

**Senior Whole Health**  
**2012 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.

This document includes Senior Whole Health's partial formulary as of 1/10/2012. For a complete, updated formulary, please visit our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com) or call 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. TTY/TDD users should call 711.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

*Senior Whole Health is a health plan with a Medicare contract and a contract with the Commonwealth of Massachusetts/EOHHS. Enrollment is voluntary.*

Please call Senior Whole Health's Member Services at 1-888-794-7268, or TTY/ TTD 711 to receive material in alternate format or language.

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**HPMS Approved Formulary File Submission ID 00012448, Version Number 11**

## **What is the Senior Whole Health Formulary?**

A formulary is a list of covered drugs selected by Senior Whole Health 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. Senior Whole Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Senior Whole Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Senior Whole Health. For a complete listing of all prescription drugs covered by Senior Whole Health, please visit our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com) or call 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711.

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 1/10/2012. To get updated information about the drugs covered by Senior Whole Health, please visit our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com) or call Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711.

All updates to the formulary, maintenance and non-maintenance, are provided on the web site [www.seniorwholehealth.com](http://www.seniorwholehealth.com) where you may review the changes or download the latest formulary information. If a change will impact a medication you are currently on then you will be notified through your monthly Explanation of Benefits (EOB). If you have questions please contact Member Services.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 8. 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 Medications. If you know what your drug is used for, look for the category name in the list that begins 8. 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 84. 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?

Senior Whole Health 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:** Senior Whole Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Whole Health before you fill your prescriptions. If you don't get approval, Senior Whole Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Whole Health limits the amount of the drug that Senior Whole Health will cover. For example, Senior Whole Health provides 34 tablets per prescription for Actos 15mg. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Senior Whole Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and

Drug B both treat your medical condition, Senior Whole Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Senior Whole Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com).

You can ask Senior Whole Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Senior Whole Health's formulary?" on page 4 for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Senior Whole Health pays for certain OTC drugs. Senior Whole Health will provide these OTC drugs at no cost to you. The cost to Senior Whole Health of these OTC drugs will not count toward your total drug costs.

### **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 Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Senior Whole Health may cover your drug. You can contact Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711.

If you learn that Senior Whole Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Senior Whole Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Senior Whole Health.
- You can ask Senior Whole Health 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 Senior Whole Health's Formulary?**

You can ask Senior Whole Health 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.

## Senior Whole Health Abridged Formulary for 2012

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Senior Whole Health limits 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.

Generally, Senior Whole Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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, or utilization restriction exception. **When you are requesting a formulary, or utilization restriction exception you should submit a statement from your prescriber's or 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 prescriber's or 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 allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with dispensing increment, (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 Senior Whole Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

## Senior Whole Health Abridged Formulary for 2012

If you have questions about Senior Whole Health, please call Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711. Or visit [www.seniorwholehealth.com](http://www.seniorwholehealth.com).

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](http://www.medicare.gov).

## Senior Whole Health's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 84. Remember: This is only a partial list of drugs covered by Senior Whole Health. If your prescription is not in this partial formulary, please visit our Web site at [www.seniorwholehealth.com](http://www.seniorwholehealth.com) or call Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. . TTY/TDD users should call 711 for additional help.

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

The information in the Requirements/Limits column tells you if Senior Whole Health has any special requirements for coverage of your drug.

- PAR: Prior Authorization
- QLL: Quantity Limit
- ST: Step Therapy
- LA: Lets you know that certain injectable, biotech, and/or biologic drugs may be filled through our Specialty Pharmacy.

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The symbol [LA] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

The symbol [PAR] in the Requirements/Limits column indicates that prior authorization may apply.

The symbol [QLL] in the Requirements/Limits column indicates that quantities dispensed may be limited.

The symbol [ST] in the Requirements/Limits column indicates that step therapy may apply.

### OTC Drug Table

Drug	Generic	Tier	Requirements/Limits
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## MEDICAL (MISCELLANEOUS) SUPPLIES

### *DIABETIC SUPPLIES*

ACCU-CHEK COMPACT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK ACTIVE GLUCOSE SOL, - AVIVA SOLUTION, -CMFRT CURVE SOLN, -COMPACT GLUCOSE SOL, - KIT		2	
ACCU-CHEK ACTIVE		2	

General Drug Table

Drug	Generic	Tier	Requirements/Limits
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**ANESTHETICS**

*LOCAL ANESTHETICS*

<i>lidocaine hcl injection</i>		1	
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*TOPICAL ANESTHETICS*

<i>lidocaine hcl dental/mucous membrn products, -gel, -oint</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
<i>pre-attached lta kit</i>		1	
LIDODERM	<i>lidocaine</i>	2	

**ANTIINFECTIVES**

*AMEBICIDES*

<i>paromomycin sulfate</i>		1	
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*AMINOGLYCOSIDES*

<i>amikacin sulfate 100 mg/2 ml, - 500 mg/2 ml</i>		1	
<i>gentamicin sulfate injection</i>		1	
<i>isoton gentamicin 60 mg/100 ml, - 80 mg/ns 100 ml pb, -isoton gentamicin 80 mg/100 ml, -90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml</i>			
<i>kanamycin sulfate injection</i>		1	
<i>neomycin sulfate tablet</i>		1	
TOBI	<i>tobramycin/sodium chloride</i>	2	[PAR][QLL, 56/28]
<i>tobramycin sulfate in ns</i>		1	
<i>tobramycin sulfate injection</i>		1	

**ANTHELMINTICS**

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole chew tab</i>		1	
STROMEKTOL	<i>ivermectin</i>	2	

**ANTIINFECTIVES SPECIALIZED INDICATIONS**

DAPSONE TABLET	<i>dapsone</i>	2	
<i>metronidazole capsule, -injection, -tablet</i>		1	

**ANTIRETROVIRALS AND PROTEASE INH**

APTIVUS	<i>tipranavir</i>	2	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	2	
COMBIVIR	<i>lamivudine/zidovudine</i>	2	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	2	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	2	
FUZEON	<i>enfuvirtide</i>	2	

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Drug	Generic	Tier	Requirements/Limits
INCIVEK	<i>telaprevir</i>	2	
INTELENCE	<i>etravirine</i>	2	
INVIRASE	<i>saquinavir mesylate</i>	2	
ISENTRESS	<i>raltegravir potassium</i>	2	
KALETRA	<i>ritonavir/lopinavir</i>	2	
<i>lamivudine</i>		1	
LEXIVA	<i>fosamprenavir calcium</i>	2	
NORVIR	<i>ritonavir</i>	2	
PREZISTA	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION	<i>zidovudine</i>	2	
REYATAZ	<i>atazanavir sulfate</i>	2	
SELZENTRY	<i>maraviroc</i>	2	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	2	
TRUVADA	<i>emtricitabine/tenofovir</i>	2	
VICTRELIS	<i>boceprevir</i>	2	
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

**ANTITUBERCULOSIS DRUGS**

CAPASTAT SULFATE	<i>capreomycin</i>	2	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection, -syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	

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Drug	Generic	Tier	Requirements/Limits
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule, -injection</i>		1	
SEROMYCIN	<i>cycloserine</i>	2	
<i>streptomycin sulfate injection</i>		1	
TRECTOR	<i>ethionamide</i>	2	

**CEPHALOSPORINS**

CEDAX CAPSULE	<i>ceftibuten</i>	2	
<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin sodium</i>		1	
<i>cefdirir</i>		1	
CEFEPIME HCL 1 GM VIAL	<i>cefepime</i>	2	
<i>cefepime hcl 2 gram vial</i>		1	
<i>cefotaxime sodium</i>		1	
<i>cefotetan</i>		1	
<i>cefoxitin</i>		1	
<i>cefoxitin sodium</i>		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime 1 gm vial, -2 gm vial, -6 gm vial</i>		1	
<i>ceftriaxone</i>		1	
<i>cefuroxime</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sodium</i>		1	
<i>cephalexin</i>		1	
SPECTRACEF	<i>cefditoren pivoxil</i>	2	
SUPRAX SUSPENSION	<i>cefixime</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**CHLORAMPHENICOLS**

<i>chloramphenicol sod succinate</i>		1	
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**CLINDAMYCINS**

CLEOCIN PALMITATE	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>		1	
<i>clindamycin palmitate hcl</i>		1	
<i>clindamycin phosphate injection</i>		1	

**ERYTHROMYCINS**

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERYTHROCIN LACTOBIONATE	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin tablet</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	

**KETOLIDES**

KETEK	<i>telithromycin</i>	2	
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**ORAL ANTIFUNGAL DRUGS**

ANCOBON	<i>flucytosine</i>	2	
<i>clotrimazole lozenge</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/34]

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Drug	Generic	Tier	Requirements/Limits
<i>fluconazole suspension, -50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	
<i>flucytosine</i>		1	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>griseofulvin oral susp</i>		1	
<i>itraconazole capsule</i>		1	
<i>ketoconazole tablet</i>		1	
NOXAFIL	<i>posaconazole</i>	2	[PAR]
<i>nystatin oral susp, -tablet</i>		1	
<i>terbinafine hcl tablet</i>		1	
VFEND	<i>voriconazole</i>	2	
<i>voriconazole tablet</i>		1	

**OTHER ANTIINFECTIVE DRUGS**

ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam 1 gm vial</i>		1	
<i>baciim</i>		1	
<i>bacitracin injection</i>		1	
<i>colistimethate 150 mg vial</i>		1	
INVANZ 1 GM VIAL	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	2	
<i>meropenem</i>		1	
<i>polymyxin b sulfate injection</i>		1	
PRIMAXIN	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN I.M.	<i>imipenem/cilastatin sodium</i>	2	
SYNERCID	<i>quinupristin/dalfopristin</i>	2	
TYGACIL	<i>tigecycline</i>	2	
VANCOGIN HCL	<i>vancomycin</i>	2	
<i>vancomycin 1 gm vial, -10 gm vial</i>		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag</i>		1	
VANCOMYCIN-D5W	<i>vancomycin</i>	2	

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Drug	Generic	Tier	Requirements/Limits
VIBATIV	<i>telavancin</i>	2	
XIFAXAN	<i>rifaximin</i>	2	
ZYVOX	<i>linezolid</i>	2	

**OTHER ANTIVIRAL DRUGS**

<i>acyclovir capsule, -oral susp, -tablet</i>		1	
<i>acyclovir sodium</i>		1	
<i>amantadine</i>		1	
BARACLUDE	<i>entecavir</i>	2	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i>		1	
<i>ganciclovir</i>		1	
<i>ganciclovir sodium</i>		1	
HEPSERA	<i>adefovir dipivoxil</i>	2	
RIBAPAK	<i>ribavirin</i>	2	
RIBASPHERE	<i>ribavirin</i>	2	
RIBAVIRIN CAPSULE, -TABLET	<i>ribavirin</i>	2	
<i>rimantadine hcl</i>		1	
TAMIFLU 75 MG GELCAP, -SUSPENSION	<i>oseltamivir phosphate</i>	2	
TYZEKA	<i>telbivudine</i>	2	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	2	
VIRAZOLE	<i>ribavirin</i>	2	
ZOVIRAX CREAM, -OINT	<i>acyclovir</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**OTHER MACROLIDES**

<i>azithromycin injection, -suspension, -tablet</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

**OTHER TOPICAL ANTIFUNGALS**

<i>ciclopirox cream, -gel, -lotion, -oil, shampoo, cleanser, -soln, top</i>		1	
<i>clotrimazole 1% cream, -soln, top</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -oil, shampoo, cleanser</i>		1	
NAFTIN	<i>naftifine</i>	2	
<i>nyamyc</i>		1	
<i>nystatin cream, -oint, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

