i>	1	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i>	1	
VISICOL	2	
ZANTAC INJECTION 50MG/50ML; 0.45%	2	
Genitourinary Agents		
<i>calcium acetate</i>	1	
CIALIS	3	QL (4 per 30 days) * This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply to these drugs.
CLINDESSE	2	
DETROL	2	
DETROL LA	2	
<i>doxazosin mesylate</i>	1	
ELMIRON	2	
<i>finasteride</i>	1	
<i>flavoxate hcl</i>	1	
FLOMAX	2	
FOSRENOL	2	

Drug Name	Drug Tier	Notes
LEVITRA	3	QL (4 per 30 days) * This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply to these drugs.
LITHOSTAT	2	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	QL (8 per 28 days)
PHOSLO	2	
RENAGEL	2	
RENVELA	2	
<i>terazosin hcl</i>	1	
THIOLA	2	
VIAGRA	3	QL (4 per 30 days) * This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply to these drugs.
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>ala-cort</i>	1	
ALA-SCALP	2	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE LOTION, OINTMENT	2	
<i>amcinonide cream</i>	1	

Drug Name	Drug Tier	Notes
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
CELESTONE	2	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
CLOBEX	2	
CLODERM	2	
CORDRAN	2	
CORDRAN SP	2	
CORDRAN TAPE	2	
<i>cormax</i>	1	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
CUTIVATE LOTION	3	
<i>del-beta</i>	1	
DEPO-MEDROL INJECTION 20MG/ML	2	
DERMA-SMOOTH/FS BODY OIL	2	
DERMA-SMOOTH/FS SCALP OIL	2	
DESONATE	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	
DEXAMETHASONE ELIXIR, SOLUTION	2	
DEXAMETHASONE TABLET 0.5MG, 0.75MG, 1MG, 2MG	2	
<i>dexamethasone tablet 1.5mg, 4mg, 6mg</i>	1	
DEXPAK 13 DAY	2	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
FLUOCINOLONE ACETONIDE OINTMENT, SOLUTION	2	
FLUOCINOLONE ACETONIDE CREAM 0.025%	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	

Drug Name	Drug Tier	Notes
<i>isovate</i>	1	
KENALOG AEROSOL SOLUTION	2	
LOCOID LIPOCREAM	2	
LOCOID LOTION	2	
<i>lokara</i>	1	
LUXIQ	2	
MEDROL TABLET 2MG	2	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>mometasone furoate</i>	1	
OLUX-E	2	
ORAPRED ODT	2	
PANDEL	2	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISOLONE TABLET	2	
<i>prednisolone syrup</i>	1	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
PREDNISON TABLET 50MG	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>procto-pak</i>	1	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF INJECTION 1000MG, 250MG, 500MG	2	
SOLU-MEDROL INJECTION 2GM	2	
TEXACORT SOLUTION 2.5%	2	
<i>texacort solution 1%</i>	1	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	2	
<i>triderm</i>	1	
<i>u-cort</i>	1	
VANOS	2	
VERDESO	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin</i>	1	
<i>desmopressin acetate</i>	1	
GENOTROPIN	2	PA
GENOTROPIN MINIQUICK	2	PA
HUMATROPE	2	PA
HUMATROPE COMBO PACK	2	PA
INCRELEX	2	
IPLEX	4	
<i>minirin</i>	1	
NORDITROPIN CARTRIDGE	2	PA

