

CIGNA Medicare Rx® (PDP) Medicare Part D Prescription Drug Plans

CIGNA Medicare Rx® Plan Two (PDP) 2012 Formulary (List of Covered Drugs)

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

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

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

Connecticut General Life Insurance Company is a Medicare-approved Part D sponsor.

This information is available for free in other languages. Please contact our Customer Service number at 1-800-222-6700 for additional information. (TTY users should call 1-800-322-1451). Hours are 8 am – 8 pm, local time, 7 days a week. Customer Service has free language interpreter services available for non-English speakers.

Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, comuníquese con el número de Servicio de atención al cliente al 1-800-222-6700. (Los usuarios de TTY deben llamar al 1-800-322-1451). Nuestro horario es de 8 a. m. a 8 p. m., hora local, los 7 días de la semana. El Servicio de atención al cliente cuenta con servicios de interpretación gratuitos para aquellas personas que no hablan inglés.

This information is available for free in a different format, Braille or Large Print. Please call Customer Service at the number listed above if you need plan information in another format.



What is the CIGNA Medicare Rx (PDP) Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by CIGNA Medicare Rx (PDP), please visit our website at www.cignamedicarerx.com or call Customer Service at 1-800-222-6700, 8 am – 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451.

Our plan's printed formulary document will be updated for any mid-year, non maintenance changes via errata sheets in the event that we 1) remove a drug from our formulary, 2) increase the cost share of a formulary drug, or 3) add utilization management edits to a formulary drug **and** no new alternate drug is offered by our plan as a possible replacement for any of the previously described formulary changes. All affected members currently taking a formulary drug which will have one or more of the previously described formulary changes will be exempt from the formulary change(s) for the remainder of the coverage year.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 5**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 35. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CIGNA Medicare Rx (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CIGNA Medicare Rx (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CIGNA Medicare Rx (PDP) before you fill your prescriptions. If you don't get approval, CIGNA Medicare Rx (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, CIGNA Medicare Rx (PDP) limits the amount of the drug that CIGNA Medicare Rx (PDP) will cover. For example, CIGNA Medicare Rx (PDP) provides coverage for up to 1 tablet per day per prescription for Crestor 10mg tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, CIGNA Medicare Rx (PDP) requires you to first try certain drugs to treat your medical condition before we will cover

another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CIGNA Medicare Rx (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CIGNA Medicare Rx (PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.cignamedicareRx.com.

You can ask CIGNA Medicare Rx (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the CIGNA Medicare Rx (PDP) formulary?" **below** for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that CIGNA Medicare Rx (PDP) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CIGNA Medicare Rx (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CIGNA Medicare Rx (PDP).
- You can ask CIGNA Medicare Rx (PDP) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CIGNA Medicare Rx (PDP) Formulary?

You can ask CIGNA Medicare Rx (PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CIGNA Medicare Rx (PDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drugs Tier 4, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drugs Tier 3 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier Drugs Tier 5.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

An extended transition process is provided to circumstances involving level of care changes in which a beneficiary is changing from one treatment setting to another. An override for

2012 Comprehensive Formulary – Plan Two

refill-too-soon edit would be provided to allow appropriate coverage. Since there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while going through a process, our transition policy would allow coverage for one fill with up to 31 day supply of medication.

For more information

For more detailed information about your CIGNA Medicare Rx (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CIGNA Medicare Rx (PDP), please call Customer Service at 1-800-222-6700, 8 am – 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451. Or visit www.cignamedicarerx.com.

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

CIGNA Medicare Rx (PDP) Formulary

The formulary that begins on page 5 provides coverage information about some of the drugs covered by CIGNA Medicare Rx (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 35.

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

The information in the Requirements/Limits column tells you if CIGNA Medicare Rx (PDP) has any special requirements for coverage of your drug.

2012 Comprehensive Formulary – Plan Two Copay/Coinsurance Table

State(s)	Initial Coverage Level Copays/Coinsurance								
	Tiers	30-Day Retail	90-Day Retail	30-Day Preferred Mail Order	90-Day Preferred Mail Order	30-Day Non-Preferred Mail Order	90-Day Non-Preferred Mail Order	10-Day Out-of-Network	31-Day LTC
AL, AZ, AR, CT, FL, IL, IN, IA, KY, MA, MI, MN, MO, MT, NE, NC, ND, OH, PA, RI, SC, SD, TN, TX, VT, VA, WV, WY	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2	\$5.00	\$15.00	\$5.00	\$12.50	\$5.00	\$15.00	\$5.00	\$5.00
	3	\$41.00	\$123.00	\$41.00	\$102.50	\$41.00	\$123.00	\$41.00	\$41.00
	4	\$85.00	\$255.00	\$85.00	\$212.50	\$85.00	\$255.00	\$85.00	\$85.00
	5	33%	33%	33%	33%	33%	33%	33%	33%

2012 Comprehensive Formulary – Plan Two

Cost-Sharing Tier Description

Tier 1: Preferred Generic Drugs. This grouping of prescription drugs represents the lowest cost sharing.

Tier 2: Non-Preferred Generic Drugs.

Tier 3: Preferred Brand Drugs.

Tier 4: Non-Preferred Brand Drugs.

Tier 5: Specialty Tier Drugs. This grouping of prescription drugs represents the highest cost sharing.

Symbol Key – Utilization Management Requirements/Limits

B vs D: Coverage determination for Part B or Part D required. Note: Inhalant solutions used in a nebulizer are only covered under Part D when the member is located in a long term care (LTC) setting.

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

PA: Prior authorization is required.

QL: Quantity limits apply.

RA: Restricted Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700, 8 am - 8 pm local time, 7 days a week. TTY/TDD users should call 1-800-322-1451.

ST: Step therapy is required.

Generally all medications on the formulary are available through mail order except when special circumstances or situations prohibit mailing a particular medication to your home.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
<i>acetaminophen/codeine</i>	2	
<i>ascomp/codeine</i>	2	
<i>buprenorphine hcl</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butorphanol tartrate injection</i>	2	
<i>butorphanol tartrate nasal solution</i>	2	QL (5 per 30 days)
<i>co-gesic</i>	2	
<i>codeine sulfate</i>	2	
DEMEROL INJECTION	4	
DURAMORPH	4	
EMBEDA	4	QL (60 per 30 days)
<i>endocet</i>	2	
<i>fentanyl citrate</i>	1	B vs D GC
<i>fentanyl citrate oral transmucosal 200mcg</i>	2	QL (120 per 30 days) PA

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate oral transmucosal 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL (120 per 30 days) PA
<i>fentanyl patch</i>	2	QL (20 per 30 days)
<i>hydrocodone/acetaminophen</i>	2	
<i>hydrocodone/ibuprofen</i>	2	
<i>hydromorphone hcl</i>	2	
INFUMORPH	4	
KADIAN	3	QL (60 per 30 days)
<i>levorphanol tartrate</i>	2	
<i>margesic-h</i>	2	
<i>maxidone</i>	2	
<i>meperidine hcl</i>	2	
<i>methadone hcl</i>	2	
<i>methadose</i>	2	
<i>morphine sulfate</i>	2	
<i>morphine sulfate er 15mg, 30mg</i>	2	QL (180 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate er 60mg, 100mg, 200mg</i>	2	QL (120 per 30 days)
<i>nalbuphine hcl</i>	2	B vs D
ONSOLIS	5	QL (120 per 30 days) PA
OPANA ER 5MG, 10MG, 20MG, 30MG	3	QL (60 per 30 days)
OPANA ER 40MG	3	QL (120 per 30 days)
<i>oxycodone hcl</i>	2	
<i>oxycodone hcl/ acetaminophen</i>	2	
<i>oxycodone hcl/aspirin</i>	2	
<i>oxycodone hcl/ibuprofen</i>	2	
OXYCONTIN 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	QL (90 per 30 days)
OXYCONTIN 80MG	3	QL (120 per 30 days)
<i>pentazocine/acetaminophen</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
<i>reprexain</i>	2	
<i>roxicet</i>	2	
ROXICODONE TABLET 15MG, 30MG	4	
<i>stagesic</i>	2	
TALWIN	4	B vs D
<i>tramadol hcl</i>	2	
<i>tramadol hcl/ acetaminophen</i>	2	
<i>zerlor</i>	2	
Anesthetics		
<i>lidocaine hcl</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl ointment 5%</i>	2	B vs D
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine/prilocaine</i>	2	B vs D
LIDODERM	3	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Antibacterials		
ALTABAX	4	
<i>amikacin sulfate</i>	2	
<i>amoxicillin</i>	2	
<i>amoxicillin/potassium clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin-sulbactam</i>	2	
AVELOX INJECTION	3	
AVELOX TABLET	3	QL (30 per 30 days)
AZACTAM	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE 1GM	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE 2GM	5	
<i>azithromycin injection, suspension reconstituted</i>	2	
<i>azithromycin tablet 250mg</i>	2	QL (12 per 30 days)
<i>azithromycin tablet 500mg, 600mg</i>	2	
<i>aztreonam</i>	2	
<i>bacim</i>	2	
<i>bacitracin</i>	2	
BICILLIN C-R	3	
BICILLIN L-A	4	
BLEPH-10	4	
CAYSTON	5	
CEDAX	4	
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefotaxime sodium</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>cefotetan</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i>	2	
<i>chloramphenicol sodium succinate</i>	2	
CIPRO I.V.	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i>	2	
CLAFORAN	3	
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	2	
CLEOCIN GALAXY	4	
CLEOCIN PHOSPHATE SOLUTION 900MG/6ML	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate</i>	2	
<i>colistimethate sodium</i>	2	
COLY-MYCIN M	4	
CUBICIN	5	B vs D
<i>demeclocycline hcl</i>	2	
<i>dicloxacillin sodium</i>	2	
DORIBAX	4	
DORYX	4	
<i>doxycycline hyclate</i>	2	
<i>doxycycline monohydrate</i>	2	
<i>e.e.s.</i>	2	
<i>ery</i>	2	
<i>ery-tab</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
ERYPED	3	
<i>erythrocin lactobionate</i>	2	
<i>erythrocin stearate</i>	2	
<i>erythromycin</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin/sulfisoxazole</i>	2	
FACTIVE	4	QL (30 per 30 days)
FORTAZ	4	
FURADANTIN	3	
<i>gentamicin isotonic</i>	2	
<i>gentamicin sulfate</i>	2	
HELIDAC	4	
INVANZ	4	
<i>kanamycin sulfate</i>	2	
KETEK	4	
LINCOCIN	3	
MACRODANTIN 25MG	4	
<i>meropenem</i>	2	
MERREM	4	
<i>methenamine hippurate</i>	2	
METROGEL-VAGINAL	4	
<i>metronidazole</i>	2	
<i>metronidazole vaginal</i>	2	
MINOCIN	4	
<i>minocycline hcl</i>	2	
<i>mupirocin</i>	2	
<i>nafcillin sodium</i>	2	
NALLPEN/DEXTROSE	3	
<i>neomycin sulfate</i>	2	
<i>neomycin/bacitracin/ polymyxin</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>nitrofurantoin</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystalline</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
NOROXIN	4	
<i>ofloxacin</i>	2	
ORACEA	4	
<i>oxacillin sodium</i>	2	
<i>paromomycin sulfate</i>	2	
PCE	3	
<i>penicillin g potassium</i>	2	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	2	
PHISOHEX	4	
<i>piperacillin sodium</i>	2	
<i>piperacillin sodium/ tazobactam sodium</i>	2	
<i>polycin b</i>	2	
<i>polymyxin b sulfate</i>	2	
PRIMAXIN I.M.	4	
PRIMAXIN IV 250MG/250MG	3	
PRIMAXIN IV 500MG/500MG	4	
PRIMSOL	4	
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>sodium sulfacetamide</i>	2	
SPECTRACEF	4	
<i>ssd</i>	2	
<i>streptomycin sulfate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/ trimethoprim</i>	2	
<i>sulfamethoxazole/ trimethoprim ds</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX	4	
SYNERCID	5	
<i>tazicef</i>	2	
TEFLARO	5	
<i>tetracycline hcl</i>	2	
<i>thermazene</i>	2	
TIMENTIN	4	
TOBI	5	B vs D
<i>tobramycin sulfate</i>	2	
<i>trimethoprim</i>	2	
TYGACIL	4	
VANOCIN HCL 125MG	5	QL (40 per 10 days)
VANOCIN HCL 250MG	5	QL (80 per 10 days)
<i>vancomycin hcl</i>	2	B vs D
VANDAZOLE	4	
XIFAXAN 200MG	4	QL (90 per 30 days) PA
XIFAXAN 550MG	5	QL (60 per 30 days) PA
ZMAX	4	QL (120 per 30 days)
ZOSYN	3	
ZYVOX	5	PA
Anticonvulsants		
BANZEL SUSPENSION	4	
BANZEL TABLET 200MG	4	
BANZEL TABLET 400MG	5	
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
CELONTIN	4	
DEPACON	3	
DILANTIN CAPSULE 30MG	3	
DILANTIN CAPSULE 100MG	4	
DILANTIN INFATABS	3	
DILANTIN SUSPENSION	4	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i>	2	
FELBATOL SUSPENSION	5	
FELBATOL TABLET	4	
<i>fosphenytoin sodium</i>	2	
<i>gabapentin</i>	2	
GABITRIL	4	
KEPPRA INJECTION	4	
LAMICTAL	3	
LAMICTAL CHEWABLE	3	
LAMICTAL ODT	3	
LAMICTAL STARTER KIT	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
LYRICA	3	QL (60 per 30 days)
NEURONTIN SOLUTION	4	
<i>oxcarbazepine</i>	2	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i>	2	
SABRIL	5	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
VIMPAT	4	
<i>zonisamide</i>	2	
Antidementia Agents		
ARICEPT TABLET 23MG	3	QL (30 per 30 days)
<i>donepezil hcl</i>	2	QL (30 per 30 days)
<i>ergoloid mesylates</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
EXELON PATCH	3	QL (30 per 30 days)
EXELON SOLUTION	3	QL (180 per 30 days)
<i>galantamine hydrobromide capsule er</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide solution</i>	2	QL (180 per 30 days)
<i>galantamine hydrobromide tablet</i>	2	QL (60 per 30 days)
NAMENDA SOLUTION	3	QL (300 per 30 days)
NAMENDA TABLET	3	QL (60 per 30 days)
NAMENDA TITRATION PAK	3	QL (49 per 30 days)
<i>rivastigmine tartrate</i>	2	QL (60 per 30 days)
Antidepressants		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
<i>budeprion sr</i>	2	QL (60 per 30 days)
<i>budeprion xl</i>	2	QL (30 per 30 days)
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	2	QL (60 per 30 days)
<i>chlordiazepoxide/ amitriptyline</i>	2	
<i>citalopram hydrobromide solution</i>	2	QL (900 per 30 days)
<i>citalopram hydrobromide tablet 10mg, 40mg</i>	2	QL (30 per 30 days)
<i>citalopram hydrobromide tablet 20mg</i>	2	QL (90 per 30 days)
<i>clomipramine hcl</i>	2	
CYMBALTA	3	QL (60 per 30 days)
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i>	2	
EMSAM	4	
<i>fluoxetine hcl</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
LEXAPRO SOLUTION	4	QL (600 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABLET	4	QL (60 per 30 days)
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	2	
NARDIL	4	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i>	2	
<i>paroxetine hcl suspension</i>	2	QL (900 per 30 days)
<i>paroxetine hcl tablet</i>	2	QL (30 per 30 days)
PAXIL SUSPENSION	4	QL (900 per 30 days)
<i>perphenazine/amitriptyline</i>	2	
<i>phenelzine sulfate</i>	2	
PRISTIQ	3	QL (30 per 30 days)
<i>protriptyline hcl</i>	2	
SAVELLA	3	QL (60 per 30 days)
SAVELLA TITRATION PACK	3	QL (55 per 30 days)
<i>selfemra</i>	2	
<i>sertraline hcl concentrate</i>	2	QL (300 per 30 days)
<i>sertraline hcl tablet 25mg, 50mg</i>	2	QL (30 per 30 days)
<i>sertraline hcl tablet 100mg</i>	2	QL (60 per 30 days)
SURMONTIL	4	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er capsule 37.5mg, 75mg</i>	2	QL (30 per 30 days)
<i>venlafaxine hcl er 150mg</i>	2	QL (60 per 30 days)
VIIBRYD	4	QL (30 per 30 days)
Antidotes, Deterrents, and Toxicologic Agents		
ANTABUSE	3	
ANTIZOL	5	
<i>buproban</i>	2	QL (60 per 30 days)
CAMPRAL	4	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTING MONTH PAK	4	QL (106 per 365 days) ST
CHANTIX TABLET 0.5MG, 1MG	4	QL (336 per 365 days) ST
CHEMET	4	
<i>depade</i>	2	
EXJADE	5	
<i>fomepizole</i>	5	
<i>kionex</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
RELISTOR	4	
REVIA	4	
<i>sodium polystyrene sulfonate</i>	2	
SUBOXONE	3	
SYPRINE	3	
VIVITROL	5	PA
Antiemetics		
ANZEMET INJECTION	4	PA
ANZEMET TABLET	4	QL (5 per 30 days) B vs D
<i>compro</i>	2	
<i>dronabinol 2.5mg, 5mg</i>	2	B vs D
<i>dronabinol 10mg</i>	5	B vs D
EMEND 40MG	3	QL (2 per 30 days) B vs D
EMEND 80MG	3	QL (8 per 30 days) B vs D
EMEND 125MG	3	QL (4 per 30 days) B vs D
EMEND TRIFOLD PACK	3	QL (12 per 30 days) B vs D
MARINOL 5MG,10MG	5	B vs D
<i>meclizine hcl rx</i>	1	GC