**PARENTERAL ANTIFUNGALS**

ABELCET	<i>amphotericin b lipid complex</i>	2	
AMBISOME	<i>amphotericin b liposome</i>	2	
AMPHOTEC	<i>ampho b c-s</i>	2	
<i>amphotericin b injection</i>		1	
ERAXIS (WATER DILUENT)	<i>anidulafungin</i>	2	
<i>fluconazole in dextrose</i>		1	
VFEND IV	<i>voriconazole</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**PENICILLINS**

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin sodium</i>		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i>		1	
BICILLIN LA 2,400,000 UNITS	<i>penicillin g benzathine</i>	2	
<i>dicloxacillin sodium</i>		1	
MOXATAG	<i>amoxicillin</i>	2	
<i>nafcilin</i>		1	
<i>nafcilin 1 gm vial, -10 gm bulk vial, -10 gm vial</i>		1	
<i>oxacillin</i>		1	
<i>oxacillin sodium</i>		1	
<i>pen g k 2 million unit/50 ml, -pen g k 3 million unit/50 ml</i>		1	
<i>penicillin g potassium</i>		1	
<i>penicillin g procaine</i>		1	
<i>penicillin g sodium</i>		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i>		1	
<i>piperacillin-tazobactam</i>		1	
ZOSYN	<i>piperacillin/tazobactam sodium</i>	2	

**PLASMODICIDES**

<i>atovaquone-proguanil hcl</i>		1	
<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE	<i>atovaquone/proguanil hcl</i>	2	

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Drug	Generic	Tier	Requirements/Limits
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

**QUINOLONES**

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV	<i>moxifloxacin</i>	2	
CIPRO I.V.	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin</i>		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
FACTIVE	<i>gemifloxacin</i>	2	[QLL, 7/7]
LEVAQUIN	<i>levofloxacin</i>	2	
NOROXIN	<i>norfloxacin</i>	2	
<i>ofloxacin tablet</i>		1	

**SULFONAMIDES**

<i>sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim</i>		1	
<i>erythromycin-sulfisoxazole</i>		1	

**TETRACYCLINES**

<i>doxycycline hyclate capsule, -e.c. cap, -e.c. tab, -injection, -100 mg tab</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline monohydrate tablet</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained action</i>		1	
<i>tetracycline hcl capsule</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>demeclocycline hcl</i>		1	

**TOPICAL ANTIBACTERIAL DRUGS**

<i>thermazene</i>		1	
<i>ssd</i>		1	
<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin oint</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd af</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
BACTROBAN CREAM	<i>mupirocin calcium</i>	2	
BACTROBAN NASAL	<i>mupirocin calcium</i>	2	
CORTISPORIN OINT	<i>neomycin/bacitracin/poly/hc</i>	2	

**TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.**

<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	

**URINARY ANTIINFECTIVES**

<i>methenamine hippurate</i>		1	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin oral susp</i>		1	
<i>trimethoprim tablet</i>		1	
MONUROL	<i>fosfomycin tromethamine</i>	2	
PRIMSOL	<i>trimethoprim</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**VAGINAL ANTIFUNGALS**

<i>terconazole 0.4% cream</i>		1	[QLL, 45 gm/7]
<i>miconazole 3 200 mg vag supp</i>		1	[QLL, 24/34]
<i>terconazole 0.8% cream</i>		1	[QLL, 20 gm/3]
<i>terconazole 80 mg suppository</i>		1	[QLL, 3/3]

**ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS**

**ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS**

<i>adriamycin</i>		1	
<i>amifostine</i>		1	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
<i>tamoxifen citrate tablet</i>		1	
<i>thiotepa injection</i>		1	
<i>toposar</i>		1	
<i>dexrazoxane</i>		1	
<i>doxorubicin hcl</i>		1	
<i>flutamide</i>		1	
<i>etoposide injection</i>		1	
<i>exemestane</i>		1	
<i>azathioprine sodium</i>		1	
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
<i>bleomycin sulfite</i>		1	
<i>carboplatin</i>		1	
<i>daunorubicin hcl</i>		1	
<i>cisplatin</i>		1	
<i>cladribine</i>		1	
<i>cyclophosphamide tablet</i>		1	[PAR]

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Drug	Generic	Tier	Requirements/Limits
<i>cyclosporine capsule, -50 mg/ml amp, -solution</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
<i>cytarabine</i>		1	
<i>dacarbazine</i>		1	
<i>gemcitabine hcl</i>		1	
<i>methotrexate injection</i>		1	
<i>methotrexate tablet</i>		1	[PAR]
<i>mitomycin injection</i>		1	
<i>mitoxantrone hcl</i>		1	
<i>mycophenolate mofetil</i>		1	[PAR]
<i>fluorouracil injection</i>		1	
<i>mercaptopurine tablet</i>		1	
<i>oxaliplatin</i>		1	
<i>paclitaxel</i>		1	
<i>pentostatin</i>		1	
<i>gengraf</i>		1	[PAR]
<i>hydroxyurea capsule</i>		1	
<i>idarubicin hcl</i>		1	
<i>ifosfamide</i>		1	
<i>ifosfamide-mesna</i>		1	
<i>irinotecan hcl</i>		1	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection, -tablet</i>		1	
<i>megestrol acetate oral susp, -tablet</i>		1	
<i>melphalan hcl</i>		1	
ORENCIA	<i>abatacept/maltose</i>	2	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK	<i>adalimumab</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
HUMIRA 40 MG/0.8 ML SYRINGE	<i>adalimumab</i>	2	[QLL, 8 syringes/28]
AMEVIVE [LA]	<i>alefacept</i>	2	
CAMPATH	<i>alemtuzumab</i>	2	
HEXALEN	<i>altretamine</i>	2	
ELSPAR	<i>asparaginase</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
SIMULECT	<i>basiliximab</i>	2	
TREANDA 100 MG VIAL	<i>bendamustine hcl</i>	2	
AVASTIN	<i>bevacizumab</i>	2	
TARGRETIN	<i>bexarotene</i>	2	
BUSULFEX	<i>busulfan</i>	2	
BICNU	<i>carmustine</i>	2	
CIMZIA	<i>certolizumab pegol</i>	2	
ERBITUX 100 MG/50 ML VIAL	<i>cetuximab</i>	2	
LEUKERAN	<i>chlorambucil</i>	2	
COSMEGEN	<i>dactinomycin</i>	2	
SPRYCEL	<i>dasatinib</i>	2	
DAUNOXOME	<i>daunorubicin liposome</i>	2	
DACOGEN	<i>decitabine</i>	2	
FIRMAGON	<i>degarelix acetate</i>	2	
ONTAK	<i>denileukin diftitox</i>	2	
TAXOTERE 80 MG/2 ML VIAL	<i>docetaxel</i>	2	
DOXIL	<i>doxorubicin hcl liposome</i>	2	
ELLECE	<i>epirubicin hcl</i>	2	
EPIRUBICIN HCL	<i>epirubicin hcl</i>	2	
TARCEVA	<i>erlotinib hcl</i>	2	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL	<i>etanercept</i>	2	
ETOPOPHOS	<i>etoposide phosphate</i>	2	
AFINITOR	<i>everolimus</i>	2	
FLUDARABINE PHOSPHATE	<i>fludarabine phosphate</i>	2	
FASLODEX	<i>fulvestrant</i>	2	
IRESSA [LA]	<i>gefitinib</i>	2	
SIMPONI	<i>golimumab</i>	2	

## Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
DROXIA	<i>hydroxyurea</i>	2	
GLEEVEC	<i>imatinib mesylate</i>	2	
REMICADE	<i>infliximab</i>	2	
SOMATULINE DEPOT	<i>lanreotide acetate</i>	2	
REVLIMID [LA]	<i>lenalidomide</i>	2	
ELIGARD	<i>leuprolide</i>	2	[PAR]
CEENU	<i>lomustine</i>	2	
MUSTARGEN	<i>mechlorethamine</i>	2	
DEPO-PROVERA 400 MG/ML VIAL	<i>medroxyprogesterone</i>	2	
MEGACE ES	<i>megestrol</i>	2	
MESNEX	<i>mesna</i>	2	
MESNA	<i>mesna</i>	2	
LYSODREN	<i>mitotane</i>	2	
CELLCEPT INJECTION	<i>mycophenolate mofetil</i>	2	
CELLCEPT CAPSULE, -ORAL SUSP, - TABLET	<i>mycophenolate mofetil</i>	2	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
TASIGNA	<i>nilotinib hydrochloride</i>	2	
NILANDRON	<i>nilutamide</i>	2	
SANDOSTATIN LAR	<i>octreotide</i>	2	
OCTREOTIDE ACETATE	<i>octreotide</i>	2	
ARZERRA	<i>ofatumumab</i>	2	[PAR]
ELOXATIN 100 MG/20 ML VIAL	<i>oxaliplatin</i>	2	
ABRAXANE	<i>paclitaxel</i>	2	
ALIMTA	<i>pemetrexed disodium</i>	2	
NIPENT	<i>pentostatin</i>	2	
PHOTOFRIN	<i>porfimer sodium</i>	2	
MATULANE	<i>procarbazine</i>	2	
ELITEK 1.5 MG VIAL	<i>rasburicase</i>	2	
RITUXAN	<i>rituximab</i>	2	
ISTODAX	<i>romidepsin</i>	2	
RAPAMUNE	<i>sirolimus</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	2	
SUTENT	<i>sunitinib malate</i>	2	

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Drug	Generic	Tier	Requirements/Limits
TACROLIMUS 5 MG CAPSULE	<i>tacrolimus</i>	2	[PAR]
PROGRAF INJECTION	<i>tacrolimus</i>	2	
TABLOID	<i>thioguanine</i>	2	
TOPOTECAN HCL	<i>topotecan</i>	2	
FARESTON	<i>toremifene</i>	2	
HERCEPTIN	<i>trastuzumab</i>	2	
STELARA	<i>ustekinumab</i>	2	
CAPRELSA	<i>vandetanib</i>	2	
ZYTIGA	<i>abiraterone acetate</i>	2	[QLL, 120/30]
TRELSTAR 22.5 MG VIAL	<i>triptorelin pamoate</i>	2	
TRELSTAR 3.75 MG SYRINGE, - 11.25 MG SYRINGE [LA]	<i>triptorelin pamoate</i>	2	
TRELSTAR DEPOT	<i>triptorelin pamoate</i>	2	
TRELSTAR LA	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		1	
TRISENOX	<i>arsenic trioxide</i>	2	
TYKERB	<i>lapatinib ditosylate</i>	2	
VANDETANIB	<i>vandetanib</i>	2	
VECTIBIX 100 MG/5 ML VIAL	<i>panitumumab</i>	2	
VELCADE	<i>bortezomib</i>	2	
VIDAZA	<i>azacitidine</i>	2	
<i>vinblastine sulfate</i>		1	
<i>vincristine sulfate</i>		1	
<i>vinorelbine tartrate</i>		1	
VOTRIENT	<i>pazopanib</i>	2	
ZANOSAR	<i>streptozocin</i>	2	
ZOLINZA	<i>vorinostat</i>	2	
ZORTRESS	<i>everolimus</i>	2	[PAR]

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>acetaminophen-tramadol</i>		1	
<i>buprenorphine 0.3 mg/ml syrn</i>		1	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
<i>butorphanol tartrate injection</i>		1	
<i>nalbuphine 100 mg/10 ml vial, - 200 mg/10 ml vial</i>		1	
<i>novagesic</i>		1	
RYZOLT	<i>tramadol</i>	2	
<i>tramadol hcl tablet, -er 100 mg tablet, -er 200 mg tablet</i>		1	
<i>tramadol hcl-acetaminophen</i>		1	

