

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ABILIFY DISC TAB 10MG	3		
ABILIFY DISC TAB 15MG	3		
ABILIFY INJ 9.75MG	3		
ABILIFY SOL 1MG/ML	3		
ABILIFY TAB 10MG	3		
ABILIFY TAB 15MG	3		
ABILIFY TAB 20MG	3		
ABILIFY TAB 2MG	3		
ABILIFY TAB 30MG	3		
ABILIFY TAB 5MG	3		
ACARBOSE TAB 100MG	1		
ACARBOSE TAB 25MG	1		
ACARBOSE TAB 50MG	1		
ACEBUTOLOL CAP 200MG	1		
ACEBUTOLOL CAP 400MG	1		
ACETASOL HC SOL OTIC	1		
ACETAZOLAMID CAP 500MG ER	1		
ACETAZOLAMID TAB 125MG	1		
ACETAZOLAMID TAB 250MG	1		
ACETIC ACID SOL 2% OTIC	1		
ACETYLCYST SOL 10%	1		May Be Billable to Part B
ACETYLCYST SOL 20%	1		May Be Billable to Part B
ACTEMRA INJ 200/10ML	3		Prior Authorization
ACTHIB INJ	2		
ACTICIN CRE 5%	1		
ACTIMMUNE INJ 2MU/0.5	3		PA for New Treatments
ACTOPLUS MET TAB 15/500MG	2		
ACTOPLUS MET TAB 15/850MG	2		
ACTOS TAB 15MG	2	90 per 30 days	
ACTOS TAB 30MG	2	45 per 30 days	
ACTOS TAB 45MG	2	30 per 30 days	
ACYCLOVIR CAP 200MG	1		
ACYCLOVIR NA INJ 500MG	1		
ACYCLOVIR SUS 200/5ML	1		
ACYCLOVIR TAB 400MG	1		
ACYCLOVIR TAB 800MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ADACEL INJ	2		
ADAGEN INJ 250/ML	3		Prior Authorization
ADAPALENE CRE 0.1%	1		
ADAPALENE GEL 0.1%	1		
ADCIRCA TAB 20MG	3		PA for New Treatments
ADRIAMYCIN INJ 2MG/ML	1		May Be Billable to Part B
ADVAIR DISKU AER 100/50	2	1 per 30 days	
ADVAIR DISKU AER 250/50	2	1 per 30 days	
ADVAIR DISKU AER 500/50	2	1 per 30 days	
ADVAIR HFA AER 115/21	2	1 per 30 days	
ADVAIR HFA AER 230/21	2	1 per 30 days	
ADVAIR HFA AER 45/21	2	1 per 30 days	
AFEDITAB TAB 30MG CR	1		
AFEDITAB TAB 60MG CR	1		
AFINITOR TAB 10MG	3		
AFINITOR TAB 2.5MG	3		
AFINITOR TAB 5MG	3		
AGGRENOX CAP 25-200MG	2		
A-HYDROCORT INJ 100MG	1		
AK-CON SOL 0.1% OP	1		
AK-TOB SOL 0.3% OP	1		
ALA CORT CRE 1%	1		
ALA-CORT LOT 1%	1		
ALBENZA TAB 200MG	2		
ALBUTEROL NEB 0.083%	1		May Be Billable to Part B
ALBUTEROL NEB 0.5%	1		May Be Billable to Part B
ALBUTEROL NEB 0.63MG/3	1		May Be Billable to Part B
ALBUTEROL NEB 1.25MG/3	1		May Be Billable to Part B
ALBUTEROL SYP 2MG/5ML	1		
ALBUTEROL TAB 2MG	1		
ALBUTEROL TAB 4MG	1		
ALBUTEROL TAB 4MG ER	1		
ALBUTEROL TAB 8MG ER	1		
ALCLOMETASON CRE 0.05%	1		
ALCLOMETASON OIN 0.05%	1		
ALCOHOL PREP PAD	2		

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ALDURAZYME INJ 2.9MG/5M	3		Prior Authorization
ALENDRONATE TAB 10MG	1		
ALENDRONATE TAB 35MG	1		
ALENDRONATE TAB 40MG	1		
ALENDRONATE TAB 5MG	1		
ALENDRONATE TAB 70MG	1		
ALIMTA INJ 500MG	3		May Be Billable to Part B
ALINIA SUS 100MG/5M	2	3 bottles per 30 days	
ALINIA TAB 500MG	2	12 per 30 days	
ALLOPURINOL INJ 500MG	1		
ALLOPURINOL TAB 100MG	1		
ALLOPURINOL TAB 300MG	1		
ALPHAGAN P SOL 0.1%	2		
ALREX SUS 0.2%	2		
AMANTADINE CAP 100MG	1		
AMANTADINE SYP 50MG/5ML	1		
AMANTADINE TAB 100MG	1		
A-METHAPRED INJ 125MG	1		
A-METHAPRED INJ 40MG	1		
AMIFOSTINE INJ 500MG	3		May Be Billable to Part B
AMIKACIN INJ 100/2ML	1		
AMIKACIN INJ 500/2ML	1		
AMILOR/HCTZ TAB 5-50	1		
AMILORIDE TAB 5MG	1		
AMINOPHYLLIN INJ 25MG/ML	1		
AMINOPHYLLIN TAB 100MG	1		
AMINOPHYLLIN TAB 200MG	1		
AMINOSYN II INJ 10%	2		May Be Billable to Part B
AMINOSYN II INJ 15%	2		May Be Billable to Part B
AMINOSYN II INJ 3.5/D25	2		May Be Billable to Part B
AMINOSYN II INJ 3.5/D5	2		May Be Billable to Part B
AMINOSYN II INJ 4.25/D10	2		May Be Billable to Part B
AMINOSYN II INJ 4.25/D20	2		May Be Billable to Part B
AMINOSYN II INJ 4.25/D25	2		May Be Billable to Part B
AMINOSYN II INJ 5/D25	2		May Be Billable to Part B
AMINOSYN II INJ 7%	2		May Be Billable to Part B

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AMINOSYN II INJ 8.5%	2		May Be Billable to Part B
AMINOSYN II INJ 8.5/LYTE	1		May Be Billable to Part B
AMINOSYN IIM INJ 3.5%/D5W	2		May Be Billable to Part B
AMINOSYN INJ 10%	2		May Be Billable to Part B
AMINOSYN INJ 3.5%	2		May Be Billable to Part B
AMINOSYN INJ 5%	2		May Be Billable to Part B
AMINOSYN INJ 7%	2		May Be Billable to Part B
AMINOSYN INJ 8.5%	2		May Be Billable to Part B
AMINOSYN INJ 8.5/LYTE	1		May Be Billable to Part B
AMINOSYN M INJ 3.5%	2		May Be Billable to Part B
AMINOSYN/D25 INJ II 3.5%	2		May Be Billable to Part B
AMINOSYN/D25 INJ II 4.25%	2		May Be Billable to Part B
AMINOSYN-HBC INJ 7%	2		May Be Billable to Part B
AMINOSYN-HF INJ 8%	1		May Be Billable to Part B
AMINOSYN-PF INJ 10%	2		May Be Billable to Part B
AMINOSYN-PF INJ 7%	2		May Be Billable to Part B
AMIODARONE INJ 50MG/ML	1		May Be Billable to Part B
AMIODARONE TAB 200MG	1		
AMIODARONE TAB 400MG	1		
AMITIZA CAP 24MCG	2		
AMITIZA CAP 8MCG	2		
AMITRIPTYLIN TAB 100MG	1		
AMITRIPTYLIN TAB 10MG	1		
AMITRIPTYLIN TAB 150MG	1		
AMITRIPTYLIN TAB 25MG	1		
AMITRIPTYLIN TAB 50MG	1		
AMITRIPTYLIN TAB 75MG	1		
AMLOD/BENAZP CAP 10-20MG	1		
AMLOD/BENAZP CAP 10-40MG	1		
AMLOD/BENAZP CAP 2.5-10MG	1		
AMLOD/BENAZP CAP 5-10MG	1		
AMLOD/BENAZP CAP 5-20MG	1		
AMLOD/BENAZP CAP 5-40MG	1		
AMLODIPINE TAB 10MG	1		
AMLODIPINE TAB 2.5MG	1		
AMLODIPINE TAB 5MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
AMMONIUM LAC CRE 12%	1		
AMMONIUM LAC LOT 12%	1		
AMNESTEEM CAP 10MG	1		
AMNESTEEM CAP 20MG	1		
AMNESTEEM CAP 40MG	1		
AMOX/K CLAV CHW 200MG	1		
AMOX/K CLAV CHW 400MG	1		
AMOX/K CLAV SUS 200/5ML	1		
AMOX/K CLAV SUS 250/5ML	1		
AMOX/K CLAV SUS 400/5ML	1		
AMOX/K CLAV SUS 600/5ML	1		
AMOX/K CLAV TAB 250MG	1		
AMOX/K CLAV TAB 500MG	1		
AMOX/K CLAV TAB 875MG	1		
AMOXAPINE TAB 100MG	2		
AMOXAPINE TAB 150MG	2		
AMOXAPINE TAB 25MG	2		
AMOXAPINE TAB 50MG	2		
AMOXICILLIN CAP 250MG	1		
AMOXICILLIN CAP 500MG	1		
AMOXICILLIN CHW 125MG	1		
AMOXICILLIN CHW 200MG	1		
AMOXICILLIN CHW 250MG	1		
AMOXICILLIN SUS 125/5ML	1		
AMOXICILLIN SUS 200/5ML	1		
AMOXICILLIN SUS 250/5ML	1		
AMOXICILLIN SUS 400/5ML	1		
AMOXICILLIN TAB 500MG	1		
AMOXICILLIN TAB 875MG	1		
AMOX-POT CLA TAB ER	1		
AMPHETAMINE TAB 10MG	1		Prior Authorization
AMPHETAMINE TAB 12.5MG	1		Prior Authorization
AMPHETAMINE TAB 15MG	1		Prior Authorization
AMPHETAMINE TAB 20MG	1		Prior Authorization
AMPHETAMINE TAB 30MG	1		Prior Authorization
AMPHETAMINE TAB 5MG	1		Prior Authorization

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AMPHETAMINE TAB 7.5MG	1		Prior Authorization
AMPHOTERICIN INJ 50MG	1		May Be Billable to Part B
AMPICILLIN CAP 250MG	1		
AMPICILLIN CAP 500MG	1		
AMPICILLIN INJ 10GM	1		
AMPICILLIN INJ 125MG	1		
AMPICILLIN INJ 1GM	1		
AMPICILLIN SUS 125/5ML	1		
AMPICILLIN SUS 250/5ML	1		
AMP-SULBACTA INJ 15GM	1		
AMP-SULBACTA INJ 3GM	1		
AMPYRA TAB 10MG	3		Prior Authorization
AMTURNIDE150 TAB -5-12.5	2		
AMTURNIDE300 TAB -10-12.5	2		
AMTURNIDE300 TAB -10-25MG	2		
AMTURNIDE300 TAB -5-12.5	2		
AMTURNIDE300 TAB -5-25MG	2		
ANADROL-50 TAB 50MG	3		Prior Authorization
ANAGRELIDE CAP 0.5MG	1		Prior Authorization
ANAGRELIDE CAP 1MG	1		Prior Authorization
ANASTROZOLE TAB 1MG	1		
ANCOBON CAP 250MG	2		
ANCOBON CAP 500MG	2		
ANDRODERM DIS 2.5MG/24	2		Prior Authorization
ANDRODERM DIS 5MG/24HR	2		Prior Authorization
ANDROXY TAB 10MG	2		Prior Authorization
ANTABUSE TAB 250MG	2		
ANTABUSE TAB 500MG	2		
ANTARA CAP 130MG	2		
ANTARA CAP 43MG	2		
APAP/CODEINE SOL 120-12/5	1		
APAP/CODEINE TAB 300-15MG	1		
APAP/CODEINE TAB 300-30MG	1		
APAP/CODEINE TAB 300-60MG	1		
APOKYN INJ	3		
APRI TAB	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
APRISO CAP 0.375GM	2		
APTIVUS CAP 250MG	2		
APTIVUS SOL	2		
ARALAST NP INJ 400MG	3		Prior Authorization
ARANELLE TAB	1		
ARANESP INJ 100MCG	2		Prior Authorization
ARANESP INJ 100MCG	2		Prior Authorization
ARANESP INJ 150MCG	3		Prior Authorization
ARANESP INJ 200MCG	3		Prior Authorization
ARANESP INJ 200MCG	3		Prior Authorization
ARANESP INJ 25MCG	2		Prior Authorization
ARANESP INJ 25MCG	2		Prior Authorization
ARANESP INJ 300MCG	3		Prior Authorization
ARANESP INJ 300MCG	3		Prior Authorization
ARANESP INJ 40MCG	2		Prior Authorization
ARANESP INJ 40MCG	2		Prior Authorization
ARANESP INJ 500MCG	3		Prior Authorization
ARANESP INJ 60MCG	2		Prior Authorization
ARANESP INJ 60MCG	2		Prior Authorization
ARCALYST INJ 220MG	3		Prior Authorization
ARIXTRA SOL 10/0.8	3		
ARIXTRA SOL 2.5/0.5	2		
ARIXTRA SOL 5.0/0.4	3		
ARIXTRA SOL 7.5/0.6	3		
ASCOMP/COD CAP 30MG	1		
ASCORBIC ACID 80 MG / BIOTIN 0.030 MG / CALCIUM CARBONATE 200 MG / CUPRIC OXIDE 3 MG / FERROUS FUMARATE 60 MG	1		
ASMANEX 120 AER 220MCG	2	2 per 30 days	
ASMANEX 14 AER 220MCG	2	2 per 30 days	
ASMANEX 30 AER 110MCG	2	2 per 30 days	
ASMANEX 30 AER 220MCG	2	2 per 30 days	
ASMANEX 60 AER 220MCG	2	2 per 30 days	
ASTEPRO SPR 0.15%	2	2 per 30 days	
ASTRAMORPH INJ 10/10ML	1		May Be Billable to Part B

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ASTRAMORPH INJ 1MG/2ML	1		May Be Billable to Part B
ATENOL/CHLOR TAB 100-25MG	1		
ATENOL/CHLOR TAB 50-25MG	1		
ATENOLOL TAB 100MG	1		
ATENOLOL TAB 25MG	1		
ATENOLOL TAB 50MG	1		
ATRIPLA TAB	3		
ATROVENT HFA AER 17MCG	2	2 per 30 days	
AUG BETAMET CRE 0.05%	1		
AUG BETAMET LOT 0.05%	1		
AUG BETAMET OIN 0.05%	1		
AVASTIN INJ	3		May Be Billable to Part B
AVELOX ABC TAB 400MG	2		
AVELOX INJ	2		
AVELOX TAB 400MG	2		
AVIANE TAB	1		
AVITA CRE 0.025%	1		
AVITA GEL 0.025%	1		
AVODART CAP 0.5MG	2		
AVONEX KIT 30MCG	3	2 kits 28 days	PA for New Treatments
AVONEX PREFL KIT 30MCG	3	2 kits 28 days	PA for New Treatments
AZASAN TAB 100MG	2		May Be Billable to Part B
AZASAN TAB 75 MG	2		May Be Billable to Part B
AZASITE SOL 1%	2		
AZATHIOPRINE INJ 100MG	1		May Be Billable to Part B
AZATHIOPRINE TAB 50MG	1		May Be Billable to Part B
AZELASTINE DRO 0.05%	1		
AZELASTINE SPR 0.1%	1	2 per 30 days	
AZILECT TAB 0.5MG	2		
AZILECT TAB 1MG	2		
AZITHROMYCIN INJ 500MG	1		
AZITHROMYCIN SUS 100/5ML	1		
AZITHROMYCIN SUS 200/5ML	1		
AZITHROMYCIN TAB 250MG	1		
AZITHROMYCIN TAB 500MG	1		
AZITHROMYCIN TAB 600MG	1		

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AZOPT SUS 1% OP	2		
AZOR TAB 10-20MG	2		
AZOR TAB 10-40MG	2		
AZOR TAB 5-20MG	2		
AZOR TAB 5-40MG	2		
BACIT/POLYMY OIN OP	1		
BACITRACIN OIN OP	1		
BACLOFEN TAB 10MG	1		
BACLOFEN TAB 20MG	1		
BACTROBAN CRE 2%	2		
BALSALAZIDE CAP 750MG	1		
BALZIVA TAB	1		
BANZEL SUS 40MG/ML	3		
BANZEL TAB 200MG	3		
BANZEL TAB 400MG	3		
BARACLUDE SOL .05MG/ML	2		
BARACLUDE TAB 0.5MG	3		
BARACLUDE TAB 1MG	3		
BENAZEP/HCTZ TAB 10-12.5	1		
BENAZEP/HCTZ TAB 20-12.5	1		
BENAZEP/HCTZ TAB 20-25MG	1		
BENAZEP/HCTZ TAB 5-6.25	1		
BENAZEPRIL TAB 10MG	1		
BENAZEPRIL TAB 20MG	1		
BENAZEPRIL TAB 40MG	1		
BENAZEPRIL TAB 5MG	1		
BENICAR HCT TAB 20-12.5	2		
BENICAR HCT TAB 40-12.5	2		
BENICAR HCT TAB 40-25MG	2		
BENICAR TAB 20MG	2		
BENICAR TAB 40MG	2		
BENICAR TAB 5MG	2		
BENZTROPINE INJ 1MG/ML	1		
BENZTROPINE TAB 0.5MG	1		
BENZTROPINE TAB 1MG	1		
BENZTROPINE TAB 2MG	1		

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BEPREVE DRO 1.5%	2		
BETAMETH DIP CRE 0.05%	1		
BETAMETH DIP LOT 0.05%	1		
BETAMETH DIP OIN 0.05%	1		
BETAMETH VAL CRE 0.1%	1		
BETAMETH VAL LOT 0.1%	1		
BETAMETH VAL OIN 0.1%	1		
BETAXOLOL SOL 0.5% OP	1		
BETHANECHOL TAB 10MG	1		
BETHANECHOL TAB 25MG	1		
BETHANECHOL TAB 50MG	1		
BETHANECHOL TAB 5MG	1		
BETOPTIC-S SUS 0.25% OP	2		
BICALUTAMIDE TAB 50MG	1		
BICILLIN C-R INJ 1200000	2		
BICILLIN C-R INJ 900/300	2		
BICILLIN L-A INJ 1200000	2		
BICILLIN L-A INJ 2400000	2		
BICILLIN L-A INJ 600000	2		
BICNU INJ 100MG	2		May Be Billable to Part B
BIDIL TAB	2		
BISOPRL/HCTZ TAB 10/6.25	1		
BISOPRL/HCTZ TAB 2.5/6.25	1		
BISOPRL/HCTZ TAB 5/6.25MG	1		
BISOPROL FUM TAB 10MG	1		
BISOPROL FUM TAB 5MG	1		
BLEOMYCIN INJ 30UNIT	1		May Be Billable to Part B
BLEPHAMIDE OIN S.O.P.	2		
BONIVA INJ 3MG/3ML	2		May Be Billable to Part B
BONIVA TAB 150MG	2		Prior Authorization
BOOSTRIX INJ	2		
BRIMONIDINE SOL 0.2% OP	1		
BROMDAY SOL 0.09%	2		
BROMOCRIPTIN CAP 5MG	1		
BROMOCRIPTIN TAB 2.5MG	1		
BUDEPRION TAB 100MG SR	1		