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl injection</i>	2	B vs D
<i>ondansetron hcl oral solution</i>	2	QL (900 per 30 days) B vs D
<i>ondansetron hcl tablet 4mg</i>	2	QL (60 per 30 days) B vs D
<i>ondansetron hcl tablet 8mg</i>	2	QL (90 per 30 days) B vs D
<i>ondansetron hcl tablet 24mg</i>	2	QL (5 per 30 days) B vs D
<i>ondansetron odt tablet 4mg</i>	2	QL (60 per 30 days) B vs D
<i>ondansetron odt tablet 8mg</i>	2	QL (90 per 30 days) B vs D
<i>phenadoz</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
<i>promethegan</i>	2	
SANCUSO	4	QL (4 per 30 days) PA
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl capsule</i>	2	B vs D
<i>trimethobenzamide hcl injection</i>	2	
Antifungals		
ABELCET	5	B vs D
AMBISOME	5	B vs D
AMPHOTEC	4	B vs D
<i>amphotericin b</i>	2	B vs D
ANCOBON	5	
CANCIDAS	5	PA
<i>ciclopirox gel</i>	2	
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>clotrimazole rx</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole/ betamethasone dipropionate</i>	2	
DIFLUCAN IN NAACL	4	
<i>econazole nitrate</i>	2	
ERAXIS	3	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
GRIFULVIN V	3	
GRIS-PEG	4	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i>	2	
<i>ketoconazole</i>	2	
<i>miconazole 3 rx</i>	2	
MYCAMINE	5	
NAFTIN	4	
NOXAFIL	5	
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
<i>pedi-dri</i>	2	
PENLAC NAIL LACQUER	4	PA
<i>selenium sulfide rx</i>	2	
SPORANOX	5	
<i>terbinafine hcl tablet</i>	2	QL (90 per 270 days)
<i>terconazole</i>	2	
VFEND	5	
VFEND IV	4	
<i>voriconazole</i>	5	
<i>zazole</i>	2	
Antigout Agents		
<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	2	
ALOPRIM	4	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
COLCRYS	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL (30 per 30 days) ST
Anti-inflammatory Agents		
CELEBREX	3	QL (60 per 30 days)
<i>diclofenac potassium</i>	1	GC
<i>diclofenac sodium</i>	1	GC
<i>diclofenac sodium ec</i>	1	GC
<i>diclofenac sodium xr</i>	1	GC
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i>	2	
FLECTOR	4	
<i>flurbiprofen</i>	1	GC
<i>ibuprofen</i>	1	GC
<i>indomethacin</i>	1	GC
<i>indomethacin er</i>	1	GC
<i>ketorolac tromethamine injection</i>	2	PA
<i>ketorolac tromethamine tablet</i>	2	QL (20 per 30 days)
<i>meclofenamate sodium</i>	2	
<i>meloxicam</i>	1	GC
<i>nabumetone</i>	2	
<i>naproxen</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium</i>	1	GC
<i>oxaprozin</i>	2	
<i>piroxicam</i>	1	GC
<i>sulindac</i>	1	GC
<i>tolmetin sodium</i>	2	
VIMOVO	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Antimigraine Agents		
CAFERGOT	4	
D.H.E. 45	5	
<i>dihydroergotamine mesylate</i>	2	
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	2	
MAXALT & MAXALT-MLT 5MG	3	QL (27 per 30 days)
MAXALT & MAXALT-MLT 10MG	3	QL (18 per 30 days)
<i>migergot</i>	2	
MIGRANAL	4	QL (8 per 30 days)
<i>sumatriptan succinate injection</i>	2	QL (4 per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL (36 per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL (9 per 30 days)
TREXIMET	3	QL (9 per 30 days)
ZOMIG & ZOMIG ZMT 2.5MG	4	QL (12 per 30 days)
ZOMIG & ZOMIG ZMT 5MG	4	QL (6 per 30 days)
ZOMIG SOLUTION	4	QL (6 per 30 days)
Antimyasthenic Agents		
<i>bethanechol chloride</i>	2	
<i>guanidine hcl</i>	2	
MESTINON	3	
MESTINON TIMESPAN	3	
MYTELASE	3	
<i>pyridostigmine bromide</i>	2	
REGONOL	4	
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>dapsone</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl</i>	2	
<i>isonarif</i>	2	
<i>isoniazid</i>	2	
MYCOBUTIN	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
RIFAMATE	3	
<i>rifampin</i>	2	
RIFATER	4	
SEROMYCIN	3	
TRECTOR	3	
Antineoplastics		
ABRAXANE	5	B vs D
ADRIAMYCIN	4	B vs D
AFINITOR	5	
ALIMTA	5	B vs D
ALKERAN	5	B vs D
<i>amifostine</i>	5	B vs D
<i>anastrozole</i>	2	QL (30 per 30 days)
ARIMIDEX	3	QL (30 per 30 days)
AROMASIN	4	
ARRANON	5	B vs D
ARZERRA	5	B vs D
AVASTIN	5	B vs D
BICNU	3	B vs D
<i>bleomycin sulfate</i>	2	B vs D
BUSULFEX	3	B vs D
CAMPATH	5	B vs D
CAMPTOSAR	4	B vs D
<i>carboplatin</i>	2	B vs D
CEENU	3	
CERUBIDINE	4	B vs D
<i>cisplatin</i>	2	B vs D
<i>cladribine</i>	5	B vs D

Drug Name	Drug Tier	Requirements/ Limits
CLOLAR	5	B vs D
COSMEGEN	5	B vs D
<i>cyclophosphamide</i>	2	B vs D
<i>cytarabine</i>	2	B vs D
<i>dacarbazine</i>	2	B vs D
DACOGEN	5	B vs D
<i>daunorubicin hcl</i>	2	B vs D
DAUNOXOME	4	B vs D
<i>dexrazoxane</i>	5	B vs D
<i>docetaxel</i>	5	B vs D
DOXIL	5	B vs D
<i>doxorubicin hcl</i>	2	B vs D
DROXIA	3	
ELITEK	5	
ELLECE	5	B vs D
ELOXATIN	5	B vs D
ELSPAR	3	B vs D
EMCYT	3	
<i>epirubicin hcl</i>	5	B vs D
ERBITUX	5	B vs D
ETHYOL	5	B vs D
ETOPOPHOS	5	B vs D
<i>etoposide</i>	2	B vs D
<i>exemestane</i>	2	
FARESTON	4	
FASLODEX	5	B vs D
FEMARA	4	
FLUDARA	5	B vs D
<i>fludarabine phosphate</i>	5	B vs D
<i>fluorouracil</i>	2	B vs D
<i>gemcitabine hcl</i>	5	B vs D
GEMZAR	5	B vs D
GLEEVEC	5	
HALAVEN	5	
HERCEPTIN	5	B vs D

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
HEXALEN	5	
HYCANTIN	5	B vs D
<i>hydroxyurea</i>	2	
IDAMYCIN PFS	5	B vs D
<i>idarubicin hcl</i>	5	B vs D
IFEX	4	B vs D
<i>ifosfamide</i>	2	B vs D
<i>ifosfamide/mesna</i>	5	B vs D
IRESSA	5	RA
<i>irinotecan</i>	5	B vs D
ISTODAX	5	B vs D
IXEMPRA	5	B vs D
JEVTANA	5	B vs D
<i>letrozole</i>	2	
LEUKERAN	3	
LEUSTATIN	3	B vs D
MATULANE	5	
<i>melfalan hydrochloride</i>	2	B vs D
<i>mercaptopurine</i>	2	
<i>mesna</i>	2	B vs D
MESNEX INJECTION	5	B vs D
MESNEX TABLET	5	
<i>mitomycin</i>	2	B vs D
<i>mitoxantrone hcl</i>	2	B vs D
MUSTARGEN	3	B vs D
NEXAVAR	5	RA
NIPENT	5	B vs D
NOVANTRONE	5	B vs D
ONCASPAR	5	B vs D
ONTAK	5	B vs D
<i>oxaliplatin</i>	5	B vs D
<i>paclitaxel</i>	2	B vs D
PANRETIN	5	
<i>pentostatin</i>	5	B vs D
PHOTOFRIN	5	B vs D

Drug Name	Drug Tier	Requirements/ Limits
PROLEUKIN	5	
PURINETHOL	4	
REVLIMID	5	RA
RITUXAN	5	PA
SPRYCEL	5	
SUTENT	5	
<i>tabloid</i>	2	
<i>tamoxifen citrate</i>	2	
TARCEVA	5	
TARGRETIN	5	
TASIGNA	5	
TAXOTERE	5	B vs D
THALOMID	5	
<i>thiotepa</i>	2	B vs D
<i>toposar</i>	2	B vs D
<i>topotecan hcl</i>	5	B vs D
TORISEL	5	B vs D
TREANDA	5	B vs D
<i>tretinoin - oral</i>	5	
TRISENOX	4	B vs D
TYKERB	5	
VANDETANIB	5	
VECTIBIX	5	B vs D
VELCADE	5	B vs D
VIDAZA	3	
<i>vinblastine sulfate</i>	2	B vs D
<i>vincasar pfs</i>	2	B vs D
<i>vincristine sulfate</i>	2	B vs D
<i>vinorelbine tartrate</i>	2	B vs D
VOTRIENT	5	
ZANOSAR	5	B vs D
ZINECARD	5	B vs D
ZOLINZA	5	
ZYTIGA	5	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
Antiparasitics		
<i>acticin</i>	2	
ALBENZA	3	
ALINIA	4	
BILTRICIDE	3	
<i>chloroquine phosphate</i>	2	
DARAPRIM	3	
EURAX	4	
<i>hydroxychloroquine sulfate</i>	2	
<i>lindane</i>	2	
MALARONE	4	
<i>malathion</i>	2	
<i>mebendazole</i>	2	
<i>mefloquine hcl</i>	2	
MEPRON	5	
OVIDE	4	
PENTAM 300	4	
<i>permethrin</i>	2	
PRIMAQUINE PHOSPHATE	4	
QUALAQUIN	3	PA
STROMEKTOL	3	
Antiparkinson Agents		
<i>amantadine hcl</i>	2	
APOKYN	5	
AZILECT	3	QL (30 per 30 days)
<i>benztropine mesylate</i>	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa sr</i>	2	
COMTAN	4	
LODOSYN	3	
MIRAPEX ER	3	
PARCOPA	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i>	2	
REQUIP XL	3	
<i>ropinirole hcl</i>	2	
<i>selegiline hcl</i>	2	
STALEVO	3	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	4	
Antipsychotics		
ABILIFY DISCMELT 10MG	4	QL (60 per 30 days)
ABILIFY DISCMELT 15MG	5	QL (60 per 30 days)
ABILIFY INJECTION	4	
ABILIFY ORAL SOLUTION	4	QL (900 per 30 days)
ABILIFY TABLET 2MG, 5MG, 10MG, 15MG	4	QL (30 per 30 days)
ABILIFY TABLET 20MG, 30MG	5	QL (30 per 30 days)
<i>chlorpromazine hcl</i>	2	
<i>clozapine</i>	2	
FANAPT	4	QL (60 per 30 days)
FANAPT TITRATION PACK	4	QL (16 per 30 days)
FAZACLO	4	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON CAPSULE	3	QL (60 per 30 days)
GEODON INJECTION	3	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
INVEGA SUSTENNA 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA 117MG/0.75ML, 156MG/ ML, 234MG/1.5ML	5	
INVEGA TABLET 1.5MG, 3MG	4	QL (30 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TABLET 6MG	4	QL (60 per 30 days)
INVEGA TABLET 9MG	5	QL (30 per 30 days)
LATUDA	4	QL (30 per 30 days)
<i>loxapine succinate</i>	2	
ORAP	4	
<i>perphenazine</i>	2	
RISPERDAL CONSTA 12.5MG, 25MG	4	QL (4 per 28 days)
RISPERDAL CONSTA 37.5MG, 50MG	5	QL (4 per 28 days)
<i>risperidone odt 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL (60 per 30 days)
<i>risperidone odt 4mg</i>	2	QL (120 per 30 days)
<i>risperidone solution</i>	2	QL (240 per 30 days)
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL (60 per 30 days)
<i>risperidone tablet 4mg</i>	2	QL (120 per 30 days)
SAPHRIS	4	
SEROQUEL 25MG, 50MG, 100MG, 200MG	4	QL (120 per 30 days)
SEROQUEL 300MG, 400MG	4	QL (60 per 30 days)
SEROQUEL XR 50MG, 300MG, 400MG	3	QL (60 per 30 days)
SEROQUEL XR 150MG, 200MG	3	QL (30 per 30 days)
SYMBYAX	4	QL (30 per 30 days)
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
ZYPREXA 2.5MG, 5MG, 7.5MG, 10MG	3	QL (30 per 30 days)
ZYPREXA 15MG, 20MG	5	QL (30 per 30 days)
ZYPREXA INJECTION	3	
ZYPREXA ZYDIS 5MG, 10MG	3	QL (30 per 30 days)
ZYPREXA ZYDIS 15MG, 20MG	5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Antispasticity Agents		
<i>baclofen</i>	2	
<i>tizanidine hcl</i>	2	
Antivirals		
<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	B vs D
APTIVUS	5	
ATRIPLA	5	
BARACLUDE SOLUTION	4	
BARACLUDE TABLET	5	
COMBIVIR	5	
COPEGUS	5	
CRIXIVAN	3	
CYTOVENE	4	B vs D
DENAVIR	3	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	4	
EPIVIR	3	
EPIVIR HBV	3	
EPZICOM	5	
<i>famciclovir</i>	2	
FLUMADINE	4	
<i>foscarnet sodium</i>	2	B vs D
FUZEON	5	
<i>ganciclovir capsule 250mg</i>	2	
<i>ganciclovir capsule 500mg</i>	5	
<i>ganciclovir injection</i>	2	B vs D
HEPSERA	5	
INTELENCE	5	
INVIRASE CAPSULE	4	
INVIRASE TABLET	5	
ISENTRESS	5	
KALETRA SOLUTION	5	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
KALETRA TABLET 100MG/25MG	4	
KALETRA TABLET 200MG/50MG	5	
LEXIVA SUSPENSION	4	
LEXIVA TABLET	5	
NORVIR	4	
PREZISTA 75MG, 150MG	4	
PREZISTA 400MG, 600MG	5	
REBETOL CAPSULE	5	
REBETOL SOLUTION	3	
RELENZA DISKHALER	4	QL (120 per 365 days)
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ 100MG	4	
REYATAZ 150MG, 200MG, 300MG	5	
<i>ribapak</i>	5	
<i>ribasphere capsule 200mg</i>	2	
<i>ribasphere tablet 200mg</i>	2	
<i>ribasphere tablet 400mg, 600mg</i>	5	
<i>ribavirin 200mg</i>	2	
<i>rimantadine hcl</i>	2	
SELZENTRY	3	
<i>stavudine</i>	2	
SUSTIVA	4	
TAMIFLU 30MG	3	QL (120 per 365 days)
TAMIFLU 45MG	3	QL (60 per 365 days)
TAMIFLU 75MG	3	QL (56 per 365 days)
TAMIFLU SUSPENSION	3	
TRIZIVIR	5	
TRUVADA	5	
TYZEKA	5	
<i>valacyclovir hcl</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE	5	
VICTRELIS	5	PA
VIDEX EC	4	
VIDEX PEDIATRIC	3	
VIRACEPT POWDER	4	
VIRACEPT TABLET	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	5	B vs D
VIREAD	5	
VISTIDE	5	
ZERIT	4	
ZIAGEN	3	
<i>zidovudine</i>	2	
Anxiolytics		
<i>buspirone hcl</i>	2	
LEXAPRO SOLUTION	4	QL (600 per 30 days)
LEXAPRO TABLET	4	QL (60 per 30 days)
<i>meprobamate</i>	2	
Bipolar Agents		
<i>divalproex sodium er</i>	2	
EQUETRO	4	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	
Blood Glucose Regulators		
<i>acarbose</i>	2	
ACTOPLUS MET	3	QL (90 per 30 days)
ACTOS	3	QL (30 per 30 days)
ALCOHOL PREP PADS	3	
APIDRA	3	
AVANDAMET	4	QL (60 per 30 days)
AVANDARYL 1MG/4MG, 2MG/4MG, 4MG/4MG	4	QL (60 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
AVANDARYL 2MG/8MG, 4MG/8MG	4	QL (30 per 30 days)
AVANDIA 2MG, 4MG	4	QL (60 per 30 days)
AVANDIA 8MG	4	QL (30 per 30 days)
BYETTA	3	QL (3 per 30 days)
<i>chlorpropamide</i>	2	
DUETACT	3	QL (30 per 30 days)
GAUZE PADS 2"X2"	3	
<i>glimepiride</i>	1	GC
<i>glipizide</i>	1	GC
<i>glipizide er</i>	1	GC
<i>glipizide/metformin hcl</i>	2	
GLUCAGEN HYPOKIT	3	QL (2 per 1 day)
GLUCAGON EMERGENCY KIT	3	QL (2 per 1 day)
<i>glyburide</i>	1	GC
<i>glyburide micronized</i>	2	
<i>glyburide/metformin hcl</i>	2	
GLYSET	4	
HUMULIN R U-500 (CONCENTRATED)	3	
INSULIN SYRINGES & NEEDLES	3	
JANUMET	3	QL (60 per 30 days)
JANUVIA	3	QL (30 per 30 days)
KOMBIGLYZE XR 500MG/5MG, 1000MG/5MG	3	QL (30 per 30 days)
KOMBIGLYZE XR 1000MG/2.5MG	3	QL (60 per 30 days)
LANTUS	3	
LEVEMIR	3	
<i>metformin hcl</i>	1	GC
<i>metformin hcl er</i>	1	GC
<i>nateglinide</i>	2	
NOVOLIN	3	
NOVOLOG	3	

Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA	3	QL (30 per 30 days)
PROGLYCEM	3	
RIOMET	4	
SYMLIN	4	QL (20 per 30 days)
SYMLINPEN 60	4	QL (12 per 30 days)
SYMLINPEN 120	4	QL (10.8 per 30 days)
<i>tolazamide</i>	2	
<i>tolbutamide</i>	2	
VICTOZA	3	QL (9 per 30 days)
Blood Products/Modifiers/Volume Expanders		
AGGRENOX	3	QL (60 per 30 days)
<i>aminocaproic acid</i>	2	
ARANESP 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	PA
ARANESP 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	5	PA
ARIXTRA 2.5MG/0.5ML	3	QL (32 per 365 days)
ARIXTRA 5MG/0.4ML	5	QL (12 per 365 days)
ARIXTRA 7.5MG/0.6ML	5	QL (18 per 365 days)
ARIXTRA 10MG/0.8ML	5	QL (24 per 365 days)
<i>cilostazol</i>	2	
COUMADIN	4	
CYKLOKAPRON	3	
<i>dipyridamole</i>	2	
EFFIENT 5MG	3	QL (42 per 30 days)
EFFIENT 10MG	3	QL (36 per 30 days)
<i>enoxaparin sodium 30mg/0.3ml</i>	2	QL (18 per 365 days)
<i>enoxaparin sodium 40mg/0.4ml</i>	2	QL (24 per 365 days)
<i>enoxaparin sodium 60mg/0.6ml</i>	2	QL (36 per 365 days)

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium</i> 80mg/0.8ml	2	QL (48 per 365 days)
<i>enoxaparin sodium</i> 100mg/ml, 150mg/ml	5	QL (60 per 365 days)
<i>enoxaparin sodium</i> 120mg/0.8ml	5	QL (48 per 365 days)
EPOGEN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	QL (12 per 28 days) PA
EPOGEN 10000UNIT/ML, 20000UNIT/ML	5	PA
FRAGMIN 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (6 per 365 days) ST
FRAGMIN 7500UNIT/0.3ML	5	QL (54 per 365 days) ST
FRAGMIN 10000UNIT/ML	5	QL (180 per 365 days) ST
FRAGMIN 12500UNIT/0.5ML	5	QL (15 per 365 days) ST
FRAGMIN 15000UNIT/0.6ML	5	QL (18 per 365 days) ST
FRAGMIN 18000UNT/0.72ML	5	QL (21.6 per 365 days) ST
FRAGMIN 25000UNIT/ML	4	QL (133 per 365 days) ST
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl</i>	2	
<i>heparin sodium 1000unit/ml</i>	2	B vs D
<i>heparin sodium</i> 2000unit/ml, 2500unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	
<i>jantoven</i>	2	
LEUKINE	5	
MOZOBIL	5	
NEULASTA	5	
NEUMEGA	5	PA
NEUPOGEN	5	
<i>pentopak</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pentoxifylline er</i>	2	
PLAVIX TABLET 75MG	3	
PRADAXA	3	QL (60 per 30 days)
PROCRIT 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 per 28 days) PA
PROCRIT 10000UNIT/ML	3	PA
PROCRIT 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	
<i>ticlopidine hcl</i>	2	
<i>warfarin sodium</i>	2	
Cardiovascular Agents		
<i>acebutolol hcl</i>	1	GC
<i>acetazolamide sodium</i>	2	
<i>afeditab cr</i>	2	
<i>amiloride hcl</i>	2	
<i>amiloride/ hydrochlorothiazide</i>	1	GC
<i>amiodarone hcl</i>	2	
<i>amlodipine besylate</i>	1	QL (30 per 30 days) GC
<i>amlodipine besylate/ benazepril hcl</i>	2	QL (30 per 30 days)
AMTURNIDE	4	QL (30 per 30 days)
<i>atenolol</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>benazepril hcl</i>	1	GC
<i>benazepril hcl/ hydrochlorothiazide</i>	1	GC
BENICAR/BENICAR HCT	4	QL (30 per 30 days)
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
BYSTOLIC 2.5MG, 5MG	3	QL (90 per 30 days)
BYSTOLIC 10MG	3	QL (120 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
BYSTOLIC 20MG	3	QL (60 per 30 days)
CADUET	4	QL (30 per 30 days)
<i>captopril</i>	1	GC
<i>captopril/ hydrochlorothiazide</i>	1	GC
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	GC
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	1	GC
<i>cholestyramine light</i>	2	
<i>clonidine hcl tablet</i>	2	
<i>colestipol hcl</i>	2	
COREG CR	3	QL (30 per 30 days)
CORZIDE	4	
CRESTOR	3	QL (30 per 30 days)
<i>digoxin injection</i>	2	
<i>digoxin oral solution, tablet</i>	1	GC
<i>dilt-cd</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltzac</i>	2	
DIOVAN/DIOVAN HCT	3	QL (30 per 30 days)
<i>disopyramide phosphate</i>	2	
DIURIL IV	4	
<i>enalapril maleate</i>	1	GC
<i>enalapril maleate/ hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	2	
EXFORGE/EXFORGE HCT	3	QL (30 per 30 days)
<i>felodipine er</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	QL (30 per 30 days)
<i>fenofibrate tablet 54mg</i>	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate tablet 160mg</i>	2	QL (30 per 30 days)
<i>flecainide acetate</i>	2	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium/ hydrochlorothiazide</i>	2	
<i>furosemide</i>	1	GC
<i>gemfibrozil</i>	2	
<i>guanabenz acetate</i>	2	
<i>guanfacine hcl</i>	2	
<i>hydralazine hcl</i>	2	
<i>hydrochlorothiazide</i>	1	GC
<i>indapamide</i>	1	GC
INNOPRAN XL	4	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>isradipine</i>	2	
<i>labetalol hcl</i>	2	
LANOXIN	3	
LESCOL 20MG	3	QL (30 per 30 days)
LESCOL 40MG	3	QL (60 per 30 days)
LESCOL XL 80MG	3	QL (30 per 30 days)
LIPITOR	1	QL (30 per 30 days) GC
<i>lisinopril</i>	1	GC
<i>lisinopril/ hydrochlorothiazide</i>	1	GC
<i>losartan potassium</i>	2	QL (30 per 30 days)
<i>losartan potassium/ hydrochlorothiazide</i>	2	QL (30 per 30 days)
LOTREL	4	QL (30 per 30 days)
<i>lovastatin 10mg, 20mg</i>	1	QL (30 per 30 days) GC
<i>lovastatin 40mg</i>	1	QL (60 per 30 days) GC
LOVAZA	3	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>methyclothiazide</i>	2	
<i>methyldopa</i>	1	GC
<i>methyldopa/ hydrochlorothiazide</i>	1	GC
<i>methyldopate hcl</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate er 25mg, 50mg, 100mg</i>	2	QL (90 per 30 days)
<i>metoprolol succinate er 200mg</i>	2	QL (60 per 30 days)
<i>metoprolol tartrate injection</i>	2	
<i>metoprolol tartrate tablet</i>	1	GC
<i>metoprolol tartrate/ hydrochlorothiazide</i>	2	
<i>mexiletine hcl</i>	2	
MICARDIS/MICARDIS HCT	3	QL (30 per 30 days)
<i>midodrine hcl</i>	2	
<i>minitran</i>	2	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	2	
<i>moexipril hcl/ hydrochlorothiazide</i>	2	
MONOKET	4	
MULTAQ	3	QL (60 per 30 days)
<i>nadolol</i>	2	
<i>nadolol/ bendroflumethiazide</i>	2	
NIASPAN 500MG	3	QL (30 per 30 days)
NIASPAN 750MG, 1000MG	3	QL (60 per 30 days)
<i>nicardipine hcl</i>	2	
<i>nifediac cc</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i>	5	
<i>nisoldipine</i>	2	QL (30 per 30 days)
<i>nisoldipine er</i>	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
NITRO-BID	4	
NITRO-DUR PATCH 0.3MG/ HR, 0.8MG/HR	4	
<i>nitroglycerin</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
<i>pacerone</i>	2	
<i>perindopril erbumine</i>	2	
<i>pindolol</i>	2	
<i>pravastatin sodium</i>	1	QL (30 per 30 days) GC
<i>prazosin hcl</i>	2	
<i>prevalite</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl/ hydrochlorothiazide</i>	2	
<i>quinapril hcl</i>	2	
<i>quinapril hcl/ hydrochlorothiazide</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
<i>quinidine sulfate er</i>	2	
<i>ramipril</i>	2	QL (60 per 30 days)
RANEXA	3	
<i>reserpine</i>	2	
SAMSCA 15MG	5	QL (30 per 30 days)
SAMSCA 30MG	5	QL (60 per 30 days)
SIMCOR 500MG/20MG, 500MG/40MG, 1000MG/40MG	3	QL (30 per 30 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
SIMCOR 750MG/20MG, 1000MG/20MG	3	QL (60 per 30 days)
<i>simvastatin 5mg, 10mg, 20mg</i>	1	QL (90 per 30 days) GC
<i>simvastatin 40mg</i>	1	QL (45 per 30 days) GC
<i>simvastatin 80mg</i>	1	QL (30 per 30 days) GC
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone/ hydrochlorothiazide</i>	2	
SULAR	4	QL (30 per 30 days)
TARKA 1MG/240MG, 2MG/180MG, 2MG/240MG	4	QL (30 per 30 days)
TARKA 4MG/240MG	4	QL (60 per 30 days)
<i>taztia xt</i>	2	
TEKAMLO	4	QL (30 per 30 days)
TEKTURNA/TEKTURNA HCT	4	QL (30 per 30 days)
TIKOSYN	4	
<i>timolol maleate</i>	1	GC
TOPROL XL 25MG, 50MG, 100MG	4	QL (90 per 30 days)
TOPROL XL 200MG	4	QL (60 per 30 days)
<i>torseamide</i>	2	
<i>trandolapril</i>	2	
<i>triamterene/ hydrochlorothiazide</i>	1	GC
TRICOR 48MG	4	QL (60 per 30 days)
TRICOR 145MG	4	QL (30 per 30 days)
TRILIPIX 45MG	3	QL (60 per 30 days)
TRILIPIX 135MG	3	QL (30 per 30 days)
TWYNSTA	3	QL (30 per 30 days)
VALTURNA	4	QL (30 per 30 days)
<i>verapamil hcl er capsule 100mg, 200mg, 300mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl er capsule 120mg, 180mg, 240mg</i>	1	GC
<i>verapamil hcl er tablet</i>	1	GC
<i>verapamil hcl injection</i>	2	
<i>verapamil hcl tablet</i>	1	GC
VYTORIN	3	QL (30 per 30 days)
WELCHOL PACKET	3	QL (30 per 30 days)
WELCHOL TABLET	3	
ZETIA	3	QL (30 per 30 days)
Central Nervous System Agents		
ADDERALL XR 5MG, 10MG, 15MG	4	QL (30 per 30 days)
ADDERALL XR 20MG, 25MG, 30MG	4	QL (60 per 30 days)
<i>amphetamine/ dextroamphetamine tablet</i>	2	
AMPYRA	5	QL (60 per 30 days) PA
CONCERTA	4	QL (30 per 30 days)
DAYTRANA	4	
DESOXYN	4	PA
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
METADATE ER	3	
<i>methamphetamine hcl</i>	2	PA
METHYLIN CHEWABLE TABLET, SOLUTION	4	
<i>methylin er</i>	2	
<i>methylin tablet</i>	2	
<i>methylphenidate hcl solution</i>	2	
<i>methylphenidate hcl sr tablet</i>	2	
<i>methylphenidate hcl tablet</i>	2	
NUEDEXTA	4	QL (60 per 30 days) PA

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
RILUTEK	3	
STRATTERA 10MG, 18MG, 25MG, 40MG	3	QL (60 per 30 days)
STRATTERA 60MG, 80MG, 100MG	3	QL (30 per 30 days)
XYREM	5	RA
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	2	
KEPIVANCE	5	
<i>periogard</i>	2	
<i>pilocarpine hcl</i>	2	
<i>triamcinolone in orabase</i>	2	
Dermatological Agents		
8-MOP	3	
ALDARA	4	
AMEVIVE	5	PA
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>ammonium lactate rx</i>	2	
<i>amnesteem</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
<i>calcipotriene</i>	2	
CARAC	4	
<i>claravis</i>	2	
<i>clindamycin phosphate</i>	2	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
CONDYLOX	4	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>diflorasone diacetate</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
DOVONEX CREAM	4	
EFUDEX	4	
ELIDEL	4	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide e</i>	2	
<i>fluorouracil</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>imiquimod</i>	2	
<i>laclotion</i>	2	
<i>lokara</i>	2	
<i>mometasone furoate</i>	2	
OXSORALEN	4	
OXSORALEN ULTRA	3	
PANDEL	3	
<i>podofilox</i>	2	
<i>prednicarbate</i>	2	
<i>procto-pak</i>	2	
PROCTOCORT	4	
<i>proctocream hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
PROTOPIC	4	PA
REGRANEX	5	QL (30 per 30 days) PA
SANTYL	3	
SOLARAZE	3	
SORIATANE	5	
<i>sotret</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC	4	
<i>triamcinolone acetonide</i>	2	
<i>triamcinolone acetonide in absorbase</i>	2	
<i>triderm</i>	2	
<i>tretinoin - topical</i>	2	PA
<i>u-cort</i>	2	
UVADEX	3	B vs D
ZONALON	3	
ZYCLARA	4	
Enzyme Replacements/ Modifiers		
ADAGEN	5	
ALDURAZYME	5	
BUPHENYL	3	
CEREDASE	5	
CEREZYME	5	
CREON	3	
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	
FABRAZYME	5	
KUVAN	5	
MYOZYME	5	
NAGLAZYME	5	
ORFADIN	5	
VPRIV	5	B vs D
ZAVESCA	5	
ZENPEP	3	
Gastrointestinal Agents		
ACIPHEX	4	QL (60 per 30 days)
AMITIZA	3	QL (60 per 30 days)
<i>atropine sulfate</i>	2	
CARAFATE	4	
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>constulose</i>	2	
DEXILANT	4	QL (60 per 30 days)
<i>dicyclomine hcl</i>	2	
<i>diphenoxylate/atropine</i>	2	
<i>enulose</i>	2	
<i>famotidine injection, tablet</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
<i>glycopyrrolate</i>	2	
GOLYTELY	3	
HALFLYTELY	3	
<i>lactulose</i>	2	
<i>lansoprazole</i>	2	QL (60 per 30 days)
<i>lansoprazole odt</i>	2	QL (60 per 30 days)
<i>loperamide hcl rx</i>	2	
LOTRONEX	3	PA
<i>methscopolamine bromide</i>	2	
<i>metoclopramide hcl</i>	2	
<i>misoprostol</i>	2	
MOVIPREP	4	
NEXIUM	3	QL (60 per 30 days)
NEXIUM I.V.	3	
NULYTELY	3	
<i>omeprazole</i>	2	QL (60 per 30 days)
<i>pantoprazole sodium</i>	2	QL (60 per 30 days)
<i>polyethylene glycol 3350</i>	2	
<i>propantheline bromide</i>	2	
<i>ranitidine hcl</i>	2	
<i>sucrafate</i>	2	
<i>ursodiol</i>	2	
Genitourinary Agents		
AVODART	3	QL (30 per 30 days)
<i>calcium acetate</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
CUPRIMINE	3	
DETROL	3	QL (60 per 30 days)
DETROL LA	3	QL (30 per 30 days)
<i>doxazosin mesylate</i>	2	
ELMIRON	3	
ENABLEX	4	QL (30 per 30 days)
<i>finasteride</i>	2	QL (30 per 30 days)
<i>flavoxate hcl</i>	2	
FOSRENOL	3	
GELNIQUE	3	QL (30 per 30 days)
JALYN	3	QL (30 per 30 days)
<i>oxybutynin chloride</i>	2	
<i>oxybutynin chloride er 5mg</i>	2	QL (30 per 30 days)
<i>oxybutynin chloride er 10mg, 15mg</i>	2	QL (60 per 30 days)
PHOSLO	3	
RAPAFLO	3	QL (30 per 30 days) ST
RELAGARD	4	
RENVELA	3	
<i>tamsulosin hcl</i>	2	QL (60 per 30 days)
<i>terazosin hcl</i>	2	
TOVIAZ	3	QL (30 per 30 days)
<i>trospium chloride</i>	2	QL (60 per 30 days)
UROXATRAL	4	QL (30 per 30 days) ST
VESICARE	4	QL (30 per 30 days)
Hormonal Agents – Stimulant/Replacement/ Modifying (Adrenal)		
<i>a-hydrocort</i>	2	B vs D
<i>a-methapred</i>	2	B vs D
CORTEF 5MG, 20MG	4	B vs D
CORTEF 10MG	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL	4	B vs D
<i>dexamethasone</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate</i>	2	B vs D
<i>methylprednisolone acetate</i>	2	B vs D
<i>methylprednisolone sodium succinate</i>	2	B vs D
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg, 16mg, 32mg</i>	2	B vs D
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone</i>	2	B vs D
<i>prednisone intensol</i>	2	B vs D
SOLU-CORTEF	3	B vs D
SOLU-MEDROL	3	B vs D
Hormonal Agents – Stimulant/Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate</i>	2	
EGRIFTA	5	QL (60 per 30 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK 0.2MG	4	PA
GENOTROPIN MINIQUICK 0.4MG, 0.6MG, 0.8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	5	PA
HUMATROPE	5	PA
INCRELEX	5	PA
METHERGINE	4	
NORDITROPIN	5	PA
NUTROPIN	5	PA
NUTROPIN AQ	5	PA
OMNITROPE 5MG/1.5ML, 10MG/1.5ML	4	PA
OMNITROPE 5.8MG	5	PA
SAIZEN	5	PA