**ANTIDEMENTIA DRUGS**

<i>donepezil hcl</i>		1	
EXELON	<i>rivastigmine tartrate</i>	2	
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

**ANTIMANIA DRUGS**

<i>lithium</i>		1	
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1	

**ANTIPARKINSON ANTICHOLINERGIC DRUGS**

<i>benztropine mesylate injection, - tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

**ANTIPSYCHOTIC DRUGS**

<i>chlorpromazine hcl injection, - tablet</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>clozapine</i>		1	
FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG TABLET, -6 MG TABLET, -8 MG TABLET, -10 MG TABLET, -12 MG TABLET	<i>iloperidone</i>	2	[PAR][QLL, 68/34]
FANAPT TITRATION PACK	<i>iloperidone</i>	2	[PAR][QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i>		1	
<i>fluphenazine hcl</i>		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION	<i>ziprasidone</i>	2	
<i>haloperidol dec 50 mg/ml vial, - dec 100 mg/ml vial</i>		1	
<i>haloperidol lactate</i>		1	
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[PAR][QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[PAR][QLL, 68/34]
INVEGA SUSTENNA	<i>paliperidone</i>	2	[ST]
LATUDA	<i>lurasidone hcl</i>	2	[PAR][QLL, 34/34]
<i>loxapine</i>		1	
<i>olanzapine</i>		1	[QLL, 90/90]
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 25 MG SYR, - 37.5 MG SYR, -50 MG SYR	<i>risperidone</i>	2	
RISPERDAL M-TAB 1 MG ODT	<i>risperidone</i>	2	
<i>risperidone 0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -2 mg tablet, -3 mg tablet</i>		1	[QLL, 102/34]
<i>risperidone 4 mg tablet</i>		1	[QLL, 136/34]
<i>risperidone m-tab</i>		1	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 300 ml/34]

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Drug	Generic	Tier	Requirements/Limits
SAPHRIS	<i>asenapine</i>	2	[PAR][QLL, 68/34]
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	2	[ST]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA INJECTION	<i>olanzapine</i>	2	
ZYPREXA TABLET	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA ZYDIS	<i>olanzapine</i>	2	[QLL, 34/34]
ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION, -SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]

**ANTIVERTIGO AND ANTIEMETIC DRUGS**

ALOXI	<i>palonosetron hcl</i>	2	
<i>compro</i>		1	
<i>dronabinol</i>		1	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
<i>granisetron hcl injection</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR]
<i>granisol</i>		1	[PAR]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]

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Drug	Generic	Tier	Requirements/Limits
<i>ondansetron hcl injection, - solution, -4 mg tablet, -8 mg tablet</i>		1	[PAR]
<i>ondansetron odt</i>		1	[PAR]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate injection</i>		1	
<i>prochlorperazine maleate rectal, - tablet</i>		1	
<i>promethazine hcl rectal</i>		1	
<i>promethegan</i>		1	
TRANSDERM-SCOP	<i>scopolamine</i>	2	
<i>trimethobenzamide hcl capsule, - injection</i>		1	

**ANXIOLYTICS**

<i>buspirone hcl tablet</i>		1	
<i>meprobamate</i>		1	

**CARBAMAZEPINES**

<i>carbamazepine xr</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
<i>carbamazepine chew tab, -oral susp, -tablet</i>		1	
<i>carbamazepine er</i>		1	

**CLASS II NARCOTICS**

<i>roxicet solution, -5-325 tablet</i>		1	
<i>oxymorphone hcl tablet</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>oxycodone-aspirin</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl</i>		1	
<i>fentanyl</i>		1	[ST]
<i>fentanyl citrate injection</i>		1	
<i>fentanyl citrate lozenge</i>		1	[PAR][QLL, 120/30]
<i>hydromorphone hcl 10 mg/ml amp, -tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>methadone hcl injection, -solution, -tablet</i>		1	
<i>methadose tablet</i>		1	
<i>morphine 0.5 mg/ml vial, -1 mg/ml vial p-f, -solution, -tablet, -tablet sustained action</i>		1	
<i>oxycodone concentrate</i>		1	
<i>methadone intensol</i>		1	
FENTORA	<i>fentanyl citrate</i>	2	[PAR][QLL, 112/28]
ONSOLIS	<i>fentanyl citrate</i>	2	[PAR][QLL, 120/30]
ROXICODONE	<i>oxycodone</i>	2	
OXYCONTIN	<i>oxycodone</i>	2	[QLL, 90/30]
ABSTRAL	<i>fentanyl citrate</i>	2	[PAR][QLL, 120/30]
<i>endocet</i>		1	
<i>codeine sulfate</i>		1	

**CLASS III NARCOTICS**

<i>stagesic</i>		1	
<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tab, sl</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
SUBOXONE TAB, SL	<i>buprenorphine/naloxone</i>	2	[QLL, 102/34]

**CNS STIMULANT DRUGS**

<i>methylin 5 mg tablet, -10 mg tablet, -20 mg tablet</i>		1	
<i>methylin er</i>		1	
<i>methylphenidate hcl solution, -tablet</i>		1	
<i>methylphenidate sr</i>		1	
<i>amphetamine salt combo</i>		1	
<i>methamphetamine hcl</i>		1	
<i>metadate er</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>		1	
<i>methylphenidate er</i>		1	
<i>dextroamphetamine-amphetamine</i>		1	
NUVIGIL	<i>armodafinil</i>	2	[PAR]
METADATE CD	<i>methylphenidate</i>	2	
PROVIGIL	<i>modafinil</i>	2	[PAR]

**DRUGS TO PREVENT AND TREAT HEADACHES**

<i>dihydroergotamine mesylate injection</i>		1	
<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol</i>		1	[QLL, 5 ml/3]

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Drug	Generic	Tier	Requirements/Limits
<i>ergotamine-caffeine</i>		1	
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial</i>		1	[QLL, 8 ml/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
<i>butalbital compound-codeine</i>		1	
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 27/28][ST]

### HYDANTOINS

<i>phenytoin oral susp</i>		1	
<i>fosphenytoin 100 mg pe/2 ml vl</i>		1	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection</i>		1	
PEGANONE	<i>ethotoin</i>	2	
DILANTIN	<i>phenytoin</i>	2	
PHENYTEK	<i>phenytoin sodium</i>	2	

### MAO INHIBITORS

<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	
MARPLAN	<i>isocarboxazid</i>	2	
EMSAM	<i>selegiline</i>	2	[PAR]

### OTHER ANTICONVULSANTS

<i>lamotrigine</i>		1	
<i>levetiracetam injection, -solution, -tablet</i>		1	
LYRICA	<i>pregabalin</i>	2	
MYSOLINE 50 MG TABLET	<i>primidone</i>	2	
<i>primidone tablet</i>		1	

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Drug	Generic	Tier	Requirements/Limits
SABRIL [LA]	<i>vigabatrin</i>	2	
<i>topiramate sprinkle, -tablet</i>		1	
VIMPAT	<i>lacosamide</i>	2	
<i>zonisamide</i>		1	
<i>gabapentin capsule, -solution, -tablet</i>		1	
<i>felbamate</i>		1	
FELBATOL	<i>felbamate</i>	2	
LAMICTAL XR (GREEN)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR (BLUE)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR (ORANGE)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>lamotrigine</i>	2	[PAR]
KEPPRA XR 500 MG TABLET	<i>levetiracetam</i>	2	
BANZEL	<i>rufinamide</i>	2	
GABITRIL	<i>tiagabine</i>	2	
<i>topiragen</i>		1	

**OTHER ANTIDEPRESSANTS**

<i>venlafaxine hcl</i>		1	
<i>venlafaxine hcl er</i>		1	
<i>budeprion xl 150 mg tablet</i>		1	[QLL, 102/34]
<i>bupropion hcl 100 mg tablet</i>		1	[QLL, 68/34]
<i>bupropion hcl 75 mg tablet</i>		1	
<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl 300 mg tablet</i>		1	[QLL, 34/34]
CYMBALTA 60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ ER	<i>desvenlafaxine succinate</i>	2	[ST]

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Drug	Generic	Tier	Requirements/Limits
SAVELLA 12.5 MG TABLET, -25 MG TABLET, -50 MG TABLET, -100 MG TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34]
SAVELLA TITRATION PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34]
<i>trazodone hcl tablet</i>		1	
<i>bupropion hcl sr 100 mg tablet</i>		1	[QLL, 136/34]
<i>bupropion sr 150 mg tablet, -200 mg tab</i>		1	[QLL, 68/34]
<i>bupropion xl</i>		1	
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE, -30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34]

**OTHER ANTIPARKINSON DRUGS**

APOKYN [LA]	<i>apomorphine hcl</i>	2	
<i>bromocriptine mesylate capsule, -tablet</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
MIRAPEX 0.75 MG TABLET	<i>pramipexole</i>	2	
MIRAPEX ER	<i>pramipexole</i>	2	[PAR]
<i>pramipexole dihydrochloride</i>		1	
REQUIP XL	<i>ropinirole</i>	2	[PAR]
<i>ropinirole hcl</i>		1	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**OTHER CNS/AUTONOMIC DRUGS**

XYREM [LA]	<i>sodium oxybate</i>	2	[PAR]
<i>depade</i>		1	
CAMPRAL	<i>acamprosate calcium</i>	2	
<i>atropine sulfate injection</i>		1	
ANTABUSE	<i>disulfiram</i>	2	
<i>guanidine hcl</i>		1	
<i>naloxone hcl injection</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naltrexone hcl tablet</i>		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	
XENAZINE	<i>tetrabenazine</i>	2	
<i>pyridostigmine bromide tablet</i>		1	
STRATTERA	<i>atomoxetine</i>	2	

**SECONDARY AMINES**

<i>amoxapine</i>		1	
<i>desipramine hcl tablet</i>		1	
<i>nortriptyline hcl capsule, -solution</i>		1	
<i>protriptyline hcl</i>		1	

**SEDATIVE/HYPNOTIC DRUGS**

AMBIEN CR	<i>zolpidem</i>	2	[QLL, 34/34][ST]
<i>zaleplon</i>		1	
ROZEREM	<i>ramelteon</i>	2	
<i>zolpidem tartrate er</i>		1	[QLL, 34/34]
<i>zolpidem tartrate</i>		1	

Drug	Generic	Tier	Requirements/Limits
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**SELECTIVE SEROTONIN REUPTAKE INHIBITORS**

VIIBRYD	<i>vilazodone hydrochloride</i>	2	[ST]
<i>sertraline hcl solution, -tablet</i>		1	
<i>citalopram hbr</i>		1	
<i>citalopram</i>		1	
<i>fluoxetine hcl capsule, -solution, -tablet</i>		1	
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 50 mg tab, -100 mg tab</i>		1	
LEXAPRO TABLET	<i>escitalopram oxalate</i>	2	[QLL, 34/34][ST]
LEXAPRO SOLUTION	<i>escitalopram oxalate</i>	2	[ST]
<i>paroxetine cr 12.5 mg tablet, -cr 25 mg tablet</i>		1	[QLL, 102/34]
<i>paroxetine hcl oral susp, -tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>		1	

**SMOKING CESSATION PRODUCTS**

<i>buproban</i>		1	
NICOTROL	<i>nicotine inhaler</i>	2	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

**SUCCINIMIDES**

<i>ethosuximide capsule, -syrup</i>		1	
CELONTIN	<i>methsuximide</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**TERTIARY AMINES**

SURMONTIL 100 MG CAPSULE	<i>trimipramine</i>	2	
<i>amitriptyline hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	