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BUDEPRION TAB 150MG SR	1		
BUDEPRION XL TAB 150MG	1		
BUDEPRION XL TAB 300MG	1		
BUDESONIDE SUS 0.25MG/2	1		May Be Billable to Part B
BUDESONIDE SUS 0.5MG/2	1		May Be Billable to Part B
BUMETANIDE INJ 0.25/ML	1		
BUMETANIDE TAB 0.5MG	1		
BUMETANIDE TAB 1MG	1		
BUMETANIDE TAB 2MG	1		
BUPHENYL TAB 500MG	3		
BUPRENORPHIN SUB 2MG	1		Prior Authorization
BUPRENORPHIN SUB 8MG	1		Prior Authorization
BUPROBAN TAB 150MG	1		
BUPROPION TAB 100MG	1		
BUPROPION TAB 100MG SR	1		
BUPROPION TAB 150MG SR	1		
BUPROPION TAB 200MG SR	1		
BUPROPION TAB 75MG	1		
BUSPIRONE TAB 10MG	1		
BUSPIRONE TAB 15MG	1		
BUSPIRONE TAB 30MG	1		
BUSPIRONE TAB 5MG	1		
BUSPIRONE TAB 7.5MG	1		
BUSULFEX INJ 6MG/ML	2		May Be Billable to Part B
BUT/APAP/CAF CAP CODEINE	1		
BUTORPHANOL INJ 1MG/ML	1		
BUTORPHANOL INJ 2MG/ML	1		
BYETTA INJ 10MCG	2		Prior Authorization
BYETTA INJ 5MCG	2		Prior Authorization
BYSTOLIC TAB 10MG	2		
BYSTOLIC TAB 2.5MG	2		
BYSTOLIC TAB 20MG	2		
BYSTOLIC TAB 5MG	2		
CABERGOLINE TAB 0.5MG	1		
CALC ACETATE CAP 667MG	1		
CALCIPOTRIEN OIN 0.005%	1		

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CALCIPOTRIEN SOL 0.005%	1		
CALCITONIN SPR 200/ACT	1		
CALCITRIOL CAP 0.25MCG	1		May Be Billable to Part B
CALCITRIOL CAP 0.5MCG	1		May Be Billable to Part B
CALCITRIOL INJ 1MCG/ML	1		May Be Billable to Part B
CALCITRIOL SOL 1MCG/ML	1		May Be Billable to Part B
CAMILA TAB 0.35MG	1		
CAMPATH INJ 30MG/ML	2		May Be Billable to Part B
CAMPRAL TAB 333MG	2		Prior Authorization
CANASA SUP 1000MG	2		
CANCIDAS INJ 50MG	3		
CANCIDAS INJ 70MG	3		
CAPASTAT SUL INJ 1GM	3		
CAPTOPR/HCTZ TAB 25-15MG	1		
CAPTOPR/HCTZ TAB 25-25MG	1		
CAPTOPR/HCTZ TAB 50-15MG	1		
CAPTOPR/HCTZ TAB 50-25MG	1		
CAPTOPRIL TAB 100MG	1		
CAPTOPRIL TAB 12.5MG	1		
CAPTOPRIL TAB 25MG	1		
CAPTOPRIL TAB 50MG	1		
CARAC CRE 0.5%	2		
CARAFATE SUS 1GM/10ML	2		
CARB/LEVO ER TAB 25-100MG	1		
CARB/LEVO SR TAB 50-200MG	1		
CARB/LEVO TAB 10-100MG	1		
CARB/LEVO TAB 10-100MG	1		
CARB/LEVO TAB 25-100MG	1		
CARB/LEVO TAB 25-100MG	1		
CARB/LEVO TAB 25-250MG	1		
CARB/LEVO TAB 25-250MG	1		
CARBAMAZEPIN CHW 100MG	1		
CARBAMAZEPIN SUS 100/5ML	1		
CARBAMAZEPIN TAB 200MG	1		
CARBAMAZEPIN TAB 200MG ER	1		
CARBAMAZEPIN TAB 400MG ER	1		

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CARBOPLATIN INJ 150/15ML	1		May Be Billable to Part B
CARDIZEM CD CAP 360MG/24	2		
CARISOPRODOL TAB 350MG	1	120 per 30 days	Prior Authorization
CARTEOLOL SOL 1% OP	1		
CARTIA XT CAP 120/24HR	1		
CARTIA XT CAP 180/24HR	1		
CARTIA XT CAP 240/24HR	1		
CARTIA XT CAP 300/24HR	1		
CARVEDILOL TAB 12.5MG	1		
CARVEDILOL TAB 25MG	1		
CARVEDILOL TAB 3.125MG	1		
CARVEDILOL TAB 6.25MG	1		
CAYSTON INH 75MG	3		Prior Authorization
CEENU CAP 100MG	2		
CEENU CAP 10MG	2		
CEENU CAP 40MG	2		
CEFACLOR CAP 250MG	1		
CEFACLOR CAP 500MG	1		
CEFACLOR ER TAB 500MG	2		
CEFADROXIL CAP 500MG	1		
CEFADROXIL SUS 250/5ML	1		
CEFADROXIL SUS 500/5ML	1		
CEFADROXIL TAB 1GM	1		
CEFAZOLIN INJ 1GM	1		
CEFAZOLIN INJ 1GM/50ML	2		
CEFAZOLIN INJ 20GM	1		
CEFAZOLIN INJ 500MG	1		
CEFDINIR CAP 300MG	1		
CEFDINIR SUS 125/5ML	1		
CEFDINIR SUS 250/5ML	1		
CEFEPIME INJ 1GM	1		
CEFEPIME INJ 2GM	1		
CEFOTAXIME INJ 10GM	1		
CEFOTAXIME INJ 1GM	1		
CEFOTAXIME INJ 2GM	1		
CEFOTAXIME INJ 500MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CEFOXITIN INJ 10GM	1		
CEFOXITIN INJ 1GM	1		
CEFOXITIN INJ 2GM	1		
CEFODO PROX SUS 100/5ML	1		
CEFODO PROX SUS 50MG/5ML	1		
CEFODOXIME TAB 100MG	1		
CEFODOXIME TAB 200MG	1		
CEFPROZIL SUS 125/5ML	1		
CEFPROZIL SUS 250/5ML	1		
CEFPROZIL TAB 250MG	1		
CEFPROZIL TAB 500MG	1		
CEFTRIAZONE INJ 10GM	1		
CEFTRIAZONE INJ 250MG	1		
CEFTRIAZONE INJ 500MG	1		
CEFUOXIME INJ 1.5GM	1		
CEFUOXIME INJ 750MG	1		
CEFUOXIME SUS 125/5ML	1		
CEFUOXIME TAB 250MG	1		
CEFUOXIME TAB 500MG	1		
CELEBREX CAP 100MG	2	60 per 30 days	
CELEBREX CAP 200MG	2	60 per 30 days	
CELEBREX CAP 400MG	2		Prior Authorization
CELEBREX CAP 50MG	2	60 per 30 days	
CELLCEPT CAP 250MG	2		May Be Billable to Part B
CELLCEPT SUS 200MG/ML	2		May Be Billable to Part B
CELLCEPT TAB 500MG	2		May Be Billable to Part B
CELONTIN CAP 300MG	2		
CEPHALEXIN CAP 250MG	1		
CEPHALEXIN CAP 500MG	1		
CEPHALEXIN SUS 125/5ML	1		
CEPHALEXIN SUS 250/5ML	1		
CEREZYME INJ 200UNIT	3		Prior Authorization
CERVARIX INJ	2		
CERVARIX INJ	2		
CESIA PAK	1		
CETIRIZINE SYP 5MG/5ML	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CHANTIX PAK 0.5& 1MG	3		Prior Authorization
CHANTIX TAB 0.5MG	3		Prior Authorization
CHANTIX TAB 1MG	3		Prior Authorization
CHLORHEX GLU SOL 0.12%	1		
CHLOROQUINE TAB 250MG	1		
CHLOROQUINE TAB 500MG	1		
CHLOROTHIAZ TAB 250MG	1		
CHLOROTHIAZ TAB 500MG	1		
CHLORPROMAZ INJ 25MG/ML	2		
CHLORPROMAZ TAB 100MG	1		
CHLORPROMAZ TAB 10MG	1		
CHLORPROMAZ TAB 200MG	1		
CHLORPROMAZ TAB 25MG	1		
CHLORPROMAZ TAB 50MG	1		
CHLORTHALID TAB 25MG	1		
CHLORTHALID TAB 50MG	1		
CHLORZOXAZON TAB 500MG	1		Prior Authorization
CHOLESTYRAM POW 4GM LITE	1		
CHOR GONADOT INJ 10000UNT	1		Prior Authorization
CICLOPIROX CRE 0.77%	1		
CICLOPIROX GEL 0.77%	1		
CICLOPIROX SHA 1%	1		
CICLOPIROX SUS 0.77%	1		
CILOSTAZOL TAB 100MG	1		
CILOSTAZOL TAB 50MG	1		
CILOXAN OIN 0.3% OP	2		
CIMETIDINE INJ 150MG/ML	1		
CIMETIDINE SOL 300/5ML	1		
CIMETIDINE TAB 200MG	1		
CIMETIDINE TAB 300MG	1		
CIMETIDINE TAB 400MG	1		
CIMETIDINE TAB 800MG	1		
CIPRO (10%) SUS 500MG/5	2		
CIPRO (5%) SUS 250MG/5	2		
CIPROFLOXACN INJ 400MG	1		
CIPROFLOXACN SOL 0.3% OP	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CIPROFLOXACN TAB 1000MG	1		
CIPROFLOXACN TAB 100MG	1		
CIPROFLOXACN TAB 250MG	1		
CIPROFLOXACN TAB 500MG	1		
CIPROFLOXACN TAB 500MG ER	1		
CIPROFLOXACN TAB 750MG	1		
CISPLATIN INJ 100MG	1		May Be Billable to Part B
CITALOPRAM SOL 10MG/5ML	1		
CITALOPRAM TAB 10MG	1		
CITALOPRAM TAB 20MG	1		
CITALOPRAM TAB 40MG	1		
CLADRIBINE INJ 1MG/ML	1		May Be Billable to Part B
CLARAVIS CAP 10MG	1		
CLARAVIS CAP 20MG	1		
CLARAVIS CAP 30MG	1		
CLARAVIS CAP 40MG	1		
CLARITHROMYC SUS 125/5ML	1		
CLARITHROMYC SUS 250/5ML	1		
CLARITHROMYC TAB 250MG	1		
CLARITHROMYC TAB 500MG	1		
CLARITHROMYC TAB 500MG ER	1		
CLEMASTINE SYP 0.5/5ML	1		
CLEMASTINE TAB 2.68MG	1		
CLEOCIN CAP 75MG	2		
CLEOCIN PED SOL 75MG/5ML	2		
CLEOCIN SUP 100MG	2		
CLINDAMY/BEN GEL 1-5%	1		
CLINDAMYCIN CAP 150MG	1		
CLINDAMYCIN CAP 300MG	1		
CLINDAMYCIN CRE 2% VAG	1		
CLINDAMYCIN GEL 1%	1		
CLINDAMYCIN INJ 150MG/ML	1		
CLINDAMYCIN LOT 1%	1		
CLINDAMYCIN PAD 1%	1		
CLINDAMYCIN SOL 1%	1		
CLINIMIX E INJ 2.75/D10	2		May Be Billable to Part B