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
SEROSTIM	5	PA
TEV-TROPIN	4	PA
ZORBTIVE	5	PA
Hormonal Agents – Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)		
ALORA	3	QL (8 per 28 days)
ANADROL-50	5	
ANDRODERM	3	
ANDROGEL	3	
ANDROXY	4	
ANGELIQ	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>camila</i>	2	
<i>cesia</i>	2	
<i>cryselle</i>	2	
<i>cyclafem</i>	2	
CYCLESSA	3	
DIVIGEL	4	
ELLA	3	
ENJUVIA	3	
<i>enpresse</i>	2	
<i>errin</i>	2	
<i>estradiol</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRASORB	4	QL (97.44 per 28 days)
<i>estropipate</i>	1	GC
ESTROSTEP FE	3	
EVISTA	3	QL (30 per 30 days)
FEMCON FE	3	
<i>gianvi</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>jolivette</i>	2	
<i>junel/junel fe</i>	2	
<i>kariva</i>	2	
<i>kelnor</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levora</i>	2	
LOESTRIN 24 FE	3	
LOSEASONIQUE	4	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
LYBREL	3	
<i>medroxyprogesterone acetate</i>	2	
MEGACE ES	3	
MEGACE ORAL	4	
<i>megestrol acetate</i>	2	
<i>methitest</i>	2	
<i>microgestin/microgestin fe</i>	2	
<i>mononessa</i>	2	
<i>necon</i>	2	
<i>next choice</i>	2	
NOR-QD	3	
<i>nora-be</i>	2	
<i>norethindrone acetate</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
ORTHO EVRA	4	
ORTHO TRI-CYCLEN LO	3	
<i>ortho-est</i>	2	
OXANDRIN	5	
<i>oxandrolone 2.5mg</i>	2	
<i>oxandrolone 10mg</i>	5	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>portia</i>	2	
PREFEST	4	
PREMARIN CREAM	3	
PREMARIN INJECTION	4	
PREMARIN TABLET	4	QL (30 per 30 days)
PREMPHASE	4	
PREMPRO	4	QL (28 per 28 days)
<i>previfem</i>	2	
PROMETRIUM	3	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
SEASONIQUE	3	
<i>solia</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
TESTIM	3	
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
<i>tri-legest fe</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trivora</i>	2	
<i>velivet</i>	2	
VIVELLE-DOT	3	QL (8 per 28 days)
YAZ	3	
<i>zeosa</i>	2	
<i>zovia</i>	2	
Hormonal Agents – Stimulant/Replacement/ Modifying (Thyroid)		
ARMOUR THYROID	3	
CYTOMEL	4	
LEVOTHROID	3	
<i>levothyroxine sodium</i>	1	GC
LEVOXYL	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium</i>	2	
SYNTHROID	4	
THYROLAR	4	
UNITHROID	3	
Hormonal Agents – Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents – Suppressant (Parathyroid)		
SENSIPAR 30MG	3	QL (60 per 30 days)
SENSIPAR 60MG	5	QL (60 per 30 days)
SENSIPAR 90MG	5	QL (120 per 30 days)
Hormonal Agents – Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	PA
FIRMAGON	4	B vs D
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	
SANDOSTATIN	5	
SANDOSTATIN LAR DEPOT	5	
SOMATULINE DEPOT	5	
SOMAVERT	5	
SYNAREL	5	PA
TRELSTAR	3	PA
Hormonal Agents – Suppressant (Sex Hormones/Modifiers)		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents – Suppressant (Thyroid)		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
ACTEMRA	5	PA
ACTHIB	3	
ACTIMMUNE	5	
ADACEL	3	
ARCALYST	5	PA RA
ATGAM	5	
AVONEX	5	PA
AZASAN	3	B vs D
<i>azathioprine</i>	2	B vs D
<i>azathioprine sodium</i>	2	B vs D
BETASERON	5	PA
BOOSTRIX	3	
CARIMUNE	5	PA
CELLCEPT IV	4	B vs D
CELLCEPT SUSPENSION, TABLET	5	B vs D
CERVARIX	3	
COMVAX	3	
COPAXONE	5	PA
<i>cyclosporine</i>	2	B vs D
<i>cyclosporine modified</i>	2	B vs D
DAPTACEL	3	
DECAVAC	3	
DEPEN TITRATABS	3	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	
ENBREL	5	PA
ENGERIX-B	3	B vs D
GAMASTAN S/D	3	PA
GAMMAGARD	5	PA
GAMMAPLEX	5	PA

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX	5	PA
GARDASIL	3	
<i>gengraf</i>	2	B vs D
GILENYA	5	QL (30 per 30 days) PA
HAVRIX	3	
HIZENTRA	5	PA
HUMIRA	5	PA
IMOVAX RABIES VACCINE	3	
IMURAN	4	B vs D
INFANRIX	3	
INFERGEN	5	PA
INTRON-A PEN 3MU/0.2ML, 6MUNIT/ML	3	
INTRON-A PEN 5MU/0.2ML, 10MU/0.2ML	5	
INTRON-A VIAL	5	
IPOL	3	
IXIARO	3	
JE-VAX	3	
<i>leflunomide</i>	2	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
<i>methotrexate</i>	2	B vs D
<i>methotrexate sodium</i>	2	B vs D
<i>mycophenolate mofetil</i>	2	B vs D
MYFORTIC	3	B vs D
NEORAL	4	B vs D
ORENCIA	5	PA
ORTHOCLONE OKT3	5	B vs D
PEDIARIX	3	
PEDVAX HIB	3	
PEG-INTRON	5	PA
PRIVIGEN	5	PA

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF CAPSULE 0.5MG, 1MG	4	B vs D
PROGRAF CAPSULE 5MG	5	B vs D
PROGRAF INJECTION	4	B vs D
PROQUAD	3	
RABAVERT	3	
RAPAMUNE SOLUTION	5	B vs D
RAPAMUNE TABLET 0.5MG	4	B vs D
RAPAMUNE TABLET 1MG, 2MG	5	B vs D
REBIF	5	PA
RECOMBIVAX HB	3	B vs D
REMICADE	5	PA
RHEUMATREX	3	
RIDAURA	3	
ROTATEQ	3	
SANDIMMUNE	3	B vs D
SIMULECT	5	B vs D
SYNAGIS	5	PA
<i>tacrolimus</i>	2	B vs D
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	5	
TREXALL	4	B vs D
TRIHIBIT	3	
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	4	
TYSABRI	5	PA RA
VAQTA	3	
VARIVAX	3	
VIVAGLOBIN	5	PA
YF-VAX	3	

Drug Name	Drug Tier	Requirements/ Limits
ZORTRESS 0.25MG	4	B vs D
ZORTRESS 0.5MG, 0.75MG	5	B vs D
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
APRISO	4	
ASACOL	4	ST
ASACOL HD	4	ST
<i>balsalazide disodium</i>	2	
CANASA	3	
<i>colocort</i>	2	
ENTOCORT EC	5	
<i>hydrocortisone enema</i>	2	
LIALDA	3	
<i>mesalamine enema</i>	2	
PENTASA	3	
<i>sulfasalazine</i>	2	
<i>sulfazine ec</i>	2	
Metabolic Bone Disease Agents		
ACTONEL 5MG, 30MG	4	QL (30 per 30 days) ST
ACTONEL 35MG	4	QL (4 per 28 days) ST
ACTONEL 150MG	4	QL (1 per 30 days) ST
<i>alendronate sodium tablet 5mg, 10mg, 40mg</i>	2	QL (30 per 30 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL (4 per 28 days)
BONIVA INJECTION	3	QL (3 per 90 days) B vs D
BONIVA TABLET	3	QL (1 per 30 days)
CALCIJEX	3	B vs D
<i>calcitonin-salmon</i>	2	
<i>calcitriol</i>	2	B vs D
<i>etidronate disodium</i>	2	
FORTEO	5	
FORTICAL	3	
FOSAMAX SOLUTION	4	QL (300 per 28 days)

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
HECTOROL	4	ST B vs D
<i>pamidronate disodium</i>	2	B vs D
XGEVA	5	PA
ZEMPLAR	3	B vs D
ZOMETA	5	PA
Miscellaneous Therapeutic Agents		
<i>anagrelide hydrochloride</i>	2	
<i>levocarnitine</i>	2	B vs D
<i>sterile water irrigation</i>	2	
XENAZINE	5	RA
Ophthalmic Agents		
<i>acetazolamide</i>	2	
<i>ak-con</i>	2	
<i>ak-tob</i>	2	
ALAMAST	4	
ALOCRIL	4	
ALOMIDE	4	
ALPHAGAN P	3	
<i>apraclonidine</i>	2	
AZASITE	3	
<i>azelastine hcl</i>	2	
AZOPT	3	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>betaxolol hcl</i>	2	
BETIMOL	3	
BETOPTIC-S	3	
BLEPHAMIDE S.O.P.	4	
<i>brimonidine tartrate</i>	2	
<i>bromfenac</i>	2	
<i>carteolol hcl</i>	1	GC
COMBIGAN	3	
COSOPT	4	
<i>cromolyn sodium</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate</i>	2	
<i>diclofenac sodium</i>	1	GC
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
DUREZOL	4	
ELESTAT	4	
EMADINE	4	
<i>epinastine hcl</i>	2	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML FORTE	4	
<i>gentak</i>	2	
<i>gentamicin sulfate</i>	2	
<i>gentasol</i>	2	
IOPIDINE	4	
IQUIX	3	
ISTALOL	4	
<i>ketorolac tromethamine</i>	2	
LACRISERT	4	
<i>latanoprost</i>	2	QL (2.5 per 30 days)
<i>levobunolol hcl</i>	1	GC
<i>levofloxacin</i>	2	
LOTEMAX	4	
LUMIGAN	3	QL (2.5 per 30 days)
MAXIDEX	4	
<i>methazolamide</i>	2	
<i>metipranolol</i>	1	GC
MOXEZA	3	
<i>mydral</i>	2	
NATACYN	4	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin/polymyxin/ dexamethasone</i>	2	
<i>neomycin/polymyxin/ gramicidin</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
NEVANAC	3	
OCUFEN	4	
<i>ofloxacin</i>	2	
OPTIPRANOLOL	4	
OPTIVAR	4	
<i>parcaine</i>	2	
PATADAY	3	
PATANOL	3	
PHOSPHOLINE IODIDE	4	
PILOPINE HS	4	
<i>poly-dex</i>	2	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>proparacaine hcl</i>	2	
RESTASIS	3	
<i>romycin</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>timolol maleate</i>	1	GC
TOBRADEX OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin sulfate</i>	2	
<i>tobramycin sulfate/ dexamethasone</i>	2	
<i>tobrasol</i>	2	
TRAVATAN Z	3	QL (2.5 per 30 days)
<i>trifluridine</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim sulfate/ polymyxin b sulfate</i>	2	
<i>tropicamide</i>	2	
TRUSOPT	4	
VIGAMOX	3	
VOLTAREN	4	
XALATAN	4	QL (2.5 per 30 days)
Otic Agents		
<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>acetic acid/hydrocortisone</i>	2	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>cortomycin</i>	2	
DERMOTIC	4	
<i>neomycin/polymyxin/ hydrocortisone</i>	2	
<i>ofloxacin</i>	2	
Respiratory Tract Agents		
<i>acetylcysteine</i>	2	B vs D
ADCIRCA	5	QL (60 per 30 days) PA
ADVAIR DISKUS/HFA	3	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate inhalation solution</i>	2	B vs D
<i>albuterol sulfate syrup, tablet</i>	2	
ALVESCO	4	
<i>aminophylline</i>	2	
ARALAST NP	5	PA
ASMANEX	3	
ASTEPRO	3	
ATROVENT HFA	4	ST
<i>azelastine hcl</i>	2	
BROVANA	4	B vs D

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide</i>	2	B vs D
<i>carbinoxamine maleate</i>	2	
<i>clemastine fumarate</i>	2	
COMBIVENT	4	
<i>cromolyn sodium</i>	2	B vs D
<i>cyproheptadine hcl</i>	2	
DALIRESP	4	PA
<i>dexchlorpheniramine maleate</i>	2	
<i>diphenhydramine hcl rx</i>	2	
ELIXOPHYLLIN	4	
<i>epinephrine hcl</i>	2	
EPIPEN	3	QL (2 per 1 day)
EPIPEN-JR	3	QL (2 per 1 day)
<i>fexofenadine hcl tablet 30mg, 60mg</i>	2	QL (60 per 30 days)
<i>fexofenadine hcl tablet 180mg</i>	2	QL (30 per 30 days)
FLOVENT DISKUS/HFA	3	
<i>flunisolide</i>	2	
<i>fluticasone propionate</i>	2	
FORADIL AEROLIZER	3	
GLASSIA	5	PA
<i>hydroxyzine hcl</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>ipratropium bromide/ albuterol sulfate</i>	2	B vs D
<i>ipratropium bromide inhalation solution</i>	2	B vs D
<i>ipratropium bromide nasal solution</i>	2	
LETAIRIS	5	
<i>levalbuterol inhalation solution</i>	2	B vs D
MAXAIR	4	QL (14 per 30 days)
<i>metaproterenol sulfate</i>	2	
NASACORT AQ	4	

Drug Name	Drug Tier	Requirements/ Limits
OMNARIS	4	
<i>palgic liquid</i>	2	
PERFOROMIST	4	B vs D
PROAIR HFA	3	
PROLASTIN	5	PA
PROLASTIN-C	5	PA
<i>promethazine vc</i>	2	
PROVENTIL HFA	4	
PULMICORT	4	B vs D
PULMOZYME	5	B vs D
QVAR	3	
REMODULIN	5	B vs D
REVATIO	5	PA
SEREVENT DISKUS	3	
SINGULAIR	3	
SPIRIVA	3	
SYMBICORT	3	
<i>terbutaline sulfate</i>	2	
<i>theochron</i>	2	
<i>theophylline er</i>	2	
TRACLEER	5	RA
TWINJECT	3	QL (2 per 1 day)
TYZINE	3	
TYZINE PEDIATRIC	3	
VENTAVIS	5	PA
VENTOLIN HFA	3	
VERAMYST	3	
VOSPIRE ER	3	
XOLAIR	5	PA
XOPENEX INHALATION SOLUTION	4	B vs D
XOPENEX HFA	4	
<i>zafirlukast</i>	2	QL (60 per 30 days)
ZEMAIRA	5	PA
ZYFLO CR	3	

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
Sedatives/Hypnotics		
LUNESTA	4	QL (30 per 30 days)
<i>zaleplon</i>	2	QL (30 per 30 days)
<i>zolpidem tartrate</i>	2	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 per 30 days) ST
Skeletal Muscle Relaxants		
<i>carisoprodol 350mg</i>	2	
<i>carisoprodol/aspirin</i>	2	
<i>carisoprodol/aspirin/codeine</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine hcl</i>	2	
<i>methocarbamol</i>	2	
<i>orphenadrine citrate</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine compound ds</i>	2	
<i>orphenadrine/asa/caffeine</i>	2	
ROBAXIN INJECTION	4	
Therapeutic Nutrients/Minerals/Electrolytes		
AMINOSYN	3	B vs D
<i>ammonium chloride</i>	2	
CLINIMIX	3	B vs D
CLINIMIX E	3	B vs D
CLINISOL SF 15%	3	B vs D
<i>dextrose</i>	2	B vs D
<i>dextrose/electrolyte #48</i>	2	B vs D
<i>dextrose/nacl</i>	2	B vs D
<i>dextrose/potassium chloride</i>	2	B vs D
<i>ed k+10</i>	2	
<i>eliphos</i>	2	
FREAMINE	3	B vs D
HEPATAMINE	3	B vs D
HEPATASOL	3	B vs D
INTRALIPID	3	B vs D
IONOSOL	3	B vs D