Drug Name	Drug Tier	Notes
NORDITROPIN NORDIFLEX PEN INJECTION 15MG/1.5ML, 5MG/1.5ML	2	PA
<i>novarel</i>	1	
NUTROPIN	2	PA
NUTROPIN AQ	2	PA
NUTROPIN AQ PEN	2	PA
OMNITROPE INJECTION 5.8MG	2	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	
SAIZEN	2	PA
SAIZEN CLICK.EASY	2	PA
SEROSTIM	2	
STIMATE	2	
TEV-TROPIN	2	PA
ZORBTIVE	2	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ACTIVELLA	3	
ALORA	2	QL (8 per 28 days)
ANADROL-50	2	
ANDRODERM	2	QL (60 per 30 days)
ANDROGEL	2	QL (300 per 30 days)
ANDROGEL PUMP	2	QL (300 per 30 days)
ANDROID	2	
ANDROXY	2	
ANGELIQ	2	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>camila</i>	1	
CENESTIN	2	
<i>cesia</i>	1	
CLIMARA PRO	2	QL (4 per 28 days)
COMBIPATCH	2	QL (8 per 28 days)
CRINONE	2	
<i>cryselle-28</i>	1	
<i>danazol</i>	1	
DEPO-ESTRADIOL	2	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	2	
ELESTRIN	2	QL (144 per 30 days)
ENDOMETRIN	2	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTRACE CREAM	2	
ESTRADERM	3	QL (8 per 28 days)
<i>estradiol valerate</i>	1	
<i>estradiol tablet</i>	1	
<i>estradiol patch weekly 0.06mg/24hr, 37.5mcg/24hr</i>	1	

Drug Name	Drug Tier	Notes
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	QL (4 per 28 days)
ESTRASORB	2	
ESTRING	2	
<i>estropipate</i>	1	
EVAMIST	2	
EVISTA	2	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	2	
FEMTRACE	2	
GYNODIOL TABLET 1.5MG	2	
<i>gynodiol tablet 0.5mg, 1mg, 2mg</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
LOESTRIN 24 FE	2	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
LYBREL	3	
<i>medroxyprogesterone acetate</i>	1	
MEGACE ES	2	
<i>megestrol acetate</i>	1	
MENEST	2	
MENOSTAR	2	QL (4 per 28 days)
METHITEST	2	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	2	
<i>necon 7/7/7</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	

Drug Name	Drug Tier	Notes
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
OGESTREL	2	
ORTHO EVRA	2	QL (3 per 28 days)
<i>ortho-est</i>	1	
OVCON-50 28	2	
<i>oxandrolone</i>	1	
PLAN B	2	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
PROCHIEVE	2	
PROMETRIUM	2	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONIQUE	2	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	2	
TESTIM	2	QL (300 per 30 days)
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTRED	2	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	2	
<i>velivet</i>	1	
VIVELLE-DOT	3	QL (8 per 28 days)
YASMIN 28	2	
YAZ	2	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	2	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
THYROLAR-1	2	
THYROLAR-1/2	2	

Drug Name	Drug Tier	Notes
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
ELIGARD	2	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED	2	
LUPRON DEPOT INJECTION 11.25MG, 22.5MG, 3.75MG, 7.5MG	2	
LUPRON DEPOT INJECTION 30MG	2	QL (1 per 90 days)
<i>octreotide acetate</i>	1	
SANDOSTATIN LAR DEPOT	2	
SOMAVERT	2	
SYNAREL	2	
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
VANTAS	2	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	2	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
ACTHIB	2	
ACTIMMUNE	4	
ADACEL	2	
ALFERON N	2	
ATGAM	2	
ATTENUVAX	2	
AVONEX	4	
AZASAN	2	PA (Part B vs Part D only)
<i>azathioprine</i>	1	PA (Part B vs Part D only)
AZATHIOPRINE SODIUM	2	
BETASERON	4	
BOOSTRIX	2	
CARIMUNE NANOFILTERED	2	PA
CELLCEPT	2	PA (Part B vs Part D only)
CELLCEPT INTRAVENOUS	2	PA (Part B vs Part D only)
CIMZIA	4	PA
COMVAX	2	