**VALPROIC ACID AND DERIVATIVES**

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
<i>valproate sodium injection</i>		1	
<i>valproic acid capsule, -syrup</i>		1	

**CARDIOVASCULAR MEDICATIONS**

**AMIODARONES**

<i>pacerone 200 mg tablet</i>		1	
<i>amiodarone 150 mg/3 ml amp, -tablet</i>		1	

**ANGIOTENSIN CONVERTING ENZYME INHIBITORS**

<i>enalapril maleate tablet</i>		1	
<i>captopril tablet</i>		1	
<i>benazepril hcl</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril tablet</i>		1	
<i>moexipril hcl</i>		1	
<i>perindopril erbumine</i>		1	
<i>quinapril hcl</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>ramipril</i>		1	
<i>trandolapril</i>		1	

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

BENICAR	<i>olmesartan medoxomil</i>	3	[ST]
<i>losartan potassium</i>		1	
MICARDIS	<i>telmisartan</i>	2	
TEVETEN	<i>eprosartan mesylate</i>	3	[ST]
AVAPRO	<i>irbesartan</i>	3	[ST]
ATACAND	<i>candesartan cilexetil</i>	3	[ST]
DIOVAN	<i>valsartan</i>	2	
EDARBI	<i>azilsartan medoxomil</i>	2	[ST]

**ANTIDYSRHYTHMIC DRUGS**

<i>quinidine sulfate tablet, -tablet sustained action</i>		1	
<i>quinidine gluconate</i>		1	
<i>propafenone hcl</i>		1	
<i>procainamide hcl injection</i>		1	
<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	

**BETA-ADRENERGIC ANTAGONIST DRUGS**

<i>bisoprolol fumarate</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	
<i>labetalol hcl 5 mg/ml vial, -tablet</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tart 5 mg/5 ml vial, -tablet</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -injection, -solution, -tablet</i>		1	
<i>timolol maleate tablet</i>		1	
<i>carvedilol</i>		1	
COREG CR	<i>carvedilol</i>	2	[PAR]
BYSTOLIC	<i>nebivolol hcl</i>	2	
INNOPRAN XL	<i>propranolol</i>	2	

**CALCIUM ANTAGONISTS**

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>dilt-xr</i>		1	
<i>diltiazem 24hr cd 120 mg cap, -120 mg cap, -24hr cd 240 mg cap, -240 mg cap, -24hr cd 300 mg cap, -300 mg cap, -tablet sustained action</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection, -tablet</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>matzim la</i>		1	
<i>nicardipine hcl capsule, -25 mg/10 ml vial</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>nimodipine</i>		1	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er 120 mg tablet, -180 mg tablet, -240 mg tablet</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil 2.5 mg/ml ampul, - tablet, -er 120 mg tablet, -er 240 mg tablet</i>		1	

**CARDIAC GLYCOSIDES**

<i>digoxin 0.25 mg/ml ampul, - solution, -tablet</i>		1	
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**CENTRALLY ACTING ANTIHYPERTENSIVES**

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl tablet</i>		1	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl</i>		1	
NEXICLON XR	<i>clonidine</i>	2	

**DRUGS FOR PHEOCHROMOCYTOMA**

DEMSEER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

**ENDOTHELIN RECPTOR ANTAGONIST**

LETAIRIS	<i>ambrisentan</i>	2	
TRACLEER [LA]	<i>bosentan</i>	2	

Drug	Generic	Tier	Requirements/Limits
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**HMG-COA REDUCTASE INHIBITORS**

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
<i>amlodipine-atorvastatin</i>		1	
<i>atorvastatin calcium</i>		1	
CADUET	<i>amlodipine/atorvast cal</i>	2	[PAR][QLL, 34/34]
CRESTOR	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
LIPITOR	<i>atorvastatin calcium</i>	2	[QLL, 34/34][ST]
LIVALO	<i>pitavastatin calcium</i>	3	[QLL, 34/34][ST]
<i>lovastatin</i>		1	
<i>pravastatin sodium 10 mg tab, -20 mg tab, -40 mg tab</i>		1	
<i>pravastatin sodium 80 mg tab</i>		1	[QLL, 34/34]
SIMCOR	<i>niacin/simvastatin</i>	2	
<i>simvastatin 5 mg tablet, -10 mg tablet, -20 mg tablet, -40 mg tablet</i>		1	
<i>simvastatin 80 mg tablet</i>		1	[PAR]
VYTORIN 10-10 MG TABLET, -10-20 MG TABLET, -10-40 MG TABLET	<i>ezetimibe/simvastatin</i>	3	[QLL, 34/34][ST]
VYTORIN 10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	3	[PAR][QLL, 34/34][ST]

**HYPOLIPOPROTEINEMICS**

ANTARA	<i>fenofibrate</i>	2	[ST]
<i>cholestyramine</i>		1	
<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	

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Drug	Generic	Tier	Requirements/Limits
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOFIBRA	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
TRICOR	<i>fenofibrate</i>	2	[ST]
TRILIPIX	<i>fenofibric acid</i>	2	[ST]
WELCHOL	<i>colesevelam</i>	2	
ZETIA	<i>ezetimibe</i>	2	

**LOOP DIURETICS**

<i>bumetanide</i>		1	
<i>furosemide injection, -solution, -tablet</i>		1	
<i>toremide</i>		1	

**NITRATES**

<i>isoditrate</i>		1	
<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin injection</i>		1	
<i>nitroglycerin patch</i>		1	
NITROLINGUAL	<i>nitroglycerin</i>	2	
NITROMIST	<i>nitroglycerin</i>	2	
NITROSTAT	<i>nitroglycerin</i>	2	

**OTHER ANTIARRHYTHMICS**

MULTAQ	<i>dronedarone</i>	2	[PAR]
<i>sorine</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>sotalol</i>		1	
<i>sotalol af</i>		1	
SOTALOL HCL	<i>sotalol</i>	2	
TIKOSYN	<i>dofetilide</i>	2	

**OTHER ANTIHYPERTENSIVES**

<i>reserpine tablet</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
TEKTURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[PAR]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
VALTURNA	<i>aliskiren/valsartan</i>	2	[PAR]
TEVETEN HCT	<i>eprosartan mesylate/hctz</i>	3	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[PAR]
<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[PAR]
ATACAND HCT	<i>candesartan cilexetil/hctz</i>	3	[ST]
<i>atenolol-chlorthalidone</i>		1	
AVALIDE	<i>irbesartan/hctz</i>	3	[ST]
AZOR	<i>amlodipine bes/olmesartan med</i>	2	[PAR]
<i>benazepril-hydrochlorothiazide</i>		1	
BENICAR HCT	<i>olmesartan medoxomil/hctz</i>	3	[ST]
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[PAR]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[PAR]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	

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Drug	Generic	Tier	Requirements/Limits
MICARDIS HCT	<i>telmisartan/hctz</i>	2	
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	

**OTHER CARDIOVASCULAR DRUGS**

<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA	<i>ranolazine</i>	2	

**OTHER VASODILATING DRUGS**

ADCIRCA	<i>adcirca (tadalafil)</i>	2	[PAR][QLL, 68/34]
VENTAVIS	<i>iloprost</i>	2	
REVATIO INJECTION	<i>revatio (sildenafil citrate)</i>	2	
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	2	[QLL, 102/34]
REMODULIN 1 MG/ML VIAL	<i>treprostinil sodium</i>	2	

**POTASSIUM SPARING DIURETICS**

<i>amiloride hcl tablet</i>		1	
<i>amiloride-hydrochlorothiazide</i>		1	
<i>eplerenone</i>		1	
<i>spironolactone tablet</i>		1	
<i>spironolactone-hctz</i>		1	
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

**THIAZIDE AND RELATED DRUGS**

<i>chlorothiazide sodium</i>		2	
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Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
<i>chlorothiazide</i>		1	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide capsule, - tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

**VASODILATOR ANTIHYPERTENSIVES**

<i>doxazosin mesylate</i>		1	
<i>hydralazine hcl</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	

**DERMATOLOGICAL MEDICATIONS**

**ANTIACNE DRUGS**

<i>erythromycin gel, -soln, top</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]
<i>vitazol</i>		1	
<i>adapalene</i>		1	
<i>clindacin pac</i>		1	
<i>clindamycin phosphate foam (non-contraceptive), -gel, -lotion, - soln, top, -swabs, applicators</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>clindacin p</i>		1	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**ANTIPRURITIC DRUGS**

<i>hydroxyzine hcl injection, -syrup, -tablet</i>		1	
<i>hydroxyzine pamoate capsule</i>		1	

**ANTIPSORIASIS AND ANTIECZEMA DRUGS**

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide 2.5% lotion</i>		1	
<i>sodium sulfacetamide 10% lot, -sod 10% top susp</i>		1	
SORIATANE	<i>acitretin</i>	2	
SORIATANE CK	<i>acitretin/emollient comb</i>	2	
TAZORAC	<i>tazarotene</i>	2	[PAR]

**KERATOLYTIC DRUGS**

CONDYLOX GEL	<i>podofilox</i>	2	
<i>podofilox</i>		1	

**ORAL DERMATOLOGICAL DRUGS**

8-MOP	<i>methoxsalen</i>	2	
<i>amnestem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	2	
<i>sotret</i>		1	

**SCABICIDES**

<i>acticin</i>		1	
EURAX	<i>crotamiton</i>	2	

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Drug	Generic	Tier	Requirements/Limits
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	
ULESFIA	<i>benzyl alcohol</i>	2	

**TOPICAL ANTI-INFLAMMATORY DRUGS**

VOLTAREN GEL	<i>diclofenac sodium</i>	2	[PAR]
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**TOPICAL CORTICOSTEROID DRUGS**

<i>hydrocortisone 1% cream</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -2.5% lotion, -1% absorbase, -1% oint, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone plus 1% cream, -- aloe 1% cream</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>mometasone furoate cream, - lotion, -oint</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, - lotion, -oint</i>		1	
<i>trianex</i>		1	
<i>triderm</i>		1	
<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone valerate cream, - lotion, -oint</i>		1	
<i>clobetasol emollient</i>		1	
<i>diflorasone diacetate</i>		1	
<i>desoximetasone cream, -gel, -oint</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>desonide cream, -lotion, -oint</i>		1	
<i>clobetasol propionate gel, -oint, -soln, top</i>		1	
<i>fluocinolone acetonide cream, -oint, -soln, top</i>		1	
<i>fluocinonide gel, -oint, -soln, top</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluticasone propionate cream, -oint</i>		1	
<i>fluocinonide-e</i>		1	
<i>halobetasol propionate</i>		1	
<i>halonate pac</i>		1	
<i>betamethasone dipropionate cream, -lotion, -oint</i>		1	

**TOPICAL DERMATOLOGICAL DRUGS**

REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -soln, top</i>		1	
<i>imiquimod cream</i>		1	
PANRETIN	<i>alitretinoin</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	

**DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS**

**DIAGNOSTIC PRODUCTS**

CHEMET	<i>succimer</i>	2	
EXJADE [LA]	<i>deferasirox</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**MISCELLANEOUS DRUGS**

ADAGEN [LA]	<i>pegademase bovine</i>	2	
AMPYRA [LA]	<i>dalfampridine</i>	2	
BUPHENYL TABLET	<i>sodium phenylbutyrate</i>	2	
COPAXONE	<i>glatiramer acetate</i>	2	[QLL, 30 ml/30]
CYKLOKAPRON	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	2	
ORFADIN [LA]	<i>nitisinone</i>	2	
THALOMID	<i>thalidomide</i>	2	