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE	3	B vs D
K-TABS	3	
KCL/D5W/LR	3	B vs D
KCL/D5W/NACL	3	B vs D
KCL/D10W/NACL	3	B vs D
<i>klor-con & klor-con m</i>	2	
LACTATED RINGERS	3	
LACTATED RINGERS IRRIGATION	3	
<i>leucovorin calcium injection</i>	2	B vs D
<i>leucovorin calcium tablet</i>	2	
LIPOSYN II	3	B vs D
LIPOSYN III	3	B vs D
<i>magnesium sulfate</i>	2	B vs D
<i>magnesium sulfate in d5w</i>	2	
NEPHRAMINE	3	B vs D
NORMOSOL-M IN D5W	3	B vs D
NORMOSOL-R	3	B vs D
<i>novamine</i>	2	B vs D
PHYSIOLYTE	3	B vs D
PHYSIOSOL IRRIGATION	3	B vs D
PLASMA-LYTE	3	B vs D
<i>potassium chloride/d5w</i>	2	B vs D
<i>potassium chloride/d5w/ nacl</i>	2	B vs D
<i>potassium chloride inj</i>	2	B vs D
<i>potassium chloride/nacl</i>	2	B vs D
<i>potassium chloride er</i>	1	GC
<i>potassium chloride sr</i>	1	GC
<i>potassium citrate er</i>	2	
PREMASOL	3	B vs D
PRENATAL VITAMINS RX	3	
PROCALAMINE	3	B vs D
PROSOL	4	B vs D
RINGERS INJECTION	3	

GC: Gap coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2012 Comprehensive Formulary – Plan Two

Drug Name	Drug Tier	Requirements/ Limits
RINGERS IRRIGATION	3	
<i>sodium bicarbonate</i>	2	B vs D
<i>sodium chloride</i>	2	B vs D
<i>sodium chloride 0.45%</i>	2	B vs D
<i>sodium chloride 0.9% irrigation</i>	2	
<i>sodium fluoride</i>	2	
SODIUM LACTATE	3	B vs D
TIS-U-SOL	3	B vs D
TPN ELECTROLYTES FTV	3	B vs D
TRAVASOL	4	B vs D
TROPHAMINE	3	B vs D

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
8-MOP.....	23	ADDERALL XR 5MG, 10MG, 15MG.....	22	ALORA	26
ABELCET.....	11	ADDERALL XR 20MG, 25MG, 30MG.....	22	ALPHAGAN P.....	30
ABILIFY DISCMELT 10MG.....	15	ADRIAMYCIN.....	13	ALTABAX.....	6
ABILIFY DISCMELT 15MG.....	15	ADVAIR DISKUS/HFA.....	31	ALVESCO.....	31
ABILIFY INJECTION.....	15	<i>afeditab cr</i>	19	<i>amantadine hcl</i>	15
ABILIFY ORAL SOLUTION.....	15	AFINITOR.....	13	AMBISOME.....	11
ABILIFY TABLET 2MG, 5MG, 10MG, 15MG.....	15	AGGRENEX.....	18	<i>amcinonide</i>	23
ABILIFY TABLET 20MG, 30MG.....	15	<i>a-hydrocort</i>	25	<i>a-methapred</i>	25
ABRAXANE.....	13	<i>ak-con</i>	30	AMEVIVE.....	23
<i>acarbose</i>	17	<i>ak-tob</i>	30	<i>amifostine</i>	13
<i>acebutolol hcl</i>	19	<i>ala-cort</i>	23	<i>amikacin sulfate</i>	6
<i>acetaminophen/codeine</i>	5	ALAMAST.....	30	<i>amiloride hcl</i>	19
<i>acetazol hc</i>	31	ALBENZA.....	15	<i>amiloride/hydrochlorothiazide</i>	19
<i>acetazolamide</i>	30	<i>albuterol sulfate er</i>	31	<i>aminocaproic acid</i>	18
<i>acetazolamide sodium</i>	19	<i>albuterol sulfate inhalation solution</i>	31	<i>aminophylline</i>	31
<i>acetic acid</i>	31	<i>albuterol sulfate syrup, tablet</i>	31	AMINOSYN.....	33
<i>acetic acid/hydrocortisone</i>	31	<i>alclometasone dipropionate</i>	23	<i>amiodarone hcl</i>	19
<i>acetylcysteine</i>	31	ALCOHOL PREP PADS.....	17	AMITIZA.....	24
ACIPHEX.....	24	ALDARA.....	23	<i>amitriptyline hcl</i>	9
ACTEMRA.....	28	ALDURAZYME.....	24	<i>amlodipine besylate</i>	19
ACTHIB.....	28	<i>alendronate sodium tablet 5mg, 10mg, 40mg</i>	29	<i>amlodipine besylate/ benazepril hcl</i>	19
<i>acticin</i>	15	<i>alendronate sodium tablet 35mg, 70mg</i>	29	<i>ammonium chloride</i>	33
ACTIMMUNE.....	28	ALIMTA.....	13	<i>ammonium lactate rx</i>	23
ACTONEL 5MG, 30MG.....	29	ALINIA.....	15	<i>amnesteem</i>	23
ACTONEL 35MG.....	29	ALKERAN.....	13	<i>amoxapine</i>	9
ACTONEL 150MG.....	29	<i>allopurinol</i>	11	<i>amoxicillin</i>	6
ACTOPLUS MET.....	17	<i>allopurinol sodium</i>	11	<i>amoxicillin/potassium clavulanate</i>	6
ACTOS.....	17	ALOCRIIL.....	30	<i>amphetamine/ dextroamphetamine tablet</i>	22
<i>acyclovir</i>	16	ALOMIDE.....	30	AMPHOTEC.....	11
<i>acyclovir sodium</i>	16	ALOPRIM.....	11	<i>amphotericin b</i>	11
ADACEL.....	28			<i>ampicillin</i>	6
ADAGEN.....	24				
ADCIRCA.....	31				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>ampicillin sodium</i>	6	ARIMIDEX.....	13	AVONEX.....	28
<i>ampicillin-sulbactam</i>	6	ARIXTRA 2.5MG/0.5ML.....	18	AZACTAM.....	6
AMPYRA.....	22	ARIXTRA 5MG/0.4ML.....	18	AZACTAM IN ISO-OSMOTIC DEXTROSE 1GM.....	6
AMTURNIDE.....	19	ARIXTRA 7.5MG/0.6ML.....	18	AZACTAM IN ISO-OSMOTIC DEXTROSE 2GM.....	6
ANADROL-50.....	26	ARIXTRA 10MG/0.8ML.....	18	AZASAN.....	28
<i>anagrelide hydrochloride</i>	30	ARMOUR THYROID.....	27	AZASITE.....	30
<i>anastrozole</i>	13	AROMASIN.....	13	<i>azathioprine</i>	28
ANCOBON.....	11	ARRANON.....	13	<i>azathioprine sodium</i>	28
ANDRODERM.....	26	ARZERRA.....	13	<i>azelastine hcl</i>	30
ANDROGEL.....	26	ASACOL.....	29	<i>azelastine hcl</i>	31
ANDROXY.....	26	ASACOL HD.....	29	AZILECT.....	15
ANGELIQ.....	26	<i>ascomp/codeine</i>	5	<i>azithromycin injection, suspension reconstituted</i>	6
ANTABUSE.....	10	ASMANEX.....	31	<i>azithromycin tablet 250mg</i>	6
ANTIZOL.....	10	ASTEPRO.....	31	<i>azithromycin tablet 500mg, 600mg</i>	6
ANZEMET INJECTION.....	10	<i>atenolol</i>	19	AZOPT.....	30
ANZEMET TABLET.....	10	<i>atenolol/chlorthalidone</i>	19	<i>aztreonam</i>	6
APIDRA.....	17	ATGAM.....	28	<i>bacim</i>	6
APOKYN.....	15	ATRIPLA.....	16	<i>bacitracin</i>	6
<i>apraclonidine</i>	30	<i>atropine sulfate</i>	24	<i>bacitracin</i>	30
<i>apri</i>	26	ATROVENT HFA.....	31	<i>bacitracin/polymyxin b</i>	30
APRISO.....	29	<i>augmented betamethasone dipropionate</i>	23	<i>baclofen</i>	16
APTIVUS.....	16	AVANDAMET.....	17	<i>balsalazide disodium</i>	29
ARALAST NP.....	31	AVANDARYL 1MG/4MG, 2MG/4MG, 4MG/4MG.....	17	<i>balziva</i>	26
<i>aranelle</i>	26	AVANDARYL 2MG/8MG, 4MG/8MG.....	18	BANZEL SUSPENSION.....	8
ARANESP 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML.....	18	AVANDIA 2MG, 4MG.....	18	BANZEL TABLET 200MG.....	8
ARANESP 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML.....	18	AVANDIA 8MG.....	18	BANZEL TABLET 400MG.....	8
ARCALYST.....	28	AVASTIN.....	13	BARACLUDE SOLUTION.....	16
ARICEPT TABLET 23MG.....	9	AVELOX INJECTION.....	6	BARACLUDE TABLET.....	16
		AVELOX TABLET.....	6	<i>benazepril hcl</i>	19
		<i>aviane</i>	26	<i>benazepril hcl/ hydrochlorothiazide</i>	19
		AVODART.....	24		

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
BENICAR/BENICAR HCT.....	19	<i>bupropion hcl</i>	9	CARBATROL.....	8
<i>benztropine mesylate</i>	15	<i>bupropion hcl sr</i>	9	<i>carbidopa/levodopa</i>	15
<i>betamethasone dipropionate</i>	23	<i>bupirone hcl</i>	17	<i>carbidopa/levodopa odt</i>	15
<i>betamethasone valerate</i>	23	BUSULFEX.....	13	<i>carbidopa/levodopa sr</i>	15
BETASERON.....	28	<i>butalbital/acetaminophen/ caffeine/codeine</i>	5	<i>carbinoxamine maleate</i>	32
<i>betaxolol hcl</i>	30	<i>butorphanol tartrate injection</i>	5	<i>carboplatin</i>	13
<i>bethanechol chloride</i>	12	<i>butorphanol tartrate nasal solution</i>	5	CARIMUNE.....	28
BETIMOL.....	30	BYETTA.....	18	<i>carisoprodol 350mg</i>	33
BETOPTIC-S.....	30	BYSTOLIC 2.5MG, 5MG.....	19	<i>carisoprodol/aspirin</i>	33
<i>bicalutamide</i>	27	BYSTOLIC 10MG.....	19	<i>carisoprodol/aspirin/codeine</i>	33
BICILLIN C-R.....	6	BYSTOLIC 20MG.....	20	<i>carteolol hcl</i>	30
BICILLIN L-A.....	6	<i>cabergoline</i>	27	<i>cartia xt</i>	20
BICNU.....	13	CADUET.....	20	<i>carvedilol</i>	20
BILTRICIDE.....	15	CAFERGOT.....	12	CAYSTON.....	6
<i>bisoprolol fumarate</i>	19	CALCIJEX.....	29	CEDAX.....	6
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	19	<i>calcipotriene</i>	23	CEENU.....	13
<i>bleomycin sulfate</i>	13	<i>calcitonin-salmon</i>	29	<i>cefaclor</i>	6
BLEPH-10.....	6	<i>calcitriol</i>	29	<i>cefaclor er</i>	6
BLEPHAMIDE S.O.P.....	30	<i>calcium acetate</i>	24	<i>cefadroxil</i>	6
BONIVA INJECTION.....	29	<i>camila</i>	26	<i>cefazolin sodium</i>	6
BONIVA TABLET.....	29	CAMPATH.....	13	<i>cefdinir</i>	6
BOOSTRIX.....	28	CAMPRAL.....	10	<i>cefepime</i>	6
<i>brimonidine tartrate</i>	30	CAMPTOSAR.....	13	<i>cefotaxime sodium</i>	6
<i>bromfenac</i>	30	CANASA.....	29	<i>cefotetan</i>	7
<i>bromocriptine mesylate</i>	15	CANCIDAS.....	11	<i>cefoxitin sodium</i>	7
BROVANA.....	31	CAPASTAT SULFATE.....	12	<i>cefpodoxime proxetil</i>	7
<i>budeprion sr</i>	9	<i>captopril</i>	20	<i>cefprozil</i>	7
<i>budeprion xl</i>	9	<i>captopril/hydrochlorothiazide</i>	20	<i>ceftazidime</i>	7
<i>budesonide</i>	32	CARAC.....	23	<i>ceftriaxone sodium</i>	7
<i>bumetanide</i>	19	CARAFATE.....	24	<i>cefuroxime axetil</i>	7
BUPHENYL.....	24	<i>carbamazepine</i>	8	<i>cefuroxime sodium</i>	7
<i>buprenorphine hcl</i>	5	<i>carbamazepine er</i>	8	CELEBREX.....	12
<i>buproban</i>	10			CELLCEPT IV.....	28

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
CELLCEPT SUSPENSION, TABLET.....	28	<i>ciprofloxacin hcl</i>	7	COLCRYS.....	12
CELONTIN	8	CIPRO I.V.....	7	<i>colestipol hcl</i>	20
<i>cephalexin</i>	7	<i>cisplatin</i>	13	<i>colistimethate sodium</i>	7
CEREDASE.....	24	<i>citalopram hydrobromide</i> <i>solution</i>	9	<i>colocort</i>	29
CEREZYME.....	24	<i>citalopram hydrobromide</i> <i>tablet 10mg, 40mg</i>	9	COLY-MYCIN M	7
CERUBIDINE.....	13	<i>citalopram hydrobromide</i> <i>tablet 20mg</i>	9	COLY-MYCIN S	31
CERVARIX.....	28	<i>cladribine</i>	13	COMBIGAN	30
<i>cesia</i>	26	CLAFORAN	7	COMBIVENT	32
CHANTIX STARTING MONTH PAK.....	10	<i>claravis</i>	23	COMBIVIR.....	16
CHANTIX TABLET 0.5MG, 1MG...10	10	<i>clarithromycin</i>	7	<i>compro</i>	10
CHEMET.....	10	<i>clarithromycin er</i>	7	COMTAN	15
<i>chloramphenicol sodium</i> <i>succinate</i>	7	<i>clemastine fumarate</i>	32	COMVAX.....	28
<i>chlordiazepoxide/amitriptyline</i>9	9	CLEOCIN GALAXY	7	CONCERTA.....	22
<i>chlorhexidine gluconate</i>	23	CLEOCIN PHOSPHATE SOLUTION 900MG/6ML.....	7	CONDYLOX.....	23
<i>chloroquine phosphate</i>	15	<i>clindamycin hcl</i>	7	<i>constulose</i>	24
<i>chlorothiazide</i>	20	<i>clindamycin phosphate</i>	7	COPAXONE	28
<i>chlorothiazide sodium</i>	20	<i>clindamycin phosphate</i>	23	COPEGUS.....	16
<i>chlorpromazine hcl</i>	15	CLINIMIX.....	33	COREG CR.....	20
<i>chlorpropamide</i>	18	CLINIMIX E.....	33	CORTEF 5MG, 20MG.....	25
<i>chlorthalidone</i>	20	CLINISOL SF 15%.....	33	CORTEF 10MG.....	25
<i>chlorzoxazone</i>	33	<i>clobetasol propionate</i>	23	<i>cortisone acetate</i>	25
<i>cholestyramine light</i>	20	<i>clobetasol propionate e</i>	23	<i>cortomycin</i>	31
<i>ciclopirox gel</i>	11	CLOLAR.....	13	CORZIDE.....	20
<i>ciclopirox nail lacquer</i>	11	<i>clomipramine hcl</i>	9	COSMEGEN.....	13
<i>ciclopirox olamine</i>	11	<i>clonidine hcl tablet</i>	20	COSOPT.....	30
<i>cilostazol</i>	18	<i>clotrimazole/betamethasone</i> <i>dipropionate</i>	11	COUMADIN.....	18
<i>cimetidine</i>	24	<i>clotrimazole rx</i>	11	CREON	24
<i>cimetidine hcl</i>	24	<i>clozapine</i>	15	CRESTOR.....	20
CIPRODEX.....	31	<i>codeine sulfate</i>	5	CRIVIVAN	16
<i>ciprofloxacin</i>	7	<i>co-gesic</i>	5	<i>cromolyn sodium</i>	30
<i>ciprofloxacin er</i>	7			<i>cromolyn sodium</i>	32
				<i>cryselle</i>	26
				CUBICIN.....	7
				CUPRIMINE.....	25