Drug Name	Drug Tier	Notes
COPAXONE	4	
<i>cyclosporine</i>	1	PA (Part B vs Part D only)
CYCLOSPORINE MODIFIED CAPSULE 50MG	2	PA (Part B vs Part D only)
<i>cyclosporine modified capsule 100mg, 25mg</i>	1	PA (Part B vs Part D only)
<i>cyclosporine modified solution</i>	1	PA (Part B vs Part D only)
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	PA (Part B vs Part D only)
FLEBOGAMMA	2	PA
GAMASTAN S/D	2	PA
GAMMAGARD LIQUID	2	PA
GAMUNEX	2	PA
GARDASIL	2	
<i>gengraf</i>	1	PA (Part B vs Part D only)
HAVRIX	2	
HIBTITER	2	
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
INFERGEN	2	
INTRON-A	2	
INTRON-A W/DILUENT	2	
IPOL INACTIVATED IPV	2	
IVEEGAM EN	2	PA
JE-VAX	2	
<i>leflunomide</i>	1	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
<i>methotrexate</i>	1	PA (Part B vs Part D only)
<i>methotrexate sodium</i>	1	
MYFORTIC	2	PA (Part B vs Part D only)
NEORAL	3	PA (Part B vs Part D only)
OCTAGAM	2	PA
ORENCIA	4	PA
ORTHOCLONE OKT3	2	PA (Part B vs Part D only)
PANGLOBULIN	2	PA
PANGLOBULIN NF	2	PA
PEDIARIX	2	PA (Part B vs Part D only)
PEDVAX HIB	2	
PEG-INTRON	2	
PEG-INTRON REDIPEN	2	
PEG-INTRON REDIPEN PAK 4	2	
PEGASYS	4	

Drug Name	Drug Tier	Notes
POLYGAM S/D	2	PA
PROGRAF	2	PA (Part B vs Part D only)
PROQUAD	2	
RABAVERT	2	
RAPAMUNE	2	PA (Part B vs Part D only)
RECOMBIVAX HB	2	PA (Part B vs Part D only)
REMICADE	2	PA
RIDAURA	2	
ROTATEQ	2	
SANDIMMUNE	3	PA (Part B vs Part D only)
SIMULECT	2	PA (Part B vs Part D only)
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
THYMOGLOBULIN	2	
TREXALL	2	PA (Part B vs Part D only)
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
TYSABRI	2	PA ** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 800-346-4643. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643. Please call 8:00 a.m. - 8:00 p.m., Mtn. Time, Mon. - Fri. From Nov. 15 through March 1, we are also available 8:00 a.m. - 8:00 p.m., Mtn. Time, on weekends and most holidays.
VAQTA	2	
VARIVAX	2	
VIVAGLOBIN	2	PA
VIVOTIF BERNA	2	QL (4 per 30 days)
YF-VAX	2	
ZENAPAX	2	PA (Part B vs Part D only)
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
ASACOL	2	
<i>balsalazide disodium</i>	1	
CANASA	2	

Drug Name	Drug Tier	Notes
<i>colocort</i>	1	
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
ACTONEL	2	
ACTONEL WITH CALCIUM	2	
<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 per 28 days)
BONIVA INJECTION	2	
<i>calcitriol capsule, oral solution</i>	1	
CALCITRIOL INJECTION 2MCG/ML	2	
<i>calcitriol injection 1mcg/ml</i>	1	
<i>etidronate disodium</i>	1	
FORTEO INJECTION 750MCG/3ML	4	PA
<i>fortical</i>	1	
FOSAMAX PLUS D	2	QL (4 per 28 days)
FOSAMAX SOLUTION	2	
HECTOROL	2	
MIACALCIN INJECTION	2	
PAMIDRONATE DISODIUM INJECTION 6MG/ML	2	
<i>pamidronate disodium injection 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	1	
SKELID	2	
ZEMPLAR	2	
ZOMETA	4	
Miscellaneous Therapeutic Agents		
ALCOHOL 5%/DEXTROSE 5%	2	
ALCOHOL PREPS	2	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	
BOTOX	2	PA
CURITY GAUZE PADS 2"X2"	2	
<i>dexrazoxane</i>	1	