**EAR-NOSE-THROAT MEDICATIONS**

**DRUGS AFFECTING THE EAR**

<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide oil</i>		1	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin otic drops</i>		1	
<i>oticin hc</i>		1	
<i>acetasol hc</i>		1	
<i>acetic acid otic drops</i>		1	
<i>acetic acid-aluminum</i>		1	
<i>antipyrine-benzocaine</i>		1	
<i>aurodex</i>		1	
<i>auroguard</i>		1	
CETRAXAL	<i>ciprofloxacin</i>	2	
CIPRO HC	<i>ciprofloxacin/hc</i>	2	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**DRUGS AFFECTING THE NOSE**

ASTEPRO	<i>azelastine hcl</i>	2	[QLL, 60 ml/34]
<i>azelastine hcl nasal drops/sprays</i>		1	[QLL, 60 ml/34]
BECONASE AQ	<i>beclomethasone</i>	2	[QLL, 50 gm/34][ST]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
NASACORT AQ	<i>triamcinolone acetonide</i>	2	[QLL, 33/34][ST]
NASONEX	<i>mometasone</i>	2	[QLL, 51 gm/34][ST]
OMNARIS	<i>ciclesonide</i>	2	[QLL, 25 gm/34][ST]
PATANASE	<i>olopatadine hcl</i>	2	
RHINOCORT AQUA	<i>budesonide</i>	2	[QLL, 26 gm/34][ST]
TYZINE	<i>tetrahydrozoline</i>	2	
VERAMYST	<i>fluticasone furoate</i>	2	[QLL, 20 gm/34][ST]

**DRUGS AFFECTING THE THROAT AND MOUTH**

<i>chlorhexidine gluconate dental/mucous membrn products</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>triamcinolone acetonide paste</i>		1	
<i>periogard</i>		1	
<i>pilocarpine hcl tablet</i>		1	

**ENDOCRINE MEDICATIONS**

**AMYLIN ANALOGUES**

SYMLIN	<i>pramlintide acetate</i>	2	[PAR][QLL, 35 ml/34]
SYMLINPEN 120	<i>pramlintide acetate</i>	2	[PAR][QLL, 22 ml/34]

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Drug	Generic	Tier	Requirements/Limits
SYMLINPEN 60	<i>pramlintide acetate</i>	2	[PAR][QLL, 12 pens/34]

**ANTITHYROID DRUGS**

<i>methimazole tablet</i>		1	
<i>propylthiouracil tablet</i>		1	

**DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS**

JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[QLL, 68/34]
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-500 MG TABLET, -5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL, 34/34]
TRADJENTA	<i>linagliptin</i>	2	

**GLUCOCORTICOID DRUGS**

<i>cortisone acetate tablet</i>		1	
<i>dexamethasone sodium phosphate injection</i>		1	
<i>prednisone solution, -tab(in convenience package), -tablet</i>		1	
<i>baycadron</i>		1	
<i>dexamethasone elix, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection</i>		1	
<i>methylprednisolone sod succ</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>methylprednisolone tab(in convenience package), -tablet</i>		1	
ORAPRED ODT 15 MG TABLET	<i>prednisolone sod phosphate</i>	2	
<i>prednisolone 15 mg/5 ml soln</i>		1	
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>		1	
<i>prednisone intensol</i>		1	
<i>zema-pak</i>		1	

**GLUCOSE ELEVATING DRUGS**

GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

**HYPOGLYCEMIC DRUGS**

BYETTA 5 MCG DOSE PEN INJ	<i>exenatide</i>	2	[QLL, 5/34]
VICTOZA 2-PAK	<i>liraglutide</i>	2	

**INCRETIN MIMETICS**

BYETTA 10 MCG DOSE PEN INJ	<i>exenatide</i>	2	[QLL, 5 ml/34]
VICTOZA 3-PAK	<i>liraglutide</i>	2	

**INSULIN**

NOVOLIN 70-30		2	
APIDRA SOLOSTAR		2	[ST]
HUMALOG		2	
HUMALOG MIX 50-50		2	
HUMALOG MIX 75-25		2	
HUMULIN 70-30		2	
HUMULIN N		2	
HUMULIN R		2	

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Drug	Generic	Tier	Requirements/Limits
LANTUS		2	
LEVEMIR		2	
NOVOLIN N		2	
NOVOLIN R		2	
NOVOLOG		2	
NOVOLOG MIX 70-30		2	
LANTUS SOLOSTAR		2	
APIDRA		3	[ST]

**MINERALOCORTICOID DRUGS**

<i>fludrocortisone acetate tablet</i>		1	
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**ORAL HYPOGLYCEMICS AND COMBOS**

<i>glycron</i>		1	
<i>glimepiride</i>		1	
<i>glipizide er</i>		1	
<i>glipizide tablet</i>		1	
<i>glipizide xl</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>metformin hcl</i>		1	
<i>metformin hcl er 500 mg tab, -750 mg tablet</i>		1	
<i>nateglinide</i>		1	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	
<i>glyburide tablet</i>		1	
<i>acarbose</i>		1	
GLYSET	<i>miglitol</i>	2	
ACTOS	<i>pioglitazone hcl</i>	2	[QLL, 34/34]
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 102/34]

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Drug	Generic	Tier	Requirements/Limits
ACTOPLUS MET XR 15-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 68/34]
ACTOPLUS MET XR 30-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 34/34]
DUETACT	<i>pioglitazone/glimepiride</i>	2	[QLL, 34/34]
PRANDIN	<i>repaglinide</i>	2	
PRANDIMET 1 MG-500 MG TABLET	<i>repaglinide/metformin hcl</i>	2	[QLL, 104/34]
PRANDIMET 2 MG-500 MG TABLET	<i>repaglinide/metformin hcl</i>	2	
AVANDIA 2 MG TABLET, -4 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 68/34][ST]
AVANDIA 8 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 34/34][ST]
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 68/34][ST]
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 34/34][ST]
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	[QLL, 68/34][ST]

**OTHER ENDOCRINE DRUGS**

<i>etidronate disodium</i>		1	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
<i>cabergoline</i>		1	[QLL, 16/28]
<i>calcitonin-salmon</i>		1	
<i>fortical</i>		1	
<i>pamidronate disodium</i>		1	[PAR]
<i>desmopressin acetate injection, -nasal drops/sprays, -solution, -tablet</i>		1	
FABRAZYME [LA]	<i>agalsidase</i>	2	[PAR]

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Drug	Generic	Tier	Requirements/Limits
FOSAMAX SOLUTION	<i>alendronate</i>	2	[QLL, 375 ml/35]
FOSAMAX PLUS D 70 MG-2,800 IU	<i>alendronate/vitamin d3</i>	2	[QLL, 5/34]
CEREDASE [LA]	<i>alglucerase</i>	2	
MIACALCIN INJECTION	<i>calcitonin</i>	2	[PAR]
SENSIPAR	<i>cinacalcet hcl</i>	2	
NAGLAZYME [LA]	<i>galsulfase</i>	2	
BONIVA INJECTION	<i>ibandronate</i>	2	
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/28][ST]
ELAPRASE [LA]	<i>idursulfase</i>	2	
CEREZYME [LA]	<i>imiglucerase</i>	2	[PAR]
ALDURAZYME [LA]	<i>laronidase</i>	2	
ZAVESCA [LA]	<i>miglustat</i>	2	
SOMAVERT [LA]	<i>pegvisomant</i>	2	[PAR]
ACTONEL 150 MG TABLET	<i>risedronate</i>	2	[QLL, 1/34][ST]
ACTONEL 5 MG TABLET, -30 MG TABLET	<i>risedronate</i>	2	[QLL, 34/34][ST]
ACTONEL 35 MG TABLET	<i>risedronate</i>	2	[QLL, 5/35][ST]
KUVAN	<i>sapropterin dihydrochloride</i>	2	
FORTEO	<i>teriparatide</i>	2	[PAR]
SAMSCA	<i>tolvaptan</i>	2	[QLL, 68/34]
VPRIV	<i>velaglucerase alfa</i>	2	[PAR]
ZOMETA	<i>zoledronic acid</i>	2	

**THYROID SUPPLEMENTS**

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection, - tablet</i>		1	
<i>unithroid</i>		1	
TIROSINT	<i>levothyroxine</i>	2	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	

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Drug	Generic	Tier	Requirements/Limits
THYROLAR-3	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-1/2	<i>liotrix</i>	2	

**GASTROINTESTINAL MEDICATIONS**

*ANTIDIARRHEAL DRUGS*

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	

*ANTISPASMODICS/DRUGS AFFECT GI MOTILITY*

<i>metoclopramide 5 mg/ml vial, -syrup, -tablet</i>		1	
<i>dicyclomine hcl capsule, -injection, -syrup, -tablet</i>		1	
<i>glycopyrrolate injection, -tablet</i>		1	
<i>methscopolamine bromide tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

*ANTIULCER DRUGS*

<i>famotidine injection, -oral susp, -20 mg tablet, -40 mg tablet</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl capsule, -injection, -syrup, -150 mg tablet, -300 mg tablet</i>		1	

*IRRITABLE BOWEL DRUGS*

LOTRONEX	<i>alosetron</i>	2	
AMITIZA	<i>lubiprostone</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**LAXATIVES AND CATHARTICS**

<i>polyethylene glycol 3350</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	
OSMOPREP	<i>sodium phosphate/na biphos</i>	2	

**OTHER ANTIULCER DRUGS**

<i>misoprostol</i>		1	
<i>sucralfate tablet</i>		1	
CARAFATE ORAL SUSP	<i>sucralfate</i>	2	

**OTHER GI DRUGS**

<i>balsalazide disodium</i>		1	
<i>sulfasalazine tablet</i>		1	
<i>budesonide ec</i>		1	
<i>sulfasalazine dr</i>		1	
ZENPEP	<i>amylase/lipase/protease</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
ASACOL	<i>mesalamine</i>	2	
ASACOL HD	<i>mesalamine</i>	2	
CANASA	<i>mesalamine</i>	2	
RELISTOR 12 MG/0.6 ML VIAL	<i>methylnaltrexone bromide</i>	2	[PAR]
CREON	<i>amylase/lipase/protease</i>	2	
DIPENTUM	<i>olsalazine</i>	2	
ENTOCORT EC	<i>budesonide</i>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
GOLYTELY	<i>electrolyte solution/peg's</i>	2	
<i>gavilyte-n</i>		1	
<i>hydrocortisone rectal</i>		1	
<i>mesalamine rectal</i>		1	
MOVIPREP	<i>electrolyte solution/peg's</i>	2	

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Drug	Generic	Tier	Requirements/Limits
NULYTELY WITH FLAVOR PACKS	<i>electrolyte solution/peg's</i>	2	
PANCREAZE	<i>amylase/lipase/protease</i>	2	
<i>peg 3350-electrolyte</i>		1	
<i>peg-3350 and electrolytes</i>		1	
<i>peg-3350 with flavor packs</i>		1	
PENTASA	<i>mesalamine</i>	2	
PREVPAC	<i>lansoprazole/amox tr/clarith</i>	2	[QLL, 14/14]
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
<i>sulfazine</i>		1	
<i>sulfazine ec</i>		1	
TRILYTE WITH FLAVOR PACKETS	<i>electrolyte solution/peg's</i>	2	
<i>ursodiol capsule, -tablet</i>		1	

**PROTON PUMP INHIBITORS**

NEXIUM I.V.	<i>esomeprazole mag trihyd</i>	2	
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
ZEGERID 40 MG CAPSULE, -40 MG PACKET	<i>omeprazole/sodium bicarbonat</i>	3	[ST]
ZEGERID 20 MG CAPSULE, -20 MG PACKET	<i>omeprazole/sodium bicarbonat</i>	3	[QLL, 34/34][ST]
ACIPHEX	<i>rabeprazole sodium</i>	3	[ST]
<i>lansoprazole dr 15 mg capsule, - odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, - odt 30 mg tablet</i>		1	
NEXIUM DR 20 MG CAPSULE, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
<i>omeprazole capsule sustained action</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 68/34]