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>cyclafem</i>	26	<i>desonide</i>	23	<i>digoxin oral solution, tablet</i>	20
CYCLESSA.....	26	<i>desoximetasone</i>	23	<i>dihydroergotamine mesylate</i>	12
<i>cyclobenzaprine hcl</i>	33	DESOXYN.....	22	DILANTIN CAPSULE 30MG.....	8
<i>cyclophosphamide</i>	13	DETROL.....	25	DILANTIN CAPSULE 100MG.....	8
<i>cyclosporine</i>	28	DETROL LA.....	25	DILANTIN INFATABS.....	8
<i>cyclosporine modified</i>	28	<i>dexamethasone</i>	25	DILANTIN SUSPENSION.....	8
CYKLOKAPRON.....	18	<i>dexamethasone intensol</i>	25	<i>dilt-cd</i>	20
CYMBALTA.....	9	<i>dexamethasone sodium phosphate</i>	25	<i>diltiazem cd</i>	20
<i>cyproheptadine hcl</i>	32	<i>dexamethasone sodium phosphate</i>	30	<i>diltiazem hcl</i>	20
CYSTADANE.....	24	<i>dexchlorpheniramine maleate</i>	32	<i>diltiazem hcl er</i>	20
CYSTAGON.....	24	DEXILANT.....	24	<i>dilt-xr</i>	20
<i>cytarabine</i>	13	<i>dexmethylphenidate hcl</i>	22	<i>diltzac</i>	20
CYTOMEL.....	27	<i>dexrazoxane</i>	13	DIOVAN/DIOVAN HCT.....	20
CYTOVENE.....	16	<i>dextroamphetamine sulfate</i>	22	<i>diphenhydramine hcl rx</i>	32
<i>dacarbazine</i>	13	<i>dextroamphetamine sulfate er</i>	22	<i>diphenoxylate/atropine</i>	24
DACOGEN.....	13	<i>dextrose</i>	33	DIPHThERIA/TETANUS TOXOID PEDIATRIC.....	28
DALIRESP.....	32	<i>dextrose/electrolyte #48</i>	33	<i>dipyridamole</i>	18
<i>dapsone</i>	12	<i>dextrose/nacl</i>	33	<i>disopyramide phosphate</i>	20
DAPTACEL.....	28	<i>dextrose/potassium chloride</i>	33	DIURIL IV.....	20
DARAPRIM.....	15	D.H.E. 45.....	12	<i>divalproex sodium</i>	9
<i>daunorubicin hcl</i>	13	<i>diclofenac potassium</i>	12	<i>divalproex sodium er</i>	17
DAUNOXOME.....	13	<i>diclofenac sodium</i>	12	DIVIGEL.....	26
DAYTRANA.....	22	<i>diclofenac sodium</i>	30	<i>docetaxel</i>	13
DECAVAC.....	28	<i>diclofenac sodium ec</i>	12	<i>donepezil hcl</i>	9
<i>demeclocycline hcl</i>	7	<i>diclofenac sodium xr</i>	12	DORIBAX.....	7
DEMEROL INJECTION.....	5	<i>dicloxacillin sodium</i>	7	DORYX.....	7
DENAVIR.....	16	<i>dicyclomine hcl</i>	24	<i>dorzolamide hcl</i>	30
DEPACON.....	8	<i>didanosine</i>	16	<i>dorzolamide hcl/timolol maleate</i>	30
<i>depade</i>	10	<i>diflorasone diacetate</i>	23	DOVONEX CREAM.....	23
DEPEN TITRATABS.....	28	DIFLUCAN IN NA CL.....	11	<i>doxazosin mesylate</i>	25
DEPO-MEDROL.....	25	<i>diflunisal</i>	12	<i>doxepin hcl</i>	9
DERMOTIC.....	31	<i>digoxin injection</i>	20	DOXIL.....	13
<i>desipramine hcl</i>	9			<i>doxorubicin hcl</i>	13
<i>desmopressin acetate</i>	25				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>doxycycline hyclate</i>	7	EMEND TRIFOLD PACK.....	10	EPOGEN 10000UNIT/ML, 20000UNIT/ML.....	19
<i>doxycycline monohydrate</i>	7	EMSAM.....	9	EPZICOM.....	16
<i>dronabinol 2.5mg, 5mg</i>	10	EMTRIVA.....	16	EQUETRO.....	17
<i>dronabinol 10mg</i>	10	ENABLEX.....	25	ERAXIS.....	11
DROXIA.....	13	<i>enalapril maleate</i>	20	ERBITUX.....	13
DUETACT.....	18	<i>enalapril maleate/ hydrochlorothiazide</i>	20	<i>ergoloid mesylates</i>	9
DURAMORPH.....	5	ENBREL.....	28	ERGOMAR.....	12
DUREZOL.....	30	<i>endocet</i>	5	<i>ergotamine tartrate/caffeine</i>	12
<i>econazole nitrate</i>	11	ENGERIX-B.....	28	<i>errin</i>	26
<i>ed k+10</i>	33	ENJUVIA.....	26	<i>ery</i>	7
EDURANT.....	16	<i>enoxaparin sodium 30mg/0.3ml</i> ..	18	ERYPED.....	7
<i>e.e.s.</i>	7	<i>enoxaparin sodium 40mg/0.4ml</i> ..	18	<i>ery-tab</i>	7
EFFIENT 5MG.....	18	<i>enoxaparin sodium 60mg/0.6ml</i> ..	19	<i>erythrocin lactobionate</i>	7
EFFIENT 10MG.....	18	<i>enoxaparin sodium 80mg/0.8ml</i> ..	19	<i>erythrocin stearate</i>	7
EFUDEX.....	23	<i>enoxaparin sodium 100mg/ml, 150mg/ml</i>	19	<i>erythromycin</i>	7
EGRIFTA.....	25	<i>enoxaparin sodium 120mg/0.8ml</i>	19	<i>erythromycin base</i>	7
ELAPRASE.....	24	<i>enpresse</i>	26	<i>erythromycin/benzoyl peroxide</i>	23
ELESTAT.....	30	ENTOCORT EC.....	29	<i>erythromycin ethylsuccinate</i>	7
ELIDEL.....	23	<i>enulose</i>	24	<i>erythromycin/sulfisoxazole</i>	7
ELIGARD.....	27	<i>epinastine hcl</i>	30	<i>estradiol</i>	26
<i>eliphos</i>	33	<i>epinephrine hcl</i>	32	<i>estradiol/norethindrone acetate</i> ..	26
ELITEK.....	13	EPIPEN.....	32	ESTRASORB.....	26
ELIXOPHYLLIN.....	32	EPIPEN-JR.....	32	<i>estropipate</i>	26
ELLA.....	26	<i>epirubicin hcl</i>	13	ESTROSTEP FE.....	26
ELLENCE.....	13	<i>epitol</i>	9	<i>ethambutol hcl</i>	13
ELMIRON.....	25	EPIVIR.....	16	<i>ethosuximide</i>	9
ELOXATIN.....	13	EPIVIR HBV.....	16	ETHYOL.....	13
ELSPAR.....	13	<i>eplerenone</i>	20	<i>etidronate disodium</i>	29
EMADINE.....	30	EPOGEN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML.....	19	<i>etodolac</i>	12
EMBEDA.....	5			<i>etodolac er</i>	12
EMCYT.....	13			ETOPOPHOS.....	13
EMEND 40MG.....	10			<i>etoposide</i>	13
EMEND 80MG.....	10			EURAX.....	15
EMEND 125MG.....	10				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
EVISTA	26	FIRMAGON	27	<i>foscarnet sodium</i>	16
EXELON PATCH	9	FLAREX	30	<i>fosinopril sodium</i>	20
EXELON SOLUTION	9	<i>flavoxate hcl</i>	25	<i>fosinopril sodium/ hydrochlorothiazide</i>	20
<i>exemestane</i>	13	<i>flecainide acetate</i>	20	<i>fosphenytoin sodium</i>	9
EXFORGE/EXFORGE HCT	20	FLECTOR	12	FOSRENOL	25
EXJADE	10	FLOVENT DISKUS/HFA	32	FRAGMIN 2500UNIT/0.2ML, 5000UNIT/0.2ML	19
FABRAZYME	24	<i>fluconazole</i>	11	FRAGMIN 7500UNIT/0.3ML	19
FACTIVE	7	<i>fluconazole in dextrose</i>	11	FRAGMIN 10000UNIT/ML	19
<i>famciclovir</i>	16	FLUDARA	13	FRAGMIN 12500UNIT/0.5ML	19
<i>famotidine injection, tablet</i>	24	<i>fludarabine phosphate</i>	13	FRAGMIN 15000UNIT/0.6ML	19
FANAPT	15	FLUMADINE	16	FRAGMIN 18000UNT/0.72ML	19
FANAPT TITRATION PACK	15	<i>flunisolide</i>	32	FRAGMIN 25000UNIT/ML	19
FARESTON	13	<i>fluocinolone acetonide</i>	23	FREAMINE	33
FASLODEX	13	<i>fluocinonide</i>	23	FURADANTIN	7
FAZACLO	15	<i>fluocinonide e</i>	23	<i>furosemide</i>	20
FELBATOL SUSPENSION	9	<i>fluorometholone</i>	30	FUZEON	16
FELBATOL TABLET	9	<i>fluorouracil</i>	13	<i>gabapentin</i>	9
<i>felodipine er</i>	20	<i>fluorouracil</i>	23	GABITRIL	9
FEMARA	13	<i>fluoxetine hcl</i>	9	<i>galantamine hydrobromide capsule er</i>	9
FEMCON FE	26	<i>fluphenazine decanoate</i>	15	<i>galantamine hydrobromide solution</i>	9
<i>fenofibrate micronized</i>	20	<i>fluphenazine hcl</i>	15	<i>galantamine hydrobromide tablet</i>	9
<i>fenofibrate tablet 54mg</i>	20	<i>flurbiprofen</i>	12	GAMASTAN S/D	28
<i>fenofibrate tablet 160mg</i>	20	<i>flurbiprofen sodium</i>	30	GAMMAGARD	28
<i>fenopropfen calcium</i>	12	<i>flutamide</i>	27	GAMMAPLEX	28
<i>fentanyl citrate</i>	5	<i>fluticasone propionate</i>	23	GAMUNEX	28
<i>fentanyl citrate oral transmucosal 200mcg</i>	5	<i>fluticasone propionate</i>	32	<i>ganciclovir capsule 250mg</i>	16
<i>fentanyl citrate oral transmucosal 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	<i>fluvoxamine maleate</i>	9	<i>ganciclovir capsule 500mg</i>	16
<i>fentanyl patch</i>	5	FML FORTE	30	<i>ganciclovir injection</i>	16
<i>fexofenadine hcl tablet 30mg, 60mg</i>	32	<i>fomepizole</i>	10	GARDASIL	28
<i>fexofenadine hcl tablet 180mg</i>	32	FORADIL AEROLIZER	32	GAUZE PADS 2"X2"	18
<i>finasteride</i>	25	FORTAZ	7		
		FORTEO	29		
		FORTICAL	29		
		FOSAMAX SOLUTION	29		

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>gavilyte-c</i>	24	<i>glyburide micronized</i>	18	HUMULIN R U-500 (CONCENTRATED).....	18
<i>gavilyte-g</i>	24	<i>glycopyrrolate</i>	24	HYCAMTIN.....	14
<i>gavilyte-n</i>	24	GLYSET.....	18	<i>hydralazine hcl</i>	20
GELNIQUE.....	25	GOLYTELY.....	24	<i>hydrochlorothiazide</i>	20
<i>gemcitabine hcl</i>	13	GRIFULVIN V.....	11	<i>hydrocodone/acetaminophen</i>	5
<i>gemfibrozil</i>	20	<i>griseofulvin microsize</i>	11	<i>hydrocodone/ibuprofen</i>	5
GEMZAR.....	13	GRIS-PEG.....	11	<i>hydrocortisone</i>	23
<i>generlac</i>	24	<i>guanabenz acetate</i>	20	<i>hydrocortisone butyrate</i>	23
<i>gengraf</i>	28	<i>guanidine hcl</i>	12	<i>hydrocortisone enema</i>	29
GENOTROPIN.....	25	HALAVEN.....	13	<i>hydrocortisone valerate</i>	23
GENOTROPIN MINIQUICK 0.2MG.....	25	HALFLYTELY.....	24	<i>hydromorphone hcl</i>	5
GENOTROPIN MINIQUICK 0.4MG, 0.6MG, 0.8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG.....	25	<i>halobetasol propionate</i>	23	<i>hydroxychloroquine sulfate</i>	15
<i>gentak</i>	30	<i>haloperidol</i>	15	<i>hydroxyurea</i>	14
<i>gentamicin isotonic</i>	7	<i>haloperidol decanoate</i>	15	<i>hydroxyzine hcl</i>	32
<i>gentamicin sulfate</i>	7	<i>haloperidol lactate</i>	15	<i>hydroxyzine pamoate</i>	32
<i>gentamicin sulfate</i>	30	HAVRIX.....	28	<i>ibuprofen</i>	12
<i>gentasol</i>	30	HECTOROL.....	30	IDAMYCIN PFS.....	14
GEODON CAPSULE.....	15	HELIDAC.....	7	<i>idarubicin hcl</i>	14
GEODON INJECTION.....	15	<i>heparin sodium 1000unit/ml</i>	19	IFEX.....	14
<i>gianvi</i>	26	<i>heparin sodium</i> <i>2000unit/ml, 2500unit/ml,</i> <i>5000unit/ml, 10000unit/ml,</i> <i>20000unit/ml</i>	19	<i>ifosfamide</i>	14
GILENYA.....	28	<i>heparin sodium/d5w</i>	19	<i>ifosfamide/mesna</i>	14
GLASSIA.....	32	<i>heparin sodium/nacl</i>	19	<i>imipramine hcl</i>	9
GLEEVEC.....	13	HEPATAMINE.....	33	<i>imipramine pamoate</i>	9
<i>glimepiride</i>	18	HEPATASOL.....	33	<i>imiquimod</i>	23
<i>glipizide</i>	18	HEPSERA.....	16	IMOVAX RABIES VACCINE.....	28
<i>glipizide er</i>	18	HERCEPTIN.....	13	IMURAN.....	28
<i>glipizide/metformin hcl</i>	18	HEXALEN.....	14	INCRELEX.....	25
GLUCAGEN HYPOKIT.....	18	HIZENTRA.....	28	<i>indapamide</i>	20
GLUCAGON EMERGENCY KIT.....	18	HUMATROPE.....	25	<i>indomethacin</i>	12
<i>glyburide</i>	18	HUMIRA.....	28	<i>indomethacin er</i>	12
<i>glyburide/metformin hcl</i>	18			INFANRIX.....	28
				INFERGEN.....	28
				INFUMORPH.....	5

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
INNOPRAN XL.....	20	<i>isosorbide dinitrate</i>	20	<i>ketorolac tromethamine tablet</i>	12
INSULIN SYRINGES & NEEDLES..	18	<i>isosorbide dinitrate er</i>	20	<i>kionex</i>	10
INTELENCE.....	16	<i>isosorbide mononitrate</i>	20	<i>klor-con & klor-con m</i>	33
INTRALIPID.....	33	<i>isosorbide mononitrate er</i>	20	KOMBIGLYZE XR 1000MG/ 2.5MG.....	18
INTRON-A PEN 3MU/0.2ML, 6MUNIT/ML.....	28	<i>isradipine</i>	20	KOMBIGLYZE XR 500MG/5MG, 1000MG/5MG.....	18
INTRON-A PEN 5MU/0.2ML, 10MU/0.2ML.....	28	ISTALOL.....	30	K-TABS.....	33
INTRON-A VIAL.....	28	ISTODAX.....	14	KUVAN.....	24
INVANZ.....	7	<i>itraconazole</i>	11	<i>labetalol hcl</i>	20
INVEGA SUSTENNA 39MG/0.25ML, 78MG/0.5ML.....	15	IXEMPRA.....	14	<i>laclotion</i>	23
INVEGA SUSTENNA 117MG/0.75ML, 156MG/ML, 234MG/1.5ML.....	15	IXIARO.....	28	LACRISERT.....	30
INVEGA TABLET 1.5MG, 3MG.....	15	JALYN.....	25	LACTATED RINGERS.....	33
INVEGA TABLET 6MG.....	16	<i>jantoven</i>	19	LACTATED RINGERS IRRIGATION.....	33
INVEGA TABLET 9MG.....	16	JANUMET.....	18	<i>lactulose</i>	24
INVIRASE CAPSULE.....	16	JANUVIA.....	18	LAMICTAL.....	9
INVIRASE TABLET.....	16	JE-VAX.....	28	LAMICTAL CHEWABLE.....	9
IONOSOL.....	33	JEVTANA.....	14	LAMICTAL ODT.....	9
IOPIDINE.....	30	<i>jolivette</i>	26	LAMICTAL STARTER KIT.....	9
IPOL.....	28	<i>junel/junel fe</i>	26	LAMICTAL XR.....	9
<i>ipratropium bromide/ albuterol sulfate</i>	32	KADIAN.....	5	<i>lamotrigine</i>	9
<i>ipratropium bromide inhalation solution</i>	32	KALETRA SOLUTION.....	16	LANOXIN.....	20
<i>ipratropium bromide nasal solution</i>	32	KALETRA TABLET 100MG/25MG..	17	<i>lansoprazole</i>	24
IQUIX.....	30	KALETRA TABLET 200MG/50MG..	17	<i>lansoprazole odt</i>	24
IRESSA.....	14	<i>kanamycin sulfate</i>	7	LANTUS.....	18
<i>irinotecan</i>	14	<i>kariva</i>	26	<i>latanoprost</i>	30
ISENTRESS.....	16	KCL/D5W/LR.....	33	LATUDA.....	16
ISOLYTE.....	33	KCL/D5W/NACL.....	33	<i>leena</i>	26
<i>isonarif</i>	13	KCL/D10W/NACL.....	33	<i>leflunomide</i>	28
<i>isoniazid</i>	13	<i>kelnor</i>	26	LESCOL 20MG.....	20
		KEPIVANCE.....	23	LESCOL 40MG.....	20
		KEPPRA INJECTION.....	9	LESCOL XL 80MG.....	20
		KETEK.....	7	<i>lessina</i>	26
		<i>ketoconazole</i>	11		
		<i>ketorolac tromethamine</i>	30		
		<i>ketorolac tromethamine injection</i> ..	12		