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CLINIMIX E INJ 2.75/D5W	2		May Be Billable to Part B
CLINIMIX E INJ 4.25/D25	2		May Be Billable to Part B
CLINIMIX E INJ 4.25/D5W	2		May Be Billable to Part B
CLINIMIX E INJ 5%/D15W	2		May Be Billable to Part B
CLINIMIX E INJ 5%/D20W	2		May Be Billable to Part B
CLINIMIX E INJ 5%/D25W	2		May Be Billable to Part B
CLINIMIX INJ 2.75/D5W	2		May Be Billable to Part B
CLINIMIX INJ 4.25/D10	2		May Be Billable to Part B
CLINIMIX INJ 4.25/D20	2		May Be Billable to Part B
CLINIMIX INJ 4.25/D25	2		May Be Billable to Part B
CLINIMIX INJ 4.25/D5W	2		May Be Billable to Part B
CLINIMIX INJ 5%/D15W	2		May Be Billable to Part B
CLINIMIX INJ 5%/D20W	2		May Be Billable to Part B
CLINIMIX INJ 5%/D25W	2		May Be Billable to Part B
CLINISOL SF INJ 15%	1		May Be Billable to Part B
CLOBETASOL E CRE 0.05%	1		
CLOBETASOL GEL 0.05%	1		
CLOBETASOL OIN 0.05%	1		
CLOBETASOL SOL 0.05%	1		
CLOMIPRAMINE CAP 25MG	1		
CLOMIPRAMINE CAP 50MG	1		
CLOMIPRAMINE CAP 75MG	1		
CLONIDINE DIS 0.1/24HR	1		
CLONIDINE DIS 0.2/24HR	1		
CLONIDINE DIS 0.3/24HR	1		
CLONIDINE TAB 0.1MG	1		
CLONIDINE TAB 0.2MG	1		
CLONIDINE TAB 0.3MG	1		
CLOTRIMAZOLE CRE 1%	1		
CLOTRIMAZOLE SOL 1%	1		
CLOTRIMAZOLE TRO 10MG	1		
CLOZAPINE TAB 100MG	1		
CLOZAPINE TAB 200MG	1		
CLOZAPINE TAB 25MG	1		
CLOZAPINE TAB 50MG	1		
COARTEM TAB 20-120MG	3		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CO-GESIC TAB 500-5MG	1		
COLCRYS TAB 0.6MG	2	60 per 30 days	
COLESTIPOL GRA 5GM	1		
COLESTIPOL TAB 1GM	1		
COLISTIMETH INJ 150MG	1		May Be Billable to Part B
COLOCORT ENE 100MG	1		
COMBIGAN SOL 0.2/0.5%	2		
COMBIPATCH DIS .05/.14	3		
COMBIPATCH DIS .05/.25	3		
COMBIVENT AER	2	2 per 30 days	
COMBIVIR TAB	2		
COMPLERA TAB	3		
COMPRO SUP 25MG	1		
COMTAN TAB 200MG	2		
COMVAX INJ	2		
CONSTULOSE SOL 10GM/15	1		
COPAXONE KIT 20MG/ML	3	30 syringes per 30 days	PA for New Treatments
CORTISONE AC TAB 25MG	1		
CORTOMYCIN SOL 1% OTIC	1		
CORTOMYCIN SUS 1% OTIC	1		
COSMEGEN INJ 0.5MG	2		May Be Billable to Part B
COUMADIN TAB 10MG	2		
COUMADIN TAB 1MG	2		
COUMADIN TAB 2.5MG	2		
COUMADIN TAB 2MG	2		
COUMADIN TAB 3MG	2		
COUMADIN TAB 4MG	2		
COUMADIN TAB 5MG	2		
COUMADIN TAB 6MG	2		
COUMADIN TAB 7.5MG	2		
CREON CAP 12000UNT	3		Step Therapy
CREON CAP 24000UNT	3		Step Therapy
CREON CAP 6000UNIT	3		Step Therapy
CRESTOR TAB 10MG	1		
CRESTOR TAB 20MG	1		
CRESTOR TAB 40MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
CRESTOR TAB 5MG	1		
CRIVAN CAP 100MG	2		
CRIVAN CAP 200MG	2		
CRIVAN CAP 400MG	2		
CROMOLYN SOD NEB 20MG/2ML	1		May Be Billable to Part B
CROMOLYN SOD SOL 4% OP	1		
CRYSSELLE-28 TAB 28 TABS	1		
CUBICIN SOL 500MG	3		May Be Billable to Part B
CUVPOSA SOL 1MG/5ML	3		
CYCLAFEM TAB 1/35	1		
CYCLAFEM TAB 7/7/7	1		
CYCLOBENZAPR TAB 10MG	1		Prior Authorization
CYCLOBENZAPR TAB 5MG	1		Prior Authorization
CYCLOPHOSPH TAB 25MG	1		May Be Billable to Part B
CYCLOPHOSPH TAB 50MG	1		May Be Billable to Part B
CYCLOSPORINE CAP 100MG	1		May Be Billable to Part B
CYCLOSPORINE CAP 100MG MD	1		May Be Billable to Part B
CYCLOSPORINE CAP 25MG	1		May Be Billable to Part B
CYCLOSPORINE CAP 50MG MOD	1		May Be Billable to Part B
CYCLOSPORINE INJ 50MG/ML	1		May Be Billable to Part B
CYCLOSPORINE SOL MODIFIED	1		May Be Billable to Part B
CYKLOKAPRON INJ 100MG/ML	2		
CYMBALTA CAP 20MG	2		
CYMBALTA CAP 30MG	2		
CYMBALTA CAP 60MG	2		
CYPROHEPTAD SYP 2MG/5ML	1		Prior Authorization
CYPROHEPTAD TAB 4MG	1		Prior Authorization
CYSTADANE POW	3		
CYSTAGON CAP 150MG	2		
CYSTAGON CAP 50MG	2		
CYTARABINE INJ 20MG/ML	1		May Be Billable to Part B
CYTARABINE INJ 500MG	1		May Be Billable to Part B
D10W/NAACL INJ 0.2%	1		
D10W/NAACL INJ 0.45%	1		
D2.5W/NAACL INJ 0.45%	1		
D5W/LYTES INJ #48	2		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
D5W/NACL INJ 0.2%	1		
D5W/NACL INJ 0.225%	1		
D5W/NACL INJ 0.33%	1		
D5W/NACL INJ 0.45%	1		
D5W/NACL INJ 0.9%	1		
DACARBAZINE INJ 200MG	1		May Be Billable to Part B
DANAZOL CAP 100MG	1		
DANAZOL CAP 200MG	1		
DANAZOL CAP 50MG	1		
DANTROLENE CAP 100MG	1		
DANTROLENE CAP 25MG	1		
DANTROLENE CAP 50MG	1		
DAPSONE TAB 100MG	1		
DAPSONE TAB 25MG	1		
DAPTACEL INJ	2		
DARAPRIM TAB 25MG	2		
DAUNORUBICIN INJ 20MG	1		May Be Billable to Part B
DAUNOXOME INJ 2MG/ML	3		May Be Billable to Part B
DECAVAC INJ 5-2LF	2		May Be Billable to Part B
DENA VIR CRE 1%	2		
DEPADE TAB 50MG	1		
DEPO-PROVERA INJ 400/ML	2		May Be Billable to Part B
DERMA-SMOOTH OIL /FS BODY	2		
DERMOTIC OIL 0.01%	2		
DESIPRAMINE TAB 100MG	1		
DESIPRAMINE TAB 10MG	1		
DESIPRAMINE TAB 150MG	1		
DESIPRAMINE TAB 25MG	1		
DESIPRAMINE TAB 50MG	1		
DESIPRAMINE TAB 75MG	1		
DESMOPRESSIN INJ 4MCG/ML	1		
DESMOPRESSIN SOL 0.01%	1		
DESMOPRESSIN SPR 0.01%	1		
DESMOPRESSIN TAB 0.1MG	1		
DESMOPRESSIN TAB 0.2MG	1		
DESONIDE CRE 0.05%	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
DESONIDE LOT 0.05%	1		
DESONIDE OIN 0.05%	1		
DESOXIMETAS CRE 0.05%	1		
DESOXIMETAS CRE 0.25%	1		
DESOXIMETAS GEL 0.05%	1		
DESOXIMETAS OIN 0.25%	1		
DETROL LA CAP 2MG	2		
DETROL LA CAP 4MG	2		
DEXAMETH PHO INJ 4MG/ML	1		
DEXAMETH PHO SOL 0.1% OP	1		
DEXAMETHASON CON 1MG/ML	2		
DEXAMETHASON ELX 0.5/5ML	1		
DEXAMETHASON TAB 0.5MG	1		
DEXAMETHASON TAB 0.75MG	1		
DEXAMETHASON TAB 1.5MG	1		
DEXAMETHASON TAB 1MG	1		
DEXAMETHASON TAB 2MG	1		
DEXAMETHASON TAB 4MG	1		
DEXAMETHASON TAB 6MG	1		
DEXILANT CAP 30MG DR	2	30 per 30 days	
DEXILANT CAP 60MG DR	2	30 per 30 days	
DEXRAZOXANE INJ 500MG	1		May Be Billable to Part B
DEXTROAMPHET CAP 10MG ER	1		Prior Authorization
DEXTROAMPHET CAP 15MG ER	1		Prior Authorization
DEXTROAMPHET CAP 5MG ER	1		Prior Authorization
DEXTROAMPHET TAB 10MG	1		Prior Authorization
DEXTROAMPHET TAB 5MG	1		Prior Authorization
DEXTROSE INJ 10%	1		
DEXTROSE INJ 5%	1		
DICLOFEN POT TAB 50MG	1		
DICLOFENAC SOL 0.1% OP	1		
DICLOFENAC TAB 100MG XR	1		
DICLOFENAC TAB 25MG EC	1		
DICLOFENAC TAB 50MG EC	1		
DICLOFENAC TAB 75MG DR	1		
DICLOXACILL CAP 250MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
DICLOXACILL CAP 500MG	1		
DICYCLOMINE CAP 10MG	1		Prior Authorization
DICYCLOMINE INJ 10MG/ML	1		
DICYCLOMINE SOL 10MG/5ML	1		Prior Authorization
DICYCLOMINE TAB 20MG	1		Prior Authorization
DIDANOSINE CAP 125MG	1		
DIDANOSINE CAP 200MG	1		
DIDANOSINE CAP 250MG	1		
DIDANOSINE CAP 400MG	1		
DIFLORASONE CRE 0.05%	1		
DIFLORASONE OIN 0.05%	1		
DIFLUNISAL TAB 500MG	1		
DIGOXIN INJ 0.25MG/1	1		
DIGOXIN SOL 50MCG/ML	1		
DIGOXIN TAB 0.125MG	1		
DIGOXIN TAB 0.25MG	1		
DIHYDROERGOT INJ 1MG/ML	1		
DILANTIN CAP 100MG	2		
DILANTIN CAP 30MG	2		
DILANTIN CHW 50MG	2		
DILANTIN-125 SUS 125/5ML	2		
DILAUDID-5 LIQ 1MG/ML	2		
DILT-CD CAP 120MG	1		
DILT-CD CAP 300MG	1		
DILTIAZEM CAP 120MG CD	1		
DILTIAZEM CAP 120MG ER	1		
DILTIAZEM CAP 240MG CD	1		
DILTIAZEM CAP 300MG CD	1		
DILTIAZEM CAP 360MG/24	1		
DILTIAZEM CAP 420MG/24	1		
DILTIAZEM CAP 60MG ER	1		
DILTIAZEM CAP 90MG ER	1		
DILTIAZEM INJ 25MG/5ML	1		
DILTIAZEM TAB 120MG	1		
DILTIAZEM TAB 30MG	1		
DILTIAZEM TAB 60MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
DILTIAZEM TAB 90MG	1		
DILT-XR CAP 180MG	1		
DILT-XR CAP 240MG	1		
DILTZAC CAP 120MG/24	1		
DILTZAC CAP 180MG/24	1		
DILTZAC CAP 240MG/24	1		
DILTZAC CAP 300MG/24	1		
DIOVAN HCT TAB 160/12.5	2		
DIOVAN HCT TAB 160/25MG	2		
DIOVAN HCT TAB 320/12.5	2		
DIOVAN HCT TAB 320/25MG	2		
DIOVAN HCT TAB 80/12.5	2		
DIOVAN TAB 160MG	2		
DIOVAN TAB 320MG	2		
DIOVAN TAB 40MG	2		
DIOVAN TAB 80MG	2		
DIP/TET PED INJ 6.7-5LF	2		May Be Billable to Part B
DIPHEN/ATROP LIQ 2.5/5	1		Prior Authorization
DIPHEN/ATROP TAB 2.5MG	1		Prior Authorization
DIPHENHYDRAM INJ 50MG/ML	1		
DIPYRIDAMOLE TAB 25MG	1		Prior Authorization
DIPYRIDAMOLE TAB 50MG	1		Prior Authorization
DIPYRIDAMOLE TAB 75MG	1		Prior Authorization
DISOPYRAMIDE CAP 100MG	1		
DISOPYRAMIDE CAP 150MG	1		
DIVALPROEX CAP 125MG	1		
DIVALPROEX TAB 125MG DR	1		
DIVALPROEX TAB 250MG DR	1		
DIVALPROEX TAB 250MG ER	1		
DIVALPROEX TAB 500MG DR	1		
DIVALPROEX TAB 500MG ER	1		
DONEPEZIL TAB 10MG	1		
DONEPEZIL TAB 10MG ODT	1		
DONEPEZIL TAB 5MG	1		
DONEPEZIL TAB 5MG ODT	1		
DORZOL/TIMOL SOL 2-0.5%OP	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
DORZOLAMIDE SOL 2% OP	1		
DOVONEX CRE 0.005%	2		
DOXAZOSIN TAB 1MG	1		
DOXAZOSIN TAB 2MG	1		
DOXAZOSIN TAB 4MG	1		
DOXAZOSIN TAB 8MG	1		
DOXEPIN HCL CAP 100MG	1		
DOXEPIN HCL CAP 10MG	1		
DOXEPIN HCL CAP 150MG	1		
DOXEPIN HCL CAP 25MG	1		
DOXEPIN HCL CAP 50MG	1		
DOXEPIN HCL CAP 75MG	1		
DOXEPIN HCL CON 10MG/ML	1		
DOXIL INJ 2MG/ML	3		May Be Billable to Part B
DOXORUBICIN INJ 2MG/ML	1		May Be Billable to Part B
DOXYCYC MONO TAB 150MG	1		
DOXYCYC MONO TAB 50MG	1		
DOXYCYC MONO TAB 75MG	1		
DOXYCYCL HYC CAP 100MG	1		
DOXYCYCL HYC CAP 50MG	1		
DOXYCYCL HYC INJ 100MG	1		
DOXYCYCL HYC TAB 100MG	1		
DOXYCYCLINE TAB 20MG	1		
DRONABINOL CAP 10MG	3	60 per 30 days	Prior Authorization
DRONABINOL CAP 2.5MG	2	60 per 30 days	Prior Authorization
DRONABINOL CAP 5MG	2	60 per 30 days	Prior Authorization
DROXIA CAP 200MG	2		
DROXIA CAP 300MG	2		
DROXIA CAP 400MG	2		
DUETACT TAB 30-2MG	2		
DUETACT TAB 30-4MG	2		
DULERA AER 100-5MCG	2	1 per 30 days	
DULERA AER 200-5MCG	2	1 per 30 days	
DURAMORPH INJ 0.5MG/ML	1		May Be Billable to Part B
DURAMORPH INJ 1MG/ML	1		May Be Billable to Part B
DUREZOL EMU 0.05%	2		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
E.E.S. 400 TAB 400MG	1		
ECONAZOLE CRE 1%	1		
ED K+10 TAB 10MEQ CR	1		
EDURANT TAB 25MG	3		
EES/SULFISOX SUS 200-600	1		
EFFIENT TAB 10MG	2		
EFFIENT TAB 5MG	2		
ELAPRASE INJ 6MG/3ML	3		Prior Authorization
ELIDEL CRE 1%	2		Prior Authorization
ELITEK INJ 1.5MG	3		May Be Billable to Part B
ELIXOPHYLLIN ELX 80/15ML	2		
ELMIRON CAP 100MG	3		
ELSPAR INJ 10000UNT	2		May Be Billable to Part B
EMCYT CAP 140MG	2		
EMEND CAP 125MG	2	2 per 30 days	May Be Billable to Part B
EMEND CAP 40MG	2		
EMEND CAP 80MG	2	4 per 30 days	May Be Billable to Part B
EMEND PAK 80 & 125	2	4 per 30 days	May Be Billable to Part B
EMSAM DIS 12MG/24H	2		
EMSAM DIS 6MG/24HR	2		
EMSAM DIS 9MG/24HR	2		
EMTRIVA CAP 200MG	2		
EMTRIVA SOL 10MG/ML	2		
ENABLEX TAB 15MG	2		
ENABLEX TAB 7.5MG	2		
ENALAPR/HCTZ TAB 10-25MG	1		
ENALAPR/HCTZ TAB 5-12.5MG	1		
ENALAPRIL TAB 10MG	1		
ENALAPRIL TAB 2.5MG	1		
ENALAPRIL TAB 20MG	1		
ENALAPRIL TAB 5MG	1		
ENBREL INJ 25/0.5ML	3		Prior Authorization
ENBREL INJ 25MG	3		Prior Authorization
ENBREL INJ 50MG/ML	3		Prior Authorization
ENDOCET TAB 10-325MG	1		
ENDOCET TAB 10-650MG	1		

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<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ENDOCET TAB 5-325MG	1		
ENDOCET TAB 7.5-325M	1		
ENDOCET TAB 7.5-500M	1		
ENDODAN TAB	1		
ENGERIX-B INJ 10/0.5ML	2		May Be Billable to Part B
ENGERIX-B INJ 10/0.5ML	2		May Be Billable to Part B
ENGERIX-B INJ 20MCG/ML	2		May Be Billable to Part B
ENOXAPARIN INJ 100MG/ML	1		
ENOXAPARIN INJ 120/0.8	1		
ENOXAPARIN INJ 150MG/ML	1		
ENOXAPARIN INJ 30/0.3ML	1		
ENOXAPARIN INJ 40/0.4ML	1		
ENOXAPARIN INJ 60/0.6ML	1		
ENOXAPARIN INJ 80/0.8ML	1		
ENPRESSE-28 TAB	1		
ENTOCORT EC CAP 3MG/24HR	3		
ENULOSE SOL 10GM/15	1		
EPINEPHRINE INJ 0.1MG/ML	1		
EPIPEN 2-PAK INJ 0.3MG	2		
EPIPEN-JR INJ 2-PAK	2		
EPIRUBICIN INJ 50/25ML	3		May Be Billable to Part B
EPITOL TAB 200MG	1		
EPIVIR HBV SOL 5MG/ML	2		
EPIVIR HBV TAB 100MG	2		
EPIVIR SOL 10MG/ML	2		
EPIVIR TAB 150MG	2		
EPIVIR TAB 300MG	2		
EPLERENONE TAB 25MG	1		
EPLERENONE TAB 50MG	1		
EPZICOM TAB	2		
ERGOTAM/CAFF TAB 1/100	1		
ERRIN TAB 0.35MG	1		
ERY PAD 2%	1		
ERYPED 200 SUS 200/5ML	2		
ERYTHROCIN INJ 500MG	2		
ERYTHROCIN TAB 250MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ERYTHROM ETH TAB 400MG	1		
ERYTHROMYCIN GEL /BENZOYL	1		
ERYTHROMYCIN GEL 2%	1		
ERYTHROMYCIN OIN OP	1		
ERYTHROMYCIN SOL 2%	1		
ERYTHROMYCIN TAB 250MG BS	1		
ERYTHROMYCIN TAB 500MG BS	1		
ESTRADIOL DIS 0.025MG	1		
ESTRADIOL DIS 0.0375MG	1		
ESTRADIOL DIS 0.05MG	1		
ESTRADIOL DIS 0.06MG	1		
ESTRADIOL DIS 0.075MG	1		
ESTRADIOL DIS 0.1MG	1		
ESTRADIOL TAB 0.5MG	1		
ESTRADIOL TAB 1MG	1		
ESTRADIOL TAB 2MG	1		
ESTROPIPATE TAB 0.75MG	1		Prior Authorization
ESTROPIPATE TAB 1.5MG	1		Prior Authorization
ESTROPIPATE TAB 3MG	1		Prior Authorization
ETHAMBUTOL TAB 100MG	1		
ETHAMBUTOL TAB 400MG	1		
ETHOSUXIMIDE CAP 250MG	1		
ETHOSUXIMIDE SOL 250/5ML	1		
ETODOLAC CAP 200MG	1		
ETODOLAC CAP 300MG	1		
ETODOLAC ER TAB 400MG	1		
ETODOLAC ER TAB 500MG	1		
ETODOLAC ER TAB 600MG	1		
ETODOLAC TAB 400MG	1		
ETODOLAC TAB 500MG	1		
ETOPOSIDE INJ 20MG/ML	1		May Be Billable to Part B
EVISTA TAB 60MG	2		
EVOXAC CAP 30MG	2		
EXALGO TAB 12MG	2	60 per 30 days	
EXALGO TAB 16MG	2	60 per 30 days	
EXALGO TAB 8MG	2	60 per 30 days	

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
EXELON DIS 4.6MG/24	2		
EXELON DIS 9.5MG/24	2		
EXELON SOL 2MG/ML	2		
EXEMESTANE TAB 25MG	1		
EXFORGE TAB 10-160MG	2		
EXFORGE TAB 10-320MG	2		
EXFORGE TAB 5-160MG	2		
EXFORGE TAB 5-320MG	2		
EXFORGEH/10- TAB 160-12.5	2		
EXFORGEH/10- TAB 160-25	2		
EXFORGEH/10- TAB 320-25	2		
EXFORGEH/5- TAB 160-12.5	2		
EXFORGEH/5- TAB 160-25	2		
EXJADE TAB 125MG	2		Prior Authorization
EXJADE TAB 250MG	3		Prior Authorization
EXJADE TAB 500MG	3		Prior Authorization
EXTAVIA INJ 0.3MG	3	14 syringes per 28 days	PA for New Treatments
FABRAZYME INJ 35MG	3		Prior Authorization
FAMCICLOVIR TAB 125MG	1		
FAMCICLOVIR TAB 250MG	1		
FAMCICLOVIR TAB 500MG	1		
FAMOTIDINE INJ 10MG/ML	1		
FAMOTIDINE INJ 20MG/50M	1		
FAMOTIDINE SUS 40MG/5ML	1		
FAMOTIDINE TAB 20MG	1		
FAMOTIDINE TAB 40MG	1		
FANAPT PAK	3		
FANAPT TAB 10MG	3		
FANAPT TAB 12MG	3		
FANAPT TAB 1MG	3		
FANAPT TAB 2MG	3		
FANAPT TAB 4MG	3		
FANAPT TAB 6MG	3		
FANAPT TAB 8MG	3		
FARESTON TAB 60MG	2		
FASLODEX INJ 250MG	3		May Be Billable to Part B

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
FAZACLO TAB 100MG	3		
FAZACLO TAB 12.5MG	3		
FAZACLO TAB 150MG	3		
FAZACLO TAB 200MG	3		
FAZACLO TAB 25MG	3		
FELBATOL SUS 600/5ML	3		
FELBATOL TAB 400MG	3		
FELBATOL TAB 600MG	3		
FELODIPINE TAB 10MG ER	1		
FELODIPINE TAB 2.5MG ER	1		
FELODIPINE TAB 5MG ER	1		
FENOFIBRATE CAP 134MG	1		
FENOFIBRATE CAP 200MG	1		
FENOFIBRATE CAP 67MG	1		
FENOFIBRATE TAB 160MG	1		
FENOFIBRATE TAB 54MG	1		
FENTANYL CIT INJ 0.05MG/1	1		May Be Billable to Part B
FENTANYL DIS 100MCG/H	1	10 per 30 days	
FENTANYL DIS 12MCG/HR	1	10 per 30 days	
FENTANYL DIS 25MCG/HR	1	10 per 30 days	
FENTANYL DIS 50MCG/HR	1	10 per 30 days	
FENTANYL DIS 75MCG/HR	1	10 per 30 days	
FENTANYL OT LOZ 1200MCG	3	120 per 30 days	Prior Authorization
FENTANYL OT LOZ 1600MCG	3	120 per 30 days	Prior Authorization
FENTANYL OT LOZ 200MCG	2	120 per 30 days	Prior Authorization
FENTANYL OT LOZ 400MCG	3	120 per 30 days	Prior Authorization
FENTANYL OT LOZ 600MCG	3	120 per 30 days	Prior Authorization
FENTANYL OT LOZ 800MCG	3	120 per 30 days	Prior Authorization
FINASTERIDE TAB 5MG	1		
FLECAINIDE TAB 100MG	1		
FLECAINIDE TAB 150MG	1		
FLECAINIDE TAB 50MG	1		
FLOVENT DISK AER 100MCG	2	2 per 30 days	
FLOVENT DISK AER 250MCG	2	2 per 30 days	
FLOVENT DISK AER 50MCG	2	2 per 30 days	
FLOVENT HFA AER 110MCG	2	2 per 30 days	