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Drug	Generic	Tier	Requirements/Limits
<i>pantoprazole sod dr 40 mg tab</i>		1	
PREVACID 15 MG SOLUTAB	<i>lansoprazole</i>	3	[QLL, 34/34][ST]
PREVACID 30 MG SOLUTAB	<i>lansoprazole</i>	3	[ST]
PROTONIX	<i>pantoprazole</i>	3	[ST]
PROTONIX IV	<i>pantoprazole</i>	2	

**IMMUNOLOGICALS AND VACCINES**

*ERYTHROID STIMULANTS*

ARANESP	<i>darbepoetin alfa</i>	2	[PAR]
PROCRIT	<i>epoetin alfa</i>	2	[PAR]

*GROWTH HORMONES AND RELATED DRUGS*

SAIZEN	<i>somatropin</i>	2	[PAR]
NORDITROPIN NORDIFLEX	<i>somatropin</i>	2	[PAR]
NORDITROPIN	<i>somatropin</i>	2	[PAR]

*HEMATOPOIETIC AGENTS*

MOZOBIL	<i>plerixafor</i>	2	
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*IMMUNOLOGICALS AND VACCINES*

<i>tetanus toxoid adsorbed</i>		1	
ADACEL	<i>diphther,pertuss,tetanus vac</i>	2	
BOOSTRIX	<i>diphther,pertuss,tetanus vac</i>	2	
INFANRIX	<i>diphther,pertuss,tetanus vac</i>	2	
DAPTACEL	<i>diphther,pertuss,tetanus vac</i>	2	
TRIPEDIA	<i>diphther,pertuss,tetanus vac</i>	2	
PEDVAXHIB	<i>haemophilus b vaccine</i>	2	
ACTHIB	<i>haemophilus b-tet toxoid</i>	2	
TWINRIX VACCINE VIAL	<i>hep b vir recomb/hep a vir</i>	2	

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Drug	Generic	Tier	Requirements/Limits
HAVRIX	<i>hepatatis a virus vaccine</i>	2	
VAQTA 25 UNITS/0.5 ML VIAL	<i>hepatatis a virus vaccine</i>	2	
RECOMBIVAX HB	<i>hepatitis b virus vaccine</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE	<i>hepatitis b virus vaccine</i>	2	
COMVAX	<i>hepatitis b/haemophilus b vacc</i>	2	
CERVARIX	<i>human papillomav vacc bival/pf</i>	2	
GARDASIL VIAL	<i>human papillomavirus vacc</i>	2	
GAMASTAN S-D	<i>immune globulin - im</i>	2	[PAR]
CARIMUNE NF NANOFILTERED	<i>immune globulin - iv</i>	2	[PAR]
PRIVIGEN	<i>immune globulin - iv</i>	2	[PAR]
GAMUNEX	<i>immune globulin - iv</i>	2	[PAR]
GAMMAGARD LIQUID	<i>immune globulin - iv</i>	2	[PAR]
HIZENTRA	<i>immune globulin- sq</i>	2	
IXIARO	<i>japanese encephalitis vaccine</i>	2	
JE-VAX	<i>japanese encephalitis vaccine</i>	2	
ATGAM	<i>lymphocyte immune globulin</i>	2	
THYMOGLOBULIN	<i>lymphocyte immune globulin</i>	2	
M-M-R II VACCINE	<i>measles,mumps&amp;rubella vaccine</i>	2	
PROQUAD	<i>measles,mumps,rub,varicella</i>	2	
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
MENOMUNE-A-C-Y-W-135	<i>meningococcal vac a,c,y,w-135</i>	2	
MENACTRA 4 MCG/0.5 ML SYRINGE	<i>meningococcal vac a,c,y,w-135</i>	2	
KEPIVANCE [LA]	<i>palifermin</i>	2	
IPOL	<i>poliomyelitis vac,killed</i>	2	
RABAVERT	<i>rabies vac,pf chick-emb cell</i>	2	
IMOVAX RABIES VACCINE	<i>rabies vaccine,human diploid</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS	<i>tetanus,diphtheria toxoid</i>	2	
DIPHTHERIA-TETANUS TOXOID	<i>tetanus,diphtheria toxoid</i>	2	
TETANUS-DIPHTERIA-DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	
TYPHIM VI 25 MCG/0.5 ML VIAL	<i>typhoid vaccine</i>	2	

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Drug	Generic	Tier	Requirements/Limits
ZOSTAVAX	<i>varicella vacc/pf</i>	2	
VARIVAX VACCINE	<i>varicella virus vaccine live</i>	2	
YF-VAX	<i>yellow fever vaccine</i>	2	

**INSULIN LIKE GROWTH FACTORS-1**

INCRELEX [LA]	<i>mecasermin</i>	2	[PAR]
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**INTERFERONS**

INTRON A	<i>interferon alfa-2b , recomb.</i>	2	
INFERGEN	<i>interferon alfacon-1</i>	2	
AVONEX ADMINISTRATION PACK	<i>interferon beta-1a</i>	2	[QLL, 4 kits/28]
AVONEX	<i>interferon beta-1a</i>	2	[QLL, 4 kits/28]
REBIF TITRATION PACK	<i>interferon beta-1a/albumin</i>	2	[QLL, 5 syringes/28]
REBIF 22 MCG/0.5 ML SYRINGE, - 44 MCG/0.5 ML SYRINGE	<i>interferon beta-1a/albumin</i>	2	[QLL, 8 syringes/35]
EXTAVIA	<i>interferon beta-1b</i>	2	[QLL, 15 trays/30]
BETASERON	<i>interferon beta-1b</i>	2	[QLL, 18/34]
ACTIMMUNE [LA]	<i>interferon gamma-1b, recomb.</i>	2	
PEGASYS 180 MCG/ML VIAL	<i>peginterferon alfa-2a</i>	2	[QLL, 4 vials/28]
PEGASYS 180 MCG/0.5 ML SYRINGE	<i>peginterferon alfa-2a</i>	2	[QLL, 2 syringes/28]
PEGASYS PROCLICK	<i>peginterferon alfa-2a</i>	2	

**INTERLEUKIN RECPTN ANTAGONIST**

KINERET	<i>anakinra</i>	2	
ARCALYST [LA]	<i>rilonacept</i>	2	
ACTEMRA	<i>tocilizumab</i>	2	

**INTERLEUKINS**

PROLEUKIN	<i>aldesleukin</i>	2	
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Drug	Generic	Tier	Requirements/Limits
NEUMEGA	<i>oprelvekin</i>	2	[QLL, 21 vials/21]

**MYELOID STIMULANTS**

NEUPOGEN	<i>filgrastim</i>	2	[PAR]
NEULASTA	<i>pegfilgrastim</i>	2	[PAR]
LEUKINE	<i>sargramostim</i>	2	

**THROMBOPOIETIC AGENTS**

PROMACTA [LA]	<i>eltrombopag olamine</i>	2	
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**MEDICAL (MISCELLANEOUS) SUPPLIES**

**DIABETIC SUPPLIES**

AIMSCO INS SYR 1 ML 29GX1/2, - AIMSCO SYRING 0.3 ML 31GX5/16, -BD INSULIN SYR 0.3ML 31GX5/16, -BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 1 ML 29GX1/2, -BD INSULIN SYR 1 ML 31GX5/16, -FIFTY50 INSULIN SYRINGE 0.3 ML, -FIFTY50 INSULIN SYRINGE 1 ML, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 29GX1/2, -INS SYR 1 ML 31GX5/16, -INS SYRIN 1 ML 29GX1/2, -INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 30GX1/2, -1 ML SYRINGE, -SYR 1 ML 29GX1/2, -SYR 1 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML 30GX5/16, -SYRIN 1 ML 29GX1/2,		2	
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Drug	Generic	Tier	Requirements/Limits
-0.5 ML, -1 ML 29GX1/2, -1 ML 31GX5/16, -KINRAY INS SYR 1 ML 31GX5/16, -KINRAY SYRING 0.3 ML 31GX5/16, -PREF PLUS SYRING 1 ML 29GX1/2, -RELI-ON INSULIN 1 ML SYR, -RELION INS SYR 1 ML 29GX1/2, -RELION INS SYR 1 ML 31GX5/16, -RELION SYRING 0.3 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.3 ML, -SYRING 0.3 ML 31GX5/16, -SYRINGE 1/2 ML, -U100 INS SYR 1 ML 29GX1/2, -ULTCARE INS SYR 1 ML 31GX5/16, -ULTICARE INS SYR 1 ML 29GX1/2, -ULTICARE SYR 0.3 ML 31GX5/16, -VH INS SYR 1 ML 29GX1/2, -WD MEDIC SYR 1 ML 29GX1/2			
ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE 0.5 ML, -INSULIN SYRINGE 1 ML		2	
<i>pen needle</i>		1	
TERUMO INSULIN SYRINGE		2	

**MUSCULOSKELETAL MEDICATIONS**

*CNS MUSCLE RELAXANTS*

<i>orphenadrine compound forte</i>		1	
<i>carisoprodol 350 mg tablet</i>		1	
<i>carisoprodol compound-codeine</i>		1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>		1	
<i>methocarbamol tablet</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>orphenadrine citrate injection, - tablet sustained action</i>		1	
<i>orphenadrine compound</i>		1	
<i>carisoprodol compound</i>		1	
<i>carisoprodol-aspirin</i>		1	
RILUTEK	<i>riluzole</i>	2	

**DIRECT MUSCLE RELAXANTS**

<i>tizanidine hcl tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
<i>baclofen tablet</i>		1	

**DRUGS TO PREVENT AND TREAT GOUT**

<i>probenecid-colchicine</i>		1	
<i>probenecid</i>		1	
<i>allopurinol tablet</i>		1	
<i>allopurinol sodium</i>		1	
COLCRYS	<i>colchicine</i>	2	
ULORIC	<i>febuxostat</i>	2	[ST]

**NON-STEROIDAL ANTIINFLAMMATORY AGENTS**

<i>tolmetin sodium</i>		1	
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>sulindac tablet</i>		1	
<i>piroxicam capsule</i>		1	
<i>oxaprozin</i>		1	
<i>naproxen sodium 275 mg tab, - 550 mg tab</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>naproxen e.c. tab, -oral susp, -tablet</i>		1	
<i>nabumetone</i>		1	
<i>meloxicam oral susp, -tablet</i>		1	
<i>mefenamic acid capsule</i>		1	
<i>meclofenamate sodium capsule</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL, 20/5]
<i>ketorolac tromethamine injection</i>		1	
<i>ketoprofen capsule, -capsule sustained action</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>etodolac</i>		1	
<i>diclofenac sodium e.c. tab, -tablet sustained action</i>		1	
<i>diclofenac potassium</i>		1	
CELEBREX 100 MG CAPSULE, -200 MG CAPSULE, -400 MG CAPSULE	<i>celecoxib</i>	2	

**OTHER DRUGS FOR ARTHRITIS**

RIDAURA	<i>auranofin</i>	2	
CUPRIMINE	<i>penicillamine</i>	2	
SYPRINE	<i>trientine</i>	2	

**SALICYLATES AND RELATED DRUGS**

<i>diflunisal tablet</i>		1	
<i>choline mag trisalicylate</i>		1	

Drug	Generic	Tier	Requirements/Limits
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**NUTRITION,BLOOD MODIFIERS,ELECTROLYTES****ANTIPLATELET DRUGS**