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
LETAIRIS	32	<i>liothyronine sodium</i>	27	MACRODANTIN 25MG	7
<i>letrozole</i>	14	LIPITOR	20	<i>magnesium sulfate</i>	33
<i>leucovorin calcium injection</i>	33	LIPOSYN II	33	<i>magnesium sulfate in d5w</i>	33
<i>leucovorin calcium tablet</i>	33	LIPOSYN III	33	MALARONE	15
LEUKERAN	14	<i>lisinopril</i>	20	<i>malathion</i>	15
LEUKINE	19	<i>lisinopril/hydrochlorothiazide</i>	20	<i>maprotiline hcl</i>	10
<i>leuprolide acetate</i>	27	<i>lithium carbonate</i>	17	<i>margesic-h</i>	5
LEUSTATIN	14	<i>lithium carbonate er</i>	17	MARINOL 5MG,10MG	10
<i>levabuterol inhalation solution</i>	32	<i>lithium citrate</i>	17	MARPLAN	10
LEVEMIR	18	LITHOBID	17	MATULANE	14
<i>levetiracetam</i>	9	LODOSYN	15	MAXAIR	32
<i>levobunolol hcl</i>	30	LOESTRIN 24 FE	26	MAXALT & MAXALT-MLT 5MG	12
<i>levocarnitine</i>	30	<i>lokara</i>	23	MAXALT & MAXALT-MLT 10MG	12
<i>levofloxacin</i>	30	<i>loperamide hcl rx</i>	24	MAXIDEX	30
<i>levora</i>	26	<i>losartan potassium</i>	20	<i>maxidone</i>	5
<i>levorphanol tartrate</i>	5	<i>losartan potassium/ hydrochlorothiazide</i>	20	<i>mebendazole</i>	15
LEVOTHROID	27	LOSEASONIQUE	26	<i>meclizine hcl rx</i>	10
<i>levothyroxine sodium</i>	27	LOTEMAX	30	<i>meclofenamate sodium</i>	12
LEVOXYL	27	LOTREL	20	<i>medroxyprogesterone acetate</i>	26
LEXAPRO SOLUTION	9	LOTRONEX	24	<i>mefloquine hcl</i>	15
LEXAPRO SOLUTION	17	<i>lovastatin 10mg, 20mg</i>	20	MEGACE ES	26
LEXAPRO TABLET	10	<i>lovastatin 40mg</i>	20	MEGACE ORAL	26
LEXAPRO TABLET	17	LOVAZA	20	<i>megestrol acetate</i>	26
LEXIVA SUSPENSION	17	<i>low-ogestrel</i>	26	<i>meloxicam</i>	12
LEXIVA TABLET	17	<i>loxapine succinate</i>	16	<i>melfhalan hydrochloride</i>	14
LIALDA	29	LUMIGAN	30	MENACTRA	28
<i>lidocaine hcl</i>	6	LUNESTA	33	MENOMUNE-A/C/Y/W-135	28
<i>lidocaine hcl jelly</i>	6	LUPRON DEPOT	27	MENVEO	28
<i>lidocaine hcl ointment 5%</i>	6	LUPRON DEPOT-PED	27	<i>mepredine hcl</i>	5
<i>lidocaine hcl viscous</i>	6	<i>lutera</i>	26	<i>meprobamate</i>	17
<i>lidocaine/prilocaine</i>	6	LYBREL	26	MEPRON	15
LIDODERM	6	LYRICA	9	<i>mercaptopurine</i>	14
LINCOCIN	7	LYSODREN	27	<i>meropenem</i>	7
<i>lindane</i>	15			MERREM	7

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>mesalamine enema</i>	29	<i>methylprednisolone acetate</i>	25	<i>mitoxantrone hcl</i>	14
<i>mesna</i>	14	<i>methylprednisolone sodium succinate</i>	25	M-M-R II	28
MESNEX INJECTION	14	<i>methylprednisolone tablet 4mg</i>	25	<i>moexipril hcl</i>	21
MESNEX TABLET	14	<i>methylprednisolone tablet 8mg, 16mg, 32mg</i>	25	<i>moexipril hcl/ hydrochlorothiazide</i>	21
MESTINON	12	<i>metipranolol</i>	30	<i>mometasone furoate</i>	23
MESTINON TIMESPAN	12	<i>metoclopramide hcl</i>	24	MONOKET	21
METADATE ER	22	<i>metolazone</i>	21	<i>mononessa</i>	26
<i>metaproterenol sulfate</i>	32	<i>metoprolol succinate er 25mg, 50mg, 100mg</i>	21	<i>morphine sulfate</i>	5
<i>metformin hcl</i>	18	<i>metoprolol succinate er 200mg</i>	21	<i>morphine sulfate er 15mg, 30mg</i>	5
<i>metformin hcl er</i>	18	<i>metoprolol tartrate/ hydrochlorothiazide</i>	21	<i>morphine sulfate er 60mg, 100mg, 200mg</i>	6
<i>methadone hcl</i>	5	<i>metoprolol tartrate injection</i>	21	MOVIPREP	24
<i>methadose</i>	5	<i>metoprolol tartrate tablet</i>	21	MOXEZA	30
<i>methamphetamine hcl</i>	22	METROGEL-VAGINAL	7	MOZOBIL	19
<i>methazolamide</i>	30	<i>metronidazole</i>	7	MULTAQ	21
<i>methenamine hippurate</i>	7	<i>metronidazole vaginal</i>	7	<i>mupirocin</i>	7
METHERGINE	25	<i>mexiletine hcl</i>	21	MUSTARGEN	14
<i>methimazole</i>	28	MICARDIS/MICARDIS HCT	21	MYCAMINE	11
<i>methitest</i>	26	<i>miconazole 3 rx</i>	11	MYCOBUTIN	13
<i>methocarbamol</i>	33	<i>microgestin/microgestin fe</i>	26	<i>mycophenolate mofetil</i>	28
<i>methotrexate</i>	28	<i>midodrine hcl</i>	21	<i>mydral</i>	30
<i>methotrexate sodium</i>	28	<i>migergot</i>	12	MYFORTIC	28
<i>methscopolamine bromide</i>	24	MIGRANAL	12	MYOZYME	24
<i>methyclothiazide</i>	21	<i>minitran</i>	21	MYTELASE	12
<i>methyl dopa</i>	21	MINOCIN	7	<i>nabumetone</i>	12
<i>methyl dopa/ hydrochlorothiazide</i>	21	<i>minocycline hcl</i>	7	<i>nadolol</i>	21
<i>methyl dopate hcl</i>	21	<i>minoxidil</i>	21	<i>nadolol/bendroflumethiazide</i>	21
METHYLIN CHEWABLE TABLET, SOLUTION	22	MIRAPEX ER	15	<i>nafcillin sodium</i>	7
<i>methylin er</i>	22	<i>mirtazapine</i>	10	NAFTIN	11
<i>methylin tablet</i>	22	<i>mirtazapine odt</i>	10	NAGLAZYME	24
<i>methylphenidate hcl solution</i>	22	<i>misoprostol</i>	24	<i>nalbuphine hcl</i>	6
<i>methylphenidate hcl sr tablet</i>	22	<i>mitomycin</i>	14	NALLPEN/DEXTROSE	7
<i>methylphenidate hcl tablet</i>	22			<i>naloxone hcl</i>	10

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>naltrexone hcl</i>	10	<i>next choice</i>	26	NORVIR.....	17
NAMENDA SOLUTION.....	9	NIASPAN 500MG.....	21	<i>novamine</i>	33
NAMENDA TABLET.....	9	NIASPAN 750MG, 1000MG.....	21	NOVANTRONE.....	14
NAMENDA TITRATION PAK.....	9	<i>nicardipine hcl</i>	21	NOVOLIN.....	18
<i>naproxen</i>	12	NICOTROL INHALER.....	10	NOVOLOG.....	18
<i>naproxen dr</i>	12	NICOTROL NS.....	10	NOXAFIL.....	11
<i>naproxen sodium</i>	12	<i>nifediac cc</i>	21	NUEDEXTA.....	22
NARDIL.....	10	<i>nifedical xl</i>	21	NULYTELY.....	24
NASACORT AQ.....	32	<i>nifedipine</i>	21	NUTROPIN.....	25
NATACYN.....	30	<i>nifedipine er</i>	21	NUTROPIN AQ.....	25
<i>nateglinide</i>	18	NILANDRON.....	27	NUVARING.....	26
<i>necon</i>	26	<i>nimodipine</i>	21	<i>nyamyc</i>	11
<i>nefazodone hcl</i>	10	NIPENT.....	14	<i>nystatin</i>	11
<i>neomycin/bacitracin/polymyxin</i>	7	<i>nisoldipine</i>	21	<i>nystatin/triamcinolone</i>	11
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	30	<i>nisoldipine er</i>	21	<i>nystop</i>	11
<i>neomycin/polymyxin b sulfates</i>	7	NITRO-BID.....	21	<i>ocella</i>	26
<i>neomycin/polymyxin/ dexamethasone</i>	31	NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR.....	21	<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	27
<i>neomycin/polymyxin/gramicidin</i> ..	31	<i>nitrofurantoin</i>	7	<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	27
<i>neomycin/polymyxin/ hydrocortisone</i>	31	<i>nitrofurantoin macrocrystalline</i>	8	OCUFEN.....	31
<i>neomycin/polymyxin/ hydrocortisone</i>	31	<i>nitrofurantoin monohydrate</i>	8	<i>ofloxacin</i>	8
<i>neomycin sulfate</i>	7	<i>nitroglycerin</i>	21	<i>ofloxacin</i>	31
NEORAL.....	28	<i>nitroglycerin patch</i>	21	<i>ofloxacin</i>	31
NEPHRAMINE.....	33	NITROLINGUAL PUMPSPRAY.....	21	<i>ogestrel</i>	26
NEULASTA.....	19	NITROSTAT.....	21	<i>omeprazole</i>	24
NEUMEGA.....	19	<i>nora-be</i>	26	OMNARIS.....	32
NEUPOGEN.....	19	NORDITROPIN.....	25	OMNITROPE 5.8MG.....	25
NEURONTIN SOLUTION.....	9	<i>norethindrone acetate</i>	26	OMNITROPE 5MG/1.5ML, 10MG/1.5ML.....	25
NEVANAC.....	31	NORMOSOL-M IN D5W.....	33	ONCASPAR.....	14
NEXAVAR.....	14	NORMOSOL-R.....	33	<i>ondansetron hcl injection</i>	11
NEXIUM.....	24	NOROXIN.....	8	<i>ondansetron hcl oral solution</i>	11
NEXIUM I.V.....	24	NOR-QD.....	26	<i>ondansetron hcl tablet 4mg</i>	11
		<i>nortrel</i>	26		
		<i>nortriptyline hcl</i>	10		

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>ondansetron hcl tablet 8mg</i>	11	<i>oxybutynin chloride</i>	25	<i>penicillin g procaine</i>	8
<i>ondansetron hcl tablet 24mg</i>	11	<i>oxybutynin chloride er 5mg</i>	25	<i>penicillin g sodium</i>	8
<i>ondansetron odt tablet 4mg</i>	11	<i>oxybutynin chloride er 10mg, 15mg</i>	25	<i>penicillin v potassium</i>	8
<i>ondansetron odt tablet 8mg</i>	11	<i>oxycodone hcl</i>	6	PENLAC NAIL LACQUER	11
ONGLYZA	18	<i>oxycodone hcl/acetaminophen</i>	6	PENTAM 300	15
ONSOLIS	6	<i>oxycodone hcl/aspirin</i>	6	PENTASA	29
ONTAK	14	<i>oxycodone hcl/ibuprofen</i>	6	<i>pentazocine/acetaminophen</i>	6
OPANA ER 5MG, 10MG, 20MG, 30MG	6	OXYCONTIN 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	6	<i>pentazocine/naloxone hcl</i>	6
OPANA ER 40MG	6	OXYCONTIN 80MG	6	<i>pentopak</i>	19
OPTIPRANOLOL	31	<i>pacerone</i>	21	<i>pentostatin</i>	14
OPTIVAR	31	<i>paclitaxel</i>	14	<i>pentoxifylline er</i>	19
ORACEA	8	<i>palgic liquid</i>	32	PERFOROMIST	32
ORAP	16	<i>pamidronate disodium</i>	30	<i>perindopril erbumine</i>	21
ORENCIA	28	PANDEL	23	<i>periogard</i>	23
ORFADIN	24	PANRETIN	14	<i>permethrin</i>	15
<i>orphenadrine/asa/caffeine</i>	33	<i>pantoprazole sodium</i>	24	<i>perphenazine</i>	16
<i>orphenadrine citrate</i>	33	<i>parcaine</i>	31	<i>perphenazine/amitriptyline</i>	10
<i>orphenadrine citrate er</i>	33	PARCOPA	15	<i>pfizerpen-g</i>	8
<i>orphenadrine compound ds</i>	33	<i>paromomycin sulfate</i>	8	<i>phenadoz</i>	11
ORTHOCLONE OKT3	28	<i>paroxetine hcl suspension</i>	10	<i>phenelzine sulfate</i>	10
<i>ortho-est</i>	26	<i>paroxetine hcl tablet</i>	10	PHENYTEK	9
ORTHO EVRA	26	PASER	13	<i>phenytoin</i>	9
ORTHO TRI-CYCLEN LO	26	PATADAY	31	<i>phenytoin sodium</i>	9
OVIDE	15	PATANOL	31	<i>phenytoin sodium extended</i>	9
<i>oxacillin sodium</i>	8	PAXIL SUSPENSION	10	PHISOHEX	8
<i>oxaliplatin</i>	14	PCE	8	PHOSLO	25
OXANDRIN	26	PEDIARIX	28	PHOSPHOLINE IODIDE	31
<i>oxandrolone 2.5mg</i>	26	<i>pedi-dri</i>	11	PHOTOFRIN	14
<i>oxandrolone 10mg</i>	26	PEDVAX HIB	28	PHYSIOLYTE	33
<i>oxaprozin</i>	12	PEGANONE	9	PHYSIOSOL IRRIGATION	33
<i>oxcarbazepine</i>	9	PEG-INTRON	28	<i>pilocarpine hcl</i>	23
OXSORALEN	23	<i>penicillin g potassium</i>	8	PILOPINE HS	31
OXSORALEN ULTRA	23			<i>pindolol</i>	21
				<i>piperacillin sodium</i>	8