Drug Name	Drug Tier	Notes
<i>intralipid 20%</i>	1	
<i>intralipid injection 2.25%; 10%, 2.25%; 20%</i>	1	
<i>levocarnitine</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
Ophthalmic Agents		
ACULAR	2	QL (10 per 30 days)
ACULAR LS	2	QL (10 per 30 days)
ACULAR PF	2	QL (24 per 30 days)
<i>ak-con</i>	1	QL (15 per 30 days)
<i>ak-poly-bac</i>	1	QL (8 per 30 days)
<i>ak-tob</i>	1	QL (10 per 30 days)
ALAMAST	2	QL (20 per 30 days)
ALOCRIAL	2	QL (10 per 30 days)
ALOMIDE	2	QL (20 per 30 days)
ALPHAGAN P	2	QL (15 per 30 days)
ALREX	2	QL (20 per 30 days)
AZASITE	2	QL (5 per 30 days)
AZOPT	2	QL (15 per 30 days)
<i>bac /poly /neomy /hc</i>	1	QL (4 per 30 days)
<i>bacitracin</i>	1	QL (8 per 30 days)
<i>bacitracin/polymyxin b</i>	1	QL (8 per 30 days)
BETAXOLOL HCL	2	QL (20 per 30 days)
BETIMOL	2	QL (10 per 30 days)
BETOPTIC-S	2	QL (20 per 30 days)
BLEPHAMIDE	2	QL (20 per 30 days)
BLEPHAMIDE S.O.P.	2	QL (4 per 30 days)
<i>brimonidine tartrate</i>	1	QL (10 per 30 days)
<i>carteolol hcl</i>	1	QL (15 per 30 days)
CILOXAN	3	QL (8 per 30 days)
COMBIGAN	2	QL (10 per 30 days)
COSOPT	2	QL (10 per 30 days)
<i>cromolyn sodium</i>	1	QL (20 per 30 days)
<i>dexamethasone sodium phosphate</i>	1	QL (30 per 30 days)
<i>dexasporin</i>	1	QL (10 per 30 days)
<i>diclofenac sodium</i>	1	QL (5 per 30 days)
<i>dipivefrin hcl</i>	1	QL (15 per 30 days)
<i>dorzolamide hcl</i>	1	
ELESTAT	2	QL (10 per 30 days)
EMADINE	2	QL (10 per 30 days)
FLAREX	2	QL (10 per 30 days)
<i>fluor-op</i>	1	QL (15 per 30 days)
<i>fluorometholone</i>	1	QL (20 per 30 days)
<i>flurbiprofen sodium</i>	1	QL (3 per 30 days)
FML	2	QL (8 per 30 days)
FML FORTE	2	QL (20 per 30 days)
<i>genoptic</i>	1	QL (10 per 30 days)

Drug Name	Drug Tier	Notes
<i>gentak solution</i>	1	QL (30 per 30 days)
<i>gentak ointment</i>	1	QL (8 per 30 days)
<i>gentasol</i>	1	QL (30 per 30 days)
IOPIDINE SOLUTION 0.5%	2	QL (10 per 30 days)
IOPIDINE SOLUTION 1%	2	QL (24 per 30 days)
ISTALOL	2	QL (5 per 30 days)
LACRISERT	2	QL (60 per 30 days)
<i>levobunolol hcl</i>	1	QL (10 per 30 days)
LOTEMAX	2	QL (20 per 30 days)
LUMIGAN	2	QL (8 per 30 days)
MAXIDEX	2	QL (30 per 30 days)
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	QL (10 per 30 days)
<i>mydral</i>	1	QL (15 per 30 days)
<i>naphazoline hcl</i>	1	QL (15 per 30 days)
NATACYN	2	QL (30 per 30 days)
<i>neo /poly /bac /hc</i>	1	QL (4 per 30 days)
<i>neomycin /polymyxin /dexamethasone suspension</i>	1	QL (10 per 30 days)
<i>neomycin /polymyxin /dexamethasone ointment</i>	1	QL (4 per 30 days)
<i>neomycin /polymyxin /gramicidin</i>	1	QL (20 per 30 days)
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>neomycin/bacitracin zn/polymyx</i>	1	QL (8 per 30 days)
NEVANAC	2	QL (3 per 30 days)
<i>ocusulf-10</i>	1	QL (30 per 30 days)
<i>ofloxacin</i>	1	QL (10 per 30 days)
OPTIVAR	2	QL (6 per 30 days)
<i>parcaine</i>	1	QL (15 per 30 days)
PATANOL	2	QL (10 per 30 days)
PHOSPHOLINE IODIDE	2	QL (10 per 30 days)
PILOPINE HS	2	QL (4 per 30 days)
<i>poly-dex suspension</i>	1	QL (10 per 30 days)
<i>poly-dex ointment</i>	1	QL (4 per 30 days)
POLY-PRED	2	QL (20 per 30 days)
<i>polycin b</i>	1	QL (8 per 30 days)
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED MILD	2	QL (20 per 30 days)
PRED-G	2	QL (20 per 30 days)
PRED-G S.O.P.	2	QL (8 per 30 days)
<i>prednisolone acetate</i>	1	QL (20 per 30 days)
PREDNISOLONE SODIUM PHOSPHATE	2	QL (20 per 30 days)
<i>proparacaine hcl</i>	1	QL (15 per 30 days)
RESTASIS	2	QL (64 per 30 days)
<i>romycin</i>	1	QL (8 per 30 days)
<i>sulf-10</i>	1	QL (24 per 30 days)
SULFACETAMIDE SODIUM	2	QL (11 per 90 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	QL (20 per 30 days)
<i>timolol maleate ophthalmic gel forming</i>	1	QL (5 per 30 days)