<i>ticlopidine hcl</i>		1	
<i>dipyridamole tablet</i>		1	
<i>cilostazol</i>		1	
AGGRENEX	<i>aspirin/dipyridamole</i>	2	
PLAVIX	<i>clopidogrel</i>	2	
EFFIENT	<i>prasugrel</i>	2	

**BLOOD DETOXICANTS**

<i>enulose</i>		1	
<i>constulose</i>		1	
<i>lactulose</i>		1	
<i>generlac</i>		1	
KRISTALOSE	<i>lactulose</i>	2	
RENAGEL	<i>sevelamer</i>	2	
RENVELA	<i>sevelamer carbonate</i>	2	

**ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.**

<i>sodium bicarb 7.5% abboject, - 7.5% syring, -bicarb 8.4% abboject, -bicarb 8.4% syringe, - 8.4% syring</i>		1	
<i>ringers irrigation</i>		1	
<i>ringers injection</i>		1	
<i>potassium chloride-nacl</i>		1	
<i>potassium chl-normal saline</i>		1	
<i>sterile water for irrigation</i>		1	
<i>magnesium sulfate-d5w</i>		1	
<i>magnesium sulf 4% iv soln, -sulf 8% iv soln, -50% syringe</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>lactated ringers</i>		1	
<i>sodium chloride injection, - solution</i>		1	
<i>tis-u-sol</i>		1	
<i>sodium lactate injection</i>		1	
<i>dextrose with sodium chloride</i>		1	
<i>dextrose 5%-water iv soln, -10%- water iv solution</i>		1	
<i>dextrose 5%-ns-kcl</i>		1	
<i>dextrose 5%-electrolyte #48</i>		1	
<i>dextrose 5%-1/4ns-kcl</i>		1	
<i>dextrose 5%-1/3ns-kcl</i>		1	
<i>dextrose 5%-1/2ns-kcl</i>		1	
<i>dextrose 10%-1/4ns-kcl</i>		1	
<i>dextrose 10%-1/4ns</i>		1	
<i>d5w/kcl 10 meq/l iv solution, - d5w-kcl 30 meq/l iv solution</i>		1	
<i>ammonium chloride injection</i>		1	
PROCALAMINE	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
FREAMINE III 8.5% IV SOLN.	<i>amino acids</i>	2	
PROSOL	<i>amino acids</i>	2	
PREMASOL	<i>amino acids</i>	2	
HEPATASOL	<i>amino acids</i>	2	
TRAVASOL	<i>amino acids</i>	2	
TROPHAMINE	<i>amino acids</i>	2	
HEPATAMINE	<i>amino acids</i>	2	
CLINISOL	<i>amino acids</i>	2	
AMINOSYN-PF	<i>amino acids</i>	2	
AMINOSYN	<i>amino acids</i>	2	
AMINOSYN II	<i>amino acids</i>	2	
AMINOSYN-HF	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5%	<i>amino acids</i>	2	
AMINOSYN-HBC	<i>amino acids</i>	2	

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Drug	Generic	Tier	Requirements/Limits
AMINOSYN II 4.25%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II WITH LYLES-CA-DW	<i>amino acids</i>	2	
AMINOSYN M	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN WITH ELECTROLYTES	<i>amino acids</i>	2	
AMINOSYN II 4.25% M-DEXT 10%	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5%	<i>amino acids</i>	2	
CYSTAGON	<i>cysteamine</i>	2	
PLASMA-LYTE 56 IN DEXTROSE	<i>d5w/electrolyte-56 solution</i>	2	
NORMOSOL-M AND DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE S WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE M WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE H WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R PH 7.4	<i>electrolyte solutions</i>	2	
PLASMA-LYTE R	<i>electrolyte solutions</i>	2	
PLASMA-LYTE A PH 7.4	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148	<i>electrolyte solutions</i>	2	
NORMOSOL-R AND DEXTROSE	<i>electrolyte solutions</i>	2	
ISOLYTE S	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE	<i>electrolyte solutions</i>	2	
TPN ELECTROLYTES	<i>electrolyte solutions</i>	2	
NORMOSOL-R	<i>electrolyte solutions</i>	2	

**FLUORIDE PRODUCTS**

<i>sodium fluoride chew tab</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>sf</i>		1	
<i>epiflur</i>		1	
<i>sodiphluor</i>		1	
<i>dentagel</i>		1	
<i>sf 5000 plus</i>		1	
<i>fluoride</i>		1	
<i>fluoridex daily defense</i>		1	
<i>lozi-flur</i>		1	
<i>ludent fluoride</i>		1	
<i>neutragard advanced</i>		1	
<i>denta 5000 plus</i>		1	

**INJECTABLE ANTICOAGULANTS**

<i>heparin-ns 2,000 unit/1,000 ml</i>		1	[PAR]
<i>heparin sodium in 5% dextrose</i>		1	[PAR]
<i>heparin sodium in 0.45% nacl</i>		1	[PAR]
<i>heparin sod 1,000 unit/ml vial, - sod 2,000 unit/ml vial, -sod 5,000 unit/ml vial, -sod 10,000 unit/ml vl, -sod 20,000 unit/ml vl</i>		1	[PAR]
<i>enoxaparin sodium</i>		1	
<i>fondaparinux sodium</i>		1	
FRAGMIN	<i>dalteparin (porcine)</i>	2	
ARIXTRA	<i>fondaparinux sodium</i>	2	

**ORAL ANTICOAGULANTS, VITAMIN K**

<i>warfarin sodium tablet</i>		1	
<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**POTASSIUM REMOVING RESINS**

<i>sodium polystyrene sulfonate</i>		1	
<i>kionex</i>		1	
<i>sps</i>		1	

**POTASSIUM SUPPLEMENTS**

<i>potassium chloride in d5lr</i>		1	
<i>potassium chloride capsule sustained action, -injection, -solution, -tablet sustained action</i>		1	
<i>klor-con m20</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con 10</i>		1	
<i>kcl 20 meq in d5w solution, -kcl 40 meq in d5w solution</i>		1	
<i>ed k+10</i>		1	
<i>dextrose in lactated ringers</i>		1	
<i>phospha 250 neutral</i>		1	
<i>klor-con m10</i>		1	
<i>k effervescent</i>		1	
<i>epiklor</i>		1	

**THERAPEUTIC VITAMINS AND MINERALS**

<i>calcitriol capsule, -1 mcg/ml ampul, -solution</i>		1	[PAR]
<i>calcium acetate capsule</i>		1	
<i>levocarnitine injection, -solution, -tablet</i>		1	[PAR]
HECTOROL CAPSULE, -4 MCG/2 ML AMPUL	<i>doxercalciferol</i>	2	[PAR]

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Drug	Generic	Tier	Requirements/Limits
HECTOROL 2 MCG/ML VIAL, -4 MCG/2 ML VIAL	<i>doxercalciferol</i>	2	
ZEMPLAR	<i>paricalcitol</i>	2	

**VITAMINS AND MINERALS AND RELATED PRODUCTS**

INTRALIPID	<i>fat emulsions</i>	2	
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**OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS**

**ANDROGEN DRUGS**

<i>testosterone enanthate injection</i>		1	
<i>testosterone cypionate injection</i>		1	
<i>oxandrolone tablet</i>		1	[PAR]
<i>danazol capsule</i>		1	
ANDROXY	<i>fluoxymesterone</i>	2	[PAR]
ANADROL-50	<i>oxymetholone</i>	2	[PAR]
TESTIM	<i>testosterone</i>	2	
ANDROGEL	<i>testosterone</i>	2	
AXIRON	<i>testosterone</i>	2	
FORTESTA	<i>testosterone</i>	2	
STRIANT	<i>testosterone</i>	2	
ANDRODERM	<i>testosterone</i>	2	

**CONTRACEPTIVES**

<i>low-ogestrel</i>		1	
<i>ogestrel</i>		1	
<i>ocella</i>		1	
<i>nortrel</i>		1	
<i>next choice</i>		1	
<i>necon</i>		1	
<i>mononessa</i>		1	
<i>microgestin fe</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>lutera</i>		1	
<i>reclipsen</i>		1	
<i>levora-28</i>		1	
<i>lessina</i>		1	
<i>leena</i>		1	
<i>kelnor 1-35</i>		1	
<i>kariva</i>		1	
<i>junel fe</i>		1	
<i>junel</i>		1	
<i>gianvi</i>		1	
<i>microgestin</i>		1	
<i>zovia 1-50e</i>		1	
<i>portia</i>		1	
<i>trivora-28</i>		1	
<i>cyclafem</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>tri-previfem</i>		1	
<i>trinessa</i>		1	
<i>velivet</i>		1	
<i>zovia 1-35e</i>		1	
<i>previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>enpresse</i>		1	
<i>cryselle</i>		1	
<i>cesia</i>		1	
<i>balziva</i>		1	
<i>aviane</i>		1	
<i>aranelle</i>		1	
<i>apri</i>		1	
<i>orsythia</i>		1	
<i>norgestrel-ethiny estra</i>		1	
<i>norgestimate-ethinyl estradiol</i>		1	
<i>norethindrone-ethin estradiol</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>emoquette</i>		1	
<i>loryna</i>		1	
<i>levonorgestrel</i>		1	
<i>introvale</i>		1	
<i>gildess fe</i>		1	
<i>syeda</i>		1	
<i>zarah</i>		1	
<i>zenchent fe</i>		1	
<i>zeosa</i>		1	
<i>caziant</i>		1	
<i>azurette</i>		1	
<i>amethyst</i>		1	
<i>altavera</i>		1	
PLAN B ONE-STEP	<i>levonorgestrel</i>	2	

**ESTROGEN DRUGS**

<i>estropipate</i>		1	
<i>estradiol valerate injection</i>		1	
<i>estradiol tablet</i>		1	
<i>estradiol adh. patch</i>		1	[QLL, 5/35]
VAGIFEM	<i>estradiol</i>	2	
ESTRING	<i>estradiol</i>	2	
ESTRACE VAGINAL PRODUCTS	<i>estradiol</i>	2	
PREMARIN VAGINAL PRODUCTS	<i>estrogens, conjugated</i>	2	
MENEST	<i>estrogens, esterified</i>	2	

**ESTROGEN/PROGESTIN COMBINATIONS**

<i>jinteli</i>		1	
<i>estradiol-noreth 1-0.5 mg tab</i>		1	
<i>mimvey</i>		1	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
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**OB/GYN TOPICAL ANTIINFECTIVES**

<i>clindamycin phosphate vaginal products</i>		1	
<i>metronidazole vaginal products</i>		1	
<i>vandazole</i>		1	
CLEOCIN 100 MG VAGINAL OVULE	<i>clindamycin phosphate</i>	2	

**OXYTOCICS**

<i>methylergonovine maleate</i>		1	
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**PRENATAL VITAMINS**

