

2012 STERLING RETIREE Rx BASIC FORMULARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

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

2012 STERLING RETIREE Rx BASIC FORMULARY

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

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.