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
FLOVENT HFA AER 220MCG	2	2 per 30 days	
FLOVENT HFA AER 44MCG	2	2 per 30 days	
FLUCONAZOLE SUS 10MG/ML	1		
FLUCONAZOLE SUS 40MG/ML	1		
FLUCONAZOLE TAB 100MG	1		
FLUCONAZOLE TAB 150MG	1		
FLUCONAZOLE TAB 200MG	1		
FLUCONAZOLE TAB 50MG	1		
FLUCONAZOLE/ INJ DEX 400	1		
FLUDARABINE INJ 50MG	3		May Be Billable to Part B
FLUDROCORT TAB 0.1MG	1		
FLUNISOLIDE SPR 0.025%	1	2 per 30 days	
FLUOCIN ACET CRE 0.01%	1		
FLUOCIN ACET CRE 0.025%	1		
FLUOCIN ACET OIN 0.025%	1		
FLUOCIN ACET SOL 0.01%	1		
FLUOCINONIDE CRE 0.05%	1		
FLUOCINONIDE GEL 0.05%	1		
FLUOCINONIDE OIN 0.05%	1		
FLUOCINONIDE SOL 0.05%	1		
FLUOROMETHOL SUS 0.1% OP	1		
FLUOROURACIL CRE 5%	1		
FLUOROURACIL INJ 500MG/10	1		May Be Billable to Part B
FLUOROURACIL SOL 2%	1		
FLUOROURACIL SOL 5%	1		
FLUOXETINE CAP 10MG	1		
FLUOXETINE CAP 20MG	1		
FLUOXETINE CAP 40MG	1		
FLUOXETINE SOL 20MG/5ML	1		
FLUOXETINE TAB 10MG	1		
FLUOXETINE TAB 20MG	1		
FLUPHENAZ DE INJ 25MG/ML	1		
FLUPHENAZINE CON 5MG/ML	1		
FLUPHENAZINE ELX 2.5/5ML	1		
FLUPHENAZINE INJ 2.5MG/ML	1		
FLUPHENAZINE TAB 10MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
FLUPHENAZINE TAB 1MG	1		
FLUPHENAZINE TAB 2.5MG	1		
FLUPHENAZINE TAB 5MG	1		
FLURBIPROFEN SOL 0.03% OP	1		
FLURBIPROFEN TAB 100MG	1		
FLURBIPROFEN TAB 50MG	1		
FLUTAMIDE CAP 125MG	1		
FLUTICASONE CRE 0.05%	1		
FLUTICASONE OIN 0.005%	1		
FLUTICASONE SPR 50MCG	1	1 per 30 days	
FLUVOXAMINE TAB 100MG	1		
FLUVOXAMINE TAB 25MG	1		
FLUVOXAMINE TAB 50MG	1		
FML OIN 0.1% OP	2		
FORADIL CAP AEROLIZE	2	60 per 30 days	
FORTEO SOL 600/2.4	3		Prior Authorization
FORTICAL SPR 200/ACT	1		
FOSINOP/HCTZ TAB 10/12.5	1		
FOSINOP/HCTZ TAB 20/12.5	1		
FOSINOPRIL TAB 10MG	1		
FOSINOPRIL TAB 20MG	1		
FOSINOPRIL TAB 40MG	1		
FOSRENOL CHW 1000MG	2		
FOSRENOL CHW 500MG	2		
FOSRENOL CHW 750MG	2		
FRAGMIN INJ 10000/ML	3		
FRAGMIN INJ 12500UNT	3		
FRAGMIN INJ 15000UNT	3		
FRAGMIN INJ 18000UNT	3		
FRAGMIN INJ 2500/0.2	2		
FRAGMIN INJ 25000/ML	2		
FRAGMIN INJ 5000/0.2	2		
FRAGMIN INJ 7500/0.3	3		
FREAMINE III INJ 3%	2		May Be Billable to Part B
FREAMINE III INJ 8.5%	1		May Be Billable to Part B
FUROSEMIDE INJ 10MG/ML	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
FUROSEMIDE SOL 10MG/ML	1		
FUROSEMIDE TAB 20MG	1		
FUROSEMIDE TAB 40MG	1		
FUROSEMIDE TAB 80MG	1		
FUZEON KIT	3		
GABAPENTIN CAP 100MG	1	1080 per 30 days	
GABAPENTIN CAP 300MG	1	360 per 30 days	
GABAPENTIN CAP 400MG	1	270 per 30 days	
GABAPENTIN SOL 250/5ML	1	2350 per 30 days	
GABAPENTIN TAB 600MG	1	180 per 30 days	
GABAPENTIN TAB 800MG	1	120 per 30 days	
GABITRIL TAB 12MG	3		
GABITRIL TAB 16MG	3		
GABITRIL TAB 2MG	3		
GABITRIL TAB 4MG	3		
GALANTAMINE CAP 16MG ER	1		
GALANTAMINE CAP 24MG ER	1		
GALANTAMINE CAP 8MG ER	1		
GALANTAMINE SOL 4MG/ML	1		
GALANTAMINE TAB 12MG	1		
GALANTAMINE TAB 4MG	1		
GALANTAMINE TAB 8MG	1		
GAMASTAN S/D INJ	2		May Be Billable to Part B
GAMMAGARD INJ 2.5GM/25	3		Prior Authorization
GAMUNEX INJ 10%	3		Prior Authorization
GANCICLOVIR CAP 250MG	1		
GANCICLOVIR CAP 500MG	3		
GANCICLOVIR INJ 500MG	1		May Be Billable to Part B
GARDASIL INJ	2		
GASTROCROM CON 100/5ML	3		
GAUZE PADS & DRESSINGS - PADS 2 X 2	2		
GAVILYTE-C SOL	1		
GAVILYTE-G SOL	1		
GAVILYTE-N SOL FLAV PK	1		
GELNIQUE GEL 10%	2		
GEMCITABINE INJ 1GM	3		May Be Billable to Part B

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
GEMFIBROZIL TAB 600MG	1		
GENGRAF CAP 100MG	1		May Be Billable to Part B
GENGRAF CAP 25MG	1		May Be Billable to Part B
GENGRAF SOL 100MG/ML	1		May Be Billable to Part B
GENTAK OIN 0.3% OP	1		
GENTAM/NAACL INJ 100MG	1		
GENTAM/NAACL INJ 60MG	1		
GENTAM/NAACL INJ 60MG	1		
GENTAM/NAACL INJ 80MG	1		
GENTAM/NAACL INJ 80MG	1		
GENTAMICIN CRE 0.1%	1		
GENTAMICIN INJ 10MG/ML	1		
GENTAMICIN INJ 40MG/ML	1		
GENTAMICIN OIN 0.1%	1		
GENTAMICIN SOL 0.3% OP	1		
GENTASOL SOL 0.3% OP	1		
GEODON CAP 20MG	3		
GEODON CAP 40MG	3		
GEODON CAP 60MG	3		
GEODON CAP 80MG	3		
GEODON INJ 20MG	3		
GILENYA CAP 0.5MG	3		PA for New Treatments
GLEEVEC TAB 100MG	3		
GLEEVEC TAB 400MG	3		
GLIMEPIRIDE TAB 1MG	1	240 per 30 days	
GLIMEPIRIDE TAB 2MG	1	120 per 30 days	
GLIMEPIRIDE TAB 4MG	1	60 per 30 days	
GLIP/METFORM TAB 2.5-250M	1		
GLIP/METFORM TAB 2.5-500M	1		
GLIP/METFORM TAB 5-500MG	1		
GLIPIZIDE ER TAB 10MG	1	60 per 30 days	
GLIPIZIDE ER TAB 2.5MG	1	240 per 30 days	
GLIPIZIDE ER TAB 5MG	1	120 per 30 days	
GLIPIZIDE TAB 10MG	1	120 per 30 days	
GLIPIZIDE TAB 5MG	1	240 per 30 days	
GLUCAGEN INJ HYPOKIT	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
GLUCAGON KIT 1MG	2		
GLYB/METFORM TAB 1.25-250	1		
GLYB/METFORM TAB 2.5-500	1		
GLYB/METFORM TAB 5-500MG	1		
GLYBURID MCR TAB 1.5MG	1	240 per 30 days	
GLYBURID MCR TAB 3MG	1	120 per 30 days	
GLYBURID MCR TAB 6MG	1	60 per 30 days	
GLYBURIDE TAB 1.25MG	1	480 per 30 days	
GLYBURIDE TAB 2.5MG	1	240 per 30 days	
GLYBURIDE TAB 5MG	1	120 per 30 days	
GLYCOPYRROL INJ 0.2MG/ML	1		
GLYCOPYRROL TAB 1MG	1		
GLYCOPYRROL TAB 2MG	1		
GLYCRON TAB 1.5MG	1	240 per 30 days	
GLYCRON TAB 3MG	1	120 per 30 days	
GLYCRON TAB 6MG	1	60 per 30 days	
GRANISETRON INJ 0.1MG/ML	1		May Be Billable to Part B
GRANISETRON INJ 1MG/ML	1		May Be Billable to Part B
GRANISETRON TAB 1MG	1		May Be Billable to Part B
GRISEOFULVIN SUS 125/5ML	1		
GRIS-PEG TAB 125MG	2		
GRIS-PEG TAB 250MG	2		
GUANFACINE TAB 1MG	1		
GUANFACINE TAB 2MG	1		
GUANIDINE TAB 125MG	2		
HALOBETASOL CRE 0.05%	1		
HALOBETASOL OIN 0.05%	1		
HALOPER DEC INJ 100MG/ML	1		
HALOPER DEC INJ 50MG/ML	1		
HALOPER LAC INJ 5MG/ML	1		
HALOPERIDOL CON 2MG/ML	1		
HALOPERIDOL TAB 0.5MG	1		
HALOPERIDOL TAB 10MG	1		
HALOPERIDOL TAB 1MG	1		
HALOPERIDOL TAB 20MG	1		
HALOPERIDOL TAB 2MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
HALOPERIDOL TAB 5MG	1		
HAVRIX INJ 1440UNIT	2		
HAVRIX INJ 720UNIT	2		
HC BUTYRATE CRE 0.1%	1		
HC BUTYRATE OIN 0.1%	1		
HC BUTYRATE SOL 0.1%	1		
HC VALERATE CRE 0.2%	1		
HC VALERATE OIN 0.2%	1		
HC/ACET ACID SOL OTIC	1		
HEP SOD/D5W INJ 20000UNT	1		May Be Billable to Part B
HEP SOD/NACL INJ 25000UNT	2		May Be Billable to Part B
HEP SOD/NACL INJ 25000UNT	1		May Be Billable to Part B
HEP SOD/NACL INJ 2UNIT/ML	1		May Be Billable to Part B
HEPARIN SOD INJ 1000/ML	1		May Be Billable to Part B
HEPARIN SOD INJ 10000/ML	1		May Be Billable to Part B
HEPARIN SOD INJ 2000/ML	2		May Be Billable to Part B
HEPARIN SOD INJ 20000/ML	1		May Be Billable to Part B
HEPARIN SOD INJ 5000/ML	1		May Be Billable to Part B
HEPATAMINE SOL 8%	1		May Be Billable to Part B
HEPATASOL INJ 8%	2		May Be Billable to Part B
HEPSERA TAB 10MG	3		Prior Authorization
HERCEPTIN INJ 440MG	3		May Be Billable to Part B
HEXALEN CAP 50MG	3		
HUMIRA KIT 20MG/0.4	3		Prior Authorization
HUMIRA KIT 40MG/0.8	3		Prior Authorization
HUMIRA PEN KIT CROHNS	3		Prior Authorization
HUMULIN R INJ U-500	3		
HYDRALAZINE INJ 20MG/ML	1		
HYDRALAZINE TAB 100MG	1		
HYDRALAZINE TAB 10MG	1		
HYDRALAZINE TAB 25MG	1		
HYDRALAZINE TAB 50MG	1		
HYDROCHLOROT CAP 12.5MG	1		
HYDROCHLOROT TAB 12.5MG	1		
HYDROCHLOROT TAB 25MG	1		
HYDROCHLOROT TAB 50MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
HYDROCO/APAP TAB 10-300MG	1		
HYDROCO/APAP TAB 10-325MG	1		
HYDROCO/APAP TAB 10-500MG	1		
HYDROCO/APAP TAB 10-650MG	1		
HYDROCO/APAP TAB 10-660MG	1		
HYDROCO/APAP TAB 10-750MG	1		
HYDROCO/APAP TAB 2.5-500	1		
HYDROCO/APAP TAB 5-300MG	1		
HYDROCO/APAP TAB 5-325MG	1		
HYDROCO/APAP TAB 5-500MG	1		
HYDROCO/APAP TAB 7.5-300	1		
HYDROCO/APAP TAB 7.5-325	1		
HYDROCO/APAP TAB 7.5-500	1		
HYDROCO/APAP TAB 7.5-650	1		
HYDROCO/APAP TAB 7.5-750	1		
HYDROCOD/IBU TAB 7.5-200	1		
HYDROCODONE/ SOL APAP	1		
HYDROCORT CRE 1%	1		
HYDROCORT CRE 2.5%	1		
HYDROCORT ENE 100MG	1		
HYDROCORT LOT 2.5%	1		
HYDROCORT OIN 1%	1		
HYDROCORT OIN 2.5%	1		
HYDROCORT TAB 10MG	1		
HYDROCORT TAB 20MG	1		
HYDROCORT TAB 5MG	1		
HYDROMORPHON INJ 10MG/ML	1		May Be Billable to Part B
HYDROMORPHON TAB 2MG	1		
HYDROMORPHON TAB 4MG	1		
HYDROMORPHON TAB 8MG	1		
HYDROXYCHLOR TAB 200MG	1		
HYDROXYUREA CAP 500MG	1		
HYDROXYZ HCL INJ 25MG/ML	1		
HYDROXYZ HCL INJ 50MG/ML	1		
HYDROXYZ HCL SYP 10MG/5ML	1		Prior Authorization
HYDROXYZ HCL TAB 10MG	1		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
HYDROXYZ HCL TAB 25MG	1		Prior Authorization
HYDROXYZ HCL TAB 50MG	1		Prior Authorization
HYDROXYZ PAM CAP 100MG	1		Prior Authorization
HYDROXYZ PAM CAP 25MG	1		Prior Authorization
HYDROXYZ PAM CAP 50MG	1		Prior Authorization
IBUPROFEN SUS 100/5ML	1		
IBUPROFEN TAB 400MG	1		
IBUPROFEN TAB 600MG	1		
IBUPROFEN TAB 800MG	1		
IDARUBICIN INJ 10/10ML	1		May Be Billable to Part B
IFEX INJ 3GM	2		May Be Billable to Part B
IFOSFAMIDE INJ 1GM	2		May Be Billable to Part B
IFOSFAMIDE KIT MESNA	1		May Be Billable to Part B
IFOSFAMIDE KIT MESNA	1		May Be Billable to Part B
IMIPRAM HCL TAB 10MG	1		
IMIPRAM HCL TAB 25MG	1		
IMIPRAM HCL TAB 50MG	1		
IMIQUIMOD CRE 5%	1		
IMOVAX RABIE INJ 2.5/ML	2		
INCIVEK TAB 375MG	3		Prior Authorization
INCRELEX INJ 40MG/4ML	3		Prior Authorization
INDAPAMIDE TAB 1.25MG	1		
INDAPAMIDE TAB 2.5MG	1		
INDOCIN SUS 25MG/5ML	2		
INDOMETHACIN CAP 25MG	1		
INDOMETHACIN CAP 50MG	1		
INDOMETHACIN CAP 75MG ER	1		
INFANRIX INJ	2		
INFERGEN INJ 15MCG	3		Prior Authorization
INSULIN PEN NEEDLE	2		
INSULIN SYRINGE (DISP) U-100 0.3 ML	2		
INSULIN SYRINGE (DISP) U-100 1 ML	2		
INSULIN SYRINGE (DISP) U-100 1/2 ML	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
INTELENCE TAB 100MG	2		
INTELENCE TAB 200MG	2		
INTRALIPID INJ 20%	1		May Be Billable to Part B
INTRALIPID INJ 30%	2		May Be Billable to Part B
INTRON-A INJ 10MU	3		May Be Billable to Part B
INTRON-A INJ 10MU PEN	3		May Be Billable to Part B
INTRON-A INJ 18MU	3		May Be Billable to Part B
INTRON-A INJ 3MU PEN	3		May Be Billable to Part B
INTRON-A INJ 5MU PEN	3		May Be Billable to Part B
INVANZ INJ 1GM	2		
INVEGA SUST INJ 117/0.75	3		
INVEGA SUST INJ 156MG/ML	3		
INVEGA SUST INJ 234/1.5	3		
INVEGA SUST INJ 39/0.25	3		
INVEGA SUST INJ 78/0.5ML	3		
INVEGA TAB 1.5MG	3		
INVEGA TAB 3MG	3		
INVEGA TAB 6MG	3		
INVEGA TAB 9MG	3		
INVIRASE CAP 200MG	2		
INVIRASE TAB 500MG	2		
IONOSOL-B/ INJ D5W	2		
IONOSOL-MB INJ /D5W	2		
IONOSOL-T INJ /D5W	2		
IPOL INJ INACTIVE	2		
IPRATROPIUM SOL 0.02%INH	1		May Be Billable to Part B
IPRATROPIUM SPR 0.03%	1		
IPRATROPIUM SPR 0.06%	1		
IPRATROPIUM/ SOL ALBUTER	1		May Be Billable to Part B
IRINOTECAN INJ 100/5ML	3		May Be Billable to Part B
ISENTRESS TAB 400MG	3		
ISOCHRON TAB 40MG CR	1		
ISOLYTE-H INJ /D5W	2		
ISOLYTE-M INJ /D5W	1		
ISOLYTE-P INJ /D5W	2		
ISOLYTE-S INJ	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ISOLYTE-S INJ /D5W	2		
ISONIAZID INJ 100MG/ML	1		
ISONIAZID SYP 50MG/5ML	1		
ISONIAZID TAB 100MG	1		
ISONIAZID TAB 300MG	1		
ISORDIL TAB 40MG	2		
ISOSORB DIN SUB 2.5MG	1		
ISOSORB DIN SUB 5MG	1		
ISOSORB DIN TAB 10MG	1		
ISOSORB DIN TAB 20MG	1		
ISOSORB DIN TAB 30MG	1		
ISOSORB DIN TAB 40MG ER	1		
ISOSORB DIN TAB 5MG	1		
ISOSORB MONO TAB 10MG	1		
ISOSORB MONO TAB 120MG ER	1		
ISOSORB MONO TAB 20MG	1		
ISOSORB MONO TAB 30MG ER	1		
ISOSORB MONO TAB 60MG ER	1		
ISRADIPINE CAP 2.5MG	1		
ISRADIPINE CAP 5MG	1		
ISTODAX INJ 10MG	3		May Be Billable to Part B
ITRACONAZOLE CAP 100MG	1		Prior Authorization
IXIARO INJ	2		
JALYN CAP	2		
JANTOVEN TAB 10MG	1		
JANTOVEN TAB 1MG	1		
JANTOVEN TAB 2.5MG	1		
JANTOVEN TAB 2MG	1		
JANTOVEN TAB 3MG	1		
JANTOVEN TAB 4MG	1		
JANTOVEN TAB 5MG	1		
JANTOVEN TAB 6MG	1		
JANTOVEN TAB 7.5MG	1		
JANUMET TAB 50-1000	2		
JANUMET TAB 50-500MG	2		
JANUVIA TAB 100MG	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
JANUVIA TAB 25MG	2		
JANUVIA TAB 50MG	2		
JE-VAX INJ	2		
JINTELI TAB 1MG-5MCG	1		
JOLIVETTE TAB 0.35MG	1		
JUNEL 1.5/30 TAB	1		
JUNEL 1/20 TAB	1		
JUNEL FE TAB 1.5/30	1		
JUNEL FE TAB 1/20	1		
KADIAN CAP 100MG CR	2	60 per 30 days	
KADIAN CAP 10MG CR	2	60 per 30 days	
KADIAN CAP 200MG CR	2	60 per 30 days	
KADIAN CAP 20MG CR	2	60 per 30 days	
KADIAN CAP 30MG CR	2	60 per 30 days	
KADIAN CAP 50MG CR	2	60 per 30 days	
KADIAN CAP 60MG CR	2	60 per 30 days	
KADIAN CAP 80MG CR	2	60 per 30 days	
KALETRA SOL	2		
KALETRA TAB 100-25MG	2		
KALETRA TAB 200-50MG	2		
KARIVA TAB 28 DAY	1		
KCL IN NAACL INJ	1		
KCL/D10/NAACL INJ 0.15/0.2	2		
KCL/D5W INJ 0.075%	2		
KCL/D5W INJ 0.15%	1		
KCL/D5W INJ 0.224%	1		
KCL/D5W INJ 0.3%	1		
KCL/D5W/LR INJ 0.15%	2		
KCL/D5W/LR INJ 0.3%	1		
KCL/D5W/NAACL INJ .075/.2%	1		
KCL/D5W/NAACL INJ .075/.45	1		
KCL/D5W/NAACL INJ .15/.33%	1		
KCL/D5W/NAACL INJ .15/.45%	1		
KCL/D5W/NAACL INJ .22/.45	1		
KCL/D5W/NAACL INJ .224/.33	1		
KCL/D5W/NAACL INJ 0.15/0.2	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
KCL/D5W/NACL INJ 0.15/0.2	1		
KCL/D5W/NACL INJ 0.15/0.9	1		
KCL/D5W/NACL INJ 0.3/0.2%	1		
KCL/D5W/NACL INJ 0.3/0.45	1		
KCL/D5W/NACL INJ 0.3/0.9%	2		
KCL/NACL INJ 0.15-0.9	1		
KCL/NACL INJ 0.3-0.9	2		
KELNOR TAB 1/35	1		
KETOCONAZOLE CRE 2%	1		
KETOCONAZOLE SHA 2%	1		
KETOCONAZOLE TAB 200MG	1		
KETOPROFEN CAP 200MG ER	1		
KETOPROFEN CAP 50MG	1		
KETOPROFEN CAP 75MG	1		
KETOROLAC SOL 0.4%	1		
KETOROLAC SOL 0.5%	1		
KIONEX POW USP	1		
KLOR-CON 10 TAB 10MEQ ER	1		
KLOR-CON 8 TAB 8MEQ ER	1		
KLOR-CON M15 TAB	2		
KLOR-CON M20 TAB 20MEQ ER	1		
KOMBIGLYZE TAB 2.5-1000	2		
KOMBIGLYZE TAB 5-1000MG	2		
KOMBIGLYZE TAB 5-500MG	2		
KUVAN TAB 100MG	3		Prior Authorization
LABETALOL INJ 5MG/ML	1		
LABETALOL TAB 100MG	1		
LABETALOL TAB 200MG	1		
LABETALOL TAB 300MG	1		
LACLOTION LOT 12%	1		
LACRISERT MIS 5MG OP	2		
LACTATED RIN INJ	1		
LACTULOSE SOL 10GM/15	1		
LAMOTRIGINE CHW 25MG	1		
LAMOTRIGINE CHW 5MG	1		
LAMOTRIGINE TAB 100MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
LAMOTRIGINE TAB 150MG	1		
LAMOTRIGINE TAB 200MG	1		
LAMOTRIGINE TAB 25MG	1		
LANOXIN TAB 0.125MG	2		
LANOXIN TAB 0.25MG	2		
LANTUS INJ 100/ML	2		
LANTUS INJ SOLOSTAR	2		
LATANOPROST SOL 0.005%	1	2.5 ML per 30 days	
LATUDA TAB 40MG	3		
LATUDA TAB 80MG	3		
LEENA TAB	1		
LEFLUNOMIDE TAB 10MG	1		
LEFLUNOMIDE TAB 20MG	1		
LESSINA-28 TAB	1		
LETAIRIS TAB 10MG	3		PA for New Treatments
LETAIRIS TAB 5MG	3		PA for New Treatments
LETROZOLE TAB 2.5MG	1		
LEUCOVOR CA INJ 100MG	1		May Be Billable to Part B
LEUCOVOR CA INJ 350MG	1		May Be Billable to Part B
LEUCOVOR CA TAB 10MG	2		
LEUCOVOR CA TAB 15MG	2		
LEUCOVOR CA TAB 25MG	1		
LEUCOVOR CA TAB 5MG	1		
LEUKERAN TAB 2MG	2		
LEUKINE INJ 250MCG	3		Prior Authorization
LEUKINE INJ 500 MCG	3		Prior Authorization
LEUPROLIDE INJ 1MG/0.2	1		Prior Authorization
LEVALBUTEROL NEB 1.25/0.5	1		May Be Billable to Part B
LEVEMIR INJ	2		
LEVEMIR INJ FLEXPEN	2		
LEVETIRACETA SOL 100MG/ML	1		
LEVETIRACETA TAB 1000MG	1		
LEVETIRACETA TAB 250MG	1		
LEVETIRACETA TAB 500MG	1		
LEVETIRACETA TAB 750MG	1		
LEVETIRACETM INJ 500/5ML	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
LEVOBUNOLOL SOL 0.25% OP	1		
LEVOBUNOLOL SOL 0.5% OP	1		
LEVOCARNITIN SOL 1GM/10ML	1		May Be Billable to Part B
LEVOCARNITIN TAB 330MG	1		May Be Billable to Part B
LEVOCETIRIZI TAB DHCL 5MG	1		
LEVORA-28 TAB 0.15/30	1		
LEVOTHROID TAB 100MCG	1		
LEVOTHROID TAB 112MCG	1		
LEVOTHROID TAB 125MCG	1		
LEVOTHROID TAB 137MCG	1		
LEVOTHROID TAB 150MCG	1		
LEVOTHROID TAB 175MCG	1		
LEVOTHROID TAB 200MCG	1		
LEVOTHROID TAB 25MCG	1		
LEVOTHROID TAB 300MCG	1		
LEVOTHROID TAB 50MCG	1		
LEVOTHROID TAB 75MCG	1		
LEVOTHROID TAB 88MCG	1		
LEVOTHYROXIN TAB 100MCG	1		
LEVOTHYROXIN TAB 112MCG	1		
LEVOTHYROXIN TAB 125MCG	1		
LEVOTHYROXIN TAB 137MCG	1		
LEVOTHYROXIN TAB 150MCG	1		
LEVOTHYROXIN TAB 175MCG	1		
LEVOTHYROXIN TAB 200MCG	1		
LEVOTHYROXIN TAB 25MCG	1		
LEVOTHYROXIN TAB 300MCG	1		
LEVOTHYROXIN TAB 50MCG	1		
LEVOTHYROXIN TAB 75MCG	1		
LEVOTHYROXIN TAB 88MCG	1		
LEVOXYL TAB 100MCG	1		
LEVOXYL TAB 112MCG	1		
LEVOXYL TAB 125MCG	1		
LEVOXYL TAB 137MCG	1		
LEVOXYL TAB 150MCG	1		
LEVOXYL TAB 175MCG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
LEVOXYL TAB 200MCG	1		
LEVOXYL TAB 25MCG	1		
LEVOXYL TAB 50MCG	1		
LEVOXYL TAB 75MCG	1		
LEVOXYL TAB 88MCG	1		
LEXAPRO SOL 5MG/5ML	3		
LEXAPRO TAB 10MG	3		
LEXAPRO TAB 20MG	3		
LEXAPRO TAB 5MG	3		
LEXIVA SUS 50MG/ML	2		
LEXIVA TAB 700MG	2		
LIALDA TAB 1.2GM	2		
LIDO/PRILOCN CRE 2.5-2.5%	1		Prior Authorization
LIDOCAINE GEL 2%	1		
LIDOCAINE GEL 2% JELLY	1		
LIDOCAINE INJ 0.5%	1		
LIDOCAINE INJ 1%	1		
LIDOCAINE OIN 5%	1		
LIDOCAINE SOL 2% VISC	1		
LIDOCAINE SOL 4%	1		
LIDODERM DIS 5%	2		Prior Authorization
LIOETHYRONINE TAB 25MCG	1		
LIOETHYRONINE TAB 50MCG	1		
LIOETHYRONINE TAB 5MCG	1		
LIPITOR TAB 10MG	1		
LIPITOR TAB 20MG	1		
LIPITOR TAB 40MG	1		
LIPITOR TAB 80MG	1		
LIPOFEN CAP 150MG	2		
LIPOFEN CAP 50MG	2		
LIPOSYN II INJ 10%	2		May Be Billable to Part B
LIPOSYN II INJ 20%	2		May Be Billable to Part B
LIPOSYN III INJ 10%	2		May Be Billable to Part B
LIPOSYN III INJ 20%	2		May Be Billable to Part B
LIPOSYN III INJ 30%	1		May Be Billable to Part B
LISINOP/HCTZ TAB 10-12.5	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
LISINOP/HCTZ TAB 20-12.5	1		
LISINOP/HCTZ TAB 20-25MG	1		
LISINOPRIL TAB 10MG	1		
LISINOPRIL TAB 2.5MG	1		
LISINOPRIL TAB 20MG	1		
LISINOPRIL TAB 30MG	1		
LISINOPRIL TAB 40MG	1		
LISINOPRIL TAB 5MG	1		
LITHIUM CARB CAP 150MG	1		
LITHIUM CARB CAP 300MG	1		
LITHIUM CARB CAP 600MG	1		
LITHIUM CARB TAB 300MG	1		
LITHIUM CARB TAB 300MG ER	1		
LITHIUM CARB TAB 450MG ER	1		
LITHIUM CITR SYP 8MEQ/5ML	2		
LOKARA LOT 0.05%	1		
LOPERAMIDE CAP 2MG	1		
LOSARTAN POT TAB 100MG	1		
LOSARTAN POT TAB 25MG	1		
LOSARTAN POT TAB 50MG	1		
LOSARTAN/HCT TAB 100-12.5	1		
LOSARTAN/HCT TAB 100-25	1		
LOSARTAN/HCT TAB 50-12.5	1		
LOTRONEX TAB 0.5MG	2		
LOTRONEX TAB 1MG	2		
LOVASTATIN TAB 10MG	1		
LOVASTATIN TAB 20MG	1		
LOVASTATIN TAB 40MG	1		
LOW-OGESTREL TAB	1		
LOXAPINE CAP 10MG	1		
LOXAPINE CAP 25MG	1		
LOXAPINE CAP 50MG	1		
LOXAPINE CAP 5MG	1		
LUMIGAN SOL 0.01%	2	2.5 ML per 30 days	
LUMIGAN SOL 0.03%	2	2.5 ML per 30 days	
LUMIZYME INJ 50MG	3		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
LUPR DEP-PED INJ 11.25MG	3		Prior Authorization
LUPR DEP-PED INJ 11.25MG	3		Prior Authorization
LUPR DEP-PED INJ 15MG	3		Prior Authorization
LUPR DEP-PED INJ 30MG	3		Prior Authorization
LUPR DEP-PED INJ 7.5MG	3		Prior Authorization
LUPRON DEPOT INJ 11.25MG	2		Prior Authorization
LUPRON DEPOT INJ 22.5MG	3		Prior Authorization
LUPRON DEPOT INJ 3.75MG	2		Prior Authorization
LUPRON DEPOT INJ 30MG	3		Prior Authorization
LUPRON DEPOT INJ 7.5MG	3		Prior Authorization
LUTERA TAB	1		
LYRICA CAP 100MG	2	120 per 30 days	
LYRICA CAP 150MG	2	120 per 30 days	
LYRICA CAP 200MG	2	120 per 30 days	
LYRICA CAP 225MG	2	120 per 30 days	
LYRICA CAP 25MG	2	120 per 30 days	
LYRICA CAP 300MG	2	60 per 30 days	
LYRICA CAP 50MG	2	120 per 30 days	
LYRICA CAP 75MG	2	120 per 30 days	
LYSODREN TAB 500MG	3		
MACRODANTIN CAP 25MG	2		
MALARONE TAB 250-100	2		
MALARONE TAB 62.5-25	2		
MALATHION LOT 0.5%	1		
MAPROTILINE TAB 25MG	1		
MAPROTILINE TAB 50MG	1		
MAPROTILINE TAB 75MG	1		
MARGESIC-H CAP 500-5MG	1		
MARPLAN TAB 10MG	2		
MATULANE CAP 50MG	3		
MATZIM LA TAB 180MG/24	1		
MATZIM LA TAB 240MG/24	1		
MATZIM LA TAB 300MG/24	1		
MATZIM LA TAB 360MG/24	1		
MATZIM LA TAB 420MG/24	1		
MAXALT TAB 10MG	2	12 per 30 days	