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>piperacillin sodium/tazobactam sodium</i>	8	PREMPHASE.....	27	PROGLYCEM.....	18
<i>piroxicam</i>	12	PREMPRO.....	27	PROGRAF CAPSULE 0.5MG, 1MG.....	29
PLASMA-LYTE.....	33	PRENATAL VITAMINS RX.....	33	PROGRAF CAPSULE 5MG.....	29
PLAVIX TABLET 75MG.....	19	<i>prevalite</i>	21	PROGRAF INJECTION	29
<i>podofilox</i>	23	<i>previfem</i>	27	PROLASTIN.....	32
<i>polycin b</i>	8	PREZISTA 75MG, 150MG.....	17	PROLASTIN-C.....	32
<i>poly-dex</i>	31	PREZISTA 400MG, 600MG.....	17	PROLEUKIN.....	14
<i>polyethylene glycol 3350</i>	24	PRIFTIN	13	PROMACTA.....	19
<i>polymyxin b sulfate</i>	8	PRIMAQUINE PHOSPHATE.....	15	<i>promethazine hcl</i>	11
<i>portia</i>	27	PRIMAXIN I.M.....	8	<i>promethazine vc</i>	32
<i>potassium chloride/d5w</i>	33	PRIMAXIN IV 250MG/250MG.....	8	<i>promethegan</i>	11
<i>potassium chloride/d5w/nacl</i>	33	PRIMAXIN IV 500MG/500MG.....	8	PROMETRIUM.....	27
<i>potassium chloride er</i>	33	<i>primidone</i>	9	<i>propafenone hcl</i>	21
<i>potassium chloride inj</i>	33	PRIMSOL.....	8	<i>propantheline bromide</i>	24
<i>potassium chloride/nacl</i>	33	PRISTIQ.....	10	<i>proparacaine hcl</i>	31
<i>potassium chloride sr</i>	33	PRIVIGEN.....	28	<i>propranolol hcl</i>	21
<i>potassium citrate er</i>	33	PROAIR HFA.....	32	<i>propranolol hcl er</i>	21
PRADAXA.....	19	<i>probenecid</i>	12	<i>propranolol hcl/ hydrochlorothiazide</i>	21
<i>pramipexole dihydrochloride</i>	15	<i>probenecid/colchicine</i>	12	<i>propylthiouracil</i>	28
<i>pravastatin sodium</i>	21	<i>procainamide hcl</i>	21	PROQUAD.....	29
<i>prazosin hcl</i>	21	PROCALAMINE.....	33	PROSOL.....	33
PRED MILD.....	31	<i>prochlorperazine</i>	11	PROTOPIC.....	23
<i>prednicarbate</i>	23	<i>prochlorperazine edisylate</i>	11	<i>protriptyline hcl</i>	10
<i>prednisolone acetate</i>	31	<i>prochlorperazine maleate</i>	11	PROVENTIL HFA.....	32
<i>prednisolone sodium phosphate</i>	25	PROCRIT 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	19	PULMICORT.....	32
<i>prednisolone sodium phosphate</i>	31	PROCRIT 10000UNIT/ML.....	19	PULMOZYME.....	32
<i>prednisone</i>	25	PROCRIT 20000UNIT/ML, 40000UNIT/ML.....	19	PURINETHOL.....	14
<i>prednisone intensol</i>	25	PROCTOCORT.....	23	<i>pyrazinamide</i>	13
PREFEST.....	27	<i>proctocream hc</i>	23	<i>pyridostigmine bromide</i>	12
PREMARIN CREAM.....	27	<i>procto-pak</i>	23	QUALAQUIN.....	15
PREMARIN INJECTION.....	27	<i>proctosol hc</i>	23	<i>quasense</i>	27
PREMARIN TABLET.....	27	<i>proctozone-hc</i>	23	<i>quinapril hcl</i>	21
PREMASOL.....	33				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
<i>quinapril hcl/ hydrochlorothiazide</i>	21	REVATIO.....	32	<i>romycin</i>	31
<i>quinidine gluconate</i>	21	REVIA.....	10	<i>ropinirole hcl</i>	15
<i>quinidine gluconate er</i>	21	REVLIMID.....	14	ROTATEQ.....	29
<i>quinidine sulfate</i>	21	REYATAZ 100MG.....	17	<i>roxicet</i>	6
<i>quinidine sulfate er</i>	21	REYATAZ 150MG, 200MG, 300MG.....	17	ROXICODONE TABLET 15MG, 30MG.....	6
QVAR.....	32	RHEUMATREX.....	29	SABRIL.....	9
RABAVERT.....	29	<i>ribapak</i>	17	SAIZEN.....	25
<i>ramipril</i>	21	<i>ribasphere capsule 200mg</i>	17	SAMSCA 15MG.....	21
RANEXA.....	21	<i>ribasphere tablet 200mg</i>	17	SAMSCA 30MG.....	21
<i>ranitidine hcl</i>	24	<i>ribasphere tablet 400mg, 600mg</i>	17	SANCUSO.....	11
RAPAFLO.....	25	<i>ribavirin 200mg</i>	17	SANDIMMUNE.....	29
RAPAMUNE SOLUTION.....	29	RIDAURA.....	29	SANDOSTATIN.....	27
RAPAMUNE TABLET 0.5MG.....	29	RIFAMATE.....	13	SANDOSTATIN LAR DEPOT.....	27
RAPAMUNE TABLET 1MG, 2MG.....	29	<i>rifampin</i>	13	SANTYL.....	23
REBETOL CAPSULE.....	17	RIFATER.....	13	SAPHRIS.....	16
REBETOL SOLUTION.....	17	RILUTEK.....	23	SAVELLA.....	10
REBIF.....	29	<i>rimantadine hcl</i>	17	SAVELLA TITRATION PACK.....	10
<i>reclipsen</i>	27	RINGERS INJECTION.....	33	SEASONIQUE.....	27
RECOMBIVAX HB.....	29	RINGERS IRRIGATION.....	34	<i>selegiline hcl</i>	15
REGONOL.....	12	RIOMET.....	18	<i>selenium sulfide rx</i>	11
REGRANEX.....	23	RISPERDAL CONSTA 12.5MG, 25MG.....	16	<i>selfemra</i>	10
RELAGARD.....	25	RISPERDAL CONSTA 37.5MG, 50MG.....	16	SELZENTRY.....	17
RELENZA DISKHALER.....	17	<i>risperidone odt 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	16	SENSIPAR 30MG.....	27
RELISTOR.....	10	<i>risperidone odt 4mg</i>	16	SENSIPAR 60MG.....	27
REMICADE.....	29	<i>risperidone solution</i>	16	SENSIPAR 90MG.....	27
REMODULIN.....	32	<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	16	SEREVENT DISKUS.....	32
RENVELA.....	25	<i>risperidone tablet 4mg</i>	16	SEROMYCIN.....	13
<i>reprexain</i>	6	RITUXAN.....	14	SEROQUEL 25MG, 50MG, 100MG, 200MG.....	16
REQUIP XL.....	15	<i>rivastigmine tartrate</i>	9	SEROQUEL 300MG, 400MG.....	16
RESCRIPTOR.....	17	ROBAXIN INJECTION.....	33	SEROQUEL XR 50MG, 300MG, 400MG.....	16
<i>reserpine</i>	21			SEROQUEL XR 150MG, 200MG.....	16
RESTASIS.....	31				
RETROVIR IV INFUSION.....	17				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
SEROSTIM	26	SPIRIVA	32	<i>sumatriptan succinate</i>	
<i>sertraline hcl concentrate</i>	10	<i>spironolactone</i>	22	<i>tablet 50mg</i>	12
<i>sertraline hcl tablet 25mg, 50mg</i> ..	10	<i>spironolactone/</i>		<i>sumatriptan succinate</i>	
<i>sertraline hcl tablet 100mg</i>	10	<i>hydrochlorothiazide</i>	22	<i>tablet 100mg</i>	12
SILVADENE	8	SPORANOX.....	11	SUPRAX.....	8
<i>silver sulfadiazine</i>	8	<i>sprintec</i>	27	SURMONTIL.....	10
SIMCOR 500MG/20MG, 500MG/40MG, 1000MG/40MG...21		SPRYCEL	14	SUSTIVA.....	17
SIMCOR 750MG/20MG, 1000MG/20MG.....	22	<i>sronyx</i>	27	SUTENT	14
SIMULECT	29	<i>ssd</i>	8	SYMBICORT	32
<i>simvastatin 5mg, 10mg, 20mg</i> ...	22	<i>stagesic</i>	6	SYMBYAX	16
<i>simvastatin 40mg</i>	22	STALEVO.....	15	SYMLIN	18
<i>simvastatin 80mg</i>	22	<i>stavudine</i>	17	SYMLINPEN 60.....	18
SINGULAIR	32	<i>sterile water irrigation</i>	30	SYMLINPEN 120	18
<i>sodium bicarbonate</i>	34	STRATTERA 10MG, 18MG, 25MG, 40MG	23	SYNAGIS.....	29
<i>sodium chloride</i>	34	STRATTERA 60MG, 80MG, 100MG	23	SYNAREL.....	27
<i>sodium chloride 0.45%</i>	34	<i>streptomycin sulfate</i>	8	SYNERCID.....	8
<i>sodium chloride 0.9% irrigation</i> ...	34	STROMECTOL.....	15	SYNTHROID	27
<i>sodium fluoride</i>	34	SUBOXONE.....	10	SYPRINE.....	10
SODIUM LACTATE	34	<i>sucralfate</i>	24	<i>tabloid</i>	14
<i>sodium polystyrene sulfonate</i>	10	SULAR.....	22	<i>tacrolimus</i>	29
<i>sodium sulfacetamide</i>	8	<i>sulfacetamide sodium/</i>		TALWIN	6
SOLARAZE.....	23	<i>prednisolone sodium phosphate</i> ..	31	TAMIFLU 30MG	17
<i>solia</i>	27	<i>sulfadiazine</i>	8	TAMIFLU 45MG	17
SOLU-CORTEF.....	25	<i>sulfamethoxazole/trimethoprim</i> ...	8	TAMIFLU 75MG	17
SOLU-MEDROL.....	25	<i>sulfamethoxazole/</i>		TAMIFLU SUSPENSION.....	17
SOMATULINE DEPOT.....	27	<i>trimethoprim ds</i>	8	<i>tamoxifen citrate</i>	14
SOMAVERT	27	<i>sulfasalazine</i>	29	<i>tamsulosin hcl</i>	25
SORIATANE.....	23	<i>sulfazine ec</i>	29	TARCEVA.....	14
<i>sorine</i>	22	<i>sulindac</i>	12	TARGRETIN	14
<i>sotalol hcl</i>	22	<i>sumatriptan succinate injection</i> ...	12	TARKA 1MG/240MG, 2MG/180MG, 2MG/240MG	22
<i>sotret</i>	23	<i>sumatriptan succinate</i>		TARKA 4MG/240MG.....	22
SPECTRACEF	8	<i>tablet 25mg</i>	12	TASIGNA.....	14
				TASMAR.....	15

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
TAXOTERE	14	<i>tizanidine hcl</i>	16	<i>tretinoin - oral</i>	14
<i>tazicef</i>	8	TOBI	8	<i>tretinoin - topical</i>	24
TAZORAC	24	TOBRADEX OINTMENT	31	TREXALL	29
<i>taztia xt</i>	22	TOBRADEX ST	31	TREXIMET	12
TEFLARO	8	<i>tobramycin sulfate</i>	8	<i>triamcinolone acetonide</i>	24
TEKAMLO	22	<i>tobramycin sulfate</i>	31	<i>triamcinolone acetonide in</i>	
TEKTURNA/TEKTURNA HCT	22	<i>tobramycin sulfate/</i>		<i>absorbase</i>	24
<i>terazosin hcl</i>	25	<i>dexamethasone</i>	31	<i>triamcinolone in orabase</i>	23
<i>terbinafine hcl tablet</i>	11	<i>tobrasol</i>	31	<i>triamterene/hydrochlorothiazide</i>	22
<i>terbutaline sulfate</i>	32	<i>tolazamide</i>	18	TRICOR 48MG	22
<i>terconazole</i>	11	<i>tolbutamide</i>	18	TRICOR 145MG	22
TESTIM	27	<i>tolmetin sodium</i>	12	<i>triderm</i>	24
<i>testosterone cypionate</i>	27	<i>topiramate</i>	9	<i>trifluoperazine hcl</i>	16
<i>testosterone enanthate</i>	27	<i>toposar</i>	14	<i>trifluridine</i>	31
TETANUS/DIPHThERIA		<i>topotecan hcl</i>	14	<i>trihexyphenidyl hcl</i>	15
TOXOIDS-ADSORBED ADULT	29	TOPROL XL 25MG, 50MG,		TRIHIBIT	29
TETANUS TOXOID ADSORBED	29	100MG	22	<i>tri-legest fe</i>	27
<i>tetracycline hcl</i>	8	TOPROL XL 200MG	22	TRILIPIX 45MG	22
TEV-TROPIN	26	TORISEL	14	TRILIPIX 135MG	22
THALOMID	14	<i>toremide</i>	22	<i>trimethobenzamide hcl capsule</i>	11
<i>theochron</i>	32	TOVIAZ	25	<i>trimethobenzamide hcl injection</i>	11
<i>theophylline er</i>	32	TPN ELECTROLYTES FTV	34	<i>trimethoprim</i>	8
<i>thermazene</i>	8	TRACLEER	32	<i>trimethoprim sulfate/</i>	
<i>thioridazine hcl</i>	16	<i>tramadol hcl</i>	6	<i>polymyxin b sulfate</i>	31
<i>thiotepa</i>	14	<i>tramadol hcl/acetaminophen</i>	6	<i>trinessa</i>	27
<i>thiothixene</i>	16	<i>trandolapril</i>	22	TRIPEDIA	29
THYMOGLOBULIN	29	TRANSDERM-SCOP	11	<i>tri-previfem</i>	27
THYROLAR	27	<i>tranylcypromine sulfate</i>	10	TRISENOX	14
<i>ticlopidine hcl</i>	19	TRAVASOL	34	<i>tri-sprintec</i>	27
TIKOSYN	22	TRAVATAN Z	31	<i>trivora</i>	27
TIMENTIN	8	<i>trazodone hcl</i>	10	TRIZIVIR	17
<i>timolol maleate</i>	22	TREANDA	14	TROPHAMINE	34
<i>timolol maleate</i>	31	TRECTOR	13	<i>tropicamide</i>	31
TIS-U-SOL	34	TRELSTAR	27	<i>tropium chloride</i>	25

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
TRUSOPT	31	<i>venlafaxine hcl er 150mg</i>	10	VIREAD	17
TRUVADA	17	<i>venlafaxine hcl er capsule 37.5mg, 75mg</i>	10	VISTIDE	17
TWINJECT	32	VENTAVIS	32	VIVAGLOBIN	29
TWINRIX	29	VENTOLIN HFA	32	VIVELLE-DOT	27
TWYNSTA	22	VERAMYST	32	VIVITROL	10
TYGACIL	8	<i>verapamil hcl er capsule 100mg, 200mg, 300mg</i>	22	VOLTAREN	31
TYKERB	14	<i>verapamil hcl er capsule 120mg, 180mg, 240mg</i>	22	<i>voriconazole</i>	11
TYPHIM VI	29	<i>verapamil hcl er tablet</i>	22	VOSPIRE ER	32
TYSABRI	29	<i>verapamil hcl injection</i>	22	VOTRIENT	14
TYZEKA	17	<i>verapamil hcl tablet</i>	22	VPRIV	24
TYZINE	32	VESICARE	25	VYTORIN	22
TYZINE PEDIATRIC	32	VFEND	11	<i>warfarin sodium</i>	19
<i>u-cort</i>	24	VFEND IV	11	WELCHOL PACKET	22
ULORIC	12	VICTOZA	18	WELCHOL TABLET	22
UNITHROID	27	VICTRELIS	17	XALATAN	31
UROXATRAL	25	VIDAZA	14	XENAZINE	30
<i>ursodiol</i>	24	VIDEX EC	17	XGEVA	30
UVADEX	24	VIDEX PEDIATRIC	17	XIFAXAN 200MG	8
<i>valacyclovir hcl</i>	17	VIGAMOX	31	XIFAXAN 550MG	8
VALCYTE	17	VIIBRYD	10	XOLAIR	32
<i>valproate sodium</i>	9	VIMOVO	12	XOPENEX HFA	32
<i>valproic acid</i>	9	VIMPAT	9	XOPENEX INHALATION SOLUTION	32
VALTURNAL	22	<i>vinblastine sulfate</i>	14	XYREM	23
VANCOCIN HCL 125MG	8	<i>vincasar pfs</i>	14	YAZ	27
VANCOCIN HCL 250MG	8	<i>vincristine sulfate</i>	14	YF-VAX	29
<i>vancomycin hcl</i>	8	<i>vinorelbine tartrate</i>	14	<i>zafirlukast</i>	32
VANDAZOLE	8	VIRACEPT POWDER	17	<i>zaleplon</i>	33
VANDETANIB	14	VIRACEPT TABLET	17	ZANOSAR	14
VAQTA	29	VIRAMUNE	17	ZAVESCA	24
VARIVAX	29	VIRAMUNE XR	17	<i>zazole</i>	11
VECTIBIX	14	VIRAZOLE	17	ZELAPAR	15
VELCADE	14			ZEMAIRA	32
<i>velivet</i>	27			ZEMPLAR	30
<i>venlafaxine hcl</i>	10				

2012 Comprehensive Formulary – Plan Two

Index

Drug	Page	Drug	Page	Drug	Page
ZENPEP	24	ZOMETA	30	ZYCLARA	24
<i>zeosa</i>	27	ZOMIG SOLUTION	12	ZYFLO CR	32
ZERIT	17	ZOMIG & ZOMIG ZMT 2.5MG.....	12	ZYPREXA 2.5MG, 5MG, 7.5MG, 10MG.....	16
<i>zerlor</i>	6	ZOMIG & ZOMIG ZMT 5MG.....	12	ZYPREXA 15MG, 20MG.....	16
ZETIA.....	22	ZONALON.....	24	ZYPREXA INJECTION.....	16
ZIAGEN.....	17	<i>zonisamide</i>	9	ZYPREXA ZYDIS 5MG, 10MG	16
<i>zidovudine</i>	17	ZORBTIVE.....	26	ZYPREXA ZYDIS 15MG, 20MG....	16
ZINECARD	14	ZORTRESS 0.5MG, 0.75MG.....	29	ZYTIGA.....	14
ZMAX.....	8	ZORTRESS 0.25MG.....	29	ZYVOX	8
ZOLINZA.....	14	ZOSTAVAX	29		
<i>zolpidem tartrate</i>	33	ZOSYN	8		
<i>zolpidem tartrate er</i>	33	<i>zovia</i>	27		

"CIGNA Medicare Services," "CIGNA Medicare Rx" (PDP) and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. CIGNA Medicare Rx (PDP) plans are offered by operating subsidiary Connecticut General Life Insurance Company, and not by CIGNA Corporation. Connecticut General Life Insurance Company is a Medicare-approved Part D sponsor.

823100 d 08/11 © 2011 CIGNA