Drug Name	Drug Tier	Notes
<i>timolol maleate solution 0.5%</i>	1	QL (10 per 30 days)
<i>timolol maleate solution 0.25%</i>	1	QL (15 per 30 days)
TOBRADEX SUSPENSION	2	QL (20 per 30 days)
TOBRADEX OINTMENT	2	QL (4 per 30 days)
<i>tobrasol</i>	1	QL (10 per 30 days)
TOBEX OINTMENT	2	QL (4 per 30 days)
TRAVATAN	2	QL (6 per 30 days)
TRAVATAN Z	2	QL (6 per 30 days)
<i>trifluridine</i>	1	QL (15 per 30 days)
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	QL (15 per 30 days)
<i>tropicamide</i>	1	QL (15 per 30 days)
TRUSOPT	2	QL (10 per 30 days)
VEXOL	2	QL (20 per 30 days)
VIGAMOX	2	QL (6 per 30 days)
XALATAN	2	QL (5 per 30 days)
XIBROM	2	QL (5 per 30 days)
ZYLET	2	QL (20 per 30 days)
Otic Agents		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	2	QL (10 per 30 days)
CIPRODEX	2	QL (8 per 30 days)
COLY-MYCIN-S	2	
CORTISPORIN-TC	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>oticin hc</i>	1	
Respiratory Tract Agents		
ACCOLATE	2	
ACETADOTE	2	
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	QL (60 per 30 days)
ADVAIR HFA	2	QL (12 per 30 days)
AEROBID	3	QL (14 per 30 days)
AEROBID-M	3	QL (14 per 30 days)
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
ALUPENT	3	QL (28 per 30 days)
ALVESCO	2	
<i>aminophylline</i>	1	
ARALAST	2	
<i>asmanex 120 metered doses</i>	1	QL (0.48 per 30 days)
<i>asmanex 14 metered doses</i>	1	QL (0.48 per 30 days)

Drug Name	Drug Tier	Notes
<i>asmanex 30 metered doses</i>	1	QL (0.48 per 30 days)
<i>asmanex 60 metered doses</i>	1	QL (0.48 per 30 days)
ASTEPRO	2	
ATROVENT HFA	2	QL (26 per 30 days)
AZMACORT	3	QL (40 per 30 days)
BECONASE AQ	3	QL (50 per 30 days)
<i>clemastine fumarate</i>	1	
COMBIVENT	2	QL (30 per 30 days)
<i>cromolyn sodium</i>	1	
<i>cyproheptadine hcl</i>	1	
DEXCHLORPHENIRAMINE MALEATE	2	
<i>diphenhydramine hcl</i>	1	
ELIXOPHYLLIN	2	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>fexofenadine hcl</i>	1	
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (22 per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 per 30 days)
<i>flunisolide</i>	1	QL (50 per 30 days)
<i>fluticasone propionate</i>	1	QL (32 per 30 days)
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
INTAL INHALER	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (30 per 30 days)
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (60 per 30 days)
LETAIRIS	4	PA
LUFYLLIN	2	
MAXAIR AUTOHALER	3	QL (28 per 30 days)
<i>meclizine hcl</i>	1	
METAPROTERENOL SULFATE TABLET	2	
<i>metaproterenol sulfate syrup</i>	1	
NASACORT AQ	3	QL (34 per 30 days)
NASONEX	2	QL (34 per 30 days)
PALGIC TABLET	2	
PERFOROMIST	2	
PROAIR HFA	2	QL (18 per 30 days)
PROLASTIN	2	PA
<i>promethazine vc</i>	1	
PROVENTIL HFA	2	QL (14 per 30 days)
PULMICORT FLEXHALER	2	QL (2 per 30 days)
PULMICORT SUSPENSION 1MG/2ML	2	
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	2	QL (120 per 30 days)
QVAR	2	QL (24 per 30 days)