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
MAXALT TAB 5MG	2	12 per 30 days	
MAXALT-MLT TAB 10MG	2	12 per 30 days	
MAXALT-MLT TAB 5MG	2	12 per 30 days	
MEBENDAZOLE CHW 100MG	1		
MECLIZINE TAB 12.5MG	1		
MECLIZINE TAB 25MG	1		
MEDROXYPR AC INJ 150MG/ML	1		
MEDROXYPR AC TAB 10MG	1		
MEDROXYPR AC TAB 2.5MG	1		
MEDROXYPR AC TAB 5MG	1		
MEFLOQUINE TAB 250MG	1		
MEGACE ES SUS	2		
MEGESTROL AC SUS 40MG/ML	1		
MEGESTROL AC TAB 20MG	1		
MEGESTROL AC TAB 40MG	1		
MELOXICAM SUS 7.5/5ML	1		
MELOXICAM TAB 15MG	1		
MELOXICAM TAB 7.5MG	1		
MELPHALAN INJ 50MG	1		May Be Billable to Part B
MENACTRA INJ	2		
MENOMUNE INJ A/C/Y/W	2		
MENVEO INJ	2		
MEPRON SUS	3		
MERCAPTOPUR TAB 50MG	1		
MESALAMINE ENE 4GM	1		
MESNA INJ 1GM	1		May Be Billable to Part B
MESNEX TAB 400MG	3		
MESTINON SYP 60MG/5ML	2		
MESTINON TAB TIMESPAN	2		
METADATE TAB 20MG ER	1		Prior Authorization
METAXALONE TAB 800MG	1		Prior Authorization
METFORMIN TAB 1000MG	1	90 per 30 days	
METFORMIN TAB 500MG	1	150 per 30 days	
METFORMIN TAB 500MG ER	1	120 per 30 days	
METFORMIN TAB 750MG ER	1	90 per 30 days	
METFORMIN TAB 850MG	1	90 per 30 days	