<i>cavan one omega</i>		1	
<i>cavan-ec sod dha</i>		1	
<i>cavan-folate ob</i>		1	
<i>docosavit</i>		1	
<i>dualvit ob</i>		1	
<i>folcaps omega-3</i>		1	
<i>folivane-ec calcium dha nf</i>		1	
<i>folivane-ob</i>		1	
<i>gentex ade</i>		1	
<i>inatal gt</i>		1	
<i>inatal ultra</i>		1	
<i>multi-nate 30 dha</i>		1	
<i>multi-nate dha extra</i>		1	
<i>mynatal</i>		1	
<i>mynatal advance</i>		1	
<i>mynatal plus</i>		1	
<i>mynatal-z</i>		1	
<i>ob + dha</i>		1	
<i>ob 90 + dha</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>ob-natal one</i>		1	
<i>pnv-dha</i>		1	
<i>pnv-total</i>		1	
<i>pr natal 430</i>		1	
<i>pr natal 430 ec</i>		1	
<i>pr natal 440 ec</i>		1	
<i>prenacare</i>		1	
<i>prenafirst</i>		1	
<i>prenatabs fa</i>		1	
<i>prenatabs rx</i>		1	
<i>prenatal 19</i>		1	
<i>prenatal ad</i>		1	
<i>prenatal low iron</i>		1	
<i>prenatal plus</i>		1	
<i>prenatal-u</i>		1	
<i>re-nata 29 ob</i>		1	
<i>se-natal 19</i>		1	
<i>se-natal one</i>		1	
<i>se-tan dha</i>		1	
<i>setonet</i>		1	
<i>setonet-ec</i>		1	
<i>taron-bc</i>		1	
<i>taron-c dha</i>		1	
<i>tri rx</i>		1	
<i>trinate</i>		1	
<i>triveen-one</i>		1	
<i>triveen-prx rnf</i>		1	
<i>triveen-u</i>		1	
<i>ultimatecare one</i>		1	
<i>vinacal</i>		1	
<i>vinate az</i>		1	
<i>vinate az extra</i>		1	
<i>vinate c</i>		1	
<i>vinate gt</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>vinate ic</i>		1	
<i>vinate ii</i>		1	
<i>vinate one</i>		1	
<i>vinate ultra</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	
<i>vol-nate</i>		1	
<i>zatean-ch</i>		1	
<i>zatean-pn dha</i>		1	

**PROGESTIN DRUGS**

<i>camila</i>		1	
<i>errin</i>		1	
<i>heather</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i>		1	[QLL, 1 ml/34]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

**SELECTIVE ESTROGEN RECEPTOR MODULATOR**

EVISTA	<i>raloxifene</i>	2	
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**SPECIALIZED OB/GYN DRUGS**

<i>chorionic gonadotropin injection</i>		1	
<i>leuprolide acetate injection</i>		1	

Senior Whole Health Abridged Formulary for 2012

Drug	Generic	Tier	Requirements/Limits
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH KIT	<i>leuprolide</i>	2	[PAR]
LUPRON DEPOT-PED 11.25 MG KIT, -15 MG KIT	<i>leuprolide</i>	2	[PAR]
SYNAREL	<i>nafarelin</i>	2	

**OPHTHALMIC MEDICATIONS**

*ANTIGLAUCOMA DRUGS*

<i>timolol maleate ophth drops</i>		1	
<i>metipranolol</i>		1	
<i>methazolamide tablet</i>		1	
<i>levobunolol hcl</i>		1	
<i>latanoprost</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>dorzolamide hcl</i>		1	
IOPIDINE	<i>apraclonidine</i>	2	
LUMIGAN	<i>bimatoprost</i>	2	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
ISTALOL	<i>timolol</i>	2	
TRAVATAN Z	<i>travoprost</i>	2	
<i>acetazolamide capsule sustained action, -tablet</i>		1	
<i>acetazolamide sodium</i>		1	
ALPHAGAN P	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
AZOPT	<i>brinzolamide</i>	2	
<i>betaxolol hcl ophth drops</i>		1	
BETIMOL	<i>timolol</i>	2	
BETOPTIC S	<i>betaxolol</i>	2	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	

Drug	Generic	Tier	Requirements/Limits
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### OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>tobramycin-dexamethasone</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>poly-dex</i>		1	
<i>neomycin-polymyxin-hc ophth drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>neomycin-bacitracin-poly-hc</i>		1	
BLEPHAMIDE	<i>sulfacetamide/prednisolone ac</i>	2	
BLEPHAMIDE S.O.P.	<i>sulfacetamide/prednisolone ac</i>	2	
TOBRADEX OINT	<i>tobramycin sulfate/dexameth</i>	2	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

### OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate ophth drops</i>		1	
<i>fluorometholone ophth drops</i>		1	
<i>prednisolone acetate ophth drops</i>		1	
<i>prednisolone sodium phosphate ophth drops</i>		1	
MAXIDEX	<i>dexamethasone</i>	2	
DUREZOL	<i>difluprednate</i>	2	
FLAREX	<i>fluorometholone</i>	2	
FML S.O.P.	<i>fluorometholone</i>	2	
FML FORTE	<i>fluorometholone</i>	2	
ALREX	<i>loteprednol etabonate</i>	2	
LOTEMAX OPHTH DROPS	<i>loteprednol etabonate</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
VEXOL	<i>rimexolone</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS**

<i>aktob</i>		1	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ak-poly-bac</i>		1	
AZASITE	<i>azithromycin</i>	2	
BESIVANCE	<i>besifloxacin</i>	2	
CILOXAN OINT	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl ophth drops</i>		1	
<i>erythromycin oint</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate ophth drops</i>		1	
<i>gentasol</i>		1	
IQUIX	<i>levofloxacin</i>	2	
<i>levofloxacin ophth drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin ophth drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium ophth drops</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate ophth drops</i>		1	
<i>tobrasol</i>		1	
TOBREX OINT	<i>tobramycin</i>	2	
VIGAMOX	<i>moxifloxacin</i>	2	
ZYMAR	<i>gatifloxacin</i>	2	
ZYMAXID	<i>gatifloxacin</i>	2	

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Drug	Generic	Tier	Requirements/Limits
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**OPHTHALMIC TOPICAL ANTIVIRAL DRUGS**

<i>trifluridine ophth drops</i>		1	
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**OTHER OPHTHALMIC DRUGS**

ACUVAIL	<i>ketorolac</i>	2	
<i>ak-con</i>		1	
<i>ak-pentolate</i>		1	
ALAMAST	<i>pemirolast potassium</i>	2	
ALOCRIAL	<i>nedocromil</i>	2	
ALOMIDE	<i>lodoxamide</i>	2	
<i>atropine care</i>		1	
<i>azelastine hcl ophth drops</i>		1	
BEPREVE	<i>bepotastine besilate</i>	2	
BOTOX	<i>botulinum toxin a</i>	2	[PAR]
BROMDAY	<i>bromfenac</i>	2	
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium ophth drops</i>		1	
<i>cylate</i>		1	
<i>diclofenac sodium ophth drops</i>		1	
EMADINE	<i>emedastine difumarate</i>	2	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
ISOPTO HYOSCINE	<i>scopolamine</i>	2	
<i>ketorolac tromethamine ophth drops</i>		1	
LACRISERT	<i>hydroxypropylmethylcellulose</i>	2	
NATACYN	<i>natamycin</i>	2	
NEVANAC	<i>nepafenac</i>	2	
<i>parcaine</i>		1	
PATADAY	<i>olopatadine hcl</i>	2	
PATANOL	<i>olopatadine hcl</i>	2	
<i>proparacaine hcl ophth drops</i>		1	

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Drug	Generic	Tier	Requirements/Limits
RESTASIS	<i>cyclosporine</i>	2	[QLL, 68 vials/34]
<i>tropicacyl</i>		1	
<i>tropicamide ophth drops</i>		1	
XIBROM	<i>bromfenac</i>	2	
ZIRGAN	<i>ganciclovir</i>	2	

**RESPIRATORY MEDICATIONS**

**ANTIHISTAMINES**

<i>arbinoxa</i>		1	
<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln</i>		1	
<i>cetirizine hcl 1 mg/ml syrup, -5 mg/5 ml syrup</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, -tablet</i>		1	
<i>dexchlorpheniramine maleate</i>		1	
<i>diphenhydramine 50 mg capsule, -elix, -injection</i>		1	
<i>fexofenadine hcl</i>		1	
<i>levocetirizine dihydrochloride tablet</i>		1	[QLL, 34/34]
<i>promethazine hcl injection, -syrup, -tablet</i>		1	

**BETA-2 ADRENERGIC DRUGS**

<i>albuterol sulfate nebs, -syrup, -tablet, -tablet sustained action</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]
<i>levalbuterol concentrate</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>metaproterenol sulfate syrup, - tablet</i>		1	
PERFOROMIST	<i>formoterol fumarate</i>	2	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 24 gm/34]
SEREVENT DISKUS	<i>salmeterol</i>	2	[QLL, 120 doses/34]
<i>terbutaline sulfate injection, - tablet</i>		1	
VENTOLIN HFA	<i>albuterol</i>	2	[QLL, 54 gm/34]
XOPENEX	<i>levalbuterol</i>	2	
XOPENEX CONCENTRATE	<i>levalbuterol</i>	2	
XOPENEX HFA	<i>levalbuterol</i>	2	

**LEUKOTRIENE MODIFIERS**

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	

**METHYL XANTHINE DRUGS**

<i>aminophylline injection, -tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained action</i>		1	

**OTHER DRUGS FOR ASTHMA**

<i>acetylcysteine nebs</i>		1	
ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[QLL, 120 doses/34]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[QLL, 24 gm/34]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 39 gm/34]
<i>budesonide nebs</i>		1	
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]

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Drug	Generic	Tier	Requirements/Limits
<i>cromolyn sodium nebs</i>		1	
DALIRESP	<i>roflumilast</i>	2	[QLL, 30/30]
DULERA	<i>mometasone/formoterol</i>	2	[QLL, 26 gm/34]
<i>epinephrine injection</i>		1	
EIPEN	<i>epinephrine hcl</i>	2	[QLL, 4 pens/34]
EIPEN JR	<i>epinephrine hcl</i>	2	[QLL, 4 pens/34]
FLOVENT 100 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 660 doses/34]
FLOVENT 250 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 300 doses/34]
FLOVENT 50 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 120 doses/34]
FLOVENT HFA	<i>fluticasone propionate</i>	2	
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide nebs</i>		1	
<i>ipratropium-albuterol</i>		1	
PULMICORT 1 MG/2 ML RESPULE	<i>budesonide</i>	2	
QVAR	<i>beclomethasone</i>	2	[QLL, 24/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/34]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[QLL, 20 gm/34]
TWINJECT	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
XOLAIR [LA]	<i>omalizumab</i>	2	[PAR]

**OTHER RESPIRATORY DRUGS**

ARALAST NP 500 MG VIAL [LA]	<i>alpha-1-proteinase inhibitor</i>	2	
PROLASTIN 500 MG VIAL [LA]	<i>alpha-1-proteinase inhibitor</i>	2	
PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	2	
PULMOZYME	<i>deoxyribonuclease</i>	2	[PAR]

**UROLOGICAL MEDICATIONS**

**ANTICHOLINERGIC ANTISPASMODICS**

DETROL	<i>tolterodine tartrate</i>	2	[ST]
DETROL LA	<i>tolterodine tartrate</i>	2	[ST]
ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	

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Drug	Generic	Tier	Requirements/Limits
<i>oxybutynin chloride er</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	
OXYTROL	<i>oxybutynin</i>	2	[ST]
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	
VESICARE	<i>solifenacin succinate</i>	2	[ST]

**CHOLINERGIC STIMULANTS**

<i>bethanechol chloride tablet</i>		1	
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**OTHER GENITOURINARY PRODUCTS**

<i>alfuzosin hcl</i>		1	
AVODART	<i>dutasteride</i>	2	
CYSTADANE	<i>betaine hcl</i>	2	
<i>cytra-k</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
JALYN	<i>dutasteride/tamsulosin hcl</i>	2	
<i>neomy-polymyxin b 40 mg/ml amp</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>potassium citrate-citric acid</i>		1	
<i>tamsulosin hcl</i>		1	
<i>taron-crystals</i>		1	
UROXATRAL	<i>alfuzosin hcl</i>	2	

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