Drug Name	Drug Tier	Notes
REVATIO	4	PA
RHINOCORT AQUA	3	QL (18 per 30 days)
SEMPREX-D	2	
SEREVENT DISKUS	2	QL (60 per 30 days)
SINGULAIR	2	
SPIRIVA HANDIHALER	2	QL (90 per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL (11 per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL (7 per 30 days)
<i>terbutaline sulfate</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	
<i>theophylline td</i>	1	
TRACLEER	4	PA ** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 800-346-4643. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643. Please call 8:00 a.m. - 8:00 p.m., Mtn. Time, Mon. - Fri. From Nov. 15 through March 1, we are also available 8:00 a.m. - 8:00 p.m., Mtn. Time, on weekends and most holidays.
TWINJECT	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
VENTOLIN HFA	2	QL (36 per 30 days)
XOLAIR	2	PA
XOPENEX	3	
XOPENEX CONCENTRATE	3	
ZEMAIRA	2	
ZYFLO CR	3	
Sedatives/Hypnotics		
ROZEREM	3	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	

Drug Name	Drug Tier	Notes
<i>carisoprodol /aspirin /codeine</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
ORPHENADRINE COMPOUND DS	2	
ROBAXIN INJECTION	2	
SKELAXIN	2	
Therapeutic Nutrients/Minerals/ Electrolytes		
AMINESS	2	
AMINOSYN	2	
AMINOSYN 7%/ELECTROLYTES	2	
<i>aminosyn 8.5%/electrolytes</i>	1	
AMINOSYN II 3.5%/DEXTROSE25%	2	
AMINOSYN II 3.5%/DEXTROSE5%	2	
AMINOSYN II 3.5/DEXTROSE 25%	2	
AMINOSYN II 4.25/DEXTROSE10%	2	
AMINOSYN II 4.25/DEXTROSE20%	2	
AMINOSYN II 4.25/DEXTROSE25%	2	
AMINOSYN II 5/DEXTROSE 25	2	
<i>aminosyn ii 8.5%/electrolytes</i>	1	
AMINOSYN II M 3.5%/DEXTROSE 5%	2	
AMINOSYN II M 4.25/DEXTROSE 10%	2	
AMINOSYN II INJECTION 50.3MEQ/L	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
<i>aminosyn-hf</i>	1	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/DEXTROSE 5%	2	
<i>clinimix 4.25%/dextrose 10%</i>	1	
<i>clinimix 4.25%/dextrose 20%</i>	1	
<i>clinimix 4.25%/dextrose 25%</i>	1	
CLINIMIX 4.25%/DEXTROSE 5%	2	
CLINIMIX 5%/DEXTROSE 15%	2	
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINIMIX E 2.75%/DEXTROSE 10%	2	
CLINIMIX E 2.75%/DEXTROSE 5%	2	
CLINIMIX E 4.25%/DEXTROSE 25%	2	
CLINIMIX E 4.25%/DEXTROSE 5%	2	
CLINIMIX E 5%/DEXTROSE 15%	2	
CLINIMIX E 5%/DEXTROSE 20%	2	
CLINIMIX E 5%/DEXTROSE 25%	2	
CLINIMIX E 5%/DEXTROSE 35%	2	