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
METHADONE CON 10MG/ML	1		
METHADONE SOL 10MG/5ML	1		
METHADONE SOL 5MG/5ML	1		
METHADONE TAB 10MG	1	240 per 30 days	
METHADONE TAB 5MG	1	240 per 30 days	
METHADOSE TAB 10MG	1	240 per 30 days	
METHADOSE TAB 5MG	1	240 per 30 days	
METHAZOLAMID TAB 25MG	1		
METHAZOLAMID TAB 50MG	1		
METHENAM HIP TAB 1GM	1		
METHIMAZOLE TAB 10MG	1		
METHIMAZOLE TAB 5MG	1		
METHOCARBAM TAB 500MG	1		Prior Authorization
METHOCARBAM TAB 750MG	1		Prior Authorization
METHOTREXATE INJ 1GM	1		May Be Billable to Part B
METHOTREXATE INJ 25MG/ML	1		May Be Billable to Part B
METHOTREXATE TAB 2.5MG	1		
METHYLDOPA TAB 250MG	1		
METHYLDOPA TAB 500MG	1		
METHYLIN ER TAB 10MG	1		
METHYLIN ER TAB 20MG	1		
METHYLIN TAB 10MG	1		Prior Authorization
METHYLIN TAB 20MG	1		Prior Authorization
METHYLIN TAB 5MG	1		Prior Authorization
METHYLPHENID SOL 10MG/5ML	1		Prior Authorization
METHYLPHENID SOL 5MG/5ML	1		Prior Authorization
METHYLPHENID TAB 10MG	1		Prior Authorization
METHYLPHENID TAB 20MG	1		Prior Authorization
METHYLPHENID TAB 20MG SR	1		Prior Authorization
METHYLPHENID TAB 5MG	1		Prior Authorization
METHYLPR ACE INJ 40MG/ML	1		
METHYLPR ACE INJ 80MG/ML	1		
METHYLPR SS INJ 1000MG	1		
METHYLPR SS INJ 125MG	1		
METHYLPR SS INJ 40MG	1		
METHYLPRED PAK 4MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
METHYLPRED TAB 16MG	1		
METHYLPRED TAB 32MG	1		
METHYLPRED TAB 4MG	1		
METHYLPRED TAB 8MG	1		
METIPRANOLOL SOL 0.3% OPH	1		
METOCLOPRAM INJ 5MG/ML	1		
METOCLOPRAM SOL 5MG/5ML	1		
METOCLOPRAM TAB 10MG	1		
METOCLOPRAM TAB 5MG	1		
METOLAZONE TAB 10MG	1		
METOLAZONE TAB 2.5MG	1		
METOLAZONE TAB 5MG	1		
METOPRL/HCTZ TAB 100-25MG	1		
METOPRL/HCTZ TAB 100-50MG	1		
METOPRL/HCTZ TAB 50-25MG	1		
METOPROL TAR TAB 100MG	1		
METOPROL TAR TAB 25MG	1		
METOPROL TAR TAB 50MG	1		
METOPROLOL INJ 1MG/ML	1		
METOPROLOL TAB 100MG ER	1		
METOPROLOL TAB 200MG ER	1		
METOPROLOL TAB 25MG ER	1		
METOPROLOL TAB 50MG ER	1		
METROGEL GEL 1%	2		
METRON/NACL INJ 500MG	1		
METRONIDAZOL CAP 375MG	1		
METRONIDAZOL CRE 0.75%	1		
METRONIDAZOL GEL 0.75%	1		
METRONIDAZOL GEL 0.75% VAG	1		
METRONIDAZOL LOT 0.75%	1		
METRONIDAZOL TAB 250MG	1		
METRONIDAZOL TAB 500MG	1		
MEXILETINE CAP 150MG	1		
MEXILETINE CAP 200MG	1		
MEXILETINE CAP 250MG	1		
MG SO4/D5W INJ 10MG/ML	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
MIACALCIN INJ 200/ML	2		May Be Billable to Part B
MICROGESTIN TAB 1.5/30	1		
MICROGESTIN TAB 1/20	1		
MICROGESTIN TAB FE 1/20	1		
MICROGESTIN TAB FE1.5/30	1		
MIDODRINE TAB 10MG	1		
MIDODRINE TAB 2.5MG	1		
MIDODRINE TAB 5MG	1		
MIGERGOT SUP 2/100	2		
MINITRAN DIS 0.1MG/HR	1		
MINITRAN DIS 0.2MG/HR	1		
MINITRAN DIS 0.4MG/HR	1		
MINITRAN DIS 0.6MG/HR	1		
MINOCYCLINE CAP 100MG	1		
MINOCYCLINE CAP 50MG	1		
MINOCYCLINE CAP 75MG	1		
MINOCYCLINE TAB 100MG	1		
MINOCYCLINE TAB 50MG	1		
MINOCYCLINE TAB 75MG	1		
MINOXIDIL TAB 10MG	1		
MINOXIDIL TAB 2.5MG	1		
MIRTAZAPINE TAB 15MG	1		
MIRTAZAPINE TAB 15MG ODT	1		
MIRTAZAPINE TAB 30MG	1		
MIRTAZAPINE TAB 30MG ODT	1		
MIRTAZAPINE TAB 45MG	1		
MIRTAZAPINE TAB 45MG ODT	1		
MIRTAZAPINE TAB 7.5MG	1		
MISOPROSTOL TAB 100MCG	1		
MISOPROSTOL TAB 200MCG	1		
MITOMYCIN INJ 20MG	1		May Be Billable to Part B
MITOXANTRON INJ 2MG/ML	1		May Be Billable to Part B
M-M-R II INJ LIVE	2		
MOEXIPR/HCTZ TAB 15-12.5	1		
MOEXIPR/HCTZ TAB 15-25MG	1		
MOEXIPR/HCTZ TAB 7.5-12.5	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
MOEXIPRIL TAB 15MG	1		
MOEXIPRIL TAB 7.5MG	1		
MOMETASONE CRE 0.1%	1		
MOMETASONE OIN 0.1%	1		
MOMETASONE SOL 0.1%	1		
MONONESSA TAB	1		
MORPHINE SUL INJ 0.5MG/ML	1		May Be Billable to Part B
MORPHINE SUL INJ 1MG/ML	1		May Be Billable to Part B
MORPHINE SUL SOL 10MG/5ML	2		
MORPHINE SUL SOL 20MG/5ML	2		
MORPHINE SUL SOL 20MG/ML	1		
MORPHINE SUL TAB 100MG ER	1	90 per 30 days	
MORPHINE SUL TAB 15MG	1		
MORPHINE SUL TAB 15MG ER	1	90 per 30 days	
MORPHINE SUL TAB 200MG ER	1	60 per 30 days	
MORPHINE SUL TAB 30MG	1		
MORPHINE SUL TAB 30MG ER	1	90 per 30 days	
MORPHINE SUL TAB 60MG ER	1	90 per 30 days	
MOZOBIL INJ	3		Prior Authorization
MULTAQ TAB 400MG	2		
MUPIROCIN OIN 2%	1		
MUSTARGEN INJ 10MG	2		May Be Billable to Part B
MYCOBUTIN CAP 150MG	2		
MYCOPHENOLAT CAP 250MG	1		May Be Billable to Part B
MYCOPHENOLAT TAB 500MG	1		May Be Billable to Part B
MYFORTIC TAB 180MG	2		May Be Billable to Part B
MYFORTIC TAB 360MG	2		May Be Billable to Part B
MYOZYME INJ 50MG	3		Prior Authorization
NABUMETONE TAB 500MG	1		
NABUMETONE TAB 750MG	1		
NADOLOL TAB 20MG	1		
NADOLOL TAB 40MG	1		
NADOLOL TAB 80MG	1		
NAFCILLIN INJ 10GM	1		
NAFCILLIN INJ 1GM	1		
NAGLAZYME INJ 1MG/ML	3		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
NALOXONE INJ 0.4MG/ML	1		
NALOXONE INJ 1MG/ML	1		
NALTREXONE TAB 50MG	1		
NAMENDA SOL 10MG/5ML	2		
NAMENDA TAB 10MG	2		
NAMENDA TAB 5-10MG	2		
NAMENDA TAB 5MG	2		
NAPROXEN DR TAB 375MG	1		
NAPROXEN DR TAB 500MG	1		
NAPROXEN SOD TAB 275MG	1		
NAPROXEN SOD TAB 550MG	1		
NAPROXEN SUS 125/5ML	1		
NAPROXEN TAB 250MG	1		
NAPROXEN TAB 375MG	1		
NARATRIPTAN TAB 1MG	1	9 per 30 days	
NARATRIPTAN TAB 2.5MG	1	9 per 30 days	
NASACORT AQ AER 55MCG/AC	2	1 per 30 days	
NATACYN SUS 5% OP	2		
NATEGLINIDE TAB 120MG	1		
NATEGLINIDE TAB 60MG	1		
NECON 7/7/7 TAB 28 DAY	1		
NECON TAB 0.5/35	1		
NECON TAB 1/35-28	1		
NECON TAB 10/11-28	2		
NEEDLES, INSULIN DISP., SAFETY	2		
NEFAZODONE TAB 100MG	1		
NEFAZODONE TAB 150MG	1		
NEFAZODONE TAB 200MG	1		
NEFAZODONE TAB 250MG	1		
NEFAZODONE TAB 50MG	1		
NEO/BAC/POLY OIN OP	1		
NEO/POLY/BAC OIN /HC 1%OP	1		
NEO/POLY/DEX OIN 0.1% OP	1		
NEO/POLY/DEX SUS 0.1% OP	1		
NEO/POLY/GRA SOL OP	1		
NEO/POLY/HC SOL 1% OTIC	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
NEO/POLY/HC SUS 1% OTIC	1		
NEO/POLY/HC SUS OP	1		
NEOMYCIN TAB 500MG	1		
NEORAL CAP 100MG	2		May Be Billable to Part B
NEORAL CAP 25MG	2		May Be Billable to Part B
NEORAL SOL 100MG/ML	2		May Be Billable to Part B
NEPHRAMINE INJ 5.4%	2		May Be Billable to Part B
NEUPOGEN INJ 300/0.5	3		Prior Authorization
NEUPOGEN INJ 480/0.8	3		Prior Authorization
NEUPOGEN INJ 480MCG	3		Prior Authorization
NEXAVAR TAB 200MG	3		
NEXIUM CAP 20MG	2	30 per 30 days	
NEXIUM CAP 40MG	2	30 per 30 days	
NEXIUM GRA 10MG DR	2	30 per 30 days	
NEXIUM GRA 20MG DR	2	30 per 30 days	
NEXIUM GRA 40MG DR	2	30 per 30 days	
NEXIUM I.V. INJ 20MG	2		
NEXIUM I.V. INJ 40MG	2		
NEXT CHOICE TAB 0.75MG	1		
NIASPAN TAB 1000 ER	2		
NIASPAN TAB 500MG ER	2		
NIASPAN TAB 750MG ER	2		
NICOTROL INH	3		Prior Authorization
NICOTROL NS SPR 10MG/ML	3		Prior Authorization
NIFEDIAC CC TAB 30MG ER	1		
NIFEDIAC CC TAB 60MG ER	1		
NIFEDIAC CC TAB 90MG ER	1		
NIFEDICAL XL TAB 30MG	1		
NIFEDICAL XL TAB 60MG	1		
NIFEDIPINE TAB 30MG ER	1		
NIFEDIPINE TAB 60MG ER	1		
NIFEDIPINE TAB 90MG ER	1		
NILANDRON TAB 150MG	2		
NIMODIPINE CAP 30MG	2		
NISOLDIPINE TAB 17MG ER	1		
NISOLDIPINE TAB 20MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
NISOLDIPINE TAB 25.5MG	1		
NISOLDIPINE TAB 30MG	1		
NISOLDIPINE TAB 34MG ER	1		
NISOLDIPINE TAB 40MG	1		
NISOLDIPINE TAB 8.5MG ER	1		
NITRO-DUR DIS 0.3MG/HR	2		
NITRO-DUR DIS 0.8MG/HR	2		
NITROFUR MAC CAP 50MG	1		
NITROFURANTN CAP 100MG	1		
NITROGLYCER DIS 0.1MG/HR	1		
NITROGLYCER DIS 0.2MG/HR	1		
NITROGLYCER DIS 0.4MG/HR	1		
NITROGLYCERI DIS 0.6MG/HR	1		
NITROLINGUAL SPR PUMPSRA	2		
NITROSTAT SUB 0.3MG	2		
NITROSTAT SUB 0.4MG	2		
NITROSTAT SUB 0.6MG	2		
NORA-BE TAB 0.35MG	1		
NORDITROPIN INJ 10/1.5ML	3		Prior Authorization
NORDITROPIN INJ 15/1.5ML	3		Prior Authorization
NORDITROPIN INJ 30/3ML	3		Prior Authorization
NORDITROPIN INJ 5/1.5ML	3		Prior Authorization
NORETHIN ACE TAB 5MG	1		
NORMOSOL -M INJ /D5W	1		
NORMOSOL -R INJ /D5W	1		
NORMOSOL-R INJ PH 7.4	2		
NORPACE CAP 100MG CR	2		
NORTREL (21) TAB 1/35	1		
NORTREL (28) TAB 1/35	1		
NORTREL 28 TAB 0.5/35	1		
NORTREL7/7/7 TAB 28 DAYS	1		
NORTRIPTYLIN CAP 10MG	1		
NORTRIPTYLIN CAP 25MG	1		
NORTRIPTYLIN CAP 50MG	1		
NORTRIPTYLIN CAP 75MG	1		
NORTRIPTYLIN SOL 10MG/5ML	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
NORVIR CAP 100MG	2		
NORVIR SOL 80MG/ML	2		
NORVIR TAB 100MG	2		
NOVAREL INJ 10000UNT	1		Prior Authorization
NOVOLIN INJ 70/30	2		
NOVOLIN N INJ U-100	2		
NOVOLIN R INJ U-100	2		
NOVOLOG INJ 100/ML	2		
NOVOLOG INJ FLEXPEN	2		
NOVOLOG MIX INJ 70/30	2		
NOVOLOG MIX INJ FLEXPEN	2		
NOXAFIL SUS 40MG/ML	3		
NUDEXTA CAP 20-10MG	3		Prior Authorization
NULOJIX INJ 250MG	3		May Be Billable to Part B
NUVARING MIS	2		
NUVIGIL TAB 150MG	2		Prior Authorization
NUVIGIL TAB 250MG	2		Prior Authorization
NUVIGIL TAB 50MG	2		Prior Authorization
NYAMYC POW 100000	1		
NYSTATIN CRE 100000	1		
NYSTATIN OIN 100000	1		
NYSTATIN POW 100000	1		
NYSTATIN SUS 100000	1		
NYSTATIN TAB 500000	1		
NYSTOP POW 100000	1		
OCELLA TAB 3-0.03MG	1		
OCTREOTIDE INJ 1000MCG	3		Prior Authorization
OCTREOTIDE INJ 100MCG	2		Prior Authorization
OCTREOTIDE INJ 200MCG	2		Prior Authorization
OCTREOTIDE INJ 500MCG	3		Prior Authorization
OCTREOTIDE INJ 50MCG/ML	2		Prior Authorization
OFLOXACIN DRO 0.3% OP	1		
OFLOXACIN DRO 0.3% OTIC	1		
OGESTREL TAB	1		
OLANZAPINE TAB 10MG	1		
OLANZAPINE TAB 10MG ODT	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
OLANZAPINE TAB 15MG	1		
OLANZAPINE TAB 15MG ODT	1		
OLANZAPINE TAB 2.5MG	1		
OLANZAPINE TAB 20MG	1		
OLANZAPINE TAB 20MG ODT	1		
OLANZAPINE TAB 5MG	1		
OLANZAPINE TAB 5MG ODT	1		
OLANZAPINE TAB 7.5MG	1		
OMEPRAZOLE CAP 10MG	1	30 per 30 days	
OMEPRAZOLE CAP 20MG	1	60 per 30 days	
ONDANSETRON INJ 4MG/2ML	1		May Be Billable to Part B
ONDANSETRON SOL 4MG/5ML	1		May Be Billable to Part B
ONDANSETRON TAB 24MG	1		May Be Billable to Part B
ONDANSETRON TAB 4MG	1		May Be Billable to Part B
ONDANSETRON TAB 4MG ODT	1		May Be Billable to Part B
ONDANSETRON TAB 8MG	1		May Be Billable to Part B
ONDANSETRON TAB 8MG ODT	1		May Be Billable to Part B
ONGLYZA TAB 2.5MG	2		
ONGLYZA TAB 5MG	2		
ONTAK INJ 150/ML	2		May Be Billable to Part B
ORACEA CAP 40MG	2		
ORAP TAB 1MG	2		
ORAP TAB 2MG	2		
ORAVIG TAB 50MG	2		
ORFADIN CAP 10MG	3		Prior Authorization
ORFADIN CAP 2MG	3		Prior Authorization
ORFADIN CAP 5MG	3		Prior Authorization
ORPH/ASA/CAF TAB	1		Prior Authorization
ORPHEN CPD TAB DS	1		Prior Authorization
ORPHENADRINE TAB 100MG ER	1		Prior Authorization
ORTHO EVRA DIS WEEK	2		
ORTHO TRI- TAB CYCLN LO	2		
ORTHO-EST TAB 0.625	1		Prior Authorization
ORTHO-EST TAB 1.25	1		Prior Authorization
OXALIPLATIN INJ 100MG	3		May Be Billable to Part B
OXANDROLONE TAB 10MG	3		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
OXANDROLONE TAB 2.5MG	1		Prior Authorization
OXAPROZIN TAB 600MG	1		
OXCARBAZEPIN SUS 300MG/5M	1		
OXCARBAZEPIN TAB 150MG	1		
OXCARBAZEPIN TAB 300MG	1		
OXCARBAZEPIN TAB 600MG	1		
OXSORALEN-UL CAP 10MG	3		Prior Authorization
OXYBUTYNIN SYP 5MG/5ML	1		
OXYBUTYNIN TAB 10MG ER	1		
OXYBUTYNIN TAB 15MG ER	1		
OXYBUTYNIN TAB 5MG	1		
OXYBUTYNIN TAB 5MG ER	1		
OXYCOD/APAP CAP 5-500MG	1		
OXYCOD/APAP TAB 10-325MG	1		
OXYCOD/APAP TAB 10-650MG	1		
OXYCOD/APAP TAB 2.5-325	1		
OXYCOD/APAP TAB 5-325MG	1		
OXYCOD/APAP TAB 7.5-325	1		
OXYCOD/APAP TAB 7.5-500	1		
OXYCOD/ASA TAB	1		
OXYCOD/ASA TAB	1		
OXYCODONE CAP 5MG	1		
OXYCODONE CON 20MG/ML	1		
OXYCODONE TAB 15MG	1		
OXYCODONE TAB 30MG	1		
OXYCODONE TAB 5MG	1		
PACERONE TAB 100MG	2		
PACERONE TAB 200MG	1		
PACLITAXEL INJ 300/50ML	2		May Be Billable to Part B
PANCREAZE CAP 10500UNT	2		Step Therapy
PANCREAZE CAP 16800UNT	2		Step Therapy
PANCREAZE CAP 21000UNT	2		Step Therapy
PANCREAZE CAP 4200UNIT	2		Step Therapy
PANRETIN GEL 0.1%	3		
PAROMOMYCIN CAP 250MG	1		
PAROXETIN ER TAB 12.5MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PAROXETIN ER TAB 37.5MG	1		
PAROXETINE SUS 10MG/5ML	1		
PAROXETINE TAB 10MG	1		
PAROXETINE TAB 20MG	1		
PAROXETINE TAB 25MG ER	1		
PAROXETINE TAB 30MG	1		
PAROXETINE TAB 40MG	1		
PASER GRA 4GM	3		
PATADAY SOL 0.2%	2		
PATANOL SOL 0.1% OP	2		
PEDI-DRI POW 100000	1		
PEDVAX HIB INJ	2		
PEGANONE TAB 250MG	2		
PEGASYS INJ 180MCG/M	3		Prior Authorization
PEGASYS KIT	3		Prior Authorization
PEG-INTRON KIT 120 RP	3		Prior Authorization
PEG-INTRON KIT 150 RP	3		Prior Authorization
PEG-INTRON KIT 50MCG	3		Prior Authorization
PEG-INTRON KIT 50MCG RP	3		Prior Authorization
PEG-INTRON KIT 80MCG RP	3		Prior Authorization
PEN G PROC INJ 600000	2		
PENICILLN GK INJ 5MU	1		
PENICILLN VK SOL 125/5ML	1		
PENICILLN VK SOL 250/5ML	1		
PENICILLN VK TAB 250MG	1		
PENICILLN VK TAB 500MG	1		
PENNSAID SOL 1.5%	2		
PENTASA CAP 250MG CR	2		
PENTASA CAP 500MG CR	2		
PENTOPAK TAB 400MG CR	1		
PENTOSTATIN INJ 10MG	1		May Be Billable to Part B
PENTOXIFYLLI TAB 400MG ER	1		
PERFOROMIST NEB 20MCG	3		May Be Billable to Part B
PERINDOPRIL TAB 2MG	1		
PERINDOPRIL TAB 4MG	1		
PERINDOPRIL TAB 8MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PERIOGARD SOL 0.12%	1		
PERMETHRIN CRE 5%	1		
PERPHEN/AMIT TAB 2-10MG	1		
PERPHEN/AMIT TAB 2-25MG	1		
PERPHEN/AMIT TAB 4-10MG	1		
PERPHEN/AMIT TAB 4-25MG	1		
PERPHEN/AMIT TAB 4-50MG	1		
PERPHENAZINE TAB 16MG	1		
PERPHENAZINE TAB 2MG	1		
PERPHENAZINE TAB 4MG	1		
PERPHENAZINE TAB 8MG	1		
PHENADOZ SUP 12.5MG	1		Prior Authorization
PHENADOZ SUP 25MG	1		Prior Authorization
PHENELZINE TAB 15MG	1		
PHENYTOIN EX CAP 100MG	1		
PHENYTOIN EX CAP 200MG	1		
PHENYTOIN EX CAP 300MG	1		
PHENYTOIN INJ 50MG/ML	1		
PHENYTOIN SUS 125/5ML	1		
PHOSLO CAP 667MG	2		
PHOSLYRA SOL	2		
PHOTOFRIN INJ 75MG	2		May Be Billable to Part B
PILOCARPINE TAB 5MG	1		
PILOCARPINE TAB 7.5MG	1		
PILOPINE HS GEL 4% OP	2		
PINDOLOL TAB 10MG	1		
PINDOLOL TAB 5MG	1		
PIPER/TAZOBA INJ 3-0.375G	1		
PIROXICAM CAP 10MG	1		
PIROXICAM CAP 20MG	1		
PLASMA-LYTE INJ /D5W	2		
PLASMA-LYTE INJ -148	2		
PLASMA-LYTE INJ 56	2		
PLASMA-LYTE INJ 56/D5W	2		
PLASMA-LYTE INJ -A	2		
PLASMA-LYTE INJ -R	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PLAVIX TAB 300MG	2		
PLAVIX TAB 75MG	2		
PODOFILOX SOL 0.5%	1		
POLY-DEX OIN 0.1% OP	1		
POLY-DEX SUS 0.1% OP	1		
POLYETH GLYC POW 3350 NF	1		
PORTIA-28 TAB	1		
POT CHLORIDE CAP 10MEQ ER	1		
POT CHLORIDE CAP 8MEQ ER	1		
POT CHLORIDE INJ 10MEQ	1		
POT CHLORIDE INJ 10MEQ	1		
POT CHLORIDE INJ 20MEQ	1		
POT CHLORIDE INJ 2MEQ/ML	1		
POT CHLORIDE INJ 30MEQ	1		
POT CITRATE TAB 1080MG	1		
POT CITRATE TAB 540MG	1		
POT CL MICRO TAB 10MEQ ER	1		
POT CL MICRO TAB 20MEQ ER	1		
PRADAXA CAP 150MG	2		
PRADAXA CAP 75MG	2		
PRAMIPEXOLE TAB 0.125MG	1		
PRAMIPEXOLE TAB 0.25MG	1		
PRAMIPEXOLE TAB 0.5MG	1		
PRAMIPEXOLE TAB 0.75MG	1		
PRAMIPEXOLE TAB 1.5MG	1		
PRAMIPEXOLE TAB 1MG	1		
PRANDIN TAB 0.5MG	2		
PRANDIN TAB 1MG	2		
PRANDIN TAB 2MG	2		
PRAVASTATIN TAB 10MG	1		
PRAVASTATIN TAB 20MG	1		
PRAVASTATIN TAB 40MG	1		
PRAVASTATIN TAB 80MG	1		
PRAZOSIN HCL CAP 1MG	1		
PRAZOSIN HCL CAP 2MG	1		
PRAZOSIN HCL CAP 5MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PRED SOD PHO SOL 1% OP	2		
PRED SOD PHO SOL 5MG/5ML	1		
PREDNISOLONE SOL 15MG/5ML	1		
PREDNISOLONE SUS 1% OP	1		
PREDNISONONE CON 5MG/ML	2		
PREDNISONONE SOL 5MG/5ML	1		
PREDNISONONE TAB 10MG	1		
PREDNISONONE TAB 1MG	1		
PREDNISONONE TAB 2.5MG	1		
PREDNISONONE TAB 20MG	1		
PREDNISONONE TAB 50MG	1		
PREDNISONONE TAB 5MG	1		
PREGNYL INJ 10000UNT	1		Prior Authorization
PREMARIN INJ 25MG	2		
PREMARIN TAB 0.3MG	2		Prior Authorization
PREMARIN TAB 0.45MG	2		Prior Authorization
PREMARIN TAB 0.625MG	2		Prior Authorization
PREMARIN TAB 0.9MG	2		Prior Authorization
PREMARIN TAB 1.25MG	2		Prior Authorization
PREMARIN VAG CRE 0.625MG	2		
PREMASOL SOL 10%	2		May Be Billable to Part B
PREMASOL SOL 6%	1		May Be Billable to Part B
PREMPHASE TAB	2		Prior Authorization
PREMPRO TAB .625-2.5	2		Prior Authorization
PREMPRO TAB 0.3-1.5	2		Prior Authorization
PREMPRO TAB 0.45-1.5	2		Prior Authorization
PREMPRO TAB 0.625-5	2		Prior Authorization
PREVALITE POW 4GM	1		
PREVIFEM TAB	1		
PREVPAC MIS	2		
PREZISTA TAB 150MG	2		
PREZISTA TAB 400MG	3		
PREZISTA TAB 600MG	3		
PREZISTA TAB 75MG	2		
PRIFTIN TAB 150MG	3		
PRIMAXIN IM INJ 500MG	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PRIMAXIN IV INJ 250MG	2		
PRIMAXIN IV INJ 500MG	2		
PRIMIDONE TAB 250MG	1		
PRIMIDONE TAB 50MG	1		
PRISTIQ TAB 100MG	2		
PRISTIQ TAB 50MG	2		
PROAIR HFA AER	2	2 per 30 days	
PROBEN/COLCH TAB 500-0.5	1		
PROBENECID TAB 500MG	1		
PROCALAMINE INJ 3%	2		May Be Billable to Part B
PROCHLORPER INJ 5MG/ML	1		
PROCHLORPER SUP 25MG	1		
PROCHLORPER TAB 10MG	1		
PROCHLORPER TAB 5MG	1		
PROCRIT INJ 10000/ML	2		Prior Authorization
PROCRIT INJ 2000/ML	2		Prior Authorization
PROCRIT INJ 20000/ML	3		Prior Authorization
PROCRIT INJ 3000/ML	2		Prior Authorization
PROCRIT INJ 4000/ML	2		Prior Authorization
PROCRIT INJ 40000/ML	3		Prior Authorization
PROCTOCREAM CRE HC 2.5%	1		
PROCTO-PAK CRE 1%	1		
PROCTOSOL HC CRE 2.5%	1		
PROCTOZONE CRE -HC 2.5%	1		
PROGLYCEM SUS 50MG/ML	2		
PROGRAF CAP 0.5MG	2		May Be Billable to Part B
PROGRAF CAP 1MG	2		May Be Billable to Part B
PROGRAF CAP 5MG	3		May Be Billable to Part B
PROLEUKIN INJ 22MU	3		May Be Billable to Part B
PROLIA SOL 60MG/ML	3		Prior Authorization
PROMACTA TAB 25MG	3		Prior Authorization
PROMACTA TAB 50MG	3		Prior Authorization
PROMACTA TAB 75MG	3		Prior Authorization
PROMETH VC SYP 6.25-5/5	1		Prior Authorization
PROMETHAZINE INJ 25MG/ML	1		
PROMETHAZINE INJ 50MG/ML	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PROMETHAZINE SUP 12.5MG	1		Prior Authorization
PROMETHAZINE SUP 25MG	1		Prior Authorization
PROMETHAZINE SYP 6.25/5ML	1		Prior Authorization
PROMETHAZINE TAB 12.5MG	1		Prior Authorization
PROMETHAZINE TAB 25MG	1		Prior Authorization
PROMETHAZINE TAB 50MG	1		Prior Authorization
PROMETHEGAN SUP 25MG	1		Prior Authorization
PROMETHEGAN SUP 50MG	1		Prior Authorization
PROPAFENONE CAP 225MG ER	1		
PROPAFENONE CAP 325MG ER	1		
PROPAFENONE CAP 425MG SR	1		
PROPAFENONE TAB 150MG	1		
PROPAFENONE TAB 225MG	1		
PROPAFENONE TAB 300MG	1		
PROPARACAINE SOL 0.5% OP	1		
PROPRANOLOL CAP 120MG ER	1		
PROPRANOLOL CAP 160MG ER	1		
PROPRANOLOL CAP 60MG ER	1		
PROPRANOLOL CAP 80MG ER	1		
PROPRANOLOL INJ 1MG/ML	1		
PROPRANOLOL SOL 20MG/5ML	1		
PROPRANOLOL SOL 40MG/5ML	1		
PROPRANOLOL TAB 10MG	1		
PROPRANOLOL TAB 20MG	1		
PROPRANOLOL TAB 40MG	1		
PROPRANOLOL TAB 60MG	1		
PROPRANOLOL TAB 80MG	1		
PROPYLTHIOUR TAB 50MG	1		
PROQUAD INJ	2		
PROSOL INJ 20%	2		May Be Billable to Part B
PROTOPIC OIN 0.03%	2		Prior Authorization
PROTOPIC OIN 0.1%	2		Prior Authorization
PROTRIPTYLIN TAB 10MG	1		
PROTRIPTYLIN TAB 5MG	1		
PULMOZYME SOL 1MG/ML	3		May Be Billable to Part B
PYRAZINAMIDE TAB 500MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
PYRIDOSTIGM TAB 60MG	1		
QNAPRIL/HCTZ TAB 10-12.5	1		
QNAPRIL/HCTZ TAB 20-12.5	1		
QNAPRIL/HCTZ TAB 20-25MG	1		
QUASENSE TAB	1		
QUINAPRIL TAB 10MG	1		
QUINAPRIL TAB 20MG	1		
QUINAPRIL TAB 40MG	1		
QUINAPRIL TAB 5MG	1		
QUINIDINE GL TAB 324MG ER	1		
QUINIDINE SU TAB 200MG	1		
QUINIDINE SU TAB 300MG	1		
QUINIDINE SU TAB 300MG ER	1		
QVAR AER 40MCG	2	3 per 30 days	
QVAR AER 80MCG	2	3 per 30 days	
RABAVERT INJ	2		
RAMIPRIL CAP 1.25MG	1		
RAMIPRIL CAP 10MG	1		
RAMIPRIL CAP 2.5MG	1		
RAMIPRIL CAP 5MG	1		
RANEXA TAB 1000MG	2		
RANEXA TAB 500MG	2		
RANITIDINE CAP 150MG	1		
RANITIDINE CAP 300MG	1		
RANITIDINE INJ 150/6ML	1		
RANITIDINE SYP 15MG/ML	1		
RANITIDINE TAB 150MG	1		
RANITIDINE TAB 300MG	1		
RAPAMUNE SOL 1MG/ML	2		May Be Billable to Part B
RAPAMUNE TAB 0.5MG	2		May Be Billable to Part B
RAPAMUNE TAB 1MG	2		May Be Billable to Part B
RAPAMUNE TAB 2MG	2		May Be Billable to Part B
REBETOL SOL 40MG/ML	3		Prior Authorization
REBIF INJ 22/0.5	3	12 syringes per 28 days	PA for New Treatments
REBIF INJ 44/0.5	3	12 syringes per 28 days	PA for New Treatments
REBIF TITRTN SOL PACK	3	12 syringes per 28 days	PA for New Treatments

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
RECLIPSEN TAB	1		
RECOMBIVA HB INJ 10MCG/ML	2		May Be Billable to Part B
RECOMBIVA-HB INJ 40MCG/ML	2		May Be Billable to Part B
REGONOL INJ 5MG/ML	2		
REGRANEX GEL 0.01%	3		Prior Authorization
RELENZA MIS DISKHALE	2		
RELISTOR INJ 12/0.6ML	2		Prior Authorization
REMICADE INJ 100MG	3		Prior Authorization
REMODULIN INJ 10MG/ML	3		May Be Billable to Part B
REMODULIN INJ 1MG/ML	3		May Be Billable to Part B
REMODULIN INJ 2.5MG/ML	3		May Be Billable to Part B
REMODULIN INJ 5MG/ML	3		May Be Billable to Part B
RENAGEL TAB 400MG	2		
RENAGEL TAB 800MG	2		
REVELA PAK 0.8GM	2		
REVELA PAK 2.4GM	2		
REVELA TAB 800MG	2		
RESCRIPTOR TAB 100 MG	2		
RESCRIPTOR TAB 200MG	2		
RESTASIS EMU 0.05%	2		
RETROVIR INJ 10MG/ML	2		
REVATIO TAB 20MG	3		PA for New Treatments
REVLIMID CAP 10MG	3		PA for New Treatments
REVLIMID CAP 15MG	3		PA for New Treatments
REVLIMID CAP 25MG	3		PA for New Treatments
REVLIMID CAP 5MG	3		PA for New Treatments
REYATAZ CAP 100MG	2		
REYATAZ CAP 150MG	2		
REYATAZ CAP 200MG	2		
REYATAZ CAP 300MG	2		
RHEUMATREX TAB 2.5MG	2		
RIBAPAK PAK 1000/DAY	3		Prior Authorization
RIBAPAK PAK 1200/DAY	3		Prior Authorization
RIBAPAK PAK 800/DAY	3		Prior Authorization
RIBASPHERE CAP 200MG	1		Prior Authorization
RIBASPHERE TAB 200MG	1		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
RIBASPHERE TAB 400MG	3		Prior Authorization
RIBASPHERE TAB 600MG	3		Prior Authorization
RIBAVIRIN CAP 200MG	1		Prior Authorization
RIBAVIRIN TAB 200MG	1		Prior Authorization
RIFAMPIN CAP 150MG	1		
RIFAMPIN CAP 300MG	1		
RIFAMPIN INJ 600 MG	1		
RILUTEK TAB 50MG	3		
RIMANTADINE TAB 100MG	1		
RINGERS INJ	1		
RISPERDAL INJ 12.5MG	2		
RISPERDAL INJ 25MG	2		
RISPERDAL INJ 37.5MG	3		
RISPERDAL INJ 50MG	3		
RISPERIDONE SOL 1MG/ML	1		
RISPERIDONE TAB 0.25 ODT	1		
RISPERIDONE TAB 0.25MG	1		
RISPERIDONE TAB 0.5MG	1		
RISPERIDONE TAB 0.5MG OD	1		
RISPERIDONE TAB 1MG	1		
RISPERIDONE TAB 1MG ODT	1		
RISPERIDONE TAB 2MG	1		
RISPERIDONE TAB 2MG ODT	1		
RISPERIDONE TAB 3MG	1		
RISPERIDONE TAB 3MG ODT	1		
RISPERIDONE TAB 4MG	1		
RISPERIDONE TAB 4MG ODT	1		
RITUXAN INJ 500MG	3		Prior Authorization
RIVASTIGMINE CAP 1.5MG	1		
RIVASTIGMINE CAP 3MG	1		
RIVASTIGMINE CAP 4.5MG	1		
RIVASTIGMINE CAP 6MG	1		
ROBAXIN INJ 100MG/ML	2		
ROMYCIN OIN OP	1		
ROPINIROLE TAB 0.25MG	1		
ROPINIROLE TAB 0.5MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ROPINIROLE TAB 1MG	1		
ROPINIROLE TAB 2MG	1		
ROPINIROLE TAB 3MG	1		
ROPINIROLE TAB 4MG	1		
ROPINIROLE TAB 5MG	1		
ROTATEQ SUS	2		
ROXICET SOL 5-325/5	2		
ROXICET TAB 5-325MG	1		
SABRIL POW 500MG	3		
SABRIL TAB 500MG	3		
SANCUSO DIS 3.1MG	2	4 patches per 30 days	
SANDIMMUNE CAP 100MG	2		May Be Billable to Part B
SANDIMMUNE CAP 25MG	2		May Be Billable to Part B
SANDIMMUNE SOL 100MG/ML	2		May Be Billable to Part B
SANDOSTATIN KIT LAR 10MG	3		Prior Authorization
SANDOSTATIN KIT LAR 20MG	3		Prior Authorization
SANDOSTATIN KIT LAR 30MG	3		Prior Authorization
SANTYL OIN 250/GM	2		
SAPHRIS SUB 10MG	3		
SAPHRIS SUB 5MG	3		
SAVELLA MIS TITR PAK	2		
SAVELLA TAB 100MG	2	60 per 30 days	
SAVELLA TAB 12.5MG	2		
SAVELLA TAB 25MG	2		
SAVELLA TAB 50MG	2		
SELEGILINE CAP 5MG	1		
SELEGILINE TAB 5MG	1		
SELENIUM SUL SHA 2.5%	1		
SELZENTRY TAB 150MG	3		
SELZENTRY TAB 300MG	3		
SENSIPAR TAB 30MG	2		
SENSIPAR TAB 60MG	3		
SENSIPAR TAB 90MG	3		
SEREVENT DIS AER 50MCG	3	1 per 30 days	
SEROMYCIN CAP 250MG	3		
SEROQUEL TAB 100MG	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
SEROQUEL TAB 200MG	2		
SEROQUEL TAB 25MG	2		
SEROQUEL TAB 300MG	2		
SEROQUEL TAB 400MG	2		
SEROQUEL TAB 50MG	2		
SEROQUEL XR TAB 150MG	2		
SEROQUEL XR TAB 200MG	2		
SEROQUEL XR TAB 300MG	2		
SEROQUEL XR TAB 400MG	2		
SEROQUEL XR TAB 50MG	2		
SERTRALINE CON 20MG/ML	1		
SERTRALINE TAB 100MG	1		
SERTRALINE TAB 25MG	1		
SERTRALINE TAB 50MG	1		
SILENOR TAB 3MG	2		
SILENOR TAB 6MG	2		
SILVER SULFA CRE 1%	1		
SIMVASTATIN TAB 10MG	1		
SIMVASTATIN TAB 20MG	1		
SIMVASTATIN TAB 40MG	1		
SIMVASTATIN TAB 5MG	1		
SIMVASTATIN TAB 80MG	1		
SINGULAIR CHW 4MG	2		
SINGULAIR CHW 5MG	2		
SINGULAIR GRA 4MG	2		
SINGULAIR TAB 10MG	2		
SMZ/TMP DS TAB 800-160	1		
SMZ-TMP INJ 400-80/5	1		
SMZ-TMP SUS 200-40/5	1		
SMZ-TMP TAB 400-80MG	1		
SOD CHLORIDE INJ 0.45%	1		
SOD CHLORIDE INJ 0.9%	1		
SOD CHLORIDE INJ 2.5/ML	1		
SOD CHLORIDE INJ 3%	1		
SOD CHLORIDE INJ 5%	1		
SOD POLY SUL POW	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
SOD SULFACET SOL 10% OP	1		
SODIUM CHLOR SOL 0.9% IRR	1		
SODIUM FLUORIDE 2.2 MG	1		
SOLARAZE GEL 3% W/W	2		
SOLIA TAB	1		
SOLU-CORTEF INJ 250MG	2		
SOMATULINE INJ 120/.5ML	3		Prior Authorization
SOMATULINE INJ 60/0.2ML	3		Prior Authorization
SOMATULINE INJ 90/0.3ML	3		Prior Authorization
SOMAVERT INJ 10MG	3		Prior Authorization
SOMAVERT INJ 15MG	3		Prior Authorization
SOMAVERT INJ 20MG	3		Prior Authorization
SORINE TAB 120MG	1		
SORINE TAB 160MG	1		
SORINE TAB 240MG	1		
SORINE TAB 80MG	1		
SOTALOL HCL TAB 120MG	1		
SOTALOL HCL TAB 160MG	1		
SOTALOL HCL TAB 240MG	1		
SOTALOL HCL TAB 80MG	1		
SOTRET CAP 10MG	1		
SOTRET CAP 20MG	1		
SOTRET CAP 30MG	1		
SOTRET CAP 40MG	1		
SPIRIVA CAP HANDHLR	2	30 per 30 days	
SPIRONO/HCTZ TAB 25/25	1		
SPIRONOLACT TAB 100MG	1		
SPIRONOLACT TAB 25MG	1		
SPIRONOLACT TAB 50MG	1		
SPRINTEC 28 TAB 28 DAY	1		
SPRYCEL TAB 100MG	3		
SPRYCEL TAB 140MG	3		
SPRYCEL TAB 20MG	3		
SPRYCEL TAB 50MG	3		
SPRYCEL TAB 70MG	3		
SPRYCEL TAB 80MG	3		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
SRONYX TAB	1		
SSD CRE 1%	1		
STAGESIC CAP 500-5MG	1		
STALEVO 100 TAB	2		
STALEVO 125 TAB	2		
STALEVO 150 TAB	2		
STALEVO 200 TAB	2		
STALEVO 50 TAB	2		
STALEVO 75 TAB	2		
STAVUDINE CAP 15MG	1		
STAVUDINE CAP 20MG	1		
STAVUDINE CAP 30MG	1		
STAVUDINE CAP 40MG	1		
STAVUDINE SOL 1MG/ML	1		
STRATTERA CAP 100MG	2		Prior Authorization
STRATTERA CAP 10MG	2		Prior Authorization
STRATTERA CAP 18MG	2		Prior Authorization
STRATTERA CAP 25MG	2		Prior Authorization
STRATTERA CAP 40MG	2		Prior Authorization
STRATTERA CAP 60MG	2		Prior Authorization
STRATTERA CAP 80MG	2		Prior Authorization
STREPTOMYCIN INJ 1GM	1		
SUBOXONE MIS 2-0.5MG	2		Prior Authorization
SUBOXONE MIS 8-2MG	2		Prior Authorization
SUCRALFATE TAB 1GM	1		
SULF/PRED NA SOL OP	1		
SULFACETAMID LOT 10%	1		
SULFADIAZINE TAB 500MG	2		
SULFASALAZIN TAB 500MG	1		
SULFAZINE EC TAB 500MG	1		
SULINDAC TAB 150MG	1		
SULINDAC TAB 200MG	1		
SUMATRIPTAN INJ 4MG/0.5	1	20 vials per 30 days	
SUMATRIPTAN INJ 6MG/0.5	1	20 vials per 30 days	
SUMATRIPTAN TAB 100MG	1	9 per 30 days	
SUMATRIPTAN TAB 25MG	1	9 per 30 days	

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
SUMATRIPTAN TAB 50MG	1	9 per 30 days	
SUPRAX SUS 100/5ML	2		
SUPRAX SUS 200/5ML	2		
SURMONTIL CAP 100MG	2		
SUSTIVA CAP 200MG	2		
SUSTIVA CAP 50MG	2		
SUSTIVA TAB 600MG	2		
SUTENT CAP 12.5MG	3		
SUTENT CAP 25MG	3		
SUTENT CAP 50MG	3		
SYLATRON KIT 296MCG	3		PA for New Treatments
SYLATRON KIT 296MCG	3		PA for New Treatments
SYLATRON KIT 444MCG	3		PA for New Treatments
SYLATRON KIT 444MCG	3		PA for New Treatments
SYLATRON KIT 888MCG	3		PA for New Treatments
SYLATRON KIT 888MCG	3		PA for New Treatments
SYMBICORT AER 160-4.5	2	1 per 30 days	
SYMBICORT AER 80-4.5	2	1 per 30 days	
SYMLIN INJ 600MCG	2		Prior Authorization
SYMLINPEN 60 INJ 1000MCG	2		Prior Authorization
SYMLINPEN 120 INJ 1000MCG	2		Prior Authorization
SYNAREL SOL 2MG/ML	2		
SYNTHROID TAB 100MCG	2		
SYNTHROID TAB 112MCG	2		
SYNTHROID TAB 125MCG	2		
SYNTHROID TAB 137MCG	2		
SYNTHROID TAB 150MCG	2		
SYNTHROID TAB 175MCG	2		
SYNTHROID TAB 200MCG	2		
SYNTHROID TAB 25MCG	2		
SYNTHROID TAB 300MCG	2		
SYNTHROID TAB 50MCG	2		
SYNTHROID TAB 75MCG	2		
SYNTHROID TAB 88MCG	2		
SYPRINE CAP 250MG	2		
TABLOID TAB 40MG	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
TACLONEX OIN	2		
TACLONEX SUS SCALP	2		
TACROLIMUS CAP 0.5MG	1		May Be Billable to Part B
TACROLIMUS CAP 1MG	1		May Be Billable to Part B
TACROLIMUS CAP 5MG	3		May Be Billable to Part B
TAMIFLU CAP 30MG	2		
TAMIFLU CAP 45MG	2		
TAMIFLU CAP 75MG	2		
TAMIFLU SUS 12MG/ML	2		
TAMIFLU SUS 6MG/ML	2		
TAMOXIFEN TAB 10MG	1		
TAMOXIFEN TAB 20MG	1		
TAMSULOSIN CAP 0.4MG	1		
TARCEVA TAB 100MG	3		
TARCEVA TAB 150MG	3		
TARCEVA TAB 25MG	3		
TARGRETIN CAP 75MG	3		
TARGRETIN GEL 1%	3		
TASIGNA CAP 150MG	3		
TASIGNA CAP 200MG	3		
TAXOTERE INJ 80MG/2ML	3		May Be Billable to Part B
TAXOTERE INJ 80MG/4ML	3		May Be Billable to Part B
TAZORAC CRE 0.05%	3		
TAZORAC CRE 0.1%	3		
TAZORAC GEL 0.05%	3		
TAZORAC GEL 0.1%	3		
TAZTIA XT CAP 120MG/24	1		
TAZTIA XT CAP 180MG/24	1		
TAZTIA XT CAP 240MG/24	1		
TAZTIA XT CAP 300MG/24	1		
TAZTIA XT CAP 360MG/24	1		
TEGRETOL XR TAB 100MG	2		
TEKAMLO TAB 150-10MG	2		
TEKAMLO TAB 150-5MG	2		
TEKAMLO TAB 300-10MG	2		
TEKAMLO TAB 300-5MG	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
TEKTURNA HCT TAB 150-12.5	2		
TEKTURNA HCT TAB 150-25MG	2		
TEKTURNA HCT TAB 300-12.5	2		
TEKTURNA HCT TAB 300-25MG	2		
TEKTURNA TAB 150MG	2		
TEKTURNA TAB 300MG	2		
TERAZOSIN CAP 10MG	1		
TERAZOSIN CAP 1MG	1		
TERAZOSIN CAP 2MG	1		
TERAZOSIN CAP 5MG	1		
TERBINAFINE TAB 250MG	1	90 per 365 days	
TERBUTALINE INJ 1MG/ML	1		
TERBUTALINE TAB 2.5MG	1		
TERBUTALINE TAB 5MG	1		
TERCONAZOLE CRE 0.4%	1		
TERCONAZOLE CRE 0.8%	1		
TERCONAZOLE SUP 80MG	1		
TESTIM GEL 1%(50MG)	3	300 gm per 30 days	Prior Authorization
TESTOST CYP INJ 100MG/ML	1		
TESTOST ENAN INJ 200MG/ML	1		
TET/DIP TOX INJ 2-2 LF	2		May Be Billable to Part B
TETANUS TOX INJ 5LF ADS	2		May Be Billable to Part B
TETRACYCLINE CAP 250MG	1		
TETRACYCLINE CAP 500MG	1		
THALOMID CAP 100MG	3		PA for New Treatments
THALOMID CAP 150MG	3		PA for New Treatments
THALOMID CAP 200MG	3		PA for New Treatments
THALOMID CAP 50MG	3		PA for New Treatments
THEO-24 CAP 100MG CR	2		
THEO-24 CAP 200MG CR	2		
THEO-24 CAP 300MG CR	2		
THEO-24 CAP 400MG ER	2		
THEOCHRON TAB 100MG CR	1		
THEOCHRON TAB 300MG CR	1		
THEOPHYLLINE TAB 100MG ER	1		
THEOPHYLLINE TAB 200MG ER	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
THEOPHYLLINE TAB 300MG ER	1		
THEOPHYLLINE TAB 400MG ER	1		
THEOPHYLLINE TAB 450MG ER	1		
THEOPHYLLINE TAB 600MG ER	1		
THERMAZENE CRE 1%	1		
THIORIDAZINE TAB 100MG	1		PA for New Treatments
THIORIDAZINE TAB 10MG	1		PA for New Treatments
THIORIDAZINE TAB 25MG	1		PA for New Treatments
THIORIDAZINE TAB 50MG	1		PA for New Treatments
THIOTHIXENE CAP 10MG	1		
THIOTHIXENE CAP 1MG	1		
THIOTHIXENE CAP 2MG	1		
THIOTHIXENE CAP 5MG	1		
TIKOSYN CAP 125MCG	2		
TIKOSYN CAP 250MCG	2		
TIKOSYN CAP 500MCG	2		
TIMOLOL GEL SOL 0.25% OP	1		
TIMOLOL GEL SOL 0.5% OP	1		
TIMOLOL MAL SOL 0.25% OP	1		
TIMOLOL MAL SOL 0.5% OP	1		
TIZANIDINE TAB 2MG	1		
TIZANIDINE TAB 4MG	1		
TOBI NEB 300/5ML	3		May Be Billable to Part B
TOBRAMYCIN INJ 10MG/ML	1		
TOBRAMYCIN INJ 80MG/2ML	1		
TOBRAMYCIN SOL 0.3% OP	1		
TOBRAMYCIN/ SUS DEXAMETH	1		
TOBRASOL SOL 0.3% OP	1		
TOBEX OIN 0.3% OP	2		
TOLMETIN SOD CAP 400MG	1		
TOLMETIN SOD TAB 200MG	1		
TOLMETIN SOD TAB 600MG	1		
TOPIRAMATE CAP 15MG	1		
TOPIRAMATE CAP 25MG	1		
TOPIRAMATE TAB 100MG	1		
TOPIRAMATE TAB 200MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
TOPIRAMATE TAB 25MG	1		
TOPIRAMATE TAB 50MG	1		
TOPOSAR INJ 1GM/50ML	1		May Be Billable to Part B
TOPOTECAN INJ 4MG	3		May Be Billable to Part B
TORSEMIDE INJ 20MG/2ML	2		
TORSEMIDE TAB 100MG	1		
TORSEMIDE TAB 10MG	1		
TORSEMIDE TAB 20MG	1		
TORSEMIDE TAB 5MG	1		
TPN ELECTROL INJ	1		May Be Billable to Part B
TRACLEER TAB 125MG	3		PA for New Treatments
TRACLEER TAB 62.5MG	3		PA for New Treatments
TRAMADL/APAP TAB 37.5-325	1		
TRAMADOL HCL TAB 50MG	1		
TRANDOLAPRIL TAB 1MG	1		
TRANDOLAPRIL TAB 2MG	1		
TRANDOLAPRIL TAB 4MG	1		
TRANSDERM-SC DIS 1.5MG	2	24 per 365 days	Prior Authorization
TRANLYCYPROM TAB 10MG	1		
TRAVASOL INJ 10%	2		May Be Billable to Part B
TRAVATAN Z DRO 0.004%	2	2.5 ML per 30 days	
TRAZODONE TAB 100MG	1		
TRAZODONE TAB 150MG	1		
TRAZODONE TAB 300MG	1		
TRAZODONE TAB 50MG	1		
TREANDA INJ 100MG	3		May Be Billable to Part B
TRECTOR TAB 250MG	3		
TRELSTAR DEP INJ 3.75MG	2		May Be Billable to Part B
TRELSTAR LA INJ 11.25MG	2		May Be Billable to Part B
TRELSTAR MIX INJ 22.5MG	3		May Be Billable to Part B
TRETINOIN CAP 10MG	3		
TRETINOIN CRE 0.025%	1		
TRETINOIN CRE 0.05%	1		
TRETINOIN CRE 0.1%	1		
TRETINOIN GEL 0.01%	1		
TRETINOIN GEL 0.025%	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
TRIAMCIN/ORA PST 0.1%	1		
TRIAMCINOLON CRE 0.025%	1		
TRIAMCINOLON CRE 0.1%	1		
TRIAMCINOLON CRE 0.5%	1		
TRIAMCINOLON LOT 0.025%	1		
TRIAMCINOLON LOT 0.1%	1		
TRIAMCINOLON OIN 0.025%	1		
TRIAMCINOLON OIN 0.1%	1		
TRIAMCINOLON OIN 0.5%	1		
TRIAMT/HCTZ CAP 37.5-25	1		
TRIAMT/HCTZ CAP 50-25MG	1		
TRIAMT/HCTZ TAB 37.5-25	1		
TRIAMT/HCTZ TAB 75-50MG	1		
TRIBENZOR TAB	2		
TRIBENZOR TAB	2		
TRIBENZOR TAB	2		
TRIBENZOR TAB	2		
TRIBENZOR TAB	2		
TRICOR TAB 145MG	2		
TRICOR TAB 48MG	2		
TRIDERM CRE 0.1%	1		
TRIFLUOPERAZ TAB 10MG	1		
TRIFLUOPERAZ TAB 1MG	1		
TRIFLUOPERAZ TAB 2MG	1		
TRIFLUOPERAZ TAB 5MG	1		
TRIFLURIDINE SOL 1% OP	1		
TRIHXYPHEN ELX 0.4MG/ML	1		
TRIHXYPHEN TAB 2MG	1		
TRIHXYPHEN TAB 5MG	1		
TRI-LEGEST TAB FE	1		
TRILIPIX CAP 135MG	2		
TRILIPIX CAP 45MG	2		
TRILYTE SOL	1		
TRIMETHOBENZ CAP 300MG	1		Prior Authorization
TRIMETHOBENZ INJ 100MG/ML	1		Prior Authorization
TRIMETHOPRIM SOL POLYMYXN	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
TRIMETHOPRIM TAB 100MG	1		
TRINESSA TAB	1		
TRIPEDIA SUS P/F	2		
TRI-PREVIFEM TAB	1		
TRISENOX SOL 10MG/10M	2		May Be Billable to Part B
TRI-SPRINTEC TAB	1		
TRIVORA-28 TAB	1		
TRIZIVIR TAB	2		
TROPHAMINE INJ 10%	2		May Be Billable to Part B
TROPHAMINE INJ 6%	2		May Be Billable to Part B
TROPICAMIDE SOL 0.5% OP	1		
TROPICAMIDE SOL 1% OP	1		
TROSPIMUM CL TAB 20MG	1		
TRUVADA TAB	2		
TWINRIX INJ	2		
TYGACIL INJ 50MG	3		
TYKERB TAB 250MG	3		
TYPHIM VI INJ	2		
TYZEKA TAB 600MG	3		Prior Authorization
ULORIC TAB 40MG	2		
ULORIC TAB 80MG	2		
UNITHROID TAB 100MCG	1		
UNITHROID TAB 112MCG	1		
UNITHROID TAB 125MCG	1		
UNITHROID TAB 150MCG	1		
UNITHROID TAB 175MCG	1		
UNITHROID TAB 200MCG	1		
UNITHROID TAB 25MCG	1		
UNITHROID TAB 300MCG	1		
UNITHROID TAB 50MCG	1		
UNITHROID TAB 75MCG	1		
UNITHROID TAB 88MCG	1		
UROXATRAL TAB 10MG	2		
URSODIOL CAP 300MG	1		
URSODIOL TAB 250MG	1		
URSODIOL TAB 500MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
VAGIFEM TAB 10MCG	3		
VALACYCLOVIR TAB 1GM	1		
VALACYCLOVIR TAB 500MG	1		
VALCYTE SOL 50MG/ML	3		
VALCYTE TAB 450MG	3		
VALPROATE INJ 100MG/ML	1		
VALPROIC ACD CAP 250MG	1		
VALPROIC ACD SYP 250/5ML	1		
VALTURNA TAB 150-160	2		
VALTURNA TAB 300-320	2		
VANCOVIN HCL CAP 125MG	3		
VANCOVIN HCL CAP 250MG	3		
VANCOMYCIN INJ 1000MG	1		May Be Billable to Part B
VANCOMYCIN INJ 10GM	1		May Be Billable to Part B
VANCOMYCIN INJ 500MG	1		May Be Billable to Part B
VANDAZOLE GEL 0.75%	1		
VANDETANIB TAB 100MG	3		
VANDETANIB TAB 300MG	3		
VAQTA INJ 25/0.5ML	2		
VARIVAX INJ	2		
VELCADE INJ 3.5MG	3		May Be Billable to Part B
VELIVET PAK	1		
VENLAFAXINE CAP 150MG ER	1		
VENLAFAXINE CAP 37.5MG	1		
VENLAFAXINE CAP 75MG ER	1		
VENLAFAXINE TAB 100MG	1		
VENLAFAXINE TAB 150MG ER	1		
VENLAFAXINE TAB 25MG	1		
VENLAFAXINE TAB 37.5 ER	1		
VENLAFAXINE TAB 37.5MG	1		
VENLAFAXINE TAB 50MG	1		
VENLAFAXINE TAB 75MG	1		
VENLAFAXINE TAB 75MG ER	1		
VERAPAMIL CAP 100MG ER	1		
VERAPAMIL CAP 120MG ER	1		
VERAPAMIL CAP 180MG ER	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
VERAPAMIL CAP 200MG ER	1		
VERAPAMIL CAP 240MG ER	1		
VERAPAMIL CAP 300MG ER	1		
VERAPAMIL INJ 2.5MG/ML	1		
VERAPAMIL TAB 120MG	1		
VERAPAMIL TAB 120MG ER	1		
VERAPAMIL TAB 180MG ER	1		
VERAPAMIL TAB 240MG ER	1		
VERAPAMIL TAB 40MG	1		
VERAPAMIL TAB 80MG	1		
VESICARE TAB 10MG	2		
VESICARE TAB 5MG	2		
VFEND IV INJ 200MG	2		
VFEND SUS 40MG/ML	3		
VICODIN HP TAB 10-660MG	1		
VICTOZA INJ 18MG/3ML	2	3 pens per 30 days	
VICTRELIS CAP 200MG	3		Prior Authorization
VIDAZA INJ 100MG	3		May Be Billable to Part B
VIDEX SOL 2GM	2		
VIGAMOX DRO 0.5%	2		
VIIBRYD TAB 10MG	3		
VIIBRYD TAB 20MG	3		
VIIBRYD TAB 40MG	3		
VIMOVO TAB 375-20MG	2		
VIMOVO TAB 500-20MG	2		
VIMPAT INJ 200MG/20	2		
VIMPAT SOL 10MG/ML	2		
VIMPAT TAB 100MG	2		
VIMPAT TAB 150MG	2		
VIMPAT TAB 200MG	2		
VIMPAT TAB 50MG	2		
VINBLASTINE INJ 10MG	2		May Be Billable to Part B
VINCASAR PFS INJ 1MG/ML	1		May Be Billable to Part B
VINCRISTINE INJ 1MG/ML	1		May Be Billable to Part B
VINOURELBINE INJ 10MG/ML	1		May Be Billable to Part B
VIRACEPT POW 50MG/GM	2		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
VIRACEPT TAB 250MG	2		
VIRACEPT TAB 625MG	2		
VIRAMUNE SUS 50MG/5ML	2		
VIRAMUNE TAB 200MG	2		
VIRAMUNE XR TAB	2		
VIREAD TAB 300MG	2		
VIVELLE-DOT DIS 0.025MG	2		
VIVELLE-DOT DIS 0.0375MG	2		
VIVELLE-DOT DIS 0.05MG	2		
VIVELLE-DOT DIS 0.075MG	2		
VIVELLE-DOT DIS 0.1MG	2		
VOLTAREN GEL 1%	2		
VORICONAZOLE TAB 200MG	3		
VORICONAZOLE TAB 50MG	3		
VOTRIENT TAB 200MG	3		
VPRIV INJ 400UNIT	3		Prior Authorization
WARFARIN TAB 10MG	1		
WARFARIN TAB 1MG	1		
WARFARIN TAB 2.5MG	1		
WARFARIN TAB 2MG	1		
WARFARIN TAB 3MG	1		
WARFARIN TAB 4MG	1		
WARFARIN TAB 5MG	1		
WARFARIN TAB 6MG	1		
WARFARIN TAB 7.5MG	1		
WELCHOL PAK 3.75GM	2		
WELCHOL TAB 625MG	2		
XALKORI CAP 200MG	3		PA for New Treatments
XALKORI CAP 250MG	3		PA for New Treatments
XARELTO TAB 10MG	2		
XARELTO TAB 15MG	2		
XARELTO TAB 20MG	2		
XENAZINE TAB 12.5MG	3		Prior Authorization
XENAZINE TAB 25MG	3		Prior Authorization
XIFAXAN TAB 550MG	3		Prior Authorization
XOLAIR SOL 150MG	3		Prior Authorization

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
XOPENEX HFA AER	2	2 per 30 days	
XYREM SOL 500MG/ML	3		Prior Authorization
YF-VAX INJ	2		
ZAFIRLUKAST TAB 10MG	1		
ZAFIRLUKAST TAB 20MG	1		
ZALEPLON CAP 10MG	1	30 per 30 days	
ZALEPLON CAP 5MG	1	30 per 30 days	
ZAVESCA CAP 100MG	3		Prior Authorization
ZAZOLE CRE 0.4%	1		
ZAZOLE CRE 0.8%	1		
ZELBORAF TAB 240MG	3		PA for New Treatments
ZEMPLAR CAP 1MCG	2		May Be Billable to Part B
ZEMPLAR CAP 2MCG	2		May Be Billable to Part B
ZEMPLAR CAP 4MCG	2		May Be Billable to Part B
ZEMPLAR INJ 2MCG/ML	2		May Be Billable to Part B
ZEMPLAR INJ 5MCG/ML	2		May Be Billable to Part B
ZENPEP CAP 10000UNT	2		Step Therapy
ZENPEP CAP 15000UNT	2		Step Therapy
ZENPEP CAP 20000UNT	2		Step Therapy
ZENPEP CAP 5000UNIT	2		Step Therapy
ZETIA TAB 10MG	2		
ZIAGEN SOL 20MG/ML	2		
ZIAGEN TAB 300MG	2		
ZIDOVUDINE CAP 100MG	1		
ZIDOVUDINE SYP 50MG/5ML	1		
ZIDOVUDINE TAB 300MG	1		
ZMAX SUS 2GM	2		
ZOLINZA CAP 100MG	3		
ZOLPIDEM TAB 10MG	1	30 per 30 days	
ZOLPIDEM TAB 5MG	1	30 per 30 days	
ZOMETA INJ 4MG/100	3		May Be Billable to Part B
ZOMETA INJ 4MG/5ML	3		May Be Billable to Part B
ZONALON CRE 5%	2		
ZONISAMIDE CAP 100MG	1		
ZONISAMIDE CAP 25MG	1		
ZONISAMIDE CAP 50MG	1		

**2012 STERLING RETIREE Rx 3 TIER FORMULARY**

<b>DRUG NAME</b>	<b>TIER</b>	<b>QUANTITY LIMIT</b>	<b>PRIOR AUTHORIZATION</b>
ZORTRESS TAB 0.25MG	2		May Be Billable to Part B
ZORTRESS TAB 0.5MG	2		May Be Billable to Part B
ZORTRESS TAB 0.75MG	3		May Be Billable to Part B
ZOSTAVAX INJ	2		
ZOSYN SOL 2-0.25GM	3		
ZOSYN SOL 3-0.375G	3		
ZOVIA 1/35E TAB	1		
ZOVIA 1/50E TAB	1		
ZOVIRAX CRE 5%	2		
ZOVIRAX OIN 5%	2		
ZYCLARA CRE 3.75%	2		
ZYMAR DRO 0.3%	2		
ZYMAXID SOL 0.5%	2		
ZYPREXA INJ 10MG	3		
ZYPREXA TAB 10MG	3		
ZYPREXA TAB 15MG	3		
ZYPREXA TAB 2.5MG	3		
ZYPREXA TAB 20MG	3		
ZYPREXA TAB 5MG	3		
ZYPREXA TAB 7.5MG	3		
ZYPREXA ZYDI TAB 10MG	3		
ZYPREXA ZYDI TAB 15MG	3		
ZYPREXA ZYDI TAB 20MG	3		
ZYPREXA ZYDI TAB 5MG	3		
ZYTIGA TAB 250MG	3		PA for New Treatments
ZYVOX SOL 2MG/ML	3		
ZYVOX SUS 100MG/5M	3		
ZYVOX TAB 600MG	3		

**Step Therapy**

There are effective, lower-cost drugs that treat the same health condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you and your doctor can ask the plan to cover this drug.