Drug Name	Drug Tier	Notes
<i>clinisol sf 15%</i>	1	
DEXTROSE 10%/NAACL 0.45%	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 5% /electrolyte #75 viaflex</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringer's</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NAACL 0.225%	2	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>dextrose 5%/potassium chloride 0.15%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>ed k+10</i>	1	
FREAMINE HBC 6.9%	2	
<i>freamine iii</i>	1	
FREAMINE III 3%	2	
<i>hepatamine</i>	1	
HEPATASOL	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kaon-cl-10</i>	1	
<i>kcl 0.075%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
KCL 0.15%/D10W/NAACL 0.2%	2	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
KCL 0.15%/D5W/LR	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NAACL 0.225%	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR	2	

Drug Name	Drug Tier	Notes
KCL 0.3%/D5W/LR IV LAC RING	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	2	
<i>klor-con m20</i>	1	
<i>klotrix</i>	1	
<i>lactated ringer's dextrose 5% viaflex</i>	1	
<i>lactated ringer's irrigation</i>	1	
<i>lactated ringer's viaflex</i>	1	
LEUCOVORIN CALCIUM INJECTION 200MG, 50MG	2	
<i>leucovorin calcium injection 100mg, 10mg/ml, 350mg</i>	1	
LEUCOVORIN CALCIUM TABLET 10MG, 15MG	2	
<i>leucovorin calcium tablet 25mg, 5mg</i>	1	
MAGNESIUM SULFATE INJECTION 40MG/ML, 80MG/ML	2	
<i>magnesium sulfate injection 50%</i>	1	
MICRO-K CAPSULE EXTENDED RELEASE 8MEQ	3	
NEPHRAMINE	2	
<i>normosol -r</i>	1	
<i>normosol-m in d5w</i>	1	
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	1	
<i>novamine</i>	1	
OSMOPREP	2	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
PHYSIOSOL IRRIGATION PH 7.4	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	

Drug Name	Drug Tier	Notes
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	1	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
POTASSIUM CHLORIDE INJECTION 10MEQ/50ML, 20MEQ/100ML	2	
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml, 40meq/100ml</i>	1	
<i>potassium citrate extended-release</i>	1	
PREMASOL INJECTION 52MEQ/L	2	
<i>premasol injection 56meq/l</i>	1	
<i>prenatal rx 1</i>	1	
PROCALAMINE	2	
PROSOL	2	
RENAMIN	2	
<i>ringer's injection</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium fluoride</i>	1	
SODIUM LACTATE INJECTION 167MEQ/L	2	
<i>sodium lactate injection 5meq/ml</i>	1	
<i>tis-u-sol</i>	1	
<i>tis-u-sol viaflex</i>	1	
<i>tpn electrolytes ftv</i>	1	
TRAVASOL	2	
TRAVASOL 2.75%/DEXTROSE 10%	2	
TRAVASOL 2.75%/DEXTROSE 5%	2	
<i>travasol 3.5%/electrolytes</i>	1	
TRAVASOL 4.25%/DEXTROSE 10%	2	
TRAVASOL 4.25%/DEXTROSE 25%	2	
TRAVASOL 5.5%/DEXTROSE 10%	2	
TRAVASOL 5.5%/DEXTROSE 20%	2	
TRAVASOL 5.5%/ELECTROLYTES	2	
TRAVASOL 8.5%/DEXTROSE 10%	2	
TRAVASOL 8.5%/DEXTROSE 20%	2	
TRAVASOL 8.5%/DEXTROSE 50%	2	
<i>travasol 8.5%/electrolytes</i>	1	
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Drug Name	Drug Tier	Notes
Unclassified		
<i>acetazolamide</i>	1	
<i>diltzac</i>	1	
<i>divalproex sodium</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>lamotrigine</i>	1	
<i>lidomar viscous</i>	1	
MILLIPRED	2	
<i>ocella</i>	1	
<i>paroxetine hcl er</i>	1	
PATANASE	2	
<i>risperidone</i>	1	
SIMCOR	2	
STALEVO 125	2	
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<i>topiramate</i>	1